



School of Nursing

FAMILY NURSE PRACTITIONER

CLINICAL GUIDELINES

Academic Year 2021-22

Dear DNP Students,

The purpose of this manual is to provide guidelines for the clinical practicum courses you will attend the last three semesters of the FNP program. During these clinical courses, you will complete a total of 780 clinical activity hours, including 500 hours of faculty supervised clinical practice in the program's population focus. Over the course of the program, you will work with faculty to maintain appropriate clinical placements, competence in documentation, and plan activities that support project development and implementation, that align with the NONPF Competencies, MSN Essentials, and Program Outcomes.

Best wishes for challenging and satisfying clinical practicum experiences.

Sincerely yours,

Christina Moorioian-Pennington, DNP, RN, FNP-C
Assistant Clinical Professor
Coordinator, Family Nurse Practitioner Program
School of Nursing
928-523-6282
christina.moorioian-pennington@nau.edu

Approved	Date	Revised	Date
Graduate Program Committee			

The Graduate Handbook was developed in the Spring of 2021 and will be disseminated to FNP students via email. Students are accountable to the policies herein and must sign and return the acknowledgement form.

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Section I: General Policies

LICENSURE

Graduate students must have a current nursing license to practice nursing. A copy of current license must be kept on file in the School of Nursing (SON) and uploaded into Typhon®. It is the student's responsibility to ensure the license is current throughout the duration of their enrollment and on file with the SON and uploaded into Typhon®.

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

Questions should be directed to the [Arizona State Board of Nursing](#)

TRANSPORTATION AND EXPENSES

Students are responsible for all expenses related to clinical immersion activities, including transportation and housing.

HIPAA TRAINING

All NAU graduate nursing students must complete training on [Health Insurance Portability and Accountability Act \(HIPAA\)](#) before beginning clinical rotations. Students are also expected to comply with the [U.S. Department of Health and Human Services rules for health information privacy](#).

USE OF PATIENT RECORDS

The following SON policy on use of patient records was developed to comply with federal guidelines outlined in the [HIPAA Privacy Rule](#).

Federal HIPAA requirements:

Protected health information includes all individually identifiable health information held or transmitted by a covered entity or its business associate, in any form or media, whether electronic, paper, or oral. The Privacy Rule calls this information “*protected health information (PHI)*”. Individually identifiable health information is information, including demographic data, that relates to the individual's past, present or future physical or mental health or condition, the provision of health care to the individual, or the past, present or future payment for the provision of health care to the individual, and that identifies the individual or for which there is a reasonable basis to believe can be used to identify the individual. Individually identifiable health information includes name, address, birth date, Social Security Number.

All clinical settings where DNP students are placed are subject to the Privacy Rule.

Patient Record Handling

Graduate nursing students may not make copies in any form of any material from a patient record without permission from the healthcare agency. With permission, graduate nursing students may make a copy of a clinical note under the following circumstances:

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

Faculty members with access to PHI may copy material from a patient record for teaching purposes provided the agency has given permission, agency protocol is followed, and all patient identifiers are removed.

STUDENT HEALTH RELATED TO 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. The student will be required to submit a statement from her obstetrician indicating she is able to satisfactorily perform in the clinical setting without compromising the pregnancy. Without such medical assurances, the student may be required to discontinue her program until such medical assurances have been received and accepted.
3. The above policies do not mitigate the student's responsibility for maintaining her own health, as well as that of responsible behavior with respect to the fetus or baby. If at any time the student believes she is medically unable to continue with didactic or clinical responsibilities, the student must notify her clinical preceptor and the Program Coordinator.
4. For additional resources, questions or concern refer to:
 - a. [Student Services](#)
 - b. [Equity and Access Office](#)

STUDENT ILLNESS OR INJURY IN THE CLINICAL SETTING

1. In a medical emergency, hazardous material exposure or injury, an injury involving a needle or other potentially contaminated object, or other serious injury in the clinical setting (as defined by the preceptor/mentor) the student should be evaluated in the agency's emergency

room or sent to the nearest emergency room. The student will be responsible for any expenses incurred for care related to these events. The preceptor/mentor and student will immediately notify the FNP Program Coordinator, SON Director or Assistant Director.

2. In a situation that does not require emergent care, or in the event of illness, the student should notify the FNP Program Coordinator prior to leaving the clinical site that day. If medical care is obtained, expenses incurred are the responsibility of the student.
3. Documentation of an injury requires the completion of the Student Injury/Incident Report (see Appendix A).
 - a. The student is responsible for completing the form and obtaining comments from the preceptor/mentor or agency representative.
 - b. The student is responsible for forwarding the completed form to the FNP Program Coordinator as soon as possible following the incident.
 - c. The FNP Program Coordinator will review the information and make appropriate recommendations.
 - d. The document will be filed in the student's personal file in Student Services.

IMPAIRED STUDENT POLICY

School of Nursing Philosophy

We recognize the inherent dignity and worth of every student, and that to demonstrate a respect for each individual it is necessary to maintain a safe learning environment. We respect the human rights of every individual and understand that each student has certain rights and freedoms in accordance with state and federal law.

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

We recognize that chronic substance abuse is an illness that can be successfully treated. Therefore, if a student acknowledges a problem with substance abuse and requests rehabilitation the School will provide the student with appropriate treatment resources. We also recognize the possible need for interventions in situations involving mental or physical impairment resulting from causes not related to substance use or abuse. However, in any case, should a student's conduct violate [the Student Code of Conduct](#) the student will be subject to the terms of this policy and University-imposed discipline as described in the [Student Code of Conduct Procedures](#).

This policy shall be interpreted in light of and implemented consistent with [Section 504 of the Rehabilitation Act](#), together with the regulations and court decisions arising thereunder.

School of Nursing Policy & Procedure

The School of Nursing recommends a 'for cause' policy to address situations that involve student impairment. The policy is described below.

Definition

'For Cause' testing is performed when there are reasonable grounds to suspect there is misuse of drugs or alcohol in an educational or clinical setting. The definition of Substance Abuse is the use of any drug, alcohol or other substance that results in mental or physical impairment. Mental or physical impairment may be recognized by, but not limited to, the odor of alcohol or marijuana and/or observed behaviors such as slurred speech, unsteady gait, disorientation, confusion, sharp mood swings, behavior changes, euphoria, or lack of manual dexterity. Other signs that may indicate a problem include erratic behavior patterns, excessive health problems, increased absenteeism, tardiness or irritability, severe weight loss, needle track marks especially in the inner elbow, and carelessness in appearance and hygiene.

Immediate Steps

Incident occurring on a NAU campus facility

If a student is perceived to be mentally or physically impaired, faculty will take action to protect other students or the public by immediately removing the student from the classroom or other area.

Incident occurring in a clinical agency

If a student is perceived to be mentally or physically impaired, the preceptor/mentor, or faculty member if present, must take action to protect patients, staff, and members of the public by immediately removing the student from the area. Once safety has been established the preceptor/mentor should contact the DNP Coordinator, SON Director or designee.

