NORTHERN ARIZONA UNIVERSITY

School of Nursing

ADVANCED PRACTICE REGISTERED NURSE

CLINICAL PRACTICUM GUIDELINES

Academic Year 2023-2024

Dear FNP & PMHNP Students,

The purpose of this manual is to provide guidelines for the clinical practicum courses you will attend throughout the MS-Advanced Practice program. During these clinical courses, you will complete a minimum 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 National Organization of Nurse Practitioner Faculties (NONPF) Competencies, AACN MSN Essentials, and program outcomes.

Best wishes for a challenging and satisfying clinical practicum experience.

Sincerely yours,

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Approved	**Date**	**Revised**	**Date**
Graduate Program Committee	5/23/2023		

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Section I: General Policies

LICENSURE

Graduate students must have a current nursing license to practice nursing in the state of Arizona or from a state that participates in the Nurse Licensure Compact (NLC) during their enrollment at Northern Arizona University. A copy of current license must be kept on file in the School of Nursing (SON) and uploaded into Exxat®. It is the student's responsibility to ensure the license is current throughout the duration of their enrollment, on file with the SON and uploaded into Exxat®. Licensing questions should be directed to the Arizona State Board of Nursing.

TRANSPORTATION AND EXPENSES

As a requirement for completion of the Nursing-Advanced Practice program students will complete a minimum of 780 clinical hours that includes a minimum of 500 hours of faculty-supervised clinical practice in the program's population focus. Clinical hours for are spread throughout the program and taken in:

- FNP Students: NUR 661, NUR 663, and NUR 665;
- PMHNP Students: NUR 680.

While effort is made to minimize student travel, over-night accommodations may be necessary. **Students are responsible for all expenses related to clinical immersion activities, including transportation and housing. In the event a student declines a clinical placement, the nursing education program is not obligated to provide additional or alternate clinical experiences based on a student's travel preference.**

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. All clinical settings where APRN students are placed are subject to the 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, and Social Security Number.

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
    b. Address, including street address, city, county, zip code, or equivalent geocodes
    c. Names of relatives and employers
    d. Birth date
    e. Telephone and fax numbers
    f. E-mail addresses
    g. Social Security number
    h. Medical record number
    i. Health plan beneficiary number
    j. Account number
    k. Certificate/license number
    l. Any vehicle or other device serial number
    m. Web URL
    n. Internet Protocol (IP) address
    o. Finger or voice prints
    p. Photographic images
    q. 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 ILLNESS OR INJURY IN THE CLINICAL SETTING

1. In the event of 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 student's Program Coordinator, SON Executive Director, or Assistant Director.
2. In a situation that does not require emergent care, or in the event of illness, the student should notify their 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 Clinical Student 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 student's Program Coordinator as soon as possible following the incident.
    c. The student's 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, to demonstrate 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 substance use disorder is an illness that can be successfully treated. Therefore, if a student acknowledges a problem with substance use 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.

However, 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 use disorder 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, irritability, severe weight loss, needle track marks especially in the inner elbow, and carelessness in appearance and hygiene.

Immediate Steps

Incident occurring on an 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 PMHNP Coordinator, SON Executive Director, or designee.

Procedure

1. Inform the student why actions are being taken to remove the student from the classroom or to relieve the student of their duties.
2. Ask the student if they 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 to a testing site (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 (Appendix C)
    b. Contact transportation service and arrange for the student to be taken home.
5. Inform the School of Nursing Executive Director or designee of the incident and accompanying circumstances.

Next Steps

1. Within two (2) working days, the Course Faculty or the student's Program Coordinator will provide a written account of the circumstances to the SON Executive Director or designee. The account must include the behavior that constituted evidence of possible substance use, 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 (5) working days, the student's Program Coordinator will schedule a meeting with the student, the student's faculty advisor, course faculty, program coordinator, and the SON Executive 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 SON Executive Director or designee if needed to accommodate individual schedules or holidays.
    b. Prior to the meeting the SON Executive Director or designee will review the written reports provided by the course faculty, the student's Program 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 five (5) days of the meeting, the student will receive an email describing the action(s) that will be taken 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, subsequent meetings, and actions will be kept in the student's file in the School of Nursing.

Positive Drug/Alcohol Screening

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 (1) year. After one year the student may petition the School of Nursing and request readmission to the program.

Negative Drug/Alcohol Screening

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

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 student's 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 wishes to appeal the decision or requests 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 #100319 – 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 Arizona Board of Nursing (AZBON) of a positive drug/alcohol test within 30 days of the incident. The purpose for signing the Agreement to Self-Report (see Appendix D) 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.

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 & Professional Requirements

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

Please note these important policies:

- Students may not be allowed to participate in clinical experiences unless all documents are on file TWO MONTHS PRIOR to the clinical rotations.
- Clinical documents must be valid beginning the first day and continuing through the last day of the semester.
- It is the responsibility of the student to provide documentation verifying that they are current on all requirements every semester in which they are enrolled in a clinical course (FNP: NUR 661, 663, 665; PMHNP: NUR 680).
- A delay in submitting clinical documents can result in a student being prohibited from participation in clinical orientation, as well as administrative withdrawal from clinical course and related theory course.
- Thus, any delay in submitting clinical documents can result in an interruption of progression through the program. In such a case, the student will be required to retake that course in its entirety when its available the following academic year.

Requirements	At Admission	Renewal

Requirements	At Admission	Renewal
Active RN license	Unencumbered license to practice as an RN in the state of clinical practice	Update per AZBON
Healthcare Provider Certificate/ Physical examination	Required for entry into the program	N/A
Health insurance	Required for entry into the program	Provide update annually
Liability insurance	Required for entry into the clinical course (NUR 680)	Provide update annually
CPR	Current American Heart Association Basic Life Support (BLS) CPR and AED Training for Healthcare Professionals • Online certifications not accepted	Update every 2 years
MMR	Proof of immunization or immunity • At a minimum 2 vaccinations, the 1st vaccination must be completed prior to enrollment • Titers showing immunity to Mumps, Rubella, and Rubeola are acceptable	N/A
Hepatitis B	• Proof of immunization (2 inoculations at a minimum if Heplisav-B; 3 doses if other Hepatitis B vaccine is received) • Proof of immunization by documentation of 3 vaccinations or a positive Hepatitis B surface antibody (anti-HBs) • A Hepatitis B surface antibody titer demonstrating immunity is sufficient	N/A
Varicella	Proof of immunization by documentation of vaccination or a positive Varicella antibody titer	N/A
Tdap	Proof of immunization within 10 years; a Td is not acceptable	Within 10 years from previous vaccination
Tuberculosis screening	• TB individual risk assessment, symptom screening, and TB test completed annually (annual TB questionnaire) • 1 or 2-step Mantoux TB skin test (TST) or interferon-gamma (IFN-y) release assay (IGRA) ○ TST is not recommended if there is a history of	** Annual TST Annual risk assessment and symptom evaluation or more frequently as required by clinical agency

Requirements	At Admission	Renewal
	having a prior positive TST ○ History of a positive TST, will require IGRA testing ((e.g., QuantiFERON®-TB Gold or T-SPOT®-*TB*) ○ IGRA testing is universally accepted and may be more inexpensive in the long run • Some facilities require more frequent testing, and students are expected to abide by facility policy	
Influenza	Annual influenza vaccination as required by clinical agency	Annually as required by clinical agency
COVID-19	Immunization, which may include booster vaccination, as required by clinical agency	As required by clinical agency
Drug/alcohol testing	As required by agency	As directed by agency
Fingerprint clearance card	Level I clearance card issued from the Department of Public Safety in Arizona required prior to enrollment	Update every 5 years
Photo ID	Government issued photo ID (driver's license, passport)	N/A
Malpractice Insurance	▪ Professional liability insurance is provided by the State of Arizona in accordance with Arizona Revised Statute §46-621. A.3 ▪ APRN students are required to purchase a personal liability policy with the following parameters: 1. $1 million coverage per occurrence, and 2. $6 million aggregate coverage 3. For Family Nurse Practitioner Student (for FNP students) or Psychiatric Mental Health Nurse Practitioner Student (for PMHNP students) ▪ The policy is to remain current throughout the clinical courses	Current throughout clinical courses (FNP: NUR 661, NUR 663, NUR 665; PMHNP: NUR 680)
Background check	As required by agency	As directed by agency

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 and PMHNP 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 student's 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 student's experience.

CLINICAL HOURS

As a requirement for completion of the Nursing-Advanced Practice program, students will complete a minimum of 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 throughout the program and taken in:

- FNP Students: NUR 661, NUR 663, and NUR 665;
- PMHNP Students: NUR 680.

MENTOR & PRECEPTOR REQUIREMENTS

All preceptors and mentors will be approved by the student's 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 AZ Board of Nursing.

Procedure

When a student identifies a potential preceptor or mentor:

1. Complete the Preceptor/Agency Green Form. This form is available in the clinical courses' online course content, from the Clinical Placement Coordinator, or from the student's 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.

Resources:

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 ongoing 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 student's Program Coordinator.
13. Maintain current health and credentialing documents in their student file and Exxat®.

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 FNP CLINICAL HOURS

The Family Nurse Practitioner (FNP) student is required to complete a total of 780 clinical activity hours. A minimum of 500 hours must be 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 course. 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 & Post-Graduate Certificate FNP			
Semester	*Course*	*Credit Hours*	*Contact Hours*
Summer	NUR 661	3	180
Fall	NUR 663	5	300
Spring	NUR 665	5	300
			780

GUIDELINES FOR PMHNP CLINICAL HOURS

The Psychiatric Mental Health Nurse Practitioner (PMHNP) student is required to complete a minimum of 780 clinical activity hours. A minimum of 500 hours must be 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 PMHNP clinical course. Clinical hours should contribute to the preparation of the PMHNP 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 680), the student will develop 3-5 personal learning objectives that are aligned with the NONPF Competencies, MSN Essentials, and Program Outcomes. In addition, due to the importance of maintaining personal wellness as it relates to patient outcomes, the student will develop 1-2 personal wellness objectives aligned with the Eight (8) Dimensions of Wellness. Objectives will be reviewed and revised throughout each clinical course.

Examples of Immersion Hours Distribution Over the Course of the Program

MS-PMHNP & Post-Graduate Certificate PMHNP (for the non-NP student)			
Semester	*Course*	*Credit Hours*	*Contact Hours*
Fall	NUR 680	1	60
Spring	NUR 680	3	180
Summer	NUR 680	4	240
Fall	NUR 680	5	300
			780

Post-Graduate Certificate PMHNP (for the NP student)

Semester	*Course*	*Credit Hours*	*Contact Hours*
Fall	NUR 680	1	60
Spring	NUR 680	3	180
Summer	NUR 680	5	300
			540

Documentation of Practice Hours

All APRN 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 APRN clinical course.

Clinical Hour Recommendations

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.

FNP Students					
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			150 episodic, acute,		

66+			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.				

PMHNP Students		
Credits for NUR 680	**Required Clinical Hours**	**Descriptive Breakdown of Clinical Hours**
1	60+	Neurologic evaluations (16 hours) Radiologic/Imaging evaluations (8 hours) Formal psychological evaluations (16 hours) Psychiatric & MSE evaluations (20 hours)
2-4	180+	Individual, family, & group therapy (80 hours) Addiction/Substance use individual, family, & group therapy (40 hours) Psychiatric & MSE evaluations (20 hours)* Assessment & medical management of acute & chronic PMH issues in adult clients (40 hours)* *Students may replace up to 30 hours with Professional Activity (conference attendance, presentation, or publishing articles)
5-8	240+	Assessment & medical management of acute & chronic PMH issues in adult clients (160 hours) Assessment & medical management of acute & chronic PMH issues in

		pediatric clients (40 hours) Assessment & medical management of acute & chronic PMH issues in geriatrics clients (40 hours)
9-13	300+	Assessment & medical management of acute & chronic PMH issues in adult clients (93 hours) Assessment & medical management of acute & chronic PMH issues in pediatric clients (107 hours) Assessment & medical management of acute & chronic PMH issues in geriatric clients (107 hours)

Total	780+	PMHNP students are expected to obtain a variety of clinical experiences in the following areas:
		
		Percentage (%) of Total Patients in clinical experience:
		
		SETTING
		
		• Health Promotion/Maintenance (5%; 39 hours)
		• Neurologic Management (5%; 39 hours)
		• Psychiatric Assessment and Medication Management (75%; 585 hours)
		• Individual, Family, and Group Therapies (15%; 117 hours)
		
		POPULATION
		
		• Pediatric Medical Management (25%; 146.5 hours)
		  ○ Newborn to age 18
		• Adult Medical Management (50%; 292.5 hours)
		• Geriatric Medical Management (25%; 146.5 hours)
		  ○ 65 years and older
		
		*Professional Activity: maximum of 30 hours for conference attendance, presentation, or publishing articles

Note: Post-Graduate Certificate PMHNP students (for the NP student only) will have an individualized progression plan for NUR 680.

AACN MSN ESSENTIAL OUTCOMES

The Essentials of Master's Education in Nursing

https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

MSN Essential	Descriptor
Domain 1: Knowledge for Nursing Practice	Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.
Domain 2: Person-Centered Care	Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides nursing practice regardless of specialty or functional area.
Domain 3: Population Health	Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes.
Domain 4: Scholarship for Nursing Discipline	The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health care.
Domain 5: Quality and Safety	Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.
Domain 6: Interprofessional Partnerships	Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

MSN Essential	Descriptor
Domain 7: Systems-Based Practice	Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, equitable care to diverse populations.
Domain 8: Informatics and Healthcare Technologies	Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.
Domain 9: Professionalism	Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.
Domain 10: Personal, Professional, and Leadership Development	Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and assertion of leadership.

PROGRAM OUTCOMES

NAU-MS—Advanced Practice, Nursing Program Outcomes

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 assisting patients and other healthcare providers to address such issues.

Global Health

Global Engagement

- Transforms health care systems to address health equity and social justice thus reducing health disparities in vulnerable populations.

Diversity Education

- Assumes leadership and/or research roles in developing, implementing, and evaluating culturally reinforcing nursing and other health care services from local to global perspectives.
- Prioritizes the social and cultural factors that affect health in designed and delivering care across multiple contexts.

Environmental Sustainability

- Creates partnerships that promote sustainable environmental health policies and conditions. Analyzes and promote social, political, and economic policies that influence sustainable environments and reduce human health exposures in a global society.

NAU-MS-Advanced Practice, FNP Emphasis 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.

Communication

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

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.

Professionalism and Professional Values

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

NAU-MS-Advanced Practice, PMHNP Emphasis Outcomes

Clinical Practice and Prevention

- Design patient-centered comprehensive psychiatric mental health evaluations that are consistent with cultural competency, trauma-informed care, and evidence-based clinical practice guidelines for the patient, family, community, and populations.
- Integrate theoretical knowledge and clinical expertise in the prescription and implementation of evidence-based treatment modalities.
- Promote mental health resilience, recovery, and positive outcomes for the patient, family, communities, and populations.

Communication

- Role-model interpersonal skills, self-reflection, and trauma-informed communication skills in the development of therapeutic relationships to promote holistic wellbeing of the patient, family, and interprofessional teams.

Critical Reasoning

- Critically appraise psychological, social, biological, and nursing theories and research to develop understanding of mental health problems from the individual to systems level.

- Design holistic interventions for patients, families, communities, and systems informed by the integration of theoretical frameworks.

Leadership

- Evaluate the impact of social systems, legal, and regulatory processes on mental health wellbeing of vulnerable populations.
- Design an evidence-based innovative strategy to improve mental health outcomes of vulnerable populations and influence decision-making bodies.

Professionalism and Professional Values

- Examine personal values, their influence on behavior and decision-making, and the effect of alignment or misalignment of values and behavior on patient outcomes and systems.
- Engage in routine self-reflection, education, and mentorship to promote wellbeing and resiliency for self and others.

Global Health

- Examine the influence of society and culture on mental health, mental illness, and mental health services.
- Practice consistent introspection about the intersectionality between the patient/family/population and self on:
    1. Perception of health and health needs
    2. Culture-bound health behaviors
    3. Culture-bound communication
    4. Covert and overt biases
    5. Culturally influenced barriers to health (i.e., health disparities and social determinants of health).
- Role-model advocacy for diversity, inclusion, equity, justice, and *belonging* in clinical practice and within systems through personal awareness, cultural humility, unconditional positive regard, and therapeutic cross-cultural communication.

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 an 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) Disseminate the FNP capstone project:
    a. Oral presentation, or
    b. Poster presentation or a manuscript of publishable quality.

Refer to the FNP Project Requirements Handbook for detailed information.

PMHNP PROJECT REQUIREMENTS

PMHNP Project

Over the course of the program, all MS-Advanced Practice, PMHNP students will complete a Master's Capstone Project in NUR 689 or Master's Thesis in NUR 699.

- Option A (Capstone Project):
    - The capstone project option includes a minimum of 4 credits. It is a scholarly process that:
        a. addresses a theoretically and clinically relevant psychiatric mental health problem of a vulnerable population in nursing practice,
        b. examines the most current evidence, and
        c. applies it to a clinical situation in the psychiatric mental health care setting.
    - The capstone project will be developed with the assistance of a faculty mentor(s). The project is disseminated as an oral presentation, poster presentation, or manuscript of publishable quality before the student is allowed to graduate.
    - For more information about the capstone project requirements, refer to the PMHNP Master's Capstone Project Requirements Handbook.

- Option B (Thesis):
    - The thesis option includes a minimum of 6 credits. The thesis is an original research study of limited scope focused on the psychiatric mental health of vulnerable populations under the direction of a thesis advisor. The thesis is defended at the oral exam but must be accepted and approved by the Graduate School before the student is allowed to graduate.
    - For more information about thesis requirements, refer to https://nau.edu/graduate-college/thesis-and-dissertation/

APPENDICES

NORTHERN ARIZONA UNIVERSITY | 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

☐ The student's comments are documented separately and have been sent to the student's Program Coordinator.

Signature of Student:	Date:

Preceptor Account of Incident

☐ The preceptor's comments are documented separately and have been sent to the student's Program Coordinator.

Signature of Preceptor:	Date:

Clinical Supervising Faculty Account of Incident

☐ The faculty's comments are documented separately and have been sent to the student's Program Coordinator.

Signature of Faculty:	Date:
Actions Taken / Resolution ☐ The disciplinary plan is documented separately and has been sent to the student's Program Coordinator.	
☐ All documentation has been placed in the student's file in the School of Nursing. ☐ The AZBON has been notified.	
Signature of Coordinator:	**Date:**

NORTHERN ARIZONA UNIVERSITY | School of Nursing

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 SON Executive Director 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 SON Executive Director 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:

NORTHERN ARIZONA UNIVERSITY | School of Nursing

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

NORTHERN ARIZONA UNIVERSITY | School of Nursing

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

NORTHERN ARIZONA UNIVERSITY | 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?	☐ Yes	☐ No
Do you have pain in the chest?	☐ Yes	☐ No
Are you coughing up blood or sputum?	☐ Yes	☐ No

Have you been experiencing weakness or fatigue?	☐ Yes	☐ No
Have you had unintended weight loss?	☐ Yes	☐ No
Have you had a decrease in your appetite?	☐ Yes	☐ No
Have you had chills?	☐ Yes	☐ No
Have you had a fever?	☐ Yes	☐ No
Have you had sweating at night?	☐ Yes	☐ 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: Nursing-Advanced Practice, MS Preceptor Request Form

GREEN FORM
Preceptor/Clinical Site Request Form

What is this form for?	To involve the Clinical Placement Coordinator in order to secure a preceptorship you have already arranged or to request one that you are interested in.
Who completes this form?	The student.
Who do I submit this form to?	GradNursing.Clinical@nau.edu

Student:	**Grad Year:**	**Date:**
Program:		

Semester(s)

Summer	Spring
Fall	Other

Assistance Needed (*circle one*):

The clinical site approved this placement **OR** Need assistance requesting this placement

Clinical Site			
Legal Name			
Discipline			
Address			
Preceptor Name			
Credentials			
Preceptor Email		Preceptor Phone	
Office/Practice Manager Name			
Admin Email		Admin Phone	

Requests submitted after these dates may not be completed in time for the beginning of the target semester:

- Summer—March 31
- Fall—June 30
- Spring—October 31

APPENDIX G: Progressive Expectations of APRN Students in Clinical Practicum

Progressive Expectations of FNP Students in Clinical Practicum

Levels of Independence

Observe = Student may only observe	Supervised = Needs detailed assistance	Independent = Needs no assistance
Collaborate = Needs moderate assistance	Min Assist = Needs minimal assistance	

Summer – NUR 661 (180 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
1. Completes facility orientation and reviews relevant policies and procedures.	independent	independent	independent	independent
2. Communicates effectively with office staff, nurses, and other professionals.	independent	independent	independent	independent
3. Maintains professional standards including dress, timeliness, and language.	independent	independent	independent	independent
4. Demonstrates interest and takes initiative in learning.	independent	independent	independent	independent
5. Has references and uses them effectively and efficiently in the clinical setting.	collaborate	collaborate	collaborate	minimal assist
6. Reviews chart prior to encounter.	observe	supervised	collaborate	minimal assist
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues.	observe	supervised	collaborate	minimal assist

Summer – NUR 661 (180 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
8. Obtains subjective assessment data: • History of present illness (HPI) • Review of systems (ROS) • Past medical history (PMH) • Medications • Family history (FH) • 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 4-6 adult patients in an 8-hour clinical day**	observe	supervised	collaborate	minimal assist
9. Performs appropriate and accurate physical examination on the **adult patient** (specific components) for the presenting problem using correct techniques and equipment.	observe	supervised	collaborate	minimal assist
10. Identifies appropriate diagnostic testing.	observe	supervised	collaborate	collaborate
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	observe	supervised	collaborate	collaborate
12. Arrives at correct diagnosis based on clinical data.	observe	supervised	collaborate	collaborate

Summer – NUR 661 (180 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
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.	observe	supervised	collaborate	collaborate
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	observe	supervised	collaborate	collaborate
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	observe	supervised	collaborate	collaborate
16. Chooses appropriate medication and therapeutic dosage.	observe	supervised	collaborate	collaborate
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	observe	supervised	collaborate	minimal assist
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	observe	supervised	collaborate	minimal assist
19. Presents patients to preceptor in a thorough, concise, and organized manner.	observe	supervised	collaborate	minimal assist
20. Identifies patients whose health needs require urgent or emergent care.	observe	supervised	collaborate	minimal assist

Summer – NUR 661 (180 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
21. Completes patient encounter in a timely manner. • New patient or complete exam (90 minutes) • Chronic or complex visit (60 minutes) • Acute episodic visit (45 minutes).	observe	supervised	collaborate	minimal assist
22. Incorporates cost in decision-making.	observe	supervised	collaborate	collaborate
23. Correctly uses ICD coding for diagnosis documentation.	observe	supervised	collaborate	collaborate

Fall - NUR 663 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
1. Completes facility orientation and reviews relevant policies and procedures.	independent	independent	independent	independent
2. Communicates effectively with office staff, nurses, and other professionals.	independent	independent	independent	independent
3. Maintains professional standards including dress, timeliness, and language.	independent	independent	independent	independent
4. Demonstrates interest and takes initiative in learning.	independent	independent	independent	independent
5. Has references and uses them effectively and efficiently in the clinical setting.	independent	independent	independent	independent
6. Reviews chart prior to encounter.	minimal assist	minimal assist	minimal assist	independent
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues. *Communication incorporates knowledge of child growth and development.*	collaborate	minimal assist	minimal assist	independent

Fall - NUR 663 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
8. Obtains subjective assessment data: • History of present illness (HPI) • Review of systems (ROS) • Past medical history (PMH) • Medications • Family history (FH) • 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 7-9 adult and pediatric patients in an 8-hour clinical day.**	minimal assist	minimal assist	minimal assist	independent
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.*	collaborate	minimal assist	minimal assist	independent
10. Identifies appropriate diagnostic testing.	collaborate	collaborate	minimal assist	minimal assist
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	collaborate	collaborate	minimal assist	minimal assist
12. Arrives at correct diagnosis based on clinical data.	collaborate	collaborate	minimal assist	minimal assist

Fall - NUR 663 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
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.*	collaborate	collaborate	minimal assist	minimal assist
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	collaborate	collaborate	minimal assist	minimal assist
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	collaborate	collaborate	minimal assist	minimal assist
16. Chooses appropriate medication and therapeutic dosage. *Is able to calculate medication dosage for pediatric patient.*	collaborate	collaborate	minimal assist	minimal assist
17. Determines health care maintenance and screening needs for **adult and pediatric patients** utilizing USPSTF recommendations.	minimal assist	minimal assist	minimal assist	independent
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	minimal assist	minimal assist	minimal assist	independent
19. Presents patients to preceptor in a thorough, concise, and organized manner.	minimal assist	minimal assist	independent	independent
20. Identifies patients whose health needs require urgent or emergent care.	minimal assist	minimal assist	independent	independent

Fall - NUR 663 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-12
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).	collaborate	collaborate	minimal assist	independent
22. Incorporates cost in decision-making.	collaborate	minimal assist	minimal assist	minimal assist
23. Correctly uses ICD coding for diagnosis documentation.	collaborate	minimal assist	minimal assist	minimal assist

Spring - NUR 665 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
1. Completes facility orientation and reviews relevant policies and procedures.	independent	independent	independent	independent
2. Communicates effectively with office staff, nurses, and other professionals.	independent	independent	independent	independent
3. Maintains professional standards including dress, timeliness, and language.	independent	independent	independent	independent
4. Demonstrates interest and takes initiative in learning.	independent	independent	independent	independent
5. Has references and uses them effectively & efficiently in the clinical setting.	independent	independent	independent	independent
6. Reviews chart prior to encounter.	independent	independent	independent	independent
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).*	independent	independent	independent	independent

Spring - NUR 665 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
8. Obtains subjective assessment data: • History of present illness (HPI) • Review of systems (ROS) • Past medical history (PMH) • Medications • Family history (FH) • 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.**	independent	independent	independent	independent
9. Performs appropriate and accurate physical examination on **adult, pediatric, and geriatric patients** (specific components) for the presenting problem using correct techniques and equipment.	independent	independent	independent	independent
10. Identifies appropriate diagnostic testing.	minimal assist	independent	independent	independent
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	minimal assist	independent	independent	independent
12. Arrives at correct diagnosis based on clinical data.	minimal assist	minimal assist	independent	independent

Spring - NUR 665 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
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.*	minimal assist	minimal assist	independent	independent
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	minimal assist	minimal assist	independent	independent
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	minimal assist	independent	independent	independent
16. Chooses appropriate medication and therapeutic dosage.	minimal assist	independent	independent	independent
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	independent	independent	independent	independent
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	independent	independent	independent	independent
19. Presents patients to preceptor in a thorough, concise, and organized manner.	independent	independent	independent	independent
20. Identifies patients whose health needs require urgent or emergent care.	independent	independent	independent	independent
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)	independent	independent	independent	independent

Spring - NUR 665 (300 hours)	Weeks 1-3	Weeks 4-6	Weeks 7-9	Weeks 10-15
22. Incorporates cost in decision-making.	minimal assist	minimal assist	independent	independent
23. Correctly uses ICD coding for diagnosis documentation.	minimal assist	independent	independent	independent

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), 352–357. https://doi.org/10.1111/j.1745-7599.2012.00713.x

Progressive Expectations of PMHNP Students in Clinical Practicum

Levels of Independence

O = Observe = Student may only observe	S = Supervised = Needs detailed assistance	I = Independent = Needs no assistance
C = Collaborate = Needs moderate assistance	M = Min Assist = Needs minimal assistance	

NUR 680	**Credit 1**				**Credits 2-4**				**Credits 5-8**				**Credits 9-13**			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
1. Completes facility orientation and reviews relevant policies and procedures.	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
2. Communicates effectively with office staff, nurses, and other professionals.	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
3. Maintains professional standards including dress, timeliness, and language.	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
4. Demonstrates interest and takes initiative in learning.	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I	I
5. Has references and uses them effectively and efficiently in the clinical setting.	C	C	C	C	C	M	I	I	I	I	I	I	I	I	I	I
6. Reviews chart prior to encounter.	O	O	S	S	C	M	M	I	I	I	I	I	I	I	I	I
7. Demonstrates effective communication with patients and their families including ability to recognize cultural nuances and manage sensitive or emotional issues.	O	O	O	S	C	C	M	M	C	M	I	I	I	I	I	I

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
8. Obtains subjective assessment data: • History of present illness (HPI) • Review of systems (ROS) • Past medical history (PMH) • Medications • Family history (FH) • Relevant social history (SH) for patients presenting	O	O	O	S	O	S	C	M	M	M	I	I	M	I	I	I

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
for complete physical examinations and episodic visits • Demonstrates logical systematic methodology in obtaining subjective patient data					Student will see 4-6 in an 8-hour day				Student will see 7-9 patients in an 8-hour day				Student will see 10-12 patients in an 8-hour day			

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
9. Performs appropriate and accurate physical examination on the patient (specific components) for the presenting problem using correct techniques and equipment. Performs exam considering age, development, sensory and language needs	O	O	O	S	C	C	M	M	M	I	I	I	M	I	I	I
10. Identifies appropriate diagnostic testing.	O	O	O	S	C	C	C	M	M	M	I	I	M	I	I	I
11. Formulates a list of differential diagnoses (considers at least three diagnoses for most patients).	O	O	O	S	C	C	C	M	M	M	I	I	M	I	I	I

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
12. Arrives at correct diagnosis based on clinical data.	O	O	O	S	C	C	C	M	M	M	M	M	M	I	I	I
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, knowledge of growth and development, and polypharmacy when developing treatment plan.	O	O	O	S	O	S	S	C	M	M	M	M	M	I	I	I

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
14. Communicates detailed and clinically sound follow-up plan, including relevant and cardinal symptoms for which they should seek treatment.	O	O	O	S	C	C	C	M	M	M	M	M	M	I	I	I
15. Provides anticipatory guidance, teaching, counseling, and specific information about the diagnosis. Provides written information to patients when appropriate.	O	O	O	S	S	S	C	C	M	M	M	M	M	I	I	I
16. Chooses appropriate medication and therapeutic dosage.	O	O	O	S	S	S	C	C	C	M	M	M	M	I	I	I

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
17. Determines health care maintenance and screening needs utilizing USPSTF recommendations.	O	O	S	S	S	C	C	M	M	M	M	I	I	I	I	I
18. Documents patient visits using a SOAP format that demonstrates clarity, organization, and appropriate use of medical terminology.	O	O	O	S	S	C	M	M	M	M	M	I	I	I	I	I
19. Presents patients to preceptor in a thorough, concise, and organized manner.	O	O	S	S	S	C	M	M	M	M	I	I	I	I	I	I
20. Identifies patients whose health needs require urgent or emergent care.	O	O	S	S	S	C	M	M	M	M	I	I	I	I	I	I

NUR 680	Credit 1				Credits 2-4				Credits 5-8				Credits 9-13			
Week	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**	**1-3**	**4-6**	**7-9**	**10-15**
	O	O	O	S	O	S	S	C	C	C	M	I	I	I	I	I
21. Completes patient encounter in a timely manner.					• New patient or comprehensive exam: 90 minutes • Chronic or complex visit: 60 minutes • Acute episodic visit: 45 minutes				• New patient or comprehensive exam: 60 minutes • Chronic or complex visit: 45 minutes • Acute episodic visit: 30 minutes				• New patient or comprehensive exam: 60 minutes • Chronic or complex visit: 30-45 minutes • Acute episodic visit: 15-30 minutes			
22. Incorporates cost in decision-making.	O	O	O	S	C	C	C	C	C	M	M	M	I	I	I	I
23. Correctly uses ICD coding for diagnosis documentation.	O	S	C	C	C	C	C	M	M	M	M	M	I	I	I	I

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), 352–357. https://doi.org/10.1111/j.1745-7599.2012.00713.x

Preceptor Evaluation of APRN 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 I.A: **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 psycho-social 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 I.B: **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 effectivel**y 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**	**2**	**3**	**4**	**5**
1. **Maintains current knowledge regarding state and federal regulations and programs for family/psychiatric-mental healthcare.**					
2. **Utilizes research findings** and **knowledge of cultural diversity** in caring for all individuals.					
Comments:					

APPENDIX I: Faculty Evaluation of APRN Student

This evaluation is completed online using Exxat®

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
Clinical Practice and Prevention						
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 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 examination on the adult/geriatric 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						

** The site visit is pass/fail, students must achieve a 4 or higher for each behavior in NUR 663/680 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 in 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 statue – 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

Authorization for Release of Information

to Healthcare Organizations/Clinical Facilities for Clinical Experiences

I understand and acknowledge that my education and medical records are protected under federal and state laws. As a student in the FNP or PMHNP program at Northern Arizona University, it may be required that my records be sent to medical facilities to which I will rotate for clinical experiences.

I hereby authorize my academic program/institution to release the following records from my student file as required for my clinical rotations:

- Background clearance
- Drug screen clearance
- Health insurance information
- Immunization summary
- Student profile information and/or other documentation which may be required by clinical facility

I understand that I may revoke this consent at any time by giving written notice to the Program Coordinator and the Clinical Placement Coordinator.

Student Name (print): Student Signature:

Date:

Acknowledgement of Receipt of Handbook

Please read and initial each item below:

☐ 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 FNP/PMHNP student.

☐ I agree to provide a copy of my professional license and a resume or CV.

☐ I understand the nursing education program is not obligated to provide additional or alternate clinical experiences based on my travel preference.

☐ I am responsible for expenses related to clinical immersion activities, including transportation and housing.

Student Name (print): Student Signature:

Date:

APPENDIX L: Student Clinical Placement Commitment

NAU NORTHERN ARIZONA UNIVERSITY

School of Nursing

PO Box 15305
Flagstaff, AZ 86011-5037

928-523-2671
928-523-7171 fax
nau.edu/nursing

DATE: Click or tap to enter a date.

TO: Click or tap here to enter text.

FROM: Becca Harris, RN, Clinical Placement Coordinator

SUBJECT: Student Clinical Placement Commitment

Having good relationships with our clinical sites is vital to the success of our students. A big part of maintaining these relationships is being courteous and respectful with our prospective preceptors and their support staff. A significant amount of work goes on at both the university and the preceptor's office to arrange and prepare students for clinical rotations, so it is of utmost importance that students uphold their end of the arrangement.

Your clinical placement(s) for the Choose an item. semester is/are:

1. Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.

2. Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.

3. Click or tap here to enter text.
   Click or tap here to enter text.
   Click or tap here to enter text.

By signing this form, you agree to attend the above clinical rotations unless a significant life event prevents you from doing so. In the event of such an occasion, you agree to notify the following people as early as possible:

- Lead Professor: Dr. Christina Mooroian-Pennington at 928.523.6282 or christina.mooroian-pennington@nau.edu
- Clinical Supervising Faculty: Choose an item.
- Clinical Placement Coordinator: Becca Harris at 928.523.8102 or FNPClinicalCoord@nau.edu
- Your preceptor and administrative contact at the clinical site

Your signature also attests to your understanding that, if you cancel your arranged placement, your practicum will be deferred until the following year's practicum start date (e.g., next summer semester).

Please sign and return this form to FNPClinicalCoord@nau.edu. Thank you!

X _____ _____

Student Date