

COLUMBUS STATE UNIVERSITY
SCHOOLS OF NURSING

**FAMILY NURSE
PRACTITIONER
HANDBOOK**

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Family Nurse Practitioner (FNP) graduates are ready to lead in the advanced practice nurse roles in health related service to diverse populations. The focus of the FNP is the management of common acute and chronic healthcare problems across the lifespan in a variety of primary care settings. The FNP provides care to people across the lifespan that specializes in health promotion and disease prevention.

Program Outcomes

The FNP Program prepares the graduate to:

- Implement the selected advanced nurse role: leader, educator, informaticist, or nurse practitioner within health care.
- Develop and nurture interprofessional collaborations by communicating and consulting with other appropriate healthcare professionals and community leaders.
- Evaluate the influence of ethical principles on personal and organizational decisionmaking.
- Utilize nursing research for the promotion of quality nursing education, safe client centered health care, and evidence based practice.
- Employ critical thinking in the application of nursing and multidisciplinary theoretical frameworks to foster optimal client health outcomes.
- Exemplify cultural competence and sensitivity to diversity in dynamic academic and healthcare environments.
- Demonstrate competence in leadership roles and a commitment to ongoing professional development for the provision of quality, cost-effective client-centered health care and the advancement of nursing practice.
- Utilize informatics to improve client outcomes and to promote the health and safety of individuals, groups and communities.

05/03/2017

National Organization for Nurse Practitioner Faculties

Nurse Practitioner Competencies (July 2012)

Competencies are higher level skills that represent the ability to demonstrate mastery over care management and that provide a foundation for decision-making skills under a variety of clinical situations across all care settings.

Nurse Practitioner Core Competencies

At completion of the FNP program, the FNP graduate possesses the nine (9) core competencies regardless of population focus.

Scientific Foundation Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizational and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice.

Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users' needs.
- 2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
- 2b). Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies

1. Applies knowledge of organizational practices and complex systems to improve healthcare delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies

1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.

3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
- 3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
- 3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
- 3c). Employs screening and diagnostic strategies in the development of diagnoses.
- 3d). Prescribes medications within scope of practice.
- 3e). Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
- 4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
- 4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
- 4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
- 4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

Family Nurse Practitioner Competencies

<http://c.ymcdn.com/sites/nonpf.site-ym.com/resource/resmgr/Competencies/NPCoreCompsContentFinalNov20.pdf>

These are entry level competencies for the family nurse practitioner that supplements the core competencies for all nurse practitioners. The population in primary care family practice includes newborns, infants, children, adolescents, adults, pregnant and postpartum women, and older adults. Primary/Family nurse practitioners practice primarily in ambulatory care settings. Students graduating from a primary care nurse practitioner program will sit for the Family Nurse Practitioner certification exam.

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

A. Assessment of Health Status

These competencies describe the role of the primary nurse practitioner in assessing all aspects of the patient's health status, including for purposes of health promotion, health protection, and disease prevention. The family nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle.
2. Assesses (a) the influence of the family or psychosocial factors on patient illness, (b) conditions related to developmental delays and learning disabilities in all ages, (c) women's and men's reproductive health, including, but not limited to, sexual health, pregnancy, and postpartum care, and (d) problems of substance abuse and violence.
3. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening and physical system evaluations).
4. Performs screening evaluations for mental status and mental health.
5. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
6. Demonstrates proficiency in family assessment.
7. Demonstrates proficiency in functional assessment of family members (e.g., elderly, disabled).
8. Assesses specific family health needs within the context of community assessment.
9. Identifies and plans interventions to promote health with families at risk.
10. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
11. Distinguishes between normal and abnormal change with aging.

B. Diagnosis of Health Status

The family nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the family nurse practitioner.

1. Identifies signs and symptoms of acute physical and mental illnesses across the lifespan.
2. Identifies signs and symptoms of chronic physical and mental illness across the lifespan.
3. Orders, performs, and interprets age-, gender-, and condition-specific diagnostic tests and screening procedures.
4. Analyzes and synthesizes collected data for patients of all ages.
5. Formulates comprehensive differential diagnoses, considering epidemiology, environmental and community characteristics and life stage development, including the presentation seen with increasing age, family, and behavioral risk factors.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the family nurse practitioner's

role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

1. Provides health protection, health promotion, and disease prevention interventions/treatment strategies to improve or maintain optimum health for all family members.
2. Treats common acute and chronic physical and mental illnesses and common injuries in people of all ages to minimize the development of complications, and promote function and quality of living.
3. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations such as infants and children, pregnant and lactating women, and older adults.
4. Adapts care to meet the complex needs of older adults arising from age changes and multiple system disease.
5. Identifies acute exacerbations of chronic illness and intervenes appropriately.
6. Evaluates the effectiveness of the plan of care for the family, as well as the individual, and implements changes.
7. Evaluates patient's and/or other caregiver's support systems and resources and collaborates with and supports the patient and caregivers.
8. Assists families and individuals in the development of coping systems and lifestyle adaptations.
9. Makes appropriate referrals to other health care professionals and community resources for individuals and families.
10. Provides care related to women's reproductive health, including sexual health, prenatal, and postpartum care.
11. Assesses and promotes self-care in patients with disabilities.
12. Performs primary care procedures, including, but not limited to, suturing, minor lesion removal, splinting, microscopy, and pap tests.
13. Recognizes the impact of individual and family life transitions, such as parenthood and retirement, on the health of family members.
14. Uses knowledge of family theories and development to individualize care provided to individuals and families.
15. Facilitates transitions between health care settings to provide continuity of care for individuals and family members.
16. Intervenes with multigenerational families who have members with differing health concerns.
17. Assists patient and family members to cope with end of life issues.
18. Applies research that is family-centered and contributes to positive change in the health of and health care delivery to families.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP

Competencies in this area demonstrate the personal, collegial, and collaborative approach which enhances the family nurse practitioner's effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.

1. Maintains a sustaining partnership with individuals and families.
2. Assists individuals and families with ethical issues in balancing differing needs, age-related

- transitions, illness, or health among family members.
3. Facilitates family decision-making about health.

III. TEACHING-COACHING FUNCTION

These competencies describe the family nurse practitioner's ability to impart knowledge and associated psycho-motor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.

1. Demonstrates knowledge and skill in addressing sensitive topics with family members such as sexuality, finances, mental health, terminal illness, and substance abuse.
2. Elicits information about the family's and patient's goals, perceptions, and resources when considering health care choices.
3. Assesses educational needs and teaches individuals and families accordingly.
4. Provides anticipatory guidance, teaching, counseling, and education for self-care for the identified patient and family.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the family nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The family nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the family nurse practitioner role. As well, the family nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.

1. Demonstrates in practice a commitment to care of the whole family.
2. Recognize the importance of participating in community and professional organizations that influence the health of families and supports the role of the family nurse practitioner.
3. Interprets the family nurse practitioner role in primary and specialty health care to other health care providers and the public.
4. Serves as a resource in the design and development of family community-based health services.

V. MANAGING AND NEGOTIATING HEALTH CARE DELIVERY SYSTEMS

These competencies describe the family nurse practitioner's role in handling situations successfully to achieve improved health outcomes for patient, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of health care.

1. Maintains current knowledge regarding state and federal regulations and programs for family health care.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTH CARE

These competencies describe the family nurse practitioner's role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one's own practice as well as engaging in interdisciplinary peer and systems review. **Covered in the core competencies.**

VII. CULTURAL COMPETENCE

These competencies describe the family nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures. **Covered in the core competencies.**

Clinical Course Expectations

The clinical course expectations are:

- Assure there is an up-to-date legal contract in place with the clinical site prior to performing any clinical rotations. If you do not have a contract in place before classes begin, you will be dropped from classes and will be out of progression.
- Arrive on-time to all clinical rotation experiences; be well-rested and prepared.
- Use of illicit substances is prohibited in any nursing program at Columbus State University. If at any time it appears that a student may be impaired, you will be asked to submit to a drug screen and will be unable to return to clinical until you have been cleared.
- Properly identify yourself to all patients and other health care providers as a Family Nurse Practitioner student from Columbus State University.
- Follow the dress code and wear a clean pressed lab coat with school identification badge in clear view.
- Participate in clinical practice as a family nurse practitioner student only under the supervision and direction of an approved preceptor and Columbus State University (CSU) faculty members.
- Seek active learning experiences guided by the approved preceptor.
- Students may not precept with the same preceptor on more than two occasions.
- Students may not precept with a family member or significant other.
- Students may not complete clinicals in their current place of employment.

- Perform only approved procedures that fall within the scope of practice of a Family Nurse Practitioner (FNP) as described in this manual, and only under the direct supervision of an approved preceptor.
- Elicit an appropriate health history and perform a comprehensive physical exam in an appropriate and professional manner.
- Identify and respond appropriately to abnormal findings from the history and physical and other diagnostic data.
- Verify and discuss all findings, suspected diagnoses, recommended treatment, and plans of care with the preceptor prior to implementation.
- Document findings in a concise, organized, and accurate manner using correct medical terminology and agency guidelines.
- Always maintain patient confidentiality.
- Provide health promotion and disease prevention education to patients across the lifespan in an appropriate manner.
- Recognize that some problems are outside the Family Nurse Practitioner scope of practice; identify when a client should be referred to a physician, specialist, or other health care facility for management.
- Collaborate with other healthcare professionals in coordinating care as needed.
- Recognize emergency situations and initiate effective emergency care when needed.
- Communicate effectively and professionally with preceptor, faculty and other members of the health care team.
- Notify your clinical instructor and/or the course coordinator immediately for any problems, issues, or concerns which arise in the clinical area.
- Demonstrate behavior that is both ethical and professional at all times.
- Demonstrate safety at all times in clinical practice.

General Clinical Information

Clinical Hour Expectations

Columbus State University requires family nurse practitioner students to complete **765 clinical hours** in their program of study. These hours are divided into specialties as described in each clinical course syllabus. Clinical hours must be spent with an approved preceptor, at an approved site. Students are responsible for finding an acceptable site and preceptor for their clinical experiences.

Clinical hours are defined by the National Task Force (NTF) Criteria (2016) as "hours in which direct clinical care is provided to individuals, families, and populations in *population-focused*

areas of FNP practice; clinical hours *do not* include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served” (p. 12).

<http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf>

Pre-Clinical Requirements - Students will be provided additional guidances on satisfying these requirements upon admission.

Unencumbered RN license - The student must maintain an active unencumbered RN license in all states in which clinical rotations will be performed. A CSU Nurse Practitioner faculty member must be notified immediately if the RN licensure status changes in any way.

Maintenance of **Basic Life Support (BLS) certification** is required throughout the program. Advanced life support is also highly recommended. A copy of the BLS/ALS certification card and all RN licensures must be provided.

HIPAA/OSHA - Student compliance with HIPAA (health insurance portability and accountability act) and OSHA (Occupational Safety and Health Administration) guidelines are required.

Clinical approval - Every clinical site and preceptor must have a current, signed agreement in place with Columbus State University BEFORE the semester begins. If the student has not received approval and clearance from CSU for a site and/or preceptor, the students will be out of progression and dropped from classes. The approval process for preceptors and clinical sites is described in detail in this manual.

A **drug screen** and **background check** is required for all students *prior to* beginning any clinical rotation in the FNP program. Appropriate actions will be taken for non-negative findings.

Professional liability insurance for clinical practice is required for all graduate students.

Health Data and Immunization Requirements - Upon acceptance to the FNP Program, the student should submit all immunization requirements to CastleBranch. Bi-annual physical assessment is also required.

- Mantoux Tuberculin skin titer or annual TB chest x-ray, completed within the last year. (QuantiFERON Gold Blood Test / T-SPOT TB tests are acceptable)
- Completed Hepatitis B Vaccination series (3) or titer
- Varicella immunization (either year of disease or evidence of Vaccination series) or titer

- MMR (2) or titer
- Tdap within last 10 years
- Current (yearly) flu immunization

Students of the CSU School of Nursing are responsible for keeping current all immunizations as stated in the contract with clinical agencies. The student shall submit all preclinical requirements to CastleBranch. The student shall keep original documentation for his/her personal records for future use. Some facilities require additional immunizations and/or testing. Students must comply with facility contract requirements.

Clinical Area Illness or Injury

Students who are injured or become ill while providing patient care MUST

1. Notify assigned course lead and clinical faculty via CSU email immediately.
2. Follow the agency's policy and procedure for injury or illness, if appropriate.
3. Report to either personal physician or CSU University Student Health Center.
4. DO NOT report to the clinical area when ill, experiencing an elevated temperature, nausea, vomiting, diarrhea or any other symptoms of illness. Students are responsible for notifying the course and clinical faculty as well as preceptor of illness prior to the scheduled clinical experience as a professional courtesy to the facility.
5. Clinical agencies will not provide medical care free of charge for students who are injured or become ill during the clinical experience. Students are responsible for any expense incurred. Each student is required to carry personal health care coverage.

Completion of Hours

All clinical hours are to be completed during the semester in which students are enrolled. No clinical hours will be counted if they are completed before or after the semester.

Clinical Site Selection

Throughout the course of the FNP program, students are expected to spend time in clinical sites treating patients across the lifespan, from newborn to geriatrics. Clinical site selection is critical to the student's success in this program. The diagnoses, task-based proficiencies, and population focus of each clinical course should direct site selection. The student should have the clinical information form submitted to the appropriate faculty prior to the end of the semester before the next clinical course in order to provide enough time for contracts to be completed

*****Important:** Students should begin working on clinical placement as soon as possible. All students must have a clinical site in place and approved prior to the first day of a clinical course. Clinical Planning Forms are to be submitted electronically to pace_msnfnp@columbusstate.edu email prior to published deadlines for each semester.

Preceptor Selection

The student should have a majority of clinical experiences with preceptors in the population-focused area of practice pertinent to the student's chosen education track. In the case of the Family Nurse Practitioner, students should focus their experience **across the lifespan**. Preceptors must have **at least two years of clinical experience** and a **current unencumbered license in their area of practice**. It is in the best interest of the student to have an experienced preceptor to guide the learning process in the clinical setting.

Suggestions for securing a Clinical Site and Preceptor

- Start early!! Paperwork for the next semester is due prior to the end of the current semester.
- Students may precept with a physician, physician's assistant, or a nurse practitioner.
- Make sure that the selected clinical location is appropriate for the upcoming clinical Courses. Emergency room, fast track, or hospitalists cannot be approved.
- Clinical planning forms will reviewed and approved by your course faculty. If you have questions about the appropriateness of a selected preceptor, contact the course faculty for assistance with your questions.
- Other avenues of identifying potential clinical sites and preceptors:
 - Network through a local nurse practitioner association which accepts students as Members
 - Approach physicians at your place of employment for suggestions
 - Ask friends or colleagues for suggestions
 - Three Rivers
- When having difficulty locating a preceptor, we recommend that you present yourself in person, in a professional manner both in dress and speech.

Preceptorship Planning for FNP

Columbus State University

School of Nursing

Note: All planning forms must be received prior to the published deadlines.

This page contains information for the student. Please read carefully.

Failure to complete the form accurately and entirely can slow the contract process and may prevent the student from beginning the clinical experience.

This is not a contract. It is a planning form so that the contract can be processed between the agencies involved. The legal contract will go to the preceptor's agency directly from Columbus State University in the event that a current contract is not already in place.

Time Frame for Planning Forms: Deadlines are published on the School of Nursing Website under the Resource tab. <https://nursing.columbusstate.edu/resources.php>

New contracts are extremely time consuming. Start well in advance of your clinical course or you may not be able to complete your clinical requirements. If you fail to complete a clinical course successfully, you are considered out of progression and cannot continue in the program until that course has been completed.

Two forms are required **prior to beginning** clinical rotations and a clinical course: **(1) the clinical planning form** and **(2) the clinical affiliation agreement**. Both forms must be submitted by published deadline. Students must have an approved clinical affiliation agreement in place for every site the student has requested to perform clinical rotations. If a student is working with a preceptor at one site and the preceptor requests that the student accompany them to another site (i.e. office or hospital) the student will need a different clinical affiliation agreement in place for all locations where the preceptor will be working, if the location is a different entity from that which the requested affiliation agreement covers. **If the student does not have an approved clinical site and preceptor in place by the first day of his or her clinical course the student will be dropped from the course. Students must work under their approved preceptor, not a designee.**

1. The **Clinical Planning Form** is an agreement between the student and the preceptor. All students must submit a separate planning form for EVERY preceptor they plan to rotate with EACH semester. If an agreement is already in place, only the top portion of the planning form should be filled out. If an agreement is needed, the entire

form must be completed. Failure to complete the form properly could delay approval of the student's preceptor site. All inquiries regarding the Clinical Planning Form should be sent to the course faculty.

- 2. The Clinical Affiliation Agreement** is a legal binding agreement between Columbus State University and the Facility. **An agreement MUST be in place before the student can begin their clinical rotations.** Before a student initiates a new affiliation agreement the student may check the COLUMBUS STATE FAMILY NURSE PRACTITIONER PRECEPTORS document to verify that an agreement is not already in place with the facility with whom the student plans to perform their clinical rotation. If the site is **NOT** on the list (meaning there is no active agreement in place), the student will need to complete an **Affiliation Agreement**.