Procedure

1. Inform the student regarding why actions are being taken to remove the student from the classroom or to relieve the student of his/her duties.
2. Ask the student if he/she will consent to 'for cause' drug and alcohol screening, which is done at the expense of NAU School of Nursing.
3. If the student agrees to testing:
 - a. Obtain consent for screening (Appendix B)
 - b. Obtain consent for transportation (Appendix C)
 - c. Contact transportation service and accompany the student to the testing facility and remain with the student until testing has been completed.
 - d. Once testing has been completed contact transportation service and arrange for the student to be taken home.
4. If the student does not agree to testing, admits to using alcohol or other substances, or if the impairment does not appear to be a consequence of substance abuse:
 - a. Obtain consent for transportation.
 - b. Contact transportation service and arrange for the student to be taken home.
5. Inform the School of Nursing Director or designee of the incident and accompanying circumstances.

Next Steps

1. Within two working days the Course Faculty or FNP Coordinator will provide a written account of the circumstances to the Nursing Director or designee. The account must include the behavior that constituted evidence of possible substance abuse, the actions taken, the student's response, and all other pertinent information. If the incident occurred in a clinical setting, the preceptor will also be asked to provide a written account of the circumstances (see Appendix A).
2. Within five working days the DNP program coordinator will schedule a meeting with the student, the student's faculty advisor, course faculty, program coordinator and the Nursing Director or designee to discuss the incident and determine actions to be taken. Depending on the circumstances, the meeting may take place in person and/or remotely.
 - a. Deviations from these deadlines may be extended by the Nursing Director or designee if needed to accommodate individual schedules or holidays.
 - b. Prior to the meeting the Director or designee will review the written reports provided by the Course Faculty, DNP Coordinator, and, if applicable, the Preceptor. If drug/alcohol screening was done, these results and any other pertinent information should also be reviewed prior to the meeting.

3. Within 5 days of the meeting the student will receive an email describing the action(s) that will be taking and the conditions of return to the classroom, clinical setting, or nursing program.
4. Until an investigation is complete, and a course of action determined, the student is suspended from all classroom, clinical, and University-sponsored activities.
5. All records relating to the incident and subsequent meetings and actions will be kept in the student's file in the School of Nursing.

Positive drug/alcohol screening test

A student who has a positive drug/alcohol test while enrolled in the program, which is not the result of a currently prescribed medication(s) taken in compliance with the prescribing practitioner's instructions, will be removed from the program for at least one year. After one year the student may petition the School of Nursing and request readmission to the program.

Negative drug/alcohol screen

If the result of the drug/alcohol test is negative, consideration must be given to a possible medical condition or other cause being responsible for the evidence of impairment.

Recommendations will be based on the individual circumstances and evidence. In some cases, medical or mental health care may be required for continuation in the nursing program.

Inconclusive drug/alcohol screening test

If the drug/alcohol test result is inconclusive, the drug/alcohol test will be repeated at the expense of the School of Nursing. If the drug/alcohol test result is again inconclusive, a decision regarding the student's continued participation in the program will be made based on the circumstances and evidence. In some cases, medical or mental health care may be required for continuation in the nursing program. It should be noted, that an inconclusive test may be interpreted as positive.

Impairment due to use of prescription medications

Chronic or short-term use of controlled substance, including opioids, benzodiazepines, muscle relaxers, or hypnotics must be disclosed to the program coordinator and a determination will be made regarding the student's participation in clinical experiences. A note from the prescriber that includes the student's name, date of birth, date the prescription was written, name of medication, instructions for use, duration of use, and anticipated side-effects must be provided to the FNP program coordinator. If a student is taking a controlled substance and is exhibiting signs of impairment a 'for cause' drug screen will be done and the student will not be permitted to return to the classroom or clinical setting until a safety evaluation has been completed.

Appeals

If the student wishing to appeal the decision or request a hearing with the Dean of Students, they should refer to the [Student Code of Conduct Procedures](#) for instruction.

Request for Readmission after Dismissal

Refer to policy #1100319 – [Academic Continuation, Probation, Dismissal, and Readmission - Graduate](#)

Arizona State Board of Nursing [Alternative to Discipline \(ADT\) Program](#)

All graduate nursing students are registered nurses and must therefore notify the AZBON of a positive drug/alcohol test within 30 days of the incident. The purpose for signing the Agreement to Self-Report is so further monitoring can be implemented if determined to be necessary in accordance with the voluntary nature of the ATD program. Signature of the Agreement to Self-Report 1) gives permission to the School of Nursing to release records pertaining to the student to the ATD program to facilitate a decision about further monitoring; and 2) gives permission to the ADT program to inform the School of Nursing about whether the self-report to ATD has occurred. Participation in the ADT program is required for continuation or readmission to the nursing program (see Appendix D).

Treatment and Support Resources

<https://www.azbn.gov/discipline-and-complaints/alternative-to-discipline>

<https://in.nau.edu/dean-of-students/intervention-programs>

<https://in.nau.edu/dean-of-students/drug-free-schools/>

Section II: Health Requirements

The SON is required by affiliated agencies to maintain health documents that protect patient safety. For admission to a Graduate Nursing Program documentation of the following is required. Additional requirements may be needed for a specific agency. Expenses for the following are incurred by the student.

Requirements	At Admission	Renewal
Active RN license	Unencumbered license to practice as an RN in the state of clinical practice.	Update per AZBN
Physical examination	Required for entry into the program.	NA
Health insurance	Required for entry into the program	Provide update annually
Liability insurance	Required for entry into the program	Provide update annually
CPR	Current American Heart Association Basic Life Support (BLS) CPR and AED Training for Healthcare Professionals. <ul style="list-style-type: none"> • On-line certifications not accepted. 	Update every 2 years
MMR	Proof of immunization – at a minimum 2 vaccinations, the 1st vaccination must be completed prior to enrollment.	NA
Hepatitis B	Proof of immunization by documentation of 3 vaccinations or a positive Hepatitis B surface antibody. <ul style="list-style-type: none"> • If vaccination is needed the 1st one must be administered prior enrollment. 	NA
Varicella	Proof of immunization by documentation of vaccination or a positive Varicella antibody titer.	NA
Tdap	Proof of immunization by documentation of vaccination within 10 years.	Within 10 years from previous vaccination.
Tuberculosis screening	<ul style="list-style-type: none"> • Risk assessment and symptom evaluation. • 2-step Mantoux TB skin test (TST). TST is not required if there is a history of having a prior positive TB skin test. • Quantiferon gold or TB Spot (blood test) 	** Annual TST Annual risk assessment and symptom evaluation

Influenza	Annual influenza vaccination as required by clinical agency.	Annually as required by clinical agency.
Drug/alcohol testing	As required by agency.	As directed by agency.
Fingerprint Clearance Card	Class I Clearance Card required prior to enrollment. Issued from the Department of Public Safety in Arizona	Update every 5 years
Photo ID	Government issued photo ID (driver's license, passport)	NA
Malpractice Insurance	<ul style="list-style-type: none"> ▪ Professional liability insurance is provided by the State of Arizona in accordance with Arizona Revised Statute §46-621. A.3. ▪ FNP students are required to purchase a personal liability policy with the following parameters; <ol style="list-style-type: none"> 1. \$1 million coverage per occurrence, and 2. \$6 million aggregate coverage 3. For Family Nurse Practitioner Student ▪ The policy is to remain current throughout the clinical courses. 	Current throughout clinical courses (NUR 661, 663, and 665)

