



*Graduate Nursing
Program
Clinical Practicum
Handbook*

Effective Spring 2026

Table of Contents

Contact Information	3
Purpose of the Handbook	4
Definitions	4
Clinical Practicum Courses	5
Roles & Responsibilities	6
Graduate Nursing Students	6
Preceptors	7
Clinical Practicum Sites	8
Course Faculty	8
Preceptor & Clinical Practicum Site Selection & Preparation	9
Clinical Practicum Hour Tracking & Verification	9
Use of Typhon	9
Objective Structured Clinical Examinations (OSCEs)	10
Service-Learning Projects: GNOME	10
Preceptor & Clinical Practicum Site Evaluation	11
Student Violations & Disciplinary Actions	11
References	12
Appendices	13
Appendix A Clinical Practicum Time Log	13
Appendix B Clinical Procedures Checklist	14
Appendix C Clinical Evaluation Tool & Oral Case Presentation Form	19
Appendix D Goal Setting Worksheet	24
Appendix E Preceptor Demographic Form	25
Appendix F Preceptor Agreement Form	26

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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 simulation 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, discipline, and 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 so people can experience a representation of a real event for practice, learning, evaluation, testing, or to gain understanding of systems or human actions (Lioce, 2020).

Interprofessional Education (IPE): People from two or more professions learning about, from, and with each other to enable effective collaboration and improve health outcomes (AACN, n.d.). IPE is measured through integration of knowledge, skills, and values/attitudes that define working together across professions to improve equitable health outcomes (Interprofessional Education Collaborative, 2023).

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). 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-Family Nurse Practitioner Track			
Course	Care Type	Settings	Hours*
NURS 577	Direct	Clinical	50
NURS 586	Direct	Clinical	100
NURS 615	Direct	Clinical	50
NURS 610	Direct	Clinical	100
NURS 620	Direct	Clinical	150
NURS 630	Direct	Clinical	150
NURS 640	Direct	Clinical	150
			Total Hours: 750**
MSN-Adult-Gerontology Nurse Practitioner Track			
Course	Care Type	Settings	Hours*
NURS 577	Direct	Clinical	50
NURS 586	Direct	Clinical	100
NURS 597	Direct	Clinical	100
NURS 615	Direct	Clinical	50
NURS 620	Direct	Clinical	150
NURS 630	Direct	Clinical	150
NURS 640	Direct	Clinical	150
			Total Hours: 750**
DNP-Family Nurse Practitioner Track			
Course	Care Type	Settings	Hours*
NURS 577	Direct	Clinical	50
NURS 586	Direct	Clinical	100
NURS 615	Direct	Clinical	50
NURS 610	Direct	Clinical	100
NURS 620	Direct	Clinical	150
NURS 630	Direct	Clinical	150
NURS 640	Direct	Clinical	150
NURS 650	Direct & Indirect	Clinical, Organizational	150
NURS 652	Direct & Indirect	Clinical, Organizational	150
			Total Hours: 1050
<p>*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.</p> <p>**Nurse practitioner students are expected to accrue a total of 750 hours in direct patient care. Indirect care hours are also accrued through service-learning, simulation, and OSCEs. DNP students may accrue indirect hours during completion of their scholarly project.</p>			

Roles & Responsibilities

Graduate Nursing Students

- Ensure all Typhon documents are up to date (e.g., nursing license, malpractice insurance, cardiopulmonary resuscitation, etc.). *No course overrides will be provided if Typhon documents are not up to date.*
- 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.*
- In consultation with, and with approval from, course faculty, 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 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, 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.
- 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.

- Hold an unencumbered license as a nurse practitioner (NP), medical doctor (MD), doctor of osteopathy (DO), or physicians' associate (PA-C) in the state where the clinical practicum hours are completed.
- Hold an educational degree at the level of master's or higher (e.g. MS, DNP, MD, DO).
- Work in and have expertise in the substantive area covered in the clinical course (e.g. family practice, internal medicine, geriatrics, pediatrics) and work in settings contributing to primary care.
- Have a minimum of one year of clinical experience in their role.
- Agree to the following:
 1. Review the NP program's policies regarding student placement guidelines.
 2. Communicate start date and time with the student.
 3. Review documents related to the clinical course (e.g., clinical handbook, course syllabus).
 4. Review the Family Educational Rights and Privacy Act (FERPA), available at <https://www.coloradomesa.edu/registrar/ferpa.html>
 5. Orient the student to the clinical site, clinical site policies, electronic health record, and clinical team prior to the student's patient experiences.
 6. Discuss course objectives, course requirements, student learning goals, and clinical experience expectations with the student.
 7. Discuss the student's background and professional experience.
 8. Outline appropriate tasks, patient cases, and caseload for each clinical day.
 9. Establish a plan for student progression. *Note: Students should not be shadowing during their clinical rotations.* Students should be expected to perform health assessments on patients seen in clinical rotations. As students progress through their curriculum, students should assume more responsibilities. Expectations are defined in the Clinical Evaluation Tool (CET, Appendix C).
 10. Maintain a professional relationship with the student, modeling clinical skills and ethical behaviors for student learning. Preceptors should not be family members, friends, supervisees, or supervisors of the student.
 11. Be present to observe all student clinical activities and include the student as a pertinent part of the healthcare team.
 12. Guide, counsel, and encourage active student learning through clinical experiences. Encourage interprofessional collaboration between the student and other team members.
 13. Submit curriculum vitae or the Preceptor Data/Demographic Form (Appendix D), and the signed Preceptor Agreement (Appendix E) prior to the start of the student's clinical practicum.

14. 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.
15. Review all student documentation in clinical record. Preceptors should co-sign their names to any student documentation.
16. Communicate with the course instructor regarding the student's progress. Contact the faculty in person or virtually if a concern arises.
17. 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.
18. Evaluate the student at the midterm and end of the rotation using the Clinical Evaluation Tool (Appendix C) at the end of the semester.

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, and student's progression as it relates to course and clinical objectives (AACN, 2022).
- Discuss the program and/or course requirements, including start date and time, with the preceptor and student.
- Send documents related to the clinical course to the preceptor. At a minimum, the faculty should send a welcome letter, clinical handbook, goal-setting worksheet (Appendix D), and course syllabus, as well as faculty contact information.
- 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 and as needed.
- Approve students' record of clinical hour completion in Typhon.
- Collect and review evaluation forms completed by the preceptor and students. Discuss evaluations and develop remediation plans when necessary.
- Send preceptor and/or clinical site a thank you letter that includes the number of hours the preceptor worked with the student for the preceptor's own documentation. Provide feedback to the preceptor

about their performance based on the student's evaluation.

Preceptor & Clinical Practicum Site Selection & Preparation

1. Students will discuss potential placement options and preceptors 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 E) or current curriculum vitae.
 - b. Preceptor Agreement Form (Appendix F).
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. Please email the Clinical Placement Coordinator to obtain this form.
 - d. Malpractice insurance as an NP graduate nursing student.
 - 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 simulation opportunities 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 or telehealth equipment). 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 C) 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.

Preceptor & Clinical Practicum Site Evaluation

Students and faculty complete evaluations 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 and faculty are expected to complete their respective surveys to communicate to program the quality of the preceptor, clinical practicum site, and overall experience. Students' and faculty feedback is important so that we can identify preceptors and clinical practicum sites that best provide students with rich clinical practicum experiences. Appropriateness of clinical sites is based on

1. Formal student and faculty feedback.
2. Preceptor credentials and compliance with preceptor expectations outlined in this handbook.
3. Clinical site compliance with the clinical site expectations outlined in this handbook.

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

Procedures and Diagnostic Testing Checklist						
Student Name						
Content	Category	Date	Procedure / Diagnostic test	Skill level		
				Basic	Intermediate	High
Dermatologic Procedures	1. Abscesses: Incision & Drainage					
	2. Bites: Cats, Dogs, Humans					
	3. Bites: Ants, Spiders, Bees, Wasps					
	4. Burns: Debridement					
	5. Foreign Body Removal					
	6. Skin Closure w/Dermabond					
	7. Soft Tissue Aspiration					
	8. Subungual Hematoma Excision					
	9. Sutures (Insertion/Selection)					
	10. Staples insertion & removal					
	11. Ulcer Debridement					
	12. Digital Nerve Block					
	13. Soft Tissue Aspiration					
	14. Topical Hemostatic Agent Application					
	15. Tick removal					
	16. Skin Lesion removal: Cautery & Cryosurgery					
Dermatologic Diagnostic Testing	1. Biopsy: Punch					
	2. Biopsy: Skin					
	3. Wood's Light Examination					
Content	Category	Date	Procedure / Diagnostic test	Novice	Competent	Proficient
Musculoskeletal Procedures	1. Clavicle Immobilization Techniques					
	2. Crutch Walking					
	3. Dislocation Reduction					

	4. Ganglion Cyst Aspiration / Injection					
	5. Corticosteroid Injections					
	6. Sling Application					
	7. Splinting & Taping					
	8. Trigger Point Injection					
	9. Arthrocentesis					
	10. Compartment Syndrome Assessment					
Musculoskeletal Diagnostic Testing	1. Bone Marrow Aspiration / Biopsy					
	2. Xray Interpretation- Bones					
Content	Category	Date	Procedure / Diagnostic test	Novice	Competent	Proficient
GU / Breast Procedures	1. Vaginal Meds & Condoms					
	2. Bartholin Cyst Abscess: I & D					
	3. Cervical Caps					
	4. Cervical Lesions: Cryotherapy					
	5. Circumcision and Dorsal Penile Nerve Block					
	6. Condyloma Acuminata Removal					
	7. Vaginal Foreign Body					
	8. Diaphragm Fittings/ Insertion/Removal					
	9. IUD Fittings /Insertion/ Removal					
	10. Nexplanon Insertion/Removal					
	11. Paracervical Nerve Block					
	12. Pessary Fitting					
	13. Vaginal Examination					
GU / Breast Diagnostic Testing	1. Fine Needle Aspiration: Breast					
	2. Colposcopy					
	3. Endometrial Biopsy					
	4. Specimen Collections					

Content	Category	Date	Procedure / Diagnostic test	Novice	Competent	Proficient
HEENT Procedures	EYE					
	1. Corneal Abrasion & FB Removal					
	2. Eye Irrigation					
	3. Eye Trauma Stabilization					
	4. Eyebrow Laceration Repair					
	5. Eyelid Eversion					
	EARS/NOSE					
	6. Auricular Hematoma Evacuation					
	7. Cerumen Impaction Removal (irrigation and curette)					
	8. Epistaxis Control					
	9. Removal FB: Ear & Nose					
	MOUTH					
	10. Frenotomy for Ankyloglossia					
11. Lip Laceration Repair						
12. Tongue Laceration Repair						
13. Tooth Avulsion and Fracture						
HEENT Diagnostic Testing	1. Audiometry Testing					
	2. Tympanometry					
	3. Visual Function Evaluation (Snellen, Illiterate E, Pictorial)					
Content	Category	Date	Procedure / Diagnostic test	Novice	Competent	Proficient
Cardiovascular Procedures	1. Unna's Boot Application					
	2. ECG Lead Placement					
Cardiovascular Diagnostic Testing	1. Doppler Technique					
	2. ECG Interpretation					
	3. Holter Monitor Application					
	4. Stress Testing ECG					

	5. Types of Pacemakers					
Content	Category	Date	Procedure / Diagnostic test	Novice	Competent	Proficient
Respiratory Procedures	1. Aerosol/ Inhalation Administration					
	2. Assessing Respiratory Distress					
	3. Peak Flowmeter					
	4. Pulmonary Function Testing (Spirometry)					
	5. Pulmonary Stress Test					
	6. Stab/Penetrating Wound Stabilization					
Respiratory Diagnostic Testing	1. X-Ray Interpretation (chest)					
Content	Category	Date	Procedure / Diagnostic test	Novice	Competent	Proficient
	1. Inguinal Hernia Reduction					
	2. Percutaneous Endoscopic Gastrostomy (PEG) Tube Reinsertion					
	3. Perianal / External Hemorrhoidal Skin Tags					
	4. Pilonidal Cyst / Abscess I & D					
	5. Prostate Massage					
	6. Rectal Prolapse Reduction					
	7. Thrombosed Hemorrhoid Removal					
GI Diagnostic Testing	1. Hemocult					
	2. Anoscope					
	3. Urea Breath Test (H. Pylori)					
	4. X-Ray Interpretation Abdominal					

*Skill levels defined in Clinical Evaluation Tool (CET)

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.

Intermediate skill level: Moderate help or supervision; performs tasks with skill & can interpret findings with some assistance/supervision.

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

Preceptor Name and Initials:

Appendix C

CMU Nurse Practitioner Clinical Evaluation Tool & Oral Case Presentation Form

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. Initiates appropriate follow up / referrals/ consultations.							
G. Includes patient, family, and interdisciplinary team members 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-reflection and self-evaluation concerning practice.							
C. Assumes accountability for own behavior in nurse practitioner student-patient & nurse practitioner student-interdisciplinary team 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 pass in at least _____% of the areas indicated below to pass the Oral Case Presentation.

I. General Advice

- A. Be Prepared: Plan to include the essential, organized logically, and to omit the non-essential.
- B. Be Brief: *Your goal should be to take no longer than 10-15 minutes.* This will require organization and self-discipline. Do NOT read from a sheet of paper. 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. Speak Clearly: Pause to allow for questions which may indicate whether your listeners are following you.
- D. Don't Be Unnerved by questions: 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. Specific Format

- A. Identification: 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. Chief Complaint: 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. History of Present Illness: Chronology should be clear. Be precise but avoid excessive detail. OLDCART is helpful.
- D. Current Medications & Allergies: Include medication, dose, frequency, duration, and indication. If prn medication, ask how often it is used.
- E. Past History, Family History, Social and Personal History: Present *only the essential highlights*. Present pertinent negative information or past social/medical history.
- F. System Review: Limit to the *positive findings* and those *pertinent negatives* which you judge significant.
- G. Physical Examination: 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. Screening Tests & Results: 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:

Appendix D
Goal Setting Worksheet

Student Name: _____ Preceptor Name: _____
Date: _____ Course: _____ Week: Week 1 (8-16 hours)

Goals: I will focus on three goals this week. Goal #1; Goal #2; Goal #3.

Plan to meet the goals: My Plan to meet my goals is as follows: Goal #1: Goal #2 Goal #3:

I have discussed my weekly goals and plans to meet the goals with my preceptor prior to starting this week's clinical experience. My Preceptor and I have agreed on the following plan to help me meet my goals:

Yes, I reviewed the GPR Form with my preceptor

Reflection: In this section you will provide a self-reflection of how you feel your clinical experience went this week by answering the following questions. Each question needs to be answered in complete sentences:

Question 1: Did you meet your goals? Was your preceptor helpful in this process?

This week in clinical, I was able to meet these goals successfully.

Question 2: What areas can you identify as your strengths this week?

An area of strength I identified this week was

Question 3: What areas can you identify that you need to work on from this week?

An area I need to continue to work on is

Question 4: What was the greatest learning experience this week that will impact your future practice?

The greatest learning experience this week was

Question 5: Evaluate yourself on the grading rubric of the goals you set from the Clinical Evaluation Tool (CET). What level do you believe you achieved this week and why?

Evaluating myself on the CET section 1, section 2, section 3, and section 4

Appendix E
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.

