



GRADUATE NURSING PROGRAMS CLINICAL | PRACTICUM HANDBOOK

Revised Fall 2020

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Purpose of the Handbook

The purpose of this handbook is to provide information policies about practicum, clinical, and service-learning courses. This handbook is an adjunct to the CMU Graduate Policies and Procedures Manual and the Graduate Nursing Program Student Handbook. Questions not covered by this Handbook should be directed to course faculty. Clinical and practicum experiences should provide students with opportunities to integrate new knowledge acquired in didactic courses into their emerging advanced nursing practice.

Definitions

- **Advanced nursing practice:** Any nursing intervention that influences health care outcomes for individuals or populations (American Association of Colleges of Nursing [AACN], 2015). This includes nurses practicing in advanced roles as educators or leaders.
- **Advanced Practice Registered Nurse (APRN):** The title given to a nurse who meets education and certification requirements and obtains a license to practice as an APRN in one of four roles: certified registered nurse anesthetist (CRNA), certified nurse-midwife (CNM), clinical nurse specialist (CNS), and certified nurse practitioner (CNP) (APRN Consensus Workgroup & National Council of State Boards of Nursing APRN Advisory Committee, 2008).
- **Direct Care:** Nursing care provided to individuals or families for the purpose of achieving specific health goals or achieve selected health outcomes; provided in a variety of settings (e.g. acute and critical care, long-term care, home health, community-based settings, educational settings) (AACN, 2011).
- **Indirect Care:** Nursing decisions, actions, and/or interventions provided through or on behalf of individuals, families, or groups. These decisions, actions, and/or interventions create conditions allowing nursing care or self-care to occur (e.g. administration, public health, policy development) (AACN, 2011). Indirect clinical hours include those associated with the following activities.
 - **Interprofessional education:** Involves shared learning experiences among health profession students across disciplines (World Health Organization, 2010).
 - **Objective structured clinical examination (OSCE):** a standardized examination of structured simulated patient scenarios during which students demonstrate clinical competencies (e.g. health history taking, physical examination, diagnoses, planning treatment, and oral case presentations) (Shumway & Harden, 2003).
 - **Service-learning:** Educational experiences embedded in courses where students participate in organized service activities that meet community needs. Students reflect on the service activities to gain understanding of course content, the discipline of nursing, and civic responsibilities (Bingle & Hatcher, 1995). Service-learning in CMU's Graduate Nursing Program follows the Goals-Needs-Objectives-Methods-Evaluation (GNOME) model (Roberts, 1996).

- **Simulation:** A method of experiential learning during which a set of conditions is artificially created to mimic real life or real-world events for the purpose of evaluating students' clinical or academic competencies (Al-Elq, 2010).

Clinical/Practicum Courses

MSN-NE Track			
Course	Type of Experiences	Settings	Total Hours
NURS 577	Direct care	Clinical	50
NURS 545L	Indirect care	Academic, Organizational	50
NURS 560	Direct care	Clinical, Academic,	40
	Indirect care	Organizational	110
			Total Hours: 250

Note. Settings=clinical (inpatient, long term care, outpatient, community/public health, urgent care, others [e.g. schools] as approved by course faculty), organizational, academic.

MSN-FNP Track*			
Course	Type of Experiences	Settings	Total Hours
NURS 577	Direct Care	Clinical	50
NURS 586	Direct Care	Clinical	50
NURS 588	Direct Care	Clinical, Laboratory	50
NURS 615	Direct Care	Clinical	50
NURS 610	Direct Care	Clinical	100
NURS 620	Direct Care	Clinical	150
NURS 630	Direct Care	Clinical	100
NURS 640	Direct Care	Clinical	150
			Total Hours: 700**

Note. Settings=clinical (inpatient, long term care, outpatient, community/public health, urgent care, others [e.g. schools] as approved by course faculty), laboratory.

*Students who have been out of clinical courses for 1 calendar year must participate in and pass an OSCE prior to re-entering clinical courses.

** A minimum of 700 hours must be performed in direct care. Additional indirect care hours (e.g. interprofessional education, simulation, OSCE, service-learning) are accrued by students across the curriculum.

DNP-FNP Track*			
Course	Type of Experiences	Settings	Total Hours
NURS 577	Direct Care	Clinical	50
NURS 586	Direct Care	Clinical	50
NURS 588	Direct Care	Clinical, Laboratory	50
NURS 615	Direct Care	Clinical	50
NURS 610	Direct Care	Clinical	100
NURS 620	Direct Care	Clinical	150
NURS 630	Direct Care	Clinical	100
NURS 640	Direct Care	Clinical	150
NURS 650	Direct & Indirect Care	Clinical, Community, &/or Organizational	150
NURS 652	Direct & Indirect Care	Clinical, Community, &/or Organizational	150
			Total Hours: 1000**

Note. Settings=clinical (inpatient, long term care, outpatient, community/public health, urgent care, others [e.g. schools] as approved by course faculty), laboratory, organizational.

*Students who have been out of clinical courses for 1 calendar year must participate in and pass an prior to re-entering clinical courses.

** A minimum of 800 hours must be performed in direct care.

Direct Clinical Hours

All students earning a graduate degree in nursing, regardless of track, are expected to accrue direct clinical hours. Direct hours are those that involve nursing care, performed at an advanced level, that are provided to patients and/or families in order to achieve specific health outcomes. Direct care hours provide students with opportunities to develop substantive expertise in an area of nursing. Examples of direct care hours include, but are not limited to, those accrued in primary care, wound or ostomy care, dialysis, pediatric mental health, or acute care gerontology. Students must identify preceptors and clinical sites where direct care hours will be accrued. Students cannot begin direct care hour accrual until they receive approval from their clinical course faculty.

Indirect Clinical Hours

Students are expected to engage in a variety of clinical or academic experiences throughout their graduate program, regardless of program track. Hours spent completing the following activities can be counted as indirect clinical hours.

Interprofessional education

Students are expected to participate in interprofessional experiences that foster attainment of Graduate Nursing Program learning objectives. Examples of interprofessional experiences might include, but are not limited to, participating on interdisciplinary boards/workgroups and presenting at regional, national, or international conferences. All hours counted as indirect hours must be pre-approved by course instructors and must meet at least one course objective for which the indirect hours are counted.

Objective structured clinical examination (OSCE)

All nurse practitioner students are expected to participate in OSCEs as part of their clinical nurse practitioner courses. OSCEs provide students with an opportunity to demonstrate minimum clinical competencies (e.g. health history taking, physical examination, diagnoses, planning treatment, and oral case presentations). The minimum clinical competencies for students are graded based on the number of clinical rotations students have completed and are outlined on the Clinical Evaluation Tool (CET). See Appendix A.

Service-Learning Projects: GNOME

Goals-Needs-Objectives-Methods-Evaluation (GNOME) is an organizing model used by the Graduate Nursing Program to direct service-learning activities. The GNOME will consist of a project that is based on the needs of a community partner (e.g. clinical, academic, organizational) and the interests of the student. Course expectations of the GNOME service-learning expectations will be discussed in the individual courses. All GNOME projects must be approved by course faculty before the student begins. The student, in conjunction with course faculty and community partner, will:

- **Goals:** Identify a national goal (e.g. Healthy People 2030) that is congruent with the needs of the community partner and the course learning objectives.
- **Needs:** Perform a needs assessment of the community partner.
- **Objectives:** Develop objectives that are specific, measurable, achievable, realistic, and timely (SMART).
- **Methods:** Create and implement methods to meet the stated objectives.
- **Evaluation:** Evaluate the project to determine if the objectives, needs, and goals were met. Part of the evaluation will also include students' reflection about the project and the extent to which the project met their course or program learning objectives.

Simulation

All students, regardless of track, are expected to participate in simulated activities over the course of their programs. Simulation activities include, but are not limited to, simulated patient case scenarios (e.g. Shadow Health simulation), tabletop exercises for emergency preparedness, and OSCEs. Course faculty may include simulated activities as assignments to meet objectives for graduate nursing courses.

Roles & Responsibilities

Graduate Nursing Students

- Verify that a current agreement is in place between CMU and the desired *clinical organization (clinical site)*. An agreement is not established between CMU and individual preceptors unless the individual preceptor is also the business owner. Contact the clinical placement coordinator for the most current list of contracted sites or to establish an agreement with a new clinical site. Students should note that it may take several months or more for an agreement with a new clinical site to be processed by the university. New agreements should only be initiated when sufficient time allows for agreements to be established prior to the beginning of the clinical course.
- Maintain ethical and professional nursing conduct throughout the clinical/practicum rotation. This includes arriving on time and communicating with preceptors and course faculty when schedules or experiences require modification.
- Comply with all the institutional/agency, CMU, and Graduate Nursing Program policies. Students in violation of institutional/agency, university, or program policies are subject to disciplinary actions.
- Never perform any task that is outside one's scope of practice. Performing tasks outside one's scope of practice or tasks performed without preceptors' consent are subject to disciplinary actions up to program dismissal. Should the student be involved in any level of violation at the clinical site, students must contact faculty immediately. Failure to contact faculty immediately may jeopardize the student's enrollment in the program.
- Maintain CPR certification, malpractice insurance, vaccinations, and unencumbered registered nursing license prior to and throughout the duration of the clinical/practicum experience. Failure to maintain any of these will result in expulsion from the clinical/practicum rotation and failure of the course for which the clinical/practicum was being performed.
- Wear a CMU name badge clearly specifying the student role during all clinical/practicum rotations.
- Comply with the personal appearance requirements of the institution/agency where the clinical/practicum hours are accrued. Students must adhere to the requirements set forth by the [Occupational Safety and Health Administration \(OSHA\)](#). No sandals, open-toe shoes, jeans or shorts are permitted. No midriff or low-cut clothing is allowed in any practicum site. Lab coats are usually required in clinical settings, although agency/institutional requirements may vary.
- Avoid bringing valuables into clinical/practicum sites. CMU and clinical/practicum sites are not responsible for lost or stolen items.
- Complete onboarding, if any, for the clinical/practicum placement prior to the beginning of the clinical/practicum course. Examples of onboarding include, but are not limited to, fingerprinting, institutional training (e.g. confidentiality, OSHA), and application for parking privileges.

- Possess and bring to clinical/practicum all necessary supplies to perform roles and responsibilities. Supplies may include, but are not limited to:
 - Clinical supplies (e.g. stethoscope with both a bell and diaphragm, wristwatch with a second hand, otoscope/ophthalmoscope).
 - Working computer with current software and internet access. If students have difficulty with their computer, it is their responsibility to resolve it or seek another computer for use during the course.
 - Transportation to and from their clinical site.
- Complete the *Clinical/Practicum Time Log* (Appendix B), have preceptor verify hours performed by initialing each row, and submit to the course D2L shell at least monthly (approximately weeks 4, 8, 12, 16).
- Document all patient cases and clinical hours in Typhon. Adhere to the minimum number of hours specified within each clinical/practicum course.
- For non-degree seeking students and students not yet admitted to the Graduate Nursing Program, malpractice insurance and a criminal background check are required prior to enrolling in any clinical/practicum course. Refer to the Graduate Nursing Program Student Handbook, available at <https://www.coloradomesa.edu/health-sciences/graduate/master-science-nursing.html> for more information.

Preceptors

- If precepting MSN-FNP and DNP-FNP students:
 - Be licensed as nurse practitioners (NP), medical doctors (MD), doctors of osteopathy (DO), or physicians' assistants (PA-C) in the state where the clinical/practicum hours are planned.
 - Hold an educational degree at the level of Master or higher (e.g. MS, MSN, DNP, MD, DO, PHD).
 - Work in and have expertise in the substantive area covered in the clinical course (e.g. pediatrics, adult health, geriatrics, rural health, family practice).
 - Work in settings providing, or collaborating with, primary care across the lifespan.
- If precepting MSN-NE students:
 - Maintain an active, unencumbered RN license in the state where the clinical/practicum hours are completed.
 - Hold an educational degree at the level of Master or higher degree from an accredited college or school of nursing. Preceptors holding degrees in disciplines other than nursing must be pre-approved by the course instructor prior to the first day of the course.
 - Have a minimum of two years of experience in the nursing education (clinical or academic) and/or advanced nursing practice.
 - May not be an immediate supervisor or manager of the student. This may be waived by the course instructor on a case-by-case basis. However, clinical hours

must be separate and distinct from hours performed as part of the students' employment.

- All preceptors, regardless of the student's educational track, should be prepared to:
 - Submit curriculum vitae (if available) or the *Preceptor Data/Demographic Form* (Appendix C), and the signed *Preceptor Agreement Form* (Appendix D) prior to the start of the student's clinical/practicum experience.
 - Ensure that the student can complete designated number of clinical/practicum hours under the preceptor's supervision.
 - Sign a *Clinical/Practicum Time Log* (Appendix B) verifying the student has completed the clinical hours documented (at least monthly) by the student for clinical/practicum experiences. Preceptors will need to respond to faculty's email verifying that the student completed the documented clinical hours.
 - There are situations where students accrue hours at more than one site. If this is the case, preceptors are only responsible for overseeing the student for hours performed under their direction.
 - Orient student to clinical setting, organizational policies, and key personnel.
 - Assist student in planning assignments based on course objectives and student's articulated learning needs. Students should not be "shadowing." Instead, they should be actively engaged in the clinical/practicum experience. Active engagement is based on the student's progression throughout the program.
 - Provide supervision of and feedback to the student on a one-to-one basis until the student and preceptor deem direct supervision is no longer necessary.
 - Review all student documentation in clinical and/or academic record. Preceptors should co-sign their names to any student documentation.
 - Serve as a role model and/or mentor to the student.
 - Maintain an open line of communication with student's clinical faculty, particularly if any concerns arise.
 - Note that students are responsible for working with CMU's clinical placement coordinator to ensure that a current clinical affiliation agreement between CMU and the clinical site is in place.
 - Submit an evaluation of the student upon completion of the student's clinical/practicum rotation. Preceptors will be provided the evaluation form by CMU faculty.
 - The preceptor is expected to contact the faculty via email or phone if a concern arises regarding student's attendance, competence, HIPPA violation, safety or professional demeanor.

Clinical/Practicum Sites

- Be an affiliated site with CMU prior to the student's start of the clinical/practicum rotation. Questions about the organizational affiliation process should be directed to the clinical placement coordinator.
- Provide educational and/or clinical opportunities for graduate nursing students that are congruent with course outcomes and the purpose of the practicum.

- Provide a safe place for the student to achieve the student's learning objectives.
- Maintain all clinical and educational licenses and certifications required by local, state, and national bodies.

Course Faculty

- Oversee all clinical/practicum experiences performed by graduate student. This includes assessing the appropriateness of student experiences, preceptor qualifications, and adequacy of clinical sites (AACN, 2016).
- Discuss the program and/or course requirements and objectives as needed with the preceptor and student.
- Communicate with the preceptor regarding student's progress. Course faculty will review the student's clinical hour logs form at least monthly. Faculty will email the clinical hour log form to the preceptor for verification that the log accurately reflects the hours reported by the student in Typhon.
- Schedule on-site and remote visits (e.g. conference calls, Zoom meetings) with students and/or preceptors at least twice during the semester.
- Approve students' record of clinical hour completion in Typhon.
- Email preceptors with forms aligned with course outcomes for the clinical evaluation of student.

Student Violations & Disciplinary Actions

Students are subject to disciplinary action if any university, program, or institutional violations occur during the clinical/practicum rotation. Violations may include, but are not limited to, lapses in ethical conduct, unsafe practicum or clinical performance, inability to meet compliance standards for clinical/practicum placement, loss or restriction of the student's nursing license, or unprofessional behavior as defined by either the clinical/practicum site staff or the graduate nursing faculty. Disciplinary actions, and disciplinary appeals processes, are outlined in the CMU Graduate Program Policies and Procedures and the Graduate Nursing Program Student Handbook. Disciplinary actions may include, but are not limited to, expulsion from the clinical site, course failure, and program dismissal.

Preceptor & Clinical/Practicum Site Selection & Preparation

1. Students will discuss potential placement options that are local to the student with the instructor at least three months prior to the clinical/practicum course.
2. Students will verify that a clinical affiliation agreement is in place between the clinical/practicum agency and CMU. Students should contact the Clinical Placement Coordinator at the Department of Health Sciences at scruse@coloradomesa.edu to find out the most current listed of affiliated agencies/institutions.
3. Students will reach out to a potential preceptor to inquire about interest in being a preceptor.

4. Once a preceptor is chosen, students will verify the preceptor has the qualifications as stated above in this Handbook.
5. The student will provide the preceptor with a copy of this Handbook, the course syllabus (once it is available), and the following forms which the preceptor will complete and return to the course instructor no later than the first week of the semester.
 - a. CV (if available) or the *Preceptor Data/Demographic Form* (Appendix C).
 - b. *Preceptor Agreement Form* (Appendix D).
6. The course instructor will notify the student via email when the student is approved to begin clinical/practicum hour accrual. No clinical/practicum hours can be performed prior to approval by the course instructor.
7. No clinical/practicum hours can be accrued prior to the first day of the course and all hours must be completed by the last day of the course.
8. Students should schedule their hours in conjunction with their preceptors and course instructors. Once the schedule of hours is established, a copy of that schedule should be submitted to the course instructor. The course instructor will use this schedule to make announced and/or unannounced visits to the student's clinical/practicum site. All preceptors and course faculty should be notified by the student of any changes to this schedule.

Clinical/Practicum Hour Tracking

Schedule and Verification of Hours

1. At the beginning of each clinical/practicum course, students should document the days and hours they plan to spend at each site. This schedule should be uploaded into the D2L course shell. Course faculty may choose, at their own discretion, to make unannounced site visits to the clinical site to assess the student's progress.
2. Track all hours performed at the clinical site using the *Clinical/Practicum Time Log* to track hours.
3. The *Clinical/Practicum Time Log* will be initialed by the student and the preceptor upon completion of planned clinical/practicum day. Submit the *Time Log* to the course shell at least monthly. Course faculty will send the time Log to the preceptor electronically to verify accuracy of documentation. Only hours verified by preceptors will be counted towards the student's total hour accrual.
4. Hours accrued during a course that exceed the minimum number of hours required cannot be counted towards future courses. Instead, they are included in the total hours performed by the student upon the completion of the student's graduate program.

Use of Typhon

Students must document all clinical/practicum experiences in Typhon (<https://www.typhongroup.com/>). Students are expected to follow these steps prior to their first clinical/practicum course (e.g. NURS 577).

1. The semester prior to the first clinical/practicum course, students should contact the clinical placement coordinator to establish a Typhon account. Typhon charges a fee for student accounts. Students are responsible for sending their payments directly to Typhon.
2. Students will receive an email from the clinical placement coordinator with the CMU account number (3055), the student's log in name and a link for the student to create a password.
3. Once the Typhon account is active, students are responsible for uploading the following information into Typhon:
 - a. Personal contact information (phone number, email).
 - b. License number.
 - c. Vaccination status.
 - d. Malpractice insurance as a graduate nursing student (NP student insurance required upon enrollment in 600 level courses).
 - e. Verification of confidentiality (HIPAA) training.
 - f. Verification of CPR certification.
 - g. Verification of cultural competency training.
 - h. Any additional documentation required by either the clinical/practicum site or the course instructor.
4. Students may access instructional videos through Typhon on how to use the software and how to aggregate clinical/practicum data to identify gaps in clinical/practicum experiences.
5. Students will verify that the clinical/practicum site and preceptors are among those already listed in the documentation system. If sites or preceptors are not listed, the student will email the Clinical Placement Coordinator to ask that the site/preceptor be added.
6. Students will record ALL clinical/practicum experiences using Typhon. Hours not posted in Typhon will not count towards the student's clinical/practicum hour accrual needed for course completion or graduation from the Graduate Nursing Program.
7. Students should complete all sections of the Typhon spreadsheet.
 - a. This spreadsheet will serve as evidence of the student's clinical/practicum experiences. At the completion of each rotation, students should review their aggregated spreadsheet to identify gaps in clinical/practicum experiences and to prioritize those areas in their next rotation.
 - b. This spreadsheet also serves as evidence of all clinical/practicum experiences students have performed over the duration of their graduate studies. Student may need to justify their clinical/practicum experiences when applying for advanced practice nursing licensure, when interviewing for employment, or when registering for national certification exams.

Clinical/Practicum Site Evaluation

Evaluation methods will be determined by each course and will be described in the syllabus or on D2L as determined by the course instructor. Evaluation methods may include but are not

limited to written exams, standardized tests, written papers, individual assignments per course syllabus, log of practicum/clinical hours (Typhon), on-campus assessments and clinical appraisals, and surveys of preceptor feedback of the student. Passing grades in a practicum/clinical course will be discussed within each syllabus and in the *Graduate Nursing Program Student Handbook*.

In addition, students will complete an evaluation survey regarding preceptors and clinical/practicum site. Prior to the end of the semester, students and preceptors will receive an email with a link to the survey. Students and preceptors are expected to complete the surveys to gain perspectives on how course objectives were met through the clinical/practicum site, preceptor, and student performance. Students are expected to follow the requirements for each individual clinical/practicum course as required and described in the individual course syllabus.

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Appendix A

CMU Moss School of Nursing Nurse Practitioner Clinical Evaluation Tool (CET) *Completed by NP Student's Preceptor and Course Faculty*

STUDENT: _____ SITE: _____
EVALUATOR: _____ POSITION: _____
SEMESTER: _____ DATE OF EVALUATION: _____ COURSE NAME & NUMBER: _____
CHECK: Midterm : _____ FINAL: _____ OSCE: _____

This checklist is to be utilized in evaluation of nurse practitioner students in their clinical practice throughout the program. Over the course of the program, the student will progress from basic skill level to intermediate or possibly to high skill level. The expected minimum level for this student is: _____ on the total tool.

Please assess the skill level of this student by placing an "X" in the box using the following scale:

N/O: = Not observed

1 point: Below skill level: Extensive help or supervision: consistently requires substantial assistance/supervision to perform tasks adequately.

2 points: Basic skill level: Much help or supervision; performs tasks with basic skill & moderate amount of assistance/supervision. Basic skill level implies an assessment that is relevant to the clinical data being presented by the client.

3 points: Intermediate skill level: Moderate help or supervision; performs tasks with skill & is able to interpret findings with some assistance/supervision.

4 points: High skill level: Minimal help or supervision; performs tasks with proficiency & skill, interprets findings & information with good judgment, using very minimal assistance/supervision.

5 points: Independent: Student would be safe to function in a setting with only consultation available. Independent level is not assumed in all areas of expertise but is included as a point of reference for the faculty / preceptor / student.

Minimum Student Performance to Pass the Clinical Course:

FIRST CLINICAL PRACTICUM: PASSING SCORE IS 80% OR GREATER

SECOND CLINICAL PRACTICUM: PASSING SCORE IS 80% OR GREATER

THIRD CLINICAL PRACTICUM: PASSING SCORE IS 85% OR GREATER

FOURTH CLINICAL PRACTICUM: PASSING SCORE IS 85% OR GREATER

PRECEPTORSHIP: PASSING SCORE IS 90% OR GREATER

Interviewing/History Taking	N/O	1	2	3	4	5	Total
A. Establishes rapport or trust with patient							
B. Interviews patient with respect & skill							
C. Accurate & complete: Identifies chief complaint or identifies a presenting problem; Performs symptom analysis of each presenting problem; Obtains past medical history; Obtains family history; Evaluates review of systems							
Diagnosis	N/O	1	2	3	4	5	Total
A. Differentiate between normal, variations of normal & abnormal findings.							
B. Performs a comprehensive physical exam in a timely manner							
C. Identifies appropriate diagnostic testing							
D. Demonstrates critical thinking in clinical decision making							
E. Analyzes & interprets history, physical finding & diagnostic data to determine an appropriate differential diagnosis							
F. Creates accurate & comprehensive problem lists							
G. Demonstrates appropriate understanding of pathophysiology & genetics when deemed relevant							
Plan	N/O	1	2	3	4	5	Total
A. Formulates plan of care based on evidenced-based standards of care & current practice guidelines							
B. Prescribes appropriate non-pharmacological strategies							
C. Recommends interventions with attention to safety, cost, simplicity, adherence, acceptability & efficacy							
D. Develops relevant health promotion / disease prevention							
E. Provides anticipatory guidance & counseling							
F. Appropriate follow up / referrals/ consultations							
G. Includes patient / family in decision-making							
H. Incorporates cultural preferences, traditional practices, & health beliefs into the health care plan							
Documentation	N/O	1	2	3	4	5	Total
A. Patient information presented accurately & succinctly							
B. Documentation uses appropriate terminology & format (e.g. SOAP)							
General	N/O	1	2	3	4	5	Total
A. Utilizes available resources from the community in designing treatment plans							

B. Engages in self-evaluation concerning practice							
C. Assumes accountability for behavior in all nurse – patient relationships							
D. Seeks consultation with preceptor or other collaborators appropriately							
E. Accounts for patient’s family situation in creating a plan of care: developmental level, health literacy, motivation for change & limitations including financial							
F. Presents an appropriate professional demeanor for the clinical setting: appearance, dress, behavior, language							

Total Points Possible: _____

Total Points Earned: _____

Strengths:

Areas Needing Improvement:

For CMU Faculty Use Only:

NUMBER OF POINTS STUDENT RECEIVED: _____ = PERCENT: _____ PASS/FAIL FOR _____

FACULTY SIGNATURE _____

Clinical Evaluation Tool: Clinical Case Presentation Evaluation

Student Name: _____ **Date:** _____

PRESENTATION CONTENT (Indicate Excellent, Satisfactory, or Needs improvement for each item)

1. Begins with clear, humanistic biographical vignette identification (name, gender, ethnicity, age).
2. States chief complaint onset by date and duration.
3. Follows up with further social, occupational, family role of client.
4. HPI: Presents pertinent positive information (Location, Duration, Exacerbating Factors, Relieving Factors, Related Symptoms, Current Medications, Allergies, Lifestyle Habits).
5. Presents pertinent negative information or past social/medical history.
6. Presents physical exam in logical order.
7. Concludes with clear problem list/differential.
8. Presents plan, giving evidence of patient involvement in the plan of care.
9. Knowledgeable about the topic. Information is up-to-date.
10. Presentation is appropriate for the clinical setting (e.g. ambulatory, long term, primary care).

PRESENTATION SKILLS

1. Voice quality and projection of voice audible and easily understood.
2. Demonstrates good memory and retrieval of data.
3. Uses precise, accurately pronounced terminology, in 3rd person thought.
4. Presents in a way that holds the preceptor's/colleague's attention.
5. Presents findings without equivocation or irrelevant description or distraction.
6. Presents data organized by relationship to an active problem or to a diagnostic hypothesis.
7. Brings presentation to an end and is aware of time management.
8. Adequately responds to questions and requests for clarification or additional information.

OVERALL ASSESSMENT per preceptor or other colleague **P** **F**

Comments:

Areas for Improvement:

EVALUATOR SIGNATURE:

Appendix C

Colorado Mesa University Graduate Nursing Program

Preceptor Data/Demographic Form

Preceptor Full Name and Credentials _____

Returning Preceptor? Yes ___ No___ First Time Preceptor? Yes___ No___

Healthcare/Academic Institution _____

Healthcare/Academic Institution Address _____

Phone Number _____ Email Address _____

Practice Setting (e.g. Clinical, Academic, Organizational) _____

Please indicate if your setting serves any of the following (check all that apply)

- Federally-Qualified Health Center
- Health Provider Shortage Area
- Rural or Frontier Setting
- Primary Care Medical Home
- University/College

Position _____ Years/Months in Current Position _____

Total Years/Months in Practice (in any setting) _____

Educational Program(s)	Degree(s)	Certifications	Date Conferred

Licensure

State of Licensure	License Number	Expiration Date

Clinical/Academic Expertise or Other Relevant Experience*

*Use a separate sheet of paper and attach it to this form for additional information you want to include.