Procedure for Students:

1. Schedule appointment with potential preceptor. Confirm appointment with a letter and include copies of Expected Nurse Practitioner Student Behaviors and Preceptor Guidelines (included in this manual)
2. Meet the preceptor and complete the Clinical Planning Form.
3. Submit completed Clinical Planning Form to pace_msnfnp@columbusstate.edu

Planning Forms are due each semester even if you remain with the same preceptor. Please note you may only work with the same preceptor twice during the program.

Students are responsible for obtaining and maintaining registered nurse licensure in the state in which clinical practice hours are done. Failure to do so will result in loss of credit for those clinical hours and administrative withdrawal from the course involved.

INFORMATION FOR THE PRECEPTOR

CSU SCHOOL OF NURSING NURSE PRACTITIONER STUDENT

The purpose of the experience is to provide the nurse practitioner student with an opportunity to participate in: 1) health assessment of patients, 2) counseling and guidance in accordance with identified needs, and 3) management of the care of patients in consultation with the preceptor.

The student is expected to consult with the preceptor regarding each patient and to record the visits **in the format appropriate to the clinic's standards**. At all times, the student will function under the supervision of the preceptor.

Additional considerations to guide you in your decision to precept:

- A. You agree to accept responsibility for a nurse practitioner student for a specified time.
- B. Generally, the development of a learning environment for the student would include:
 - 1. Sufficient exam rooms so the student may function at a novice pace.
 - 2. Opportunities to do histories and physical examinations make a tentative assessment, present orally to you, propose appropriate diagnoses and therapeutic plans, and write up the encounter as part of the permanent chart/record.
 - 3. Preceptor follow-up with the patient in order to critique the proposed assessment and plan of care.
 - 4. Opportunity for the student to observe or participate in the management of any patient who presents with a problem of general education interest.
 - 5. Guidance in the performance of clinical procedures that are consistent with the student's learning objectives while under supervision of the preceptor.
 - 6. A telephone conversation or a brief meeting at your clinic with the course faculty overseeing the student's work sometime during the semester for the purposes of determining student progress.
- C. The clinic staff should understand that the nurse practitioner student will function as a health care provider.
- D. The CSU School of Nursing faculty member for this student will make specified contact with the preceptor and student as follows:
 - 1. A faculty member may visit your clinic during the time the student is with you. At this visit, the faculty member would like your permission to enter the patient's examination room with the student to observe the student's progress. The faculty member would like to hear the student present the care to you. Faculty will need a few minutes to confidentially discuss the student's progress.
 - 2. Whenever possible, faculty will coordinate the visit with you and your staff to be limited for your convenience.
 - 3. Should any problems arise concerning the student's conduct in the clinic, please, notify the faculty member so that prompt action can be taken.
- E. At the conclusion of the rotation, the preceptor will complete an evaluation via Typhon providing feedback on the student's progress.

IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE STUDENT IS NOT A SAFE HEALTH CARE PROVIDER, PLEASE CONTACT Dr. Elizabeth Frander, Assistant

Director of Graduate Programs, at frander_elizabeth@columbusstate.edu You may ask the student to leave the clinical site if at any time you determine there is inappropriate or unsafe behavior.

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the management of patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers.

EXAMPLE OF LETTER SENT TO YOUR PRECEPTOR(S) FROM NP FACULTY

Thank you for agreeing to precept _____ (student name). The nurse practitioners and physicians who work with our Family Nurse Practitioner students are among the best in the nation. Our Preceptors care deeply about the quality of health care education. Without your help, programs such as ours could not exist.

This graduate student is CPR certified, has been vaccinated against Hepatitis B, and has been instructed regarding the prevention of transmission of blood borne and other pathogens. The student is a registered nurse licensed to practice nursing and is covered by professional liability insurance program.

During the semester, the student's clinical faculty member may contact you either by telephone or email. Nurse Practitioner faculty will also make a visit to one of the student's clinical sites to observe the student and to talk with the preceptor about the student's progress in meeting the course objectives. Efforts will be made to keep any visit as brief as possible.

You will find the following attached:

- Expected Nurse Practitioner Student Behaviors
- Nurse Practitioner Preceptor Guidelines
- IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE

STUDENT IS NOT A SAFE HEALTH CARE PROVIDER;
PLEASE CONTACT CSU School of Nursing, Dorline Nelson, MSN Program Administrative Assistant (706) 507-8581

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing

student to observe and practice the management of patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers.

Please mail your resume or CV to us if we do not have a recent copy (within the last 2 years). You may mail it with the self-addressed paid envelope or email a copy to Face_MSNNP@columbusstate.edu

Thank you so much. If we can ever be of assistance to you or your staff, do not hesitate to contact us.

Sincerely,
Assistant Director Graduate Program

COLUMBUS STATE UNIVERSITY

SCHOOL OF NURSING

GRADUATE PROGRAM

Expected Family Nurse Practitioner Student Behaviors

In collaboration with the supervising preceptor, the student should be able to:

1. Perform complete histories and physical examinations in a manner appropriate for the patient.
2. Differentiate normal and abnormal findings based on the physical examination, history, laboratory findings, and other tests and procedures.
3. Develop a working diagnosis, differential diagnosis, or a problem list and a preliminary plan of care.

4. Identify and explain significant pathophysiology related to the patient's clinical problem.
5. Problem solve through evaluation of history and physical examination, usage of established criteria for management, and collaboration with preceptor on a plan of care.
6. Present and record findings in a concise, accurate, and organized manner.
7. Institute and provide continuity of care. Interact with the patient to assure understanding of and compliance with the therapeutic regimen.
8. Provide instruction and counseling regarding health promotion, patient teaching, discharge planning, family care, as appropriate, to the patient and/or family.
9. Consider the cost implications of care provided.
10. Recognize when to refer to a physician or other health care provider.
11. Coordinate care with other health professionals and agencies.
12. Demonstrate appropriate interpersonal relationships with staff, patients, families, and other health professionals.

Clinical Experience Expectations

Etiquette

Students should provide the preceptor with:

- A schedule of planned clinical dates and at the site.
- The student's personal clinical objectives, as well as course objectives.
- The student's contact information as well as contact information for the student's clinical faculty.

It is appropriate for students to ask for a brief orientation on the first day of clinical and learn the names of the staff.

Student behavior

Students are expected to arrive to clinical on their pre-arranged days, be on time and not leave early. Students must notify the clinical faculty, preceptor and clinical site if they cannot attend clinic as scheduled, or will be late. It is inappropriate for students to arrive on days that have not

been pre-scheduled and students may NOT be at the clinical site unless their preceptor is physically present.

Cell phones should be off or on vibrate, but should NOT make any noise in the clinic or exam rooms. Cell phone use during clinical hours are prohibited, except for medical resource. Students may use the cell phone for personal calls during lunch or established breaks, but should be in a private area away from patients and staff.

Students should show interest in each patient and/or procedure. It is understood that students will have varying interests, but each experience produces valuable information. It is expected that the student will NOT be just an observer, or appear disinterested, but voluntarily participate to the greatest extent that they are allowed. It is NOT appropriate to go to another area of the clinic to work on anything else. Students are to introduce themselves as a family nurse practitioner student to patients and everyone in the clinical setting.

Dress

- Students are to be professionally and appropriately dressed for all clinical experiences.
- Students may wear business casual, or clean, pressed scrubs if appropriate, but should not wear jeans.
- A lab coat with the student's name tag is required. Credentials other than RN, FNP student may not be displayed on a lab coat or name tag at clinical sites.
- The FNP student identification card is to be clearly visible at all times.
- Students should bring a stethoscope and other essential equipment to clinicals.

Active Learning

As active learners, students do not just “**follow**” preceptors. Students are not allowed to observe for more than one day. Students are expected to actively participate in assessing, diagnosing, and managing the care of most of the patients seen in collaboration with the preceptor.

Communication

Students will have a designated clinical faculty member who is responsible for the evaluation of the student's performance in the clinical course. It is essential that students keep their designated clinical faculty member informed of any change in their clinical site, preceptor, or schedule, as well as any unanticipated events or problems that occur during the clinical experience. Students should notify the clinical instructor immediately of any problem during the clinical rotation.

Clinical Role

Students are learning the role and scope of practice of the FNP. All students must learn and abide by the applicable state nurse practice act and the national certifying body's regulations. Students are to adhere to the Nurse Practice Act associated with the Board of Nursing in the state in which they have an approved clinical site. It is the student's responsibility to read the applicable nurse practice act(s), understand the content, and abide by the act(s).

Maintain Satisfactory Clinical Standing

Preceptors participate in the ongoing clinical evaluation of students through contact with CSU FNP faculty members and evaluations. However, CSU FNP faculty members determine the student's clinical standing throughout the semester and the final clinical and course grade. Expectations are outlined in the FNP clinical manual, as well as course outcomes provided in each course syllabus and will serve as the standards for student evaluation. CSU FNP faculty members evaluate student performance in a variety of ways, such as clinically related assignments, site visits, evaluation of students by preceptors, consultation with preceptors, and clinical documentation in Typhon™.

If students do not maintain satisfactory clinical standing at any time during the semester, the FNP Clinical Standing/Probation/Progression policy will be followed to determine the needed action. Students must receive a satisfactory evaluation from CSU FNP faculty to successfully pass any clinical course, independent of the students' overall didactic grades.

The FNP program can be completed in two academic years, or five semesters of full-time study (9 credit hours per semester). Part-time students are expected to complete their program of study within a seven (7) year period, but are encouraged to complete all courses in their selected track as quickly as their schedule allows. All requirements, including coursework at Georgia Southwestern State University and Columbus State University, transfer credit and transient credit course work, must be completed within seven (7) calendar years from the date of initial enrollment in coursework, without regard to the initial admission status and without regard to credit hours earned. To remain in good academic standing, degree candidates must earn grades of B or higher in graduate course work.

Students may earn no more than one (1) "C". Should a "C" be made however, the student will be placed on probation in the program. Student will not be permitted to continue in the program until repeating the course with a grade of B or higher. If a second "C" occurs in any course, the student will be excluded from the program. Students who are excluded from the program are ineligible to return.

Students, who are admitted on a provisional basis, are considered to be on probation. Provisional students may earn no grade below B, in their first 12 semester hours of study.

Clinical Documentation System – Typhon™

Students are required to use the Typhon™ management system for documenting clinical time and patient encounters. The system is web-based and may be accessed without downloading software. Data entered into the Typhon™ system are stored in a secure and HIPAA compliant server. Typhon™ will allow you to keep track of your clinical hours, type of patients, type of visit, medications, and ICD-10 codes.

Data must be entered within 7 days of each clinical experience and include the following information:

Billing for Services

Students need to learn about the billing process from the first day they enter clinical rotations. All patient procedures and services are coded using CPT (Current Procedural Terminology) codes by the provider at the end of the visit. Patients and their insurance companies are billed according to these codes; therefore, accurate CPT selection and documentation that supports their selection are important skills to be gained by FNP students. In addition, ICD-10 (International Classification of Diseases, 10th Revision) codes are used to (1) identify health problems (i.e., diagnosis, symptoms) and (2) establish medical necessity by indicating the severity and emergent nature of the problem. Establishing a diagnosis is also an important skill to be gained by FNP students. Students need to participate in the identification and designation of ICD-10 and CPT codes; however, *students do not receive personal compensation for any patient services rendered*

Columbus State University Family Nurse Practitioner Program Clinical Standing/Probation/Progression

Clinical Standing/Clinical Performance Evaluations

Preceptors participate in student clinical evaluations and provide ongoing clinical evaluation throughout each clinical course during the semester, as well as a summative evaluation at the completion of the clinical rotation. However, Family Nurse Practitioner (FNP) faculty members determine the student's clinical standing throughout the semester as well as the final clinical and course grade. Students are evaluated on a regular basis throughout their clinical rotations by their clinical faculty and must receive a satisfactory evaluation from the CSU FNP faculty to successfully pass all clinical courses, independent of the students' overall didactic grades.

Students are required to achieve a grade of B or higher in all coursework in order to progress; however, failure of the clinical portion of the course will result in the student being required to repeat both the didactic and clinical portions of the course. Most clinical classes are offered only once a year and are required to be completed successfully in sequence prior to being allowed to continue in the program. CSU FNP faculty members evaluate student performance in a variety of ways, such as clinically related assignments, site visits, consultation with preceptors, and clinical documentation in Typhon™. Expectations outlined in the FNP manual as well as course and clinical objectives provided in each course syllabus will serve as the standards for student evaluation.

Students may receive a failing course grade or be administratively and permanently removed from the FNP program **without** first being placed on probation for offenses including, but not limited to:

- Practicing in an unethical or unprofessional manner
- Compromising patient safety
- Committing a felony
- Testing non-negative on a drug screen
- Performing clinical rotations without written permission from the FNP Contract or Clinical Coordinator
- Providing false or inaccurate information related to a clinical preceptor or site
- Misrepresenting his/her clinical hours or providing any false documentation or other written or verbal inaccuracy related to clinical rotations and/or clinical hours
- Misrepresenting the role in which the student is functioning
- Performing or participating in any other action FNP faculty deem as an infraction or breach of program policy

If a CSU FNP faculty member determines that a student is not meeting course or clinical objectives or standards as outlined in the syllabus and FNP clinical manual, or if a clinical issue arises related to patient safety or professional practice, a conference will be held with the student to further explore the issue. Preceptors and CSU FNP faculty maintain the right to ask the student to leave the clinical site until any issue of concern is resolved. After the conference, in consultation with the course coordinator, the MSN Director, the student may incur any of the following:

- Receive a written warning to be placed in the student's file;
- Be placed on clinical probation;
- Be required to repeat completed clinical course hours in part or whole;
- Be administratively removed from the clinical site/preceptor and required to complete clinical hours at an alternate site or with an alternate preceptor;
- Receive an overall failing clinical course grade;
- Be permanently dismissed from the CSU FNP Program

If the student receives a written warning, a second offense will automatically result in a minimum of clinical probation. If the student is placed on clinical probation, a remedial action plan will be developed and a timeline for follow-up will be included in the action plan. If performance or conduct does not improve as outlined in the remedial action plan, the responsible course faculty will consult with the Coordinator of the FNP Program, and if needed, the MSN Director and the Dean, and will make the judgment to assign a failing clinical course grade, or permanently dismiss the student from the CSU FNP Program.

Each student is entitled to, and will be given due process. Students should follow the complaint process as outlined in the current *CSU Student Handbook*.

Clinical Probation

Clinical Probation is a period designed to remediate and evaluate the clinical performance of a student who has not satisfactorily met the semester's clinical objectives or who has had a significant issue arise related to their clinical performance or conduct.

When the student is placed on clinical probation, a *Probation Action Form-Part A* will be completed, outlining the reasons for probation and the necessary actions to correct the stated problem(s). More specific criteria will be outlined in the remedial action plan that will measure the improvement in student clinical performance over a specified period of time. A probationary clinical site may be assigned or arranged by the course faculty member and the FNP Coordinator. Specific preceptors may be identified to work with and evaluate the student's performance. The student's clinical progress will also continually be monitored by the clinical and/or course instructor, course Coordinator of FNP track.

At the end of the probation period, the student's performance will be re-evaluated by the faculty and FNP Coordinator to determine if the objectives of the remedial action plan have been successfully achieved. A *Probationary Action Form-Part B* will be completed by the responsible faculty member(s) utilizing feedback received from the student's clinical preceptor(s). If a deficiency still exists, the student will receive a failing clinical grade and be required to repeat the course in order to progress. If a student receives two failing clinical/course grades, the student will not be allowed to repeat the course, and will be dismissed from the Columbus State University's FNP program.

**Columbus State University
Family Nurse Practitioner Program
Probationary Action Form
Part A**

Student Name: _____ Date: _____

Probationary Period: _____ to _____

Clinical Sites involved during probation: _____

REASON(S) FOR PROBATION:

REMEDIAL ACTION OBJECTIVES:

REMEDIAL ACTION PLAN:

Student

Course Lead

Assistant Director, Graduate Programs

**Columbus State University
Family Nurse Practitioner Program
Probationary Action Form
Part B**

Student Name: _____ Date: _____

Probationary Period: _____ to _____

Clinical Sites involved during probation: _____

1. Remedial action objectives achieved:

2. Remedial action objectives not achieved:

3. Recommendations following probation period:

4. Student Comments:

Student

Course Lead

Assistant Director, Graduate Programs

Progression Policies

In order to progress in the graduate program in the School of Nursing, the student must:

- Have a completed Health Data Record (with all required immunizations) updated annually and on file in Certified Background.
- Document and keep current the following requirements with Certified Background:
 - Personal health insurance
 - BLS certification
- Adhere to the Code of Ethical/Professional Conduct as specified in this manual.
- Possess a current unencumbered registered nursing license.
- Submit to drug testing and background check.
- The FNP program can be completed in two academic years, or five semesters of full-time study (9 credit hours per semester). Part-time students are expected to complete their program of study within a seven (7) year period, but are encouraged to complete all courses in their selected track as quickly as their schedule allows. All requirements, including course work at Georgia Southwestern State University and Columbus State University, transfer credit and transient credit course work, must be completed within seven (7) calendar years from the date of initial enrollment in course work, without regard to the initial admission status and without regard to credit hours earned. To remain in good academic standing, degree candidates must earn grades of B or higher in graduate course work.

Students may earn no more than one (1) “C”. Should a “C” be made however, the student will be placed on probation in the program. Student will not be permitted to continue in the program until repeating the course with a grade of B or higher. If a second “C” occurs in any course, the student will be excluded from the program. Students who are excluded from the program are ineligible to return.

Students, who are admitted on a provisional basis, are considered to be on probation. Provisional students may earn no grade below B, in their first 12 semester hours of study.

- Nursing is a practice discipline. Regardless of a student's numerical grades on examinations and other written course work, it is possible for a student to fail the course as a result of Unsafe/Unsatisfactory clinical practice and/or Unsafe/Unsatisfactory therapeutic intervention (interactions). **The Student who fails clinically will receive a grade of F** regardless of the grades received in the didactic portion of the course. Once the clinical failure of the course has occurred and been identified, the student must immediately leave the clinical area. He/she will not be allowed to return to a clinical practice setting for the remainder of the semester. The decision to withdraw and the process of withdrawal from any course is the responsibility of the student. See the current *Columbus State University Catalog* for more information on course withdrawal. **If a student has already failed a course clinically prior to the date to withdraw without academic penalty and the student chooses to withdraw, the grade received will be WF.**
- FNP students refer to the Clinical Standing/Probation/Progression Policy located in the FNP Manual for further details regarding clinical grading information. All FNP students must read and adhere to the policies located in the FNP Manual.
- A student who withdraws, changes to audit status, or fails a nursing course can only re-enroll in the course dropped, audited, or failed the following semester if the course is being offered and if space is available. Permission to re-enroll will be based on progression and dismissal policies. Students repeating a course must repeat all didactic and clinical requirements within the semester they are re-enrolled.
- A grade of Incomplete makes the student ineligible to progress to the next nursing course.

Appendix A

New Agency _____ Continuing Agency _____

Family Nurse Practitioner Clinical Planning Form

CSU School of Nursing

Students are responsible for completion of these forms. You will need a form for each semester of your program where clinicals are required. PLEASE NOTE: YOUR PRECEPTOR SHOULD ONLY BE ASKED TO REVIEW, SIGN, AND PROVIDE YOU WITH THEIR CV or RESUME. Scan and Email your completed forms to pace_msnfnp@columbusstate.edu **Only completed forms will be accepted.** You will not be able to register for courses until completed forms are received.

PART A – STUDENT & PRECEPTOR INFORMATION

Student Name _____

Phone Contact Information (with area codes): _____

CSU Email Address _____

COURSE INFORMATION

Course Number: _____ Number of Clinical Hours: _____

Course Number: _____ Number of Clinical Hours: _____

Term & Year: _____ (ex. Summer 2015)

PRECEPTOR INFORMATION (Must be completed in full)

Preceptor Name: (printed) _____
(First) (Middle) (Last)

Credentials (circle one): DO MD CRNP CNS CRNM RN Other

Specialty _____

License Number _____ State _____ Expiration Date _____

Certification Agency _____ Expiration Date _____

Years in current role _____ Best phone number to contact _____

Email address: _____

I agree to serve as preceptor for _____

(Student)

Preceptor's Signature Date

If your state requires collaboration and your preceptor is an PCNP or Nurse Midwife, WRITE-IN the name of the **Collaborating Physician** _____ and his/her Certification _____ Expiration Date _____ Certifying Agency _____

Attach current resume/vita of preceptor to this form.

****All information is confidential and only available to school administrator.****

NOTE: At the end of each semester you will receive a letter from CSU with the number of hours you served as a preceptor. If you would like this letter sent to an alternate (home) address instead of the address on form C (agency) please provided that address here

Name:

Street Address:

City and zip code:

FNP Student Signature

Date

For CSU office use only:

CSU Faculty's Signature

Date

PART B – PRECEPTOR'S PRACTICE INFORMATION

STUDENTS ARE RESPONSIBLE FOR COMPLETION OF THIS FORM

Student Name: _____ Phone: _____

Clinic/Agency/Hospital Preceptor's Information

Clinic/Agency/Hospital Name: _____

Preceptor's Name: _____

Clinic/Agency/Hospital Street Address: _____

Mailing Address (if different from street address):

County _____

Telephone with area code _____

Fax Number _____

Office Manager: _____ Email Address _____

The *Legal Name* of the clinic, group or physician who owns the practice:

(Note: Legal name and clinic name may or may not be the same.)

Projected Effective Date of Contract: _____
(First date possible that student will be in this clinical setting.)

Circle Correct Descriptor of Agency:

Rural Clinic Academic Medical Center Clinic Inner City Clinic
Public Health Department Clinic Specialty Clinic Private Practice
Other _____

Person Legally Authorized to Sign Contracts

Name _____

Complete Mailing Address _____
Street or P.O. Box

City State Zip Code County

Telephone Number with area code _____

Fax Number with area code _____ Email _____

Updated 03/02/17 EF

APPENDIX B

COLUMBUS STATE UNIVERSITY SCHOOL OF NURSING
NURSE PRACTITIONER STUDENT
PRECEPTOR INFORMATION

The purpose of the experience is to provide the nurse practitioner student with an opportunity to participate in: 1) health assessment of patients, 2) counseling and guidance in accordance with identified needs, and 3) management of the care of patients in consultation with the preceptor.

The student is expected to consult with the preceptor regarding each patient and to record the visits in the format appropriate to the clinic's standards. At all times, the student will function under the supervision of the preceptor.

Additional considerations to guide you in your decision to precept:

- A. You agree to accept responsibility for a nurse practitioner student for a specified time.

- B. Generally, the development of a learning environment for the student would include:
 - 1. Sufficient exam rooms so the student may function at a novice pace.
 - 2. Opportunities to do histories and physical examinations, make a tentative assessment, present orally to you, propose appropriate diagnoses and therapeutic plans, and write up the encounter as part of the permanent chart/record.
 - 3. Preceptor follow-up with the patient in order to critique the proposed assessment and plan of care.
 - 4. Opportunity for the student to observe or participate in the management of any patient who presents with a problem of general education interest.
 - 5. Guidance in the performance of clinical procedures that are consistent with the student's learning objectives while under supervision of the preceptor.
 - 6. A telephone conversation and a brief meeting at your clinic with the academic faculty overseeing the student's work sometime during the semester for the purposes of determining student progress.

- C. The clinic staff should understand that the nurse practitioner student will function as a health care provider.

D. The CSU School of Nursing faculty member for this student will make specified contact with the preceptor and student as follows:

1. A faculty member will visit your clinic during the time the student is with you. At this visit, the faculty member would like your permission to enter the patient's examination room with the student to observe the student's progress. The faculty member would like to hear the student present the care to you. Faculty will need a few minutes to confidentially discuss the student's progress.

In so far as possible, faculty will coordinate the visit with you and your staff to be limited for your convenience. Sometimes travel to an area distant from Georgia will require grouping of visits in that area and may not be as flexible in timing

Should any problems arise concerning the student's conduct in the clinic, please notify the faculty member so that prompt action can be taken.

E. At the conclusion of the rotation, the preceptor will complete a form providing feedback on the student's progress.

Minimal Qualifications for NP Preceptor:

1. Interested in assisting with the student and enhancing the student's education.
2. Willing and desirous of serving as a preceptor.
3. Preparation at the appropriate level of current practice and preferably with a minimum of (2) two years' experience in current role.
4. Licensed by the state of practice as a MD (medical doctor), NP (nurse practitioner), or PA (physician assistant).

IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE STUDENT IS NOT A SAFE HEALTH CARE PROVIDER, PLEASE CONTACT our office at 706-507-8581 or Dr. Elizabeth Frander via email : Frander_Elizabeth@ColumbusState.edu

You may ask the student to leave the clinical site if at any time you determine there is inappropriate or unsafe behavior.

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the management of patient care. Students develop their ability

to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers.

11/3/14

APPENDIX C

EXAMPLE OF LETTER SENT TO YOUR PRECEPTOR(S) FROM NP FACULTY

Date

It is with great appreciation that we welcome you to our prestigious cadre of Preceptors this semester. Thank you for agreeing to precept _____. The nurse practitioners and physicians who work with our Family Practitioner students are among the best in the nation. Our Preceptors care deeply about the quality of health care education. Without your help, programs such as ours could not exist.

This graduate student is CPR certified, has been vaccinated against Hepatitis B, and has been instructed regarding the prevention of transmission of blood borne and other pathogens. The student is a registered nurse licensed to practice nursing and is covered by professional liability insurance program.

During the semester, the student's clinical faculty member will contact you either by telephone or email. Nurse Practitioner faculty will also make a visit to one of the student's clinical sites to observe the student and to talk with the preceptor about the student's progress in meeting the course objectives. Efforts will be made to keep any visit as brief as possible.

You will find the following enclosed:

- A list of Expected Nurse Practitioner Student Behaviors.
- Nurse Practitioner Preceptor guidelines.
- IF AT ANY TIME YOU HAVE QUESTIONS OR DETERMINE THAT THE STUDENT IS NOT A SAFE HEALTH CARE PROVIDER, PLEASE CONTACT CSU School of Nursing, (706) 5078576

Your participation as a preceptor for the nurse practitioner program is an essential component of the curriculum. Clinical practice rotations offer a unique opportunity for the graduate nursing student to observe and practice the management of patient care. Students develop their ability to safely perform clinical problem-solving through their participation in the clinical decision-making process and learn the value of collaboration among health care providers.

Please mail your resume or CV to us if we do not have a recent copy (within the last 2 years). You may mail it with the self-addressed paid envelope.

Thank you so much. If we can ever be of assistance to you or your staff, do not hesitate to contact us.

Sincerely,

Clinical Faculty
Columbus State University
Columbus, Georgia, 31907

APPENDIX D

COLUMBUS STATE

SCHOOL OF NURSING

GRADUATE STUDIES

Expected Family Practitioner Student Behaviors

In collaboration with the supervising preceptor, the student should be able to:

1. Perform complete histories and physical examinations in a manner appropriate for the patient.
2. Differentiate normal and abnormal findings based on the physical examination, history, laboratory findings, and other tests and procedures.
3. Develop a working diagnosis, differential diagnosis, or a problem list and a preliminary plan of care.
4. Identify and explain significant pathophysiology related to the patient's clinical problem.
5. Problem solve through evaluation of history and physical examination, usage of established criteria for management, and collaboration with preceptor on a plan of care.
6. Present and record findings in a concise, accurate, and organized manner.
7. Institute and provide continuity of care. Interact with the patient to assure understanding of and compliance with the therapeutic regimen.
8. Provide instruction and counseling regarding health promotion, patient teaching, discharge planning, family care, as appropriate, to the patient and/or family.
9. Consider the cost implications of care provided.

10. Recognize when to refer to a physician or other health care provider.
11. Coordinate care with other health professionals and agencies.
12. Demonstrate appropriate interpersonal relationships with staff, patients, families, and other health professionals.