Resources

CDC - [TB Screening and Testing of Healthcare Personnel](#)

CDC - [Recommended Vaccines for Healthcare Workers](#)

See Appendix E

Section III: CLINICAL PRACTICUM

PRECEPTORS AND MENTORS

Overview

In designated courses preceptors and mentors participate in the education of FNP students. As experts in their field, preceptors and mentors facilitate student learning. These highly qualified individuals provide both supervisory and evaluative activities in collaboration with faculty and students to meet course and program outcomes. Students are encouraged to suggest potential preceptors and mentors, but the decisions are based on the preceptor's qualifications, clinical setting, and the AZ Board of Nursing requirements. Final decisions regarding clinical placement reside with the FNP program coordinator.

Definitions

Preceptor: Preceptor is used when the student is completing immersion hours in a clinical setting and participating in direct patient care activities.

Mentor: Mentor is used when the student is completing immersion hours in a clinical or non-clinical setting and is not involved in direct patient care.

Direct supervision: Occurs when a faculty member is present at the clinical site and is supervising the student in that setting.

Indirect supervision: Occurs when a clinical preceptor is supervising the student while the faculty member retains responsibility for the overall clinical components of the students experience.

CLINICAL HOURS

As a requirement for completion of the FNP program students will complete 780 clinical hours that includes a minimum of 500 hours of faculty supervised clinical practice in the program's population focus. Clinical hours are spread out over the clinical courses of the program and taken in NUR 661, NUR 663, and NUR 665.

MENTOR & PRECEPTOR REQUIREMENTS

All preceptors and mentors will be approved by the FNP Program Coordinator. Requirements to serve as a preceptor will be in accordance with the Rules of the Arizona State Board of Nursing.

Preceptors must:

1. Provide direct supervision to the student.
2. Hold a current unencumbered 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 a current unencumbered RN or physician license in the United States;
3. Have at least one year of clinical experience as a physician or an advanced practice nurse;
4. Practice in a population focus comparable to that of the APRN program.
5. Nurse preceptors must also have at least one of the following:
 - Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;

- Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
- If an advanced practice preceptor cannot be found who meets the requirements, they must have educational and experiential qualifications that will enable them to precept students in the program, as determined by the nursing program and approved by the Board.

Procedure

When a student identifies a potential preceptor or mentor:

1. Complete the FNP Preceptor/Agency Green Form. This form is found in NUR 661, NUR 663, and NUR 665 course content, from the Clinical Placement Coordinator, or from the FNP program Coordinator.
2. If there is not an affiliation agreement with the agency, this will be initiated based on the information provided. An Agreement needs to be in place even if the student is employed in the facility.
3. The preceptor/mentor must provide a CV or resume and professional licensure and specialty certification if applicable.
4. Students will be notified when they may begin their clinical rotation.

Resource:

[R4-19-502. Arizona Board of Nursing Requirements for APRN Programs](#)

Rules of the State Board of Nursing (AZBON JUNE 3, 2019)

Appendix F

Appendix G

STUDENT RESPONSIBILITIES

1. Maintain patient confidentiality. Comply with HIPAA standards per clinical agency and course syllabi policy. Under no circumstance may records be removed from the agency.
2. Adhere to all agency policies and procedures.
3. Adhere to all NAU Graduate and SON policies and AZBON rules.
4. 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.
5. Maintain on-going documentation of immersion activities as described in the course syllabi.
6. Collaborate with course faculty to develop specific learning goals for each immersion experience.
7. Work with the preceptor or mentor to meet learning goals.
8. 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.
9. Attend all scheduled clinical days.
10. Notify clinical faculty and preceptor if an absence is necessary.
11. Students are not allowed in the clinical setting without the preceptor present.
12. Students are not allowed to attend clinical during University breaks, holidays, or weekends without prior approval from the FNP program coordinator.

13. Maintain current health and credentialing documents in their student file and Typhon®

Student Evaluation

An important element of ensuring student success is evaluation of student progress. Depending on the type of activity, a preceptor or mentor may be asked to complete a formal evaluation of the student. Although NAU faculty retains responsibility for the final evaluation of the student, preceptors and mentors provide important information to the evaluation process.

Faculty Supervision

Course faculty provide indirect supervision and oversight of immersion experiences and work on behalf of the SON as a liaison between the university and agency. The preceptor or mentor may contact the Course Faculty or Program Coordinator at any time with questions, concerns, or suggestions.

GUIDELINES FOR DNP IMMERSION HOURS

The Family Nurse Practitioner (FNP) student is required to complete a total of 780 clinical activity hours. A minimum of 500 hours from direct supervision in the program's population focus. Clinical hours are completed under the supervision of preceptors/mentors, and NAU faculty member teaching the FNP clinical courses. Clinical hours should contribute to the preparation of the FNP student to attain the outcomes delineated in the NONPF Competencies, MSN Essentials, and Program Outcomes. These hours include direct and indirect patient care in health care settings or related environments that broaden the experience of the student.

At the beginning of every clinical course (NUR 661, 663, and 665) the student will develop 3-5 personal learning objectives that are aligned with the NONPF Competencies, MSN Essentials and Program Outcomes. Objectives will be reviewed and revised throughout each clinical course.

Examples of immersion hours distribution over the course of the program

MS-FNP and Post-Masters Certificate FNP			
<i>Semester</i>	<i>Course</i>	<i>Credit Hours</i>	<i>Contact Hours</i>
Summer	NUR 661	4	180
Fall	NUR 663	5	300
Spring	NUR 665	5	300
			780

Recommended Clinical Hour Requirements

The table below provides an example of areas to emphasize when planning clinical experiences. Students are expected to have experience across the lifespan and include each population outlined. While the hours below are only recommendations, students are expected to attain experience in all the areas.

Population	Total Hours Recommended	Minimum Number of Visits (Recommended)	Recommended Procedures/ Visits	Percent of Time	Course Focus
Pediatric	100 hours	50 total		15%	663, 665
Newborn (0-11 months)		5			
1-4 years		15	Well-child exams		
5-12 years		15	Well-child exams		
13-17 years		15	Well-child exams or sports physicals		
Adult	450 hours	300 total		55%	661, 663, 665
18-65 years 66+ years			150 episodic, acute, and wellness exams 150 chronic care		
Men's health			5 prostate exams		
Women's Health	100 hours	50 total		15%	663, 665
			5 pelvic exams		
	May include well-women exams, dysmenorrhea, STD testing, DUB, pelvic pain, breast mass, menopause and related problems, contraception, pregnancy, and post-partum.				
Specialty	75-150 hours			105	665
	May include long-term care, dermatology, urgent care, cardiology, neurology, orthopedics, etc.				

Documentation of Practice Hours

All FNP students must maintain a record of clinical hours. All activities must be associated with a NONPF Competency, MSN Essential, and Program Outcome. The student will submit a log describing how each competency, essential, and outcome was met. You will find the clinical log template in the FNP clinical course.

MSN ESSENTIAL OUTCOMES

The Essentials of Master’s Education in Nursing

MSN Essential	MSN Essential Program Outcome
<p>I: Background for Practice from Sciences and Humanities</p>	<p>The master’s-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Integrate nursing and related sciences into the delivery of advanced nursing care to diverse populations. 2. Incorporate current and emerging genetic/genomic evidence in providing advanced nursing care to individuals, families, and communities while accounting for patient values and clinical judgment. 3. Design nursing care for a clinical or community-focused population based on biopsychosocial, public health, nursing, and organizational sciences. 4. Apply ethical analysis and clinical reasoning to assess, intervene, and evaluate advanced nursing care delivery. 5. Synthesize evidence for practice to determine appropriate application of interventions across diverse populations. 6. Use quality processes and improvement science to evaluate care and ensure patient safety for individuals and communities. 7. Integrate organizational science and informatics to make changes in the care environment to improve health outcomes. 8. Analyze nursing history to expand thinking and provide a sense of professional heritage and identity.
<p>II. Organizational and Systems Leadership</p>	<p>The master’s-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Apply leadership skills and decision making in the provision of culturally responsive, high-quality nursing care, healthcare team coordination, and the oversight and accountability for care delivery and outcomes. 2. Assume a leadership role in effectively implementing patient safety and quality improvement initiatives within the context of the interprofessional team using effective communication (scholarly writing, speaking, and group interaction) skills. 3. Develop an understanding of how healthcare delivery systems are organized and financed (and how this affects patient care) and identify the economic, legal, and political factors that influence health care. 4. Demonstrate the ability to use complexity science and systems theory in the design, delivery, and evaluation of health care. 5. Apply business and economic principles and practices, including budgeting, cost/benefit analysis, and marketing, to develop a business plan. 6. Design and implement systems change strategies that improve the care environment.

MSN Essential	MSN Essential Program Outcome
	7. Participate in the design and implementation of new models of care delivery and coordination.
III. Quality Improvement and Safety	<p>The master's-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Analyze information about quality initiatives recognizing the contributions of individuals and inter-professional healthcare teams to improve health outcomes across the continuum of care. 2. Implement evidence-based plans based on trend analysis and quantify the impact on quality and safety. 3. Analyze information and design systems to sustain improvements and promote transparency using high reliability and just culture principles. 4. Compare and contrast several appropriate quality improvement models. 5. Promote a professional environment that includes accountability and high-level communication skills when involved in peer review, advocacy for patients and families, reporting of errors, and professional writing. 6. Contribute to the integration of healthcare services within systems to affect safety and quality of care to improve patient outcomes and reduce fragmentation of care. 7. Direct quality improvement methods to promote culturally responsive, safe, timely, effective, efficient, equitable, and patient-centered care. 8. Lead quality improvement initiatives that integrate socio-cultural factors affecting the delivery of nursing and healthcare services.
IV. Translating and Integrating Scholarship into Practice	<p>The master's-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve practice and associated health outcomes for patient aggregates. 2. Advocate for the ethical conduct of research and translational scholarship (with particular attention to the protection of the patient as a research participant). 3. Articulate to a variety of audiences the evidence base for practice decisions, including the credibility of sources of information and the relevance to the practice problem confronted. 4. Participate, leading when appropriate, in collaborative teams to improve care outcomes and support policy changes through knowledge generation, knowledge

MSN Essential	MSN Essential Program Outcome
	<p>dissemination, and planning and evaluating knowledge implementation.</p> <ol style="list-style-type: none"> 5. Apply practice guidelines to improve practice and the care environment. 6. Perform rigorous critique of evidence derived from databases to generate meaningful evidence for nursing practice.
<p>V. Informatics and Healthcare Technologies</p>	<p>The master's-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Analyze current and emerging technologies to support safe practice environments, and to optimize patient safety, cost-effectiveness, and health outcomes. 2. Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risks and improve health outcomes. 3. Promote policies that incorporate ethical principles and standards for the use of health and information technologies. 4. Provide oversight and guidance in the integration of technologies to document patient care and improve patient outcomes. 5. Use information and communication technologies, resources, and principles of learning to teach patients and others. 6. Use current and emerging technologies in the care environment to support lifelong learning for self and others.
<p>VI. Health Policy and Advocacy</p>	<p>The master's-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Analyze how policies influence the structure and financing of health care, practice, and health outcomes. 2. Participate in the development and implementation of institutional, local, and state and federal policy. 3. Examine the effect of legal and regulatory processes on nursing practice, healthcare delivery, and outcomes. 4. Interpret research, bringing the nursing perspective, for policy makers and stakeholders. 5. Advocate for policies that improve the health of the public and the profession of nursing.
<p>VII. Interprofessional Collaboration for Improving Patient and Population Health Outcomes</p>	<p>The master's-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Advocate for the value and role of the professional nurse as member and leader of interprofessional healthcare teams. 2. Understand other health professions' scopes of practice to maximize contributions within the healthcare team.

MSN Essential	MSN Essential Program Outcome
	<ol style="list-style-type: none"> 3. Employ collaborative strategies in the design, coordination, and evaluation of patient-centered care. 4. Use effective communication strategies to develop, participate, and lead interprofessional teams and partnerships. 5. Mentor and coach new and experienced nurses and other members of the healthcare team. 6. Functions as an effective group leader or member based on an in-depth understanding of team dynamics and group processes.
<p>VIII. Clinical Prevention and Population Health for Improving Health</p>	<p>The master's-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Synthesize broad ecological, global and social determinants of health; principles of genetics and genomics; and epidemiologic data to design and deliver evidencebased, culturally relevant clinical prevention interventions and strategies. 2. Evaluate the effectiveness of clinical prevention interventions that affect individual and population-based health outcomes using health information technology and data sources. 3. 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. 4. Advance equitable and efficient prevention services, and promote effective population-based health policy through the application of nursing science and other scientific concepts. 5. Integrate clinical prevention and population health concepts in the development of culturally relevant and linguistically appropriate health education, communication strategies, and interventions.
<p>IX. Master's-Level Nursing Practice</p>	<p>The master's-degree program prepares the graduate to:</p> <ol style="list-style-type: none"> 1. Conduct a comprehensive and systematic assessment as a foundation for decision making. 2. Apply the best available evidence from nursing and other sciences as the foundation for practice. 3. Advocate for patients, families, caregivers, communities and members of the healthcare team. 4. Use information and communication technologies to advance patient education, enhance accessibility of care, analyze practice patterns, and improve health care outcomes, including nurse sensitive outcomes.

MSN Essential	MSN Essential Program Outcome
	<ol style="list-style-type: none"> 5. Use leadership skills to teach, coach, and mentor other members of the healthcare team. 6. Use epidemiological, social, and environmental data in drawing inferences regarding the health status of patient populations and interventions to promote and preserve health and healthy lifestyles. 7. Use knowledge of illness and disease management to provide evidence-based care to populations, perform risk assessments, and design plans or programs of care. 8. Incorporate core scientific and ethical principles in identifying potential and actual ethical issues arising from practice, including the use of technologies, and in assisting patients and other healthcare providers to address such issues. 9. Apply advanced knowledge of the effects of global environmental, individual and population characteristics to the design, implementation, and evaluation of care. 10. Employ knowledge and skills in economics, business principles, and systems in the design, delivery, and evaluation of care. 11. Apply theories and evidence-based knowledge in leading, as appropriate, the healthcare team to design, coordinate, and evaluate the delivery of care. 12. Apply learning, and teaching principles to the design, implementation, and evaluation of health education programs for individuals or groups in a variety of settings. 13. Establish therapeutic relationships to negotiate patient-centered, culturally appropriate, evidence-based goals and modalities of care. 14. Design strategies that promote lifelong learning of self and peers and that incorporate professional nursing standards and accountability for practice. 15. Integrate an evolving personal philosophy of nursing and healthcare into one's nursing practice.

EXAMPLES OF CLINICAL ACTIVITIES

MSN Essential I: Background for Practice from Sciences and Humanities

- Healthcare economics and finance models
- Advanced nursing science, including the major streams of nursing scientific development.
- Scientific bases of illness prevention, health promotion, and wellness
- Genetics, genomics, and pharmacogenomics

- Public health science, such as basic epidemiology, surveillance, environmental science, and population health analysis and program planning
- Organizational sciences
- Systems science and integration, including microsystems, mesosystems, and macrolevel systems.
- Chaos theory and complexity science
- Leadership science
- Theories of bioethics
- Information science
- Quality processes and improvement science
- Technology assessment
- Nursing Theories

MSN Essential II: Organizational and Systems Leadership

- Leadership, including theory, leadership styles, contemporary approaches, and strategies (organizing, managing, delegating, supervising, collaborating, coordinating).
- Data-driven decision-making based on an ethical framework to promote culturally responsive, quality patient care in a variety of settings, including creative and imaginative strategies in problem solving.
- Communication—both interpersonal and organizational—including elements and channels, models, and barriers.
- Conflict, including conflict resolution, mediation, negotiation, and managing conflict • Change theory and social change theories.
- Systems theory and complexity science • Healthcare systems and organizational relationships (e.g., finance, organizational structure, and delivery of care, including mission/vision/philosophy and values).
- Healthcare finance, including budgeting, cost/benefit analysis, variance analysis, and marketing.
- Operations research (e.g., queuing theory, supply chain management, and systems designs in health care).
- Teams and teamwork, including team leadership, building effective teams, and nurturing teams.

MSN Essential III: Quality Improvement and Safety

- Quality improvement models differentiating structure, process, and outcome indicators.
- Principles of a just culture and relationship to analyzing errors.
- Quality improvement methods and tools: Brainstorming, Fishbone cause and effect diagram, flow chart, Plan, Do Study, Act (PDSA), Plan, Do, Check, Act (PDCA), Find, Organize, Clarify, Understand, Select-Plan, Do, Check, Act (FOCUS-PDCA), Six Sigma, Lean.
- High-Reliability Organizations (HROs) / High-reliability techniques.
- National patient safety goals and other relevant regulatory standards (e.g., CMS core measures, pay for performance indicators, and never events)
- Nurse-sensitive indicators.
- Data management (e.g., collection tools, display techniques, data analysis, trend analysis, control charts).
- Analysis of errors (e.g., Root Cause Analysis [RCA], Failure Mode Effects Analysis [FMEA], serious safety events).

- Communication (e.g., hands-off communication, chain-of-command, error disclosure).
- Participate in executive patient safety rounds.
- Simulation training in a variety of settings (e.g., disasters, codes, and other high-risk clinical areas).
- RN fit for duty/impact of fatigue and distractions in care environment on patient safety

MSN Essential V: Translating and Integrating Scholarship into Practice

- Research process
- Implementation/Improvement science
- Evidence-based practice:
 - Clinical decision making:
 - Critical thinking
 - Problem identification
 - Outcome measurement
- Translational science:
 - Data collection in nursing practice
 - Design of databases that generate meaningful evidence for nursing practice
 - Data analysis in practice
 - Evidence-based interventions
 - Prediction and analysis of outcomes
 - Patterns of behavior and outcomes
 - Gaps in evidence for practice
 - Importance of cultural relevance
- Scholarship:
 - Application of research to the clinical setting
 - Resolution of clinical problems
 - Appreciative inquiry
 - Dissemination of results
- Advocacy in research
- Research ethics
- Knowledge acquisition
- Group process
- Management of change •
- Evidence-based policy development in practice
- Quality improvement models/methodologies
- Safety issues in practice
- Innovation processes

MSN Essential V: Informatics and Healthcare Technologies

- Use of technology, information management systems, and standardized terminology
- Use of standardized terminologies to document and analyze nursing care outcomes
- Bio-health informatics
- Regulatory requirements for electronic data monitoring systems
- Ethical and legal issues related to the use of information technology, including copyright, privacy, and confidentiality issues
- Retrieval information systems, including access, evaluation of data, and application of relevant data to patient care

- Statistical principles and analyses of outcome data
- Online review and resources for evidence-based practice
- Use and implementation of technology for virtual care delivery and monitoring
- Electronic health record, including policies related to the implementation of and use to impact care outcomes
- Complementary roles of the master's-prepared nursing and information technology professionals, including nurse informaticist and quality officer
- Use of technology to analyze data sets and their use to evaluate patient care outcomes
- Effective use of educational/instructional technology
- Point-of-care information systems and decision support systems

MSN Essential VI: Health Policy and Advocacy

- Policy process: development, implementation, and evaluation
- Structure of healthcare delivery systems
- Theories and models of policy making
- Policy making environments: values, economies, politics, social
- Policy-making process at various levels of government
- Ethical and value-based frameworks guiding policy making
- General principles of microeconomics and macroeconomics, accounting, and marketing strategies.
- Globalization and global health
- Interaction between regulatory processes and quality control
- Health disparities
- Social justice
- Political activism
- Economics of health care

MSN Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

- Scopes of practice for nursing and other professions
- Differing world views among healthcare team members
- Concepts of communication, collaboration, and coordination
- Conflict management strategies and principles of negotiation
- Organizational processes to enhance communication
- Types of teams and team roles
- Stages of team development
- Diversity of teams
- Cultural diversity
- Patient-centered care
- Change theories
- Multiple-intelligence theory
- Group dynamics
- Power structures
- Health-work environments

MSN Essential VIII: Clinical Prevention and Population Health for Improving Health

- Environmental health
- Epidemiology
- Biostatistical methods and analysis

- Disaster preparedness and management
- Emerging science of complementary and alternative medicine and therapeutics
- Ecological model of the social determinants of health
- Teaching and learning theories
- Health disparities, equity and social justice
- Program planning, design, and evaluation
- Quality improvement and change management
- Health promotion and disease prevention
- Application of health behavior modification
- Health services financing
- Health information management
- Ethical frameworks
- Interprofessional collaboration
- Theories and applications of health literacy and health communication
- Genetics/genomic risk assessment for vulnerable populations
- Organization of clinical, public health, and global systems
- Frameworks for community and political engagement, advocacy, and empowerment
- Frameworks for addressing global health and emerging health issues
- Nursing Theories

MSN Essential IX: Master's-Level Nursing Practice

- Principles of leadership, including horizontal and vertical leadership
- Effective use of self
- Advocacy for patients, families, and the discipline
- Conceptual analysis of the master's-prepared nurse's role(s)
- Principles of lateral integration of care
- Clinical Outcomes Management, including the measurement and analysis of patient outcomes
- Epidemiology
- Biostatistics
- Health promotion and disease reduction/ prevention management for patients and clinical populations
- Risk assessment
- Health literacy
- Principles of mentoring, coaching and counseling
- Principles of adult learning
- Evidence-based practice:
 - Clinical decision making and judgment
 - Critical thinking
 - Problem Identification
 - Outcome measurement
- Care environment management
- Team coordination, including delegation, coaching, interdisciplinary care, group process
- Negotiation, understanding group dynamics, conflict resolution
- Healthcare reimbursement and reform and how it impacts practice
- Resource allocation
- Use of healthcare technologies to improve patient care delivery and outcomes

- Healthcare finance and socioeconomic principles
- Principles of quality management/risk reduction/patient safety
- Informatics principles and use of standardized language to document care and outcomes of care
- Educational strategies
- Learning styles
- Cultural competence/awareness
- Global health care environment, international law, geopolitics, and geo-economics
- Nursing and other scientific theories
- Appreciative inquiry
- Reflective practices

FNP PROGRAM OUTCOMES

NAU-MS FNP Program Outcomes

NAU-Post-Master's FNP Certificate Program Outcomes

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.

Critical 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.

Communication

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

Professionalism and Professional Values

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

FNP PROJECT REQUIREMENTS

FNP Project

Over the course of the program, all FNP students will complete a Master's Capstone Project. The capstone project is a scholarly process that addresses a theoretically and clinically relevant problem in nursing practice, examines the most current evidence, and applies it to a clinical situation in the primary care setting. Students will identify a clinical condition which they choose to explore in depth throughout the program. The project may take on various forms, such as a integrative review of a clinical concept/clinical condition or best practices of a clinical condition. The final product of the project is a result of work accomplished throughout the FNP clinical courses and will demonstrate the student's knowledge of how to carry out a project through problem identification, development, implementation, and evaluation. The capstone project will be developed with the assistance of a faculty mentor(s). At the completion of the program the student will either submit a manuscript of publishable quality or complete a poster presentation.

Summation of FNP project requirements

- 1) Identify and discuss the significance of the topic to primary care practice.
- 2) Examine current evidence significant to the capstone topic.
- 3) Dissemination of the FNP capstone project
 - a. Oral presentation
 - b. Poster presentation or a manuscript of publishable quality.

Refer to the FNP Project Requirements Handbook for detailed information.

APPENDICIES

APPENDIX A: Clinical Student Incident Report



School of Nursing

CLINICAL STUDENT INCIDENT REPORT

Student:	Date of Incident:
Preceptor:	Time of Incident:
Supervising Faculty:	Course:
Location of Incident:	
Student's Account of Incident	
<input type="checkbox"/> The student's comments are documented separately and have been sent to the FNP Program Coordinator.	
Signature of Student:	Date:
Preceptor Account of Incident	
<input type="checkbox"/> The preceptor's comments are documented separately and have been sent to the FNP Program Coordinator.	
Signature of Preceptor:	Date:
Clinical Supervising Faculty Account of Incident	
<input type="checkbox"/> The faculty's comments are documented separately and have been sent to the FNP Program Coordinator.	
Signature of Faculty:	Date:
Actions Taken / Resolution	
<input type="checkbox"/> The disciplinary plan is documented separately and has been sent to the FNP Program Coordinator.	
<input type="checkbox"/> All documentation has been placed in the student's file in the School of Nursing. <input type="checkbox"/> The AZBON has been notified.	
Signature: FNP Coordinator:	Date:

APPENDIX B: Consent for Drug & Alcohol Screening



CONSENT FOR DRUG & ALCOHOL SCREENING

I understand and agree that the screening test I am about to receive may include 1) Blood test for drug or alcohol; 2) Urine test for drug, alcohol or chemical; and/or 3) Breathalyzer test for alcohol

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

(initial)

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

(initial)

An exception may be made for the use of legally prescribed medications taken under the direction of a physician or other healthcare practitioner. List all prescriptions or non-prescription drugs or substances taken within the last two weeks.

Medication/drug	Prescribing practitioner (name & title)	Telephone number

- (initial)** I have not taken prescription medications that would affect drug/alcohol testing.
- (initial)** I understand that the above tests are not 100% accurate and may produce false positive or false negative results. I release Northern Arizona University from all liability arising from or in any way related to the testing or the results thereof.
- (initial)** I hereby consent to drug/alcohol screening
- (initial)** I refuse consent for drug/alcohol screening
- (initial)** I state that the urine or blood sample, if provided, is in fact a specimen from my own body eliminated on this date.
- (initial)** I authorize the results of my test(s) to be released to the NAU School of Nursing and others with a need to know.
- (initial)** Should any screening test(s) be positive, and if I am allowed to go through rehabilitation, I consent to periodic testing as deemed necessary by the School of Nursing upon my return to school.
- (initial)** If I am allowed to go through a rehabilitation program, I hereby consent to the rehabilitation program informing the School of Nursing as to whether or not I am participating satisfactorily, and whether or not I have successfully completed any rehabilitation program or failed any follow-up drug test/alcohol.
- (initial)** I understand that when I complete the rehabilitation program, I may reapply to the Nursing Program and will be informed as to when I may expect to be reinstated. I also understand that reinstatement depends on course capacity.

Signed:

Date:

Witness:

Date:

APPENDIX C: Consent for Transportation



SCHOOL OF NURSING CONSENT FOR TRANSPORTATION

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

Signed:

Date:

Witness:

Date:

APPENDIX D: Self-Report to AZBON for ATD



**AGREEMENT TO SELF- REPORT TO THE ARIZONA STATE BOARD OF NURSING
ALTERNATIVE TO DISCIPLINE (ATD) PROGRAM**

I _____ had a positive drug/alcohol screen agree to self-report to the Arizona State Board of Nursing Alternative to Discipline (ATD) Program so that monitoring can be implemented if determined necessary in accordance with the voluntary nature of the ATD program.

I agree to report:

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

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

Signed:

Date:

Witness:

Date:

APPENDIX E: Tuberculosis Screening



School of Nursing

Student Name:
Date:

Tuberculosis Risk Assessment and Symptom Evaluation

Instructions: All nursing students must complete this form prior to enrollment and annually.

Risk Assessment: ANSWER EACH QUESTION

1. Have you temporarily or permanently been a residence for ≥ 1 month in a country with a high TB rate? This includes all countries with the exception of the US, Canada, Australia, New Zealand, and those in Northern Europe or Western Europe.
 Yes No
2. Are you currently immunocompromised or taking immunosuppression medication? Including having human immunodeficiency virus (HIV), being an organ transplant recipient, being treated with a TNF-alpha antagonist (e.g., infliximab, etanercept, or other), chronic steroid use (equivalent of prednisone ≥ 15 mg/day for ≥ 1 month) or taking other immunosuppressive medication.
 Yes No
3. Have you had close contact with someone who has had infectious TB disease since your last TB test?
 Yes No

Symptom Evaluation: ANSWER EACH QUESTION

- | | | |
|--|------------------------------|-----------------------------|
| Do you have a bad cough that has lasted 3 weeks or longer? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have pain in the chest? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Are you coughing up blood or sputum? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you been experiencing weakness or fatigue? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had unintended weight loss? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had a decrease in your appetite? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had chills? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had a fever? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Have you had sweating at night? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

<https://www.cdc.gov/tb/topic/basics/signsandsymptoms.htm>

Students are considered at increased risk for TB if any of the statements are marked 'yes'. Students with positive responses on the risk assessment or symptom evaluation will be referred to the Health Dept. for further evaluation and management prior to returning to the classroom or clinical setting.

APPENDIX F: FNP Preceptor Request Form

GREEN FORM
Preceptor/Clinical Site Request Form

Please submit this form once you have either been accepted by a preceptor or if you would like assistance in securing a specific clinical rotation. A clinical coordination team member will assist you to obtain a placement and/or confirm the rotation with the proposed site. If needed, an Affiliation Agreement will be initiated, which may take anywhere from a few days to a few months depending on the requirements.

Student Name		Cohort		Date	
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Semester(s) you are requesting to be in this clinical site: Summer Fall Spring

The preceptor/site has approved this placement OR Please assist in securing this placement.

Site Information

Legal Name of Site*‡					
Discipline*	<input type="checkbox"/> FM	<input type="checkbox"/> IM	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Peds	<input type="checkbox"/> Other:
Site Address*					
Preceptor Name*		Credentials*	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> FNP <input type="checkbox"/> Other:		
Preceptor Phone*		Preceptor Cell			
Preceptor Email*					
Administrative Contact Name* ¹					
Admin Phone*		Admin Cell			
Admin Email*					

Outcome (for NAU SON only)

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Clinical Coordinator		Date	
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The student requesting the rotation is required to complete this form. Do not send it to your proposed site to complete. Incomplete forms will be returned to the student. Email completed forms to FNPClinicalCoord@nau.edu.

Timing Requirements - Requests submitted after these dates may not be completed in time for the target semester:

- o Rotation 1 (Summer): Discussion and submission of request prior to March 1
- o Rotation 2 (Fall): Discussion and submission of request prior to June 1
- o Rotation 3 (Spring): Discussion and submission of request prior to October 1

* Required field † Identify the legal name of the site. Ask your preceptor or the administrative contact for this information.

†The administrative contact is the person who will receive the affiliation agreement to sign and/or route to the appropriate person(s) and confirm the clinical rotation. This may or may not be the preceptor. In many cases, it is the office manager.

Revised 5/16/2019_bh

APPENDIX G: Progressive Expectations of FNP Students in Clinical Practicum

Course Progression Algorithm

Progressive Expectations of FNP Students in Clinical Practicum

Nursing 661 (180 hours)	Weeks	Weeks 4-6	Weeks 7-9	Weeks 10-12
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.	1	2	3	4
6. Reviews chart prior to encounter.	1	2	3	4
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues.	1	2	3	4
8. Obtains subjective assessment date: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. <i>Student will see 4-6 adult patients in an 8-hour clinical day.</i>	1	2	3	4
9. Performs appropriate and accurate physical examination on the adult patient (specific components) for the presenting problem using correct techniques and equipment.	1	2	3	4
10. Identifies appropriate diagnostic testing as appropriate.	1	2	3	3
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	1	2	3	3
12. Arrives at correct diagnosis based on clinical data.	1	2	3	3
13. Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care.	1	2	3	3
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	1	2	3	3
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	1	2	3	3
16. Chooses appropriate medication and therapeutic dosage.	1	2	3	3
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	1	2	3	4

18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	1	2	3	4
19. Presents patients to preceptor in a thorough, concise, and organized manner.	1	2	3	4
20. Identify patients whose health needs require urgent or emergent care.	1	2	3	4
21. Completes patient encounter in a timely manner. New patient or complete exam (90 minutes); Chronic or complex	1	2	3	4
22. Incorporates cost in decision-making.	1	2	3	3
23. Correctly uses ICD coding for diagnosis documentation.	1	2	3	3
	W	Weeks	Weeks	Weeks
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively any in the clinical setting.				
6. Reviews chart prior to encounter.	4	4	4	5
7. Demonstrates effective communication with patients and their families including ability to recognize				
8. Obtains subjective assessment date: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. Student will see 6-8 adult and pediatric patients in an 8-hour clinical day.	4	4	4	5
9. Performs appropriate and accurate physical examination on adult and pediatric patients (specific components) for the presenting problem using correct techniques and equipment. Performs examination considering the child's age and stage of development.				
10. Identifies appropriate diagnostic testing as appropriate.	3	3	4	4
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	3	3	4	4
12. Arrives at correct diagnosis based on clinical data.	3	3	4	4
13. Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. Incorporates knowledge of growth and development in development of treatment plan.				
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	3	3	4	4

15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis.				
16. Chooses appropriate medication and therapeutic dosage. Is able to calculate medication dosage for pediatric patient.	3	3	4	4
17. Determines health care maintenance and screening needs for adult and pediatric patients utilizing USPSTF recommendations.	4	4	4	5
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	4	4	4	5
19. Presents patients to preceptor in a thorough, concise, and organized manner.	4	4	5	5
21. Completes patient encounter in a timely manner. New patient or complete exam (60 minutes); Chronic or complex visit (45 minutes); Acute episodic visit (30 minutes).	3	3	4	5
22. Incorporates cost in decision-making.	3	4	4	4
23. Correctly uses ICD coding for diagnosis documentation.	3	4	4	4
	W	Weeks	Weeks	Weeks
1. Completes facility orientation and reviews relevant policies and procedures.				
2. Communicates effectively with office staff, nurses, and other professionals.				
3. Maintains professional standards including dress, timeliness, and language.				
4. Demonstrates interest and takes initiative in learning.				
5. Has references and uses them effectively and efficiently in the clinical setting.				
6. Reviews chart prior to encounter.	5	5	5	5
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues. Evaluates and incorporates communication challenges (vision and hearing deficits).				
8. Obtains subjective assessment date: history of present illness (HPI), review of systems (ROS), past medical history (PMH), medications, family history (FH), and relevant social history (SH) for patients presenting for complete physical examinations and episodic visits. Demonstrates logical systematic methodology in obtaining subjective patient data. Considers co-morbidities and chronic illness when obtaining data. Student will see 10-12 adult, pediatric and geriatric patients in an 8-hour clinical day.	5	5	5	5
9. Performs appropriate and accurate physical examination on adult, pediatric, and geriatric patients (specific components) for the presenting problem using correct techniques and equipment.	5	5	5	5
10. Identifies appropriate diagnostic testing as appropriate.	4	5	5	5

11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	4	5	5	5
12. Arrives at correct diagnosis based on clinical data.	4	4	5	5
13. Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. Considers functional status and polypharmacy when developing treatment plan.				
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	4	4	5	5
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	4	5	5	5
16. Chooses appropriate medication and therapeutic dosage.	4	5	5	5
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	5	5	5	5
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	5	5	5	5
19. Presents patients to preceptor in a thorough, concise, and organized manner.	5	5	5	5
20. Identify patients whose health needs require urgent or emergent care.	5	5	5	5
21. Completes patient encounter in a timely manner. New patient or complete exam (45 minutes); Chronic or complex visit (30-45 minutes); Acute episodic visit (15-30 minutes).	5	5	5	5
22. Incorporates cost in decision-making.	4	4	5	5
23. Correctly uses ICD coding for diagnosis documentation.	4	5	5	5

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: Pearson, T., Garrett, L., Hossler, S., McConnell, P, & Walls, J. (2012). A progressive nurse practitioner student evaluation tool. *Journal of the American Academy of Nurse Practitioners*, 24 (6).

APPENDIX H: Preceptor Evaluation of FNP Student

Preceptor Evaluation of FNP Student

This evaluation is completed online using Qualtrics. Preceptors will receive a link to the evaluation the last 2-3 weeks of the semester.

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 = **Omits** 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

Competencies

DOMAIN IA: ASSESSMENT OF HEALTH STATUS	1	2	3	4	5
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.					
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.					
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.					
4. Assesses specific family health needs and identifies and plans health promotion interventions for families at risk, within the context of community.					
5. Assesses the impact of acute and/or chronic illness or common injuries on the family.					
Comments:					
DOMAIN LB: DIAGNOSIS OF HEALTH STATUS	1	2	3	4	5
1. Identifies signs and symptoms of acute or chronic physical and mental illnesses across the lifespan.					
2. Manages diagnostic testing through the ordering and interpretation of age-, gender-, and condition-specific tests and screening procedures.					

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	2	3	4	5
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 &					
DOMAIN 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 &					
DOMAIN 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 I: Faculty Evaluation of FNP Student

This evaluation is completed online using Typhon®

Student Name:						
Date of Visit:						
Clinical Site/Preceptor:						
Supervising Clinical Faculty:						
Course:	Performs behavior independently	Requires minimal prompting to perform behavior	Requires moderate prompting to perform behavior	Requires detailed prompting to perform behavior	Observation only	Comments
<i>Clinical Practice and Prevention</i>						
Reviews chart prior to encounter	5	4	3	2	1	
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 patients in an 8-hr clinical day.	5	4	3	2	1	
Performs appropriate and accurate physical examination on the adult patient and pediatric (specific components) for the presenting problem using correct techniques and equipment. Performs examination considering the child's age and stage of development.	5	4	3	2	1	
Identifies appropriate diagnostic testing as indicated.	5	4	3	2	1	

	Performs behavior independently	Requires minimal prompting to perform behavior	Requires moderate prompting to perform behavior	Requires detailed prompting to perform behavior	Observation only	Comments
Creates an evidence-based treatment plan that includes pharmacologic and non-pharmacologic treatments, lifestyle modifications, referrals, expected outcomes, and plan for follow-up care. Incorporates knowledge of growth and development when creating treatment plan.	5	4	3	2	1	
Determines health care maintenance and screening needs utilizing USPSTF recommendations.	5	4	3	2	1	
Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	5	4	3	2	1	
Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	5	4	3	2	1	
Documents ICD and Evaluation and Management codes.	5	4	3	2	1	
Completes the patient encounter in a timely manner. Refer to progressive expectations for time frames.	5	4	3	2	1	

	Performs behavior independently	Requires minimal prompting to perform behavior	Requires moderate prompting to perform behavior	Requires detailed prompting to perform behavior	Observation only	Comments
Communication						
Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive emotional issues. Communication incorporates knowledge of child growth and development.	5	4	3	2	1	
Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	5	4	3	2	1	
Presents patients to preceptor in a thorough, concise, and organized manner.	5	4	3	2	1	
Critical Reasoning						
Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	5	4	3	2	1	
Arrives at correct diagnosis based on clinical data.	5	4	3	2	1	
Chooses appropriate medication and therapeutic dosage.	5	4	3	2	1	
Identify patients whose health needs require urgent or emergent care.	5	4	3	2	1	
Leadership						
Incorporates cost in decision-making.	5	4	3	2	1	
Time Log: Up to date, signatures in place	5	4	3	2	1	

Total Score	
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** The site visit is pass/fail, students must achieve a 4 or higher for each behavior in NUR663 to pass.

- (1) Observation only
- (2) Requires detailed prompting to perform behavior from preceptor.
 - Obtains relevant data 25% of the time
- (3) Requires moderate prompting to perform behavior. Decision-making done in collaboration with preceptor
 - Obtains relevant data 70% of the time
- (4) Requires minimal prompting to perform behavior from preceptor.
 - Obtains relevant data 90% of the time
- (5) Performs behavior independently of preceptor.

Strengths:	
Areas needing improvement: (address specifics of any area with ratings that fall below those noted in the progressive expectations for a student at this level)	
Additional comments:	
Faculty signature:	Date:
Student signature:	Date:

Criteria for evaluation

Communication – politeness, clarity, appropriate terminology

Cultural – awareness and sensitivity

Review of chart – completeness

History – thorough, accurate, relevant

Physical exam – complete, correct techniques, no errors or omissions

Diagnostic labs and tests – appropriate, no errors or omissions

Medication and therapeutic dosage – appropriate and accurate

Differential diagnosis – at least three complete and correct

Correct diagnosis – accurate, based on clinical data

Evidence-based treatment plan – incorporates all factors

Education – anticipatory guidance, teaching, counseling, and specific information (oral and written)

Follow up plan – relevant and cardinal symptoms for which they should seek treatment

Documentation – reflects history, physical exam, treatment plan, and is congruent, organized, and complete

References – has resources and uses them effectively and efficiently in clinical setting

Preceptor – presents patient in thorough, concise, and organized manner

Patient status – able to recognize, identify, and initiate treatment when urgent or critical

Encounter – completes in a timely manner

Professional standards – dress, timeliness, and language

Learning – demonstrates interest and takes initiative

APPENDIX G: Acknowledgement of Handbook

Acknowledgement of Receipt of Handbook

I acknowledge that I was provided a copy of the handbook and am familiar with the content. I agree to abide by the laws of the state of Arizona and NAU School of Nursing policies relevant to mentoring or precepting a DNP student. I further agree to provide a copy of my professional license and a resume or CV.

Student Name (print):

Student Signature:

Date: