Graduate Nursing Program Clinical Practicum Handbook

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Purpose of the Handbook

This handbook provides information about clinical practicum courses. It 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 practicum experiences aim to provide students with opportunities to integrate knowledge acquired in courses into their emerging advanced nursing practice.

Definitions

Advanced nursing practice: Nursing interventions that influence health care outcomes for individuals or populations (American Association of Colleges of Nursing [AACN], 2015).

Advanced Practice Registered Nurse (APRN): Title given to nurses who meet education, certification, and licensure requirements to practice in one of four roles: certified registered nurse anesthetist (CRNA), certified nurse- midwife (CNM), clinical nurse specialist (CNS), certified nurse practitioner (CNP) (APRN Consensus Workgroup & National Council of State Boards of Nursing APRN Advisory Committee, 2008).

Direct Care: Hours/time in which direct clinical care is provided to individuals, families, and groups, either face to face or via telehealth. Family nurse practitioner students must complete direct care in family/individuals across the lifespan. Adult-gerontology nurse practitioner students must complete direct care in adult-gerontology populations (National Task Force, 2022).

Health Insurance Portability and Accountability Act (HIPAA) of 1996: A federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient's consent or knowledge (Centers for Disease Control and Prevention, 2022).

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 (AACN, 2011). The program includes the following types of indirect care.

> **Objective Structured Clinical Examination (OSCE):** Structured exams of patient scenarios where students demonstrate clinical competencies (e.g., health history taking, physical examination, diagnoses, planning treatment, case presentations) (Shumway & Harden, 2003).
>
> **Service-learning (SL):** Educational experiences embedded in courses where students participate in organized service activities that meet community needs. Students reflect on activities to gain understanding of the course, the discipline, and the community (Bringle & Hatcher, 1995). This program uses the goals-needs-objectives-methods-evaluation (GNOME) model (Roberts, 1996) for SL assignments.
>
> **Simulation:** A technique that creates a situation or environment to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (Lioce, 2020).

Telehealth: The use of electronic information and telecommunication technologies to support clinical health care, patient and professional health-related education, health administration, and public health (Health Resources & Services Administration [HRSA], 2022). Includes synchronous care, defined as a live interaction between a provider and a patient, and asynchronous care, defined

as communication or information shared between providers, patients, and caregivers that occur at different points in time (HRSA, 2023). The Graduate Nursing Program uses telehealth and telemedicine interchangeably. For direct care, telehealth is limited to HIPAA-compliant live video conferencing with a patient and supervised by a licensed approved preceptor. Students are responsible for complying with the laws of telehealth in the state they are accruing clinical hours in.

Clinical Practicum Courses

MSN Nurse Educator Track – *No Longer Accepting Applications*			
Course	Care Type	Settings	Hours
NURS 577	Direct	Clinical	50
NURS 545L	Indirect	Academic, Clinical	50
NURS 560	Direct & Indirect	Clinical, Academic	40 (Direct) 110 (Indirect)
			Total Hours: 250
MSN-Family Nurse Practitioner Track*			
Course	Care Type	Settings	Hours**
NURS 577	Direct	Clinical	50
NURS 586	Direct	Clinical	50
NURS 588	Direct	Clinical	50
NURS 615	Direct	Clinical	50
NURS 610	Direct	Clinical	100
NURS 620	Direct	Clinical	150
NURS 630	Direct	Clinical	100
NURS 640	Direct	Clinical	150
			Total Hours: 700***
*Students who have been out of clinical courses for ≥1 calendar year must pass an OSCE held the semester prior to when the student plans to re-enter clinical courses. **FNP students are expected to accrue a total of 700 hours in direct care. Indirect care hours are also accrued through service-learning, simulation, and OSCEs. ***Students matriculating into the FNP track after 2025 will be expected to accrue a total of 750 hours in direct care.			
MSN-Adult-Gerontology Nurse Practitioner Track*			
Course	Care Type	Settings	Hours**
NURS 577	Direct	Clinical	50
NURS 586	Direct	Clinical	50
NURS 588	Direct	Clinical	50
NURS 615	Direct	Clinical	50
NURS 620	Direct	Clinical	150
NURS 630	Direct	Clinical	100

Course	Care Type	Settings	Hours
NURS 640	Direct	Clinical	150
			Total Hours: 600***

*Students who have been out of clinical courses for >1 calendar year must pass an OSCE held the semester prior to when the student plans to re-enter clinical courses.
**AGNP students are expected to accrue a total of 600 hours in direct care. Indirect care hours are also accrued through service-learning, simulation, & OSCEs.
***Students matriculating into the AGNP track after 2025 will be expected to accrue a total of 750 hours in direct care.

DNP-Family Nurse Practitioner Track*			
Course	Care Type	Settings	Hours**
NURS 577	Direct	Clinical	50
NURS 586	Direct	Clinical	50
NURS 588	Direct	Clinical	50
NURS 615	Direct	Clinical	50
NURS 610	Direct	Clinical	100
NURS 620	Direct	Clinical	150
NURS 630	Direct	Clinical	100
NURS 640	Direct	Clinical	150
NURS 650	Direct & Indirect	Clinical, Organizational	150
NURS 652	Direct & Indirect	Clinical, Organizational	150
			Total Hours: 1000

*Students who have been out of clinical courses for >1 calendar year must pass an OSCE held the semester prior to when the student plans to re-enter clinical courses.
**DNP-FNP students are expected to complete a minimum of 800 hours in direct care. Indirect hours are also accrued through service-learning, simulation, OSCEs, & the scholarly project.

Roles & Responsibilities

Graduate Nursing Students

- Verify that a current affiliation 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 scruse@coloradomesa.edu for the most current list of contracted sites or to establish an agreement with a new clinical site. *Note that it may take several months for an agreement with a new clinical site to be processed by CMU. New agreements should only be initiated when sufficient time allows for agreements to be established prior to the beginning of the clinical course.*
- Select a preceptor who meets the roles and responsibilities outlined in the following section. Students should select a preceptor who will maintain a professional relationship with the student. Family members, friends, supervisees, or supervisors are not appropriate to use as preceptors. Clinical course faculty are responsible for approving preceptors selected by students.

- Maintain ethical and professional nursing conduct throughout the clinical practicum. This includes arriving on time and communicating with preceptors and course faculty when schedules or experiences require modifications.
- 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 including program dismissal.
- Never perform any task that is outside of your scope of practice. Performing tasks outside one's scope of practice or tasks performed without the preceptor's consent are subject to disciplinary actions. If the student is involved in any violation during the clinical practicum, he/she must contact course 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 (RN) license prior to and for the duration of the clinical practicum. Failure to maintain any of these will result in expulsion from the clinical practicum and clinical course failure.
- 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 clinical 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 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 all necessary supplies to perform roles and responsibilities. Supplies may include, but are not limited to clinical supplies (e.g. stethoscope with a bell and diaphragm, wristwatch with a second hand, otoscope/ophthalmoscope) and hand-held electronic devices (for web-based applications).
- Complete the Clinical Practicum Time Log (Appendix A), 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. Complete documentation is important so that you can see where gaps in experiences exist as you progress through your clinical courses.
- For nurse practitioner students: Document all procedures performed under the supervision of the preceptor using the Clinical Procedures Checklist (Appendix B).
- 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]() for more information.

Preceptors

Preceptors are defined as qualified clinicians who collaborate with faculty to facilitate and supervise NP student clinical learning experiences in a faculty approved clinical setting. The preceptor meets eligibility criteria set by the faculty.

- All preceptors, regardless of the student's educational track, should be prepared to:
  - Maintain a professional relationship with the student. Preceptors should not be family members, friends, supervisees, or supervisors of the student.
  - Submit curriculum vitae or the Preceptor Data/Demographic Form (Appendix C), and the signed Preceptor Agreement (Appendix D) prior to the start of the student's clinical practicum.
  - Ensure that the student can complete the designated number of clinical practicum hours under the preceptor's supervision.
  - Sign a Clinical Practicum Time Log (Appendix A) verifying the student has completed the clinical hours recorded on the Clinical Practicum Time Log. Preceptors need to respond to the 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 the student in planning experiences based on course objectives and the student's articulated learning needs. Students should not be shadowing. Instead, students should be actively engaged in the clinical practicum. Active engagement is based on the student's progression through the Graduate Nursing 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 records. 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 faculty, particularly if concerns arise. Contact the faculty via email or phone if a concern arises.
  - 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 rotation.
- If precepting **nurse practitioner** students:
  - Be licensed as a nurse practitioner (NP), medical doctor (MD), doctor of osteopathy (DO), or physicians' assistant (PA-C) in the state where the clinical practicum hours are completed.
  - Hold an educational degree at the level of masters or higher (e.g. MS, DNP, MD, DO, MPAS).
  - Work in and have expertise in the substantive area covered in the clinical course (e.g. family practice, internal medicine, geriatrics, pediatrics).
  - Work in settings contributing to primary care.
  - Have a minimum of one year of clinical experience in their role.
  - Communicate with the course instructor regarding the student's progress.
  - Evaluate the student at the midterm and end of the rotation using the Clinical

Evaluation Tool (Appendix E) at the end of the semester.

- If precepting **nurse educator** students:
  - Maintain an active, unencumbered RN license in the state where the clinical practicum is completed.
  - Hold an educational degree of masters or higher degree from an accredited college or school of nursing. Preceptors holding degrees in disciplines other than nursing must be pre-approved by course instructors prior to the first day of the course.
  - Have a minimum of one year of experience in the nursing education (clinical or academic) and/or advanced nursing practice.
  - Communicate with the course instructor regarding the student's progress.
  - Evaluate the student, if applicable, using forms specified by the course instructor.

Clinical Practicum Sites

- Be an affiliated site with CMU prior to the student's start of the clinical 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

- Verify that a contract is in place with the clinical practicum site by contacting the clinical placement coordinator and receiving verification in writing (e.g., email).
- Verify that the preceptor has an unencumbered clinical license in the state where the clinical hours are being accrued by checking with the state licensing board.
- Oversee all clinical practicum experiences performed by the graduate student, including the assessment of the clinical site's suitability, the preceptor's academic preparation and expertise to meet the clinical course's objectives (AACN, 2016).
- Discuss the program and/or course requirements and objectives as needed with the preceptor and student.
- Communicate with the preceptor regarding the student's progress. Course faculty review the student's Clinical Practicum Time Log at least monthly. Faculty communicate with the preceptor to verify that the log accurately reflects the hours reported by the student.
- 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 evaluation of student.

Preceptor & Clinical Practicum Site Selection & Preparation

1. Students will discuss potential placement options that are local to the student with the clinical course instructor 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 scruse@coloradomesa.edu for the list of affiliated agencies/institutions.

3. Students will reach out to a potential preceptor to inquire about his/her interest in being a preceptor. Students will verify the preceptor has the qualifications as stated in this handbook.
4. 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. Preceptor Data/Demographic Form (Appendix C) or current curriculum vitae.
   b. Preceptor Agreement Form (Appendix D).
5. Students will receive written approval from the clinical course faculty when the student is approved to begin clinical practicum hour accrual. No hours can be accrued prior to instructor approval.

Clinical Practicum Hour Tracking & Verification

1. No clinical practicum hours can be accrued prior to the first day of the course. All hours must be completed by the last day of the course.
2. Students should schedule their hours in conjunction with their preceptors. Once the schedule of hours is established, record the planned schedule on the Clinical Practicum Time Log (Appendix A) and submit it to the course instructor. The course instructor may 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.
3. As the student completes the planned hours, he/she should initial the column corresponding to the date and time on the Clinical Practicum Time Log (Appendix A). The preceptor should also initial the column to verify that the hours were completed. The completed Clinical Practicum Time Log with student and preceptor initials should be uploaded to the clinical course's D2L class shell at least monthly.
4. Clinical course instructors will send the Clinical Practicum Time Log submitted by students to the students' preceptors to verify that the log is accurate. Only hours verified by preceptors will be counted towards the student's total hour accrual.
5. 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. Typhon allows students to produce summary reports of all clinical experiences encountered in each clinical course. By reviewing summary reports, students can identify their deficits in clinical experiences. Students should review their summary reports after each clinical practicum rotation to uncover clinical gaps. Students should strive to address clinical gaps when planning subsequent clinical practicum rotations.

Students are expected to follow these steps prior to their first clinical practicum course.
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 paying fees 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 proof of the following:
   a. Personal contact information (phone number, email).
   b. RN license and CPR certification.
   c. Vaccinations. If students claim exemption from any vaccination, they must complete and upload the approved vaccine exemption form [Vaccine exemptions | Department of Public Health & Environment (colorado.gov)].
   d. Malpractice insurance as a graduate nursing student. NP student insurance is required upon enrollment in 600 level courses.
   e. Verification of confidentiality (HIPAA) training.
   f. Verification of cultural competency training.
   g. Additional documentation required by the clinical practicum site or 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 sites 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 in 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.

Objective Structured Clinical Examinations (OSCEs)

Students must participate in OSCEs at selected points in the Graduate Nursing Program. OSCEs provide an opportunity for course faculty to verify that nurse practitioner students are able to meet the minimum expectations for each clinical course. OSCEs are considered indirect care hours and can be tracked in Typhon as such. OSCEs may be in-person or remote (e.g., via Zoom). OSCE scenarios vary based on the clinical course and reflect clinical competencies expected of students at various points in the curriculum. The Clinical Evaluation Tool (CET, Appendix D) is used to evaluate nurse practitioner students' OSCE performances. Students who do not pass an OSCE are provided with a remediation attempt. Failure of the remediation attempt may result in a clinical course failure. Check clinical course syllabi for more information about expectations.

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. Service-learning activities are considered *indirect care hours* and can be tracked in Typhon as such. The GNOME will consist of a project that is based on the needs of a community partner (e.g. clinical or academic organization). Individual course expectations of the GNOME are outlined in the individual courses. All GNOME projects must be approved by course faculty before the student is allowed to begin. The student, in conjunction with course faculty and the community partner, will:

- Goals: Identify a state, national, or international goal that is congruent with the needs of the community partner and the course learning objectives.

- Needs: Perform a needs assessment for 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 also includes the student's reflection about the project and the extent to which the project met his/her course or program learning objectives.

Simulation

Simulation is used as an adjunct to clinical practicum experiences. Simulation may include participation in tabletop exercises, grand rounds, mock clinical experiences, and graduate program student intensives (GPSIs). Simulation is considered *indirect care hours* and can be tracked in Typhon as such. Course syllabi outline the simulation type, if any.

Preceptor & Clinical Practicum Site Evaluation

Students complete an evaluation of preceptors and clinical practicum sites following every clinical practicum rotation. Towards the end of the semester, students receive an email with a link to the survey. Students are expected to complete the survey to communicate to program faculty the quality of the preceptor, clinical practicum site, and overall experience. Students' feedback is important so that we can identify preceptors and clinical practicum sites that best provide students with rich clinical practicum experiences.

Student Violations & Disciplinary Actions

Students are subject to disciplinary actions 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 performance, inability to meet compliance standards for the 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/or program dismissal.

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Appendix A

Clinical Practicum Time Log*

Students should use this form to document the planned dates and times at clinical practicum sites. Once the hours are completed, the student and preceptor should initial the row to verify that the hours were completed. At least monthly, students must upload this form, signed by their preceptors, into their D2L course shell. Faculty will send electronic copies of signed forms to preceptors for verification of documented hours.

Student Name:_____Student Initials: _____

Preceptor Name:_____Preceptor Initials: _____

Date	Clinical Practicum Site	# of hours	Preceptor initials	Student initials
	Total hours completed			

*Use additional sheets if necessary.

Appendix B
Clinical Procedures Checklist

Procedure	Date Completed	Date Completed	Date Completed
Dermatologic			
Abscess incision & drainage			
Anesthesia: topical, local, digital nerve block			
Animal bites			
Burn care			
Corn and callus care			
Cryotherapy			
Cyst removal			
Foreign body removal			
Human bites			
Nail care: ingrown, avulsion, subungual hematoma evacuation, paronychia management			
Skin biopsy: shave, punch, excision			
Skin staples/Staple removal			
Skin lesion removal			
Skin scraping: scabies, herpes, fungus			
Skin tag removal			
Suturing/Suture removal			
Tick removal			
Topical application of hemostatic agents			
Wood's lamp use			
Wound care & debridement			
Wound closure with adhesive			
Zipper injuries			
Other:			
Other:			
Other:			
Eyes, Ears, Nose, Mouth, Throat			
Audiometry testing			
Cerumen disimpaction			
Corneal abrasion			
Ear irrigation			
Epistaxis control & nasal packing			
Eye irrigation			
Fluoride varnish application of teeth			
Foreign body removal (eyelid, ear, nose, mouth, throat)			
Frenulectomy			
Laryngoscopy			
Nasal lavage			
Occipital nerve block			
Tooth avulsion or fracture management			
Tympanometry			
Visual acuity testing			
Other:			
Other:			
Other:			
Respiratory			
Aerosol/inhalation administration			

Peak flow meter administration & interpretation			
Spirometry testing & interpretation			
Other:			
Other:			
Other:			
Cardiovascular			
Ankle-brachial index			
EKG lead placement & interpretation			
Holter monitor application			
Placement of Unna's boot			
Stress testing			
Other:			
Other:			
Other:			
Gastrointestinal			
Abdominal paracentesis			
Anoscopy			
Gastric lavage			
Hemoccult			
Inguinal hernia reduction			
Nasogastric tube placement/removal			
Percutaneous endoscopic gastrostomy tube reinsertion			
Pilonidal cyst / abscess incision & drainage			
Rectal prolapse reduction			
Removal or treatment of hemorrhoid			
Urea breath test			
Other:			
Other:			
Other:			
Genitourinary			
Bladder scan			
Urinalysis/culture			
Urinary catheterization			
Other:			
Other:			
Other:			
Women's Health			
Breastfeeding support			
Cervical cap placement/removal			
Condylomata acuminate treatment			
Contraceptive implant insertion/removal			
Cryotherapy			
Diaphragm placement/removal			
Endometrial biopsy			
Foreign body removal from vagina			
Fundal height assessment			
Incision & drainage of Bartholin cyst			
Intrauterine device insertion/removal			
Leopold's maneuver			
Obstetric ultrasound			
Paracervical nerve block			
Pap smear			
Pessory placement/removal			

Vaginal exam			
Wet mount			
Other:			
Other:			
Other:			
Men's Health			
Circumcision			
Digital rectal exam			
Manual Detorsion of testes			
Penile injection therapy			
Other:			
Other:			
Other:			
Musculoskeletal			
Casting			
Crutch walking			
Dislocation reduction			
Ganglion cyst aspiration/injection			
Corticosteroid injection			
Joint stabilizatioin/immobilization			
Sling application			
Splinting/taping			
Trigger point injection			
Other:			
Other:			
Other:			

Appendix C

Preceptor Data/Demographic Form

Preceptor Full Name & Credentials _____

Returning Preceptor? Yes_____No_____First Time Preceptor? Yes_____No____

Organization Name _____

Organization Address _____

Phone Number_____Email _____

_____

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
- ☐ University/College
- ☐ Other: _____

Position_____Years/Months in Current Position _____

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

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

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 that you would like to include.

Appendix D

Preceptor Agreement Form

Student Name_____Date _____

Course Number & Title _____

I,_____*(Preceptor's Name)*, agree to be a preceptor for the graduate

nursing student identified above, beginning_____*(month/year)* and ending

_____*(month/year)*. The student has provided me with course objectives, evaluation

materials, faculty contact information and other pertinent items related to this experience. I agree

to oversee all clinical practicum activities of this student for the duration of this agreement. I

understand that the student is required to complete a total of _____hours during this clinical

practicum experience. I agree to facilitate learning activities that are associated with the

educator/clinician *(circle one or both)* role and agree to contact the faculty member with any

questions or concerns I have about the student or the student's preparation for this experience. I

understand there are no monetary or nonmonetary benefits from Colorado Mesa University

associated with my role as a preceptor for this student. By signing this form, I attest to the above

and that the student is not related to me, is not my employee or subordinate, and is not my

immediate supervisor.

_____   _____
   Type or Print Preceptor Name and Title   Date

_____   _____
         Preceptor's Signature   Student's Signature

Appendix E

CMU Nurse Practitioner Clinical Evaluation Tool
Completed by Student's Preceptor and Course Faculty

STUDENT: _____ SITE: _____

EVALUATOR: _____ POSITION: _____

SEMESTER: _____ DATE OF EVALUATION: _____ COURSE NAME & NUMBER: _____

CHECK: Midterm: _____ FINAL: _____ OSCE: _____ Oral Case Presentation: _____

This checklist is to be utilized in evaluation of nurse practitioner students in their clinical practice throughout the program. It is designed to highlight information that is of the greatest use to the student and the program. A progression with continual improvement should be noted. Over the course of the program, the student will progress from basic skill level to intermediate or high skill level. The expected minimum level for this student is: _____ on this 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 and 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 and can interpret findings with some assistance / supervision.

4 points: High skill level: Minimal help or supervision; performs tasks with proficiency and skill, interprets findings and 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 (DNP Students only): 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:							
i. Identifies chief complaint or identifies a presenting problem.							
ii. Performs symptom analysis of each presenting problem.							
iii. Obtains past history.							
iv. Obtains family history.							
v. 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 own behavior in nurse practitioner student–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:
TOTAL POINTS *EXCLUDING* NOT OBSERVED ITEMS: _____ - _____ = _____
NUMBER OF POINTS STUDENT RECEIVED: _____ = PERCENT: _____ PASS/FAIL FOR _____

FACULTY SIGNATURE _____

The NP Oral Case Presentation Format

Student Name: _____ **Date:** _____ **Course:** _____
The student must achieve a <u>pass</u> in at least _____% of the areas indicated below to pass the Oral Case Presentation.

  I. <u>General Advice</u>

    A. <u>Be Prepared</u>: Plan to include the essential, organized logically, and to omit the non-essential.

    B. <u>Be Brief</u>: Your goal should be to take no longer than **10-15 minutes**. This will require organization and self-disciple. <u>Do NOT read from a sheet of paper</u>. You may refer to notes periodically. For example, you may refer for testing or screening results; portions of the assessment (e.g., developmental assessment, functional assessment); and parts of the physical exam. MOST of your presentation should be from memory. You are painting a picture for the audience.

    C. <u>Speak Clearly</u>: Pause to allow for questions which may indicate whether your listeners are following you.

    D. <u>Don't Be Unnerved by questions</u>: If you have the information requested, provide it. If not, say so. Don't give evasive answers. Don't be annoyed if you are asked for information you have already given. Your listeners have probably just realized its importance and will be able to follow your presentation better if you repeat what they missed.

  II. <u>Specific Format</u>

    A. <u>Identification</u>: Give name and age of patient. Sex and ethnicity should be identified. Identify informant if other than the patient (e.g., parents, caregivers). State if and what type of interpreters are used, if relevant.

    B. <u>Chief Complaint</u>: Concisely with its duration of time of onset. Ask patient (or informant) what they believe is occurring, when appropriate, and the significance of what is occurring to them (e.g., how disruptive is it to their life?).

    C. <u>History of Present Illness</u>: Chronology should be clear. Be precise but avoid excessive detail. OLDCART is helpful.

    D. <u>Current Medications & Allergies</u>: Include medication, dose, frequency, duration, and indication. If prn medication, ask how often it is used.

    E. <u>Past History, Family History, Social and Personal History</u>: Present *only the essential highlights*. Present pertinent negative information or past social/medical history.

    F. <u>System Review</u>: Limit to the *positive findings* and those *pertinent negatives* which you judge significant.

    G. <u>Physical Examination</u>: Be specific for the age of the patient. Comment on the patient's general appearance, nutritional status and degree of distress. Then give vital signs and proceed with logical system information that you believe is important.

    H. <u>Screening Tests & Results</u>: Include the screening tools (e.g., developmental instruments, cognitive screening or functional status assessment tools) used and the results.

I. Laboratory Data: *If applicable*, present pertinent data. If extensive, give a summary. Visual aids such as flow sheets, diagrams, and radiographics may be used.

J. Differential: include ruling in and ruling out; cite clinical guidelines; include a problem list only if relevant.

K. Final Assessment: What is the diagnosis and your rationale for the diagnosis?

L. Plan: Treatment options including non-pharmacological; reference guidelines; any barriers to cost of treatment? Referrals? Self-management?

M. Return to clinic (if appropriate): Parameters are clear.

N. Follow Up: when, how, and where.

O. Anticipatory Guidance: cite from evidence-based recommendations (e.g., *Bright Futures*) or primary care text; advise patient/caregiver about relevant primary and secondary prevention.

P. Patient/Caregiver Education: Note information provided and motivational components that make behavior change more likely to be successful.

III. Presentation Skills

A. Voice quality and projection of voice audible and easily understood.

B. Demonstrates good memory and retrieval of data.

C. Uses precise, accurately pronounced terminology, in 3rd person thought.

D. Presents in a way that holds the preceptor's/colleague's attention.

E. Presents findings without equivocation or irrelevant description or distraction.

F. Presents data organized by relationship to an active problem or to a diagnostic hypothesis.

G. Brings presentation to an end and is aware of time management.

H. Adequately responds to questions and requests for clarification or additional information.

I. Knowledgeable about the topic. Information is up to date.

J. Presentation is appropriate for the clinical setting (e.g., ambulatory, long term, primary care).

Feedback: