



College of Nursing and Health Sciences

Family Nurse Practitioner Clinical Handbook

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WELCOME TO YOUR FNP CLINICAL EXPERIENCE

The purpose of this handbook is to assist students and faculty members in the tasks of clinical instruction and assessment for the United States University (USU) College of Nursing and Health Sciences (CONHS) Master of Science in Nursing - Family Nurse Practitioner (FNP) program and serves as a guide for the Office of Field Experience (OFE). Students, clinicians, and preceptors are required to read this handbook. **All students must sign and return the acknowledgment form in this handbook to the OFE prior to starting his/her clinical experience (Appendix B).**

It is the intent of the CONHS to assist in developing a consistent clinical experience for all students independent of their field experience. This consistency revolves around appropriate supervision, regular formal and informal feedback, and ongoing assessment of students' clinical proficiencies, among other topics and skills. This is a collaborative process, and we look to each of you with your respective professional and life experiences to aid us in shaping the field experience so that it reflects our mission and goal of developing outstanding future nurse professionals. While advisors and faculty are available to guide students with respect to the requirements, students ultimately bear the responsibility of following the requirements.

As a general rule, under the federal **Family Educational Rights and Privacy Act (FERPA)**, personally identifiable information may not be released from a student's education records without his or her prior written consent. Please be prepared that you will be requested to verify your university's identifiable information.

*****All communication with the College of Nursing and Health Sciences must be sent from a student's United States University issued email address due to confidentiality, HIPAA, and FERPA restrictions. Please do not send emails from your personal email addresses. Please do not use texting as a method of communication.**

Notice: Please make sure you are referencing the latest edition of this handbook as policies are subject to change.



FACULTY AND STAFF CONTACT INFORMATION

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GENERAL GUIDELINES FOR CLINICAL EXPERIENCES

Please click on the applicable program link below for information regarding programs of study and course descriptions: <https://www.usuniversity.edu/colleges/college-of-nursing-health-sciences/>

Expectations of All Students

Active Learning

We expect that as a student, and an active learner, you identify your strengths and areas for improvement, set personal goals that address the areas for improvement, and actively seek learning opportunities to meet your goals. As you get into clinical areas, you might want to discuss your ideas with your clinical faculty and ask for feedback. We also expect that you actively prepare for every clinical day and set aside time at the end of each clinical day to identify the things you need to review, and then take time during the week to get that learning done.

Time Management

Socializing into a new expanded Advanced Practice role will require time. It will be essential to keep a work-life balance as you juggle your personal and professional responsibilities. If you haven't already, look at your obligations outside of school and identify ways that you can be successful in managing the program requirements. You may want to seek resources and formulate a plan now so that you can get the most out of this experience.

Communication with Faculty

You will have a designated clinical faculty member who is responsible for the evaluation of each student's performance. It is essential that you keep your designated clinical faculty member informed of any change in your clinical site or schedule, as well as any unanticipated events that occur during the clinical experience, e.g., illness or injury related to experience.

Professionalism

Excellent communication skills, a positive attitude, and respectful and productive interactions are part of being a professional. Being a great health care provider does not mean you possess manual skills, but that you possess the heart of a nurse who is compassionate, caring, and willing to lead with humility. Your professors can help you network and develop connections within the profession, so the impact of your professional image is important to consider. We hold faculty to the same expectations.

Clinical time is best spent seeking new learning opportunities and discovering your area of interest. Clinical rotations involve a variety of activities that include direct care and indirect care experiences. Direct care refers to care activities provided at the point of patient care. Indirect care refers to interventions that are provided on behalf of patients. What counts as clinical experiences in your coursework is tied directly to the clinical learning objectives for that particular setting and is part of meeting the overall program competencies based on the program standards. Strong moral values and character are the backbones of the profession. It is imperative that health care professionals maintain collaborative relationships with patients, doctors, fellow health care providers, and other health care staff. If a conflict arises, students



must make an effort to resolve the situation positively. Many of you are natural leaders, and we encourage you to discover the power of positive leadership as you move toward your future. Faith, religion, and spirituality are distinct components of what defines many human communities and allows individuals to make sense of their experiences. Sensitivity to those beliefs is key to your role as a caring, compassionate health care provider.

Student Rights and Responsibilities

United States University strives to treat students and student organizations consistently and fairly while respecting their rights and responsibilities as members of the United States University community. We are committed to balancing the interest of the individual student or student organization with the needs of the community at large. Our goal is to uphold our institutional values. All students who attend USU should be aware of their rights and responsibilities. The United States University Catalog outlines current policies. The most recent version is downloadable online at <https://www.usuniversity.edu/current-students/university-catalog/>.

Essential Functions of Nurse Practitioner Students

The *essential functions* are basic cognitive, psychomotor, and affective activities that are essential to the successful completion of the United States University advance practice program.

CATEGORIES

Motor/Physical Strength

Perceptual/Sensory

Behavioral/Interpersonal
(relationships)/Emotional Stability

Communication

Problem Solving/Critical Thinking

Punctuality/Work Habits

General Health

ESSENTIAL FUNCTIONS

A student must be able to:

Possess the physical strength and mobility to safely carry out nursing procedures and provide routine and emergency care and treatment to patients of all ages in all assigned health care settings.

Use their senses to make accurate clinical assessments and judgments. Accurately calculate medication/solution dosages and any needed information specific to patient care.

Develop mature, sensitive, and effective therapeutic relationships with individuals, families, and groups of various social, emotional, cultural, and intellectual backgrounds. Adhere to United States University policies, procedures, and requirements as described in the university academic catalog, student handbook, and course syllabi. Demonstrate ethical behavior, including adherence to professional and student university honor codes.

Communicate effectively and accurately in English using speech, reading, writing, language skills, and computer literacy.

The use of appropriate nonverbal communication is also essential.

Collect, analyze, prioritize, integrate, and generalize information and knowledge to make sound clinical judgments and decisions to promote positive patient outcomes.

Adhere to the classroom and clinical schedules.

Complete classroom and clinical assignments and submit assignments in a timely manner.

Work in an environment that puts one at risk for infection. Meet all health and safety requirements to perform patient care in assigned clinical facilities.



Adapted from Yocum, C. J. (1996). *A validation study: Functional abilities essential for nursing practice*. National Council of State Boards of Nursing, Inc.: Chicago, IL.

Behavioral/Ethical Code for Students

The [American Nursing Association \(ANA\) Code of Ethics](#) statement serves as the guiding principle for the nursing profession. Therefore, in addition to the USU Student Code of Conduct within these environments, we embrace these professional codes:

1. Advocate for the rights of all clients.
2. Maintain client confidentiality.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate, and professional manner.
5. Communicate client care in a truthful, timely, and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for your actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values, and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nurse practitioner students.
11. Encourage faculty, clinical staff, and peers to mentor nurse practitioner students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates an unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse in ensuring that there is full disclosure, and those proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse or mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.
19. Abstain from accepting gifts from patients/clients.

Professional Boundaries

Professional codes of conduct are the foundation for caring relationships. These relationships exist primarily during the student's education within the timeframe of their enrollment in the nursing program. These relationships are developed between client-nurse, student-faculty, faculty-faculty, student-administrator, and student-student. The student-client relationship exists within the timeframe of the nursing course. The National Council of State Boards of Nursing has developed a document that provides the basis for understanding the boundaries for such relationships. It is available at https://www.ncsbn.org/ProfessionalBoundaries_Complete.pdf



HIPAA Guidelines

As health care providers, and as one of its covered entities, nurses must be knowledgeable about the various aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). United States University CONHS offers the guidance below for those persons to ensure compliance with those requirements and asks that all students sign the **HIPAA Confidentiality Agreement** (Appendix C).

Students and faculty are required to do the following:

1. Sign the HIPAA Confidentiality Agreement before any involvement in a clinical agency.
2. Attend HIPAA training or in-classroom clinical instruction on requirements relating to patient privacy.
3. Know and adhere to a clinical site's privacy and procedures before undertaking any activities at the site.
4. Maintain the confidentiality of any patient information at all times.
5. Promptly report any violation of those procedures, applicable law, or HIPAA Confidentiality Agreement by a CONHS student, faculty, or staff member to the appropriate CONHS clinical coordinator or clinical faculty member.
6. Understand that a violation of the clinical site's policies and procedures, of applicable law, or HIPAA Confidentiality Agreement will subject the student to disciplinary action. Students and faculty are not to do the following:
 - a. Discuss, use, or disclose any patient information while in the clinical setting or outside of clinical unless it is part of the clinical setting.
 - b. Remove any record from the clinical site without the prior written authorization of that site.
 - c. Disclose patient information to anyone other than the health-care staff of the clinical site.
 - d. Use patient information in the context of a learning experience, classroom case presentation, class assignment, or research without attempting to exclude as much of the following information as possible:
 - i. Names (Initials are sufficient)
 - ii. Geographical subdivisions smaller than a state
 - iii. Dates of birth, admission, discharge, death
 - iv. Telephone and fax numbers
 - v. E-mail addresses
 - vi. Social security numbers
 - vii. Medical records or account numbers
 - viii. Certificate/license numbers
 - ix. Vehicle or device numbers
 - x. Web locators/Internet protocols
 - xi. Biometric identifiers
 - xii. Full face identifiers
 - xiii. Any other unique identifying number, characteristic, or code
 - xiii. All ages over 89
 - e. Access any patient information unless the patient is part of your clinical assignment.
 - f. Disclose any Personal Health Information (PHI) to any entity not requiring PHI for health care purposes without their consent.



Incident Reporting

If the student's performance is unsatisfactory on any given day, the Preceptor and/or Clinical Faculty will initiate an informal conference with the student. This informal conference will provide the student with constructive feedback to assist them in ongoing improvement in clinical practice.

Should the student's performance continue to be unsatisfactory, the clinical faculty will formulate a written plan explaining areas of concern and behaviors necessary to correct these deficiencies. This process will be completed prior to the end of the course, allowing sufficient time for the student to improve. The clinical faculty will contact studentservices@usuniversity.edu after communicating with the preceptor to acknowledge the clinical faculty/preceptor concerns and develop a written remediation plan.

- If the conditions of the remediation plan are not met by the student by the last clinical day, the student's clinical performance will be unsatisfactory on the final clinical evaluation, and the student will receive a failing grade. At any time, if a student's clinical performance in a clinical course indicates an inability to perform at a safe and/or professional level of practice, the clinical faculty will assign a failing grade regardless of the point in time such a decision is made. In such case, the student will be ineligible to continue in the course.

Failure/Program Expulsion

If you fail to meet the course objectives, policies, and procedures outlined in the classroom and this handbook, you may face failure or program expulsion. Any failed course(s) must be repeated before proceeding to the next course outlined in your program of study. Refer to the Repeat Policy in the University Catalog for more information on the number of allowable attempts and failure of co-requisite didactic courses. A Code of Conduct violation will be filed by the clinical faculty for any action that results in clinical failure. Clinical experience or Clinical course failure may result in a failure of the corequisite didactic course. Examples of clinical failure, program expulsion, or Code of Conduct violation actions, include but are not limited to:

- ◆ Unsafe clinical practice, which includes remaining in clinical without approved rotation or in a not compliant status
- ◆ Repeat tardiness in clinical/lab/immersions
- ◆ Unexcused clinical/lab/immersion absence or abandonment
- ◆ HIPAA violation
- ◆ Performing skills or interventions before successfully completing a Performance-Based Assessment
- ◆ Displaying hostility or using confrontational words or body language
- ◆ Acting independently within the scope of a nurse (i.e., taking independent and or unapproved actions outside of licensure)
- ◆ Compromising United States University's relationship with any preceptor or site
- ◆ Compromising safety in any form
- ◆ Plagiarism and ethical conduct resulting in Code of Conduct Violations
- ◆ Clinical practice fraud or forgery
- ◆ Failure to report a felony or misdemeanor



In the event a student is found to have violated the University Code of Conduct and/or jeopardized a clinical placement, the FNP Director, OFE Director and/or designee reserves the right to require the student to identify clinical placements independently. This is in addition to any sanctions the student may realize as part of the Code of Conduct proceedings or otherwise.

OSHA Guidelines

Students are responsible for reviewing OSHA training for Healthcare training at this [OSHA site](#). You should review all topics across the ribbon including: Culture of Safety, Infectious Disease, Safe Patient Handling, Workplace Violence, Other Hazards, and Standards/Enforcement.

OFFICE OF FIELD EXPERIENCE

Students enrolled in CONHS programs that require field experiences will be assisted by the Office of Field Experience (OFE) to help secure appropriate clinical settings for completion of their clinical hours. The OFE is dedicated to partnering with students to secure placement and ensure clinical compliance is met. We have built a model that helps students remember the requirements in order to be successful, the PAC Model = Preceptor, Agreement, Compliance (Appendix A). An easy way to remember the requirements is by asking the question, did you PAC for clinical? Knowing the answer to the did you PAC for clinical question will help determine if you understand and are prepared for the experience.

Clinical Placement

Students enrolled in the FNP program are required to actively partner with the OFE to secure appropriate clinical settings for completion of their clinical hours. Milestones dates and deadlines are provided to guide students in preparation of their clinical experience and to allow for timely approvals. Students are advised to meet these deadlines to avoid delays in program progression. Rush requests may not be accommodated.

Documentation

Students are required to have all site and preceptor requirements/approvals and health and safety documents/approvals on file with OFE at least 16 weeks before their clinical experience.

College Approval

Preceptor and site documents will be sent for college approval. If documents are denied, students are responsible for providing information that meets the USU requirement. If assistance is needed, please contact your Clinical Placement Coordinator (CPC) in OFE for the next steps. The approval process time varies between 2-16 weeks on average, depending on the type of review and if it involves external site approvals/verification.

OFE Approval

Once you have completed your OFE clinical requirements/documents and the college has approved your preceptor and site, you will receive an email with approval to work with your approved clinical site and preceptor for a specified rotation. Students will upload a copy of this approval in week one of each clinical course in the same dropbox along with the preceptor acknowledgement agreement form. Students will be unable to log hours and journals or be on-site before receiving an OFE approval letter. The OFE approval letter will only be released if the students preceptor and site have been approved, and if all USU and site



compliance information are current and on file. The approval process time varies between 2-16 weeks on average, depending on the type of review and if it involves external site approvals/verification.

Expectations

OFE prioritizes placement assistance for students who have submitted all Complio requirements along with requested documentation by the required deadline. Travel within the state may be required to obtain required hours at a clinical site. The OFE will work with you to ensure all health and safety, and site-required documents are verified and on file prior to clinical placement. It is your responsibility to work to complete these requirements on a timely basis to ensure a successful placement. Same day/urgent requests for sites and preceptors are unable to be accommodated.

Clinical Site and Preceptor Database

OFE maintains a database of approved clinical sites and preceptors. The information in the database is not publishable. You will have the opportunity to discuss site-specific options with your CPC. By submitting your Interest Form(s), your CPC will work with you to confirm if there is an existing agreement/relationship or if additional outreach is required.

Clinical Hour Requirements

For FNP education, the majority of students hours are in primary care across the lifespan to prepare students for licensure and national certification. However, there are additional hour requirements to meet the program of study and broaden the experience. Please note that APRNs cannot practice in a population focus for which they were not educated. For example, if students want to pursue a practice in a pediatric or women's health sub-specialty (e.g., Pediatric Gastroenterology, or Reproductive Endocrinology), the preceptor would need to demonstrate PNP or WHNP education and certification. For more information about the APRN Consensus Model, students may visit: <https://www.ncsbn.org/736.htm>.

Preceptor Availability & Scheduling Hours

The student's clinical practicum hours are to be scheduled at the convenience and availability of the preceptor. Students should not request or expect preceptors to conform to a schedule to meet their own personal and/or employment needs/preferences. Students are expected to participate in the required number of clinical hours prescribed by the clinical course, and students are expected to amend their own personal and work schedules accordingly.

Students are expected to begin their clinical experience when the course begins to ensure adequate time to complete assignments unless stated otherwise in the syllabus. Students are not permitted to begin hours PRIOR to the start date of the course, or on holiday breaks without approval, and the course required hours must be completed prior to the end of the course. If hours are not completed within the clinical course dates, the student will be required to retake the clinical and didactic course. If a student fails or withdraws from a clinical course, the respective hours will be rejected and all hours must be made up to meet the course requirement, though journal entries will remain subject to faculty approval. Clinical hours do not roll over from course to course – students must obtain the minimum required hours of each clinical course. By the end of the program, all clinical hours must be complete.



Each clinical course requires 135 clinical hours. Students are advised to break up these hours weekly and seek preceptors that are available for about 17 hours per week. Students should not spend more than 12 hours in a clinical day. Students are responsible for contacting their preceptor/site to ensure appropriate availability and schedule to achieve the course requirements.

Students may not be paid by the clinical site and preceptor while completing clinical hours. Clinical hours must be separate from students' normal job duties and hours, if applicable. Students who are pursuing a clinical site at their place of employment must disclose this in writing to their Clinical Placement Coordinator and to their course clinical instructor. Students may not work with a preceptor who is a spouse, domestic partner, or first degree relative, unless they have written permission from the Program Director.

Documenting Hours

Timely and complete documentation is a professional responsibility of all clinicians. Students are expected to document all patient encounters, whether observed or performed, and experiences using Project Concert within 48 hours of the clinical encounter or the associated hours will not count towards the clinical hour or entry requirements. Students' are required to obtain a total of 540 clinical hours associated with patient experiences. Hours are entered into Project Concert by completing Hours log and Journal Entry logs. All patient experiences must be entered into a Journal so that it counts toward your Journal Entry Specialty requirements. Patient experience time includes the time you are in the room with the patient, the time you are talking with your preceptor about that particular patient and the time you take to chart for that, and any administrative activities associated with the patient. That entire time counts as patient time because it is related to the single visit.

Hours & Journal Entry Breakdown

An FNP program shall provide clinical instruction that includes, at a minimum, selected and guided experiences that develop a student's ability to apply core principles of advanced practice nursing in varied settings when caring for patients within the full lifespan. Most of the clinical hours will be completed in a family practice or internal medicine setting. All hours for each population must be identified separately in your clinical log in Project Concert.

Students should review **FNP Site & Preceptor Guidance (Appendix J)** to review requirement details and recommendations prior to selecting their preceptor and site for approval.

Within the required **540 clinical hours** students must complete:

Clinical Rotations (four): 135 hours per 8-week rotation

- First rotation (FNP592) must be family practice or primary care across the lifespan setting *Notice for students starting clinicals March 2021 and later: If you are unable to rotate in family practice/primary care setting in your first rotation, you must contact your Clinical Placement Coordinator. If you receive approval to start in a rotation other than family practice, you will be required to meet the 135 hours in family practice/primary care across the lifespan by the end of your final clinical course.*



- Subsequent rotations to meet the specialty requirements is at student's discretion
- Students are highly recommended to spend the majority of their clinical experience with Family Nurse Practitioner preceptors. At minimum students are expected to spend 135 hours with a Nurse Practitioner preceptor.

Required/Core Hours & Journal Entry Specialty Requirements

- **Family Practice/Primary Care:** 135 hours by the end of the program
 - You may be able to meet all required/core specialty requirements in the family practice/primary care setting
 - If you rotate in an Internal Medicine clinic, you will likely not see pediatrics and will need to seek out a pediatrics preceptor/site
 - Urgent cares will not fulfill this requirement
- **Geriatrics:** 100 minimum journal entries by the end of the program
 - Geriatrics cases include care for people age 65 and older
 - Inpatient hours may not be counted as FNP student experience; however, you may follow and learn from your preceptor for your own knowledge expansion
- **Pediatrics:** 80 minimum journal entries by the end of the program.
 - Pediatrics cases include care for people age 0-17
 - For students who enter clinicals after March 2021, the journal entry requirements are broken down as follows:
 - Newborns to infant (0 to <12 mo): 15 journal entries minimum
 - Children (ages 1-12): 50 journal entries minimum
 - Adolescent (ages 13-17): 15 journal entries minimum
 - Pediatrics are seen in a variety of locations, including but not limited to primary care pediatric practices, urgent care centers, student health centers, and Emergency departments
 - Students need to ensure they are exposed to primary care pediatric cases, to include well-child health supervision and vaccine administration
 - The majority of the cases should come from primary care and not only ER and urgent care
- **Women's Health, Obstetrics, Gynecology:** 40 minimum journal entries by the end of the program

Approved cases:

- Annual, or other interval (every three years, etc.) women's health exams
- Pelvic exams, pap smears, clinical breast exams
- Hormone replacement therapy
- Birth control supervision and management
- Pregnancy supervision (specific visits for pregnancy-related issues)
- Specific visits solely pertaining to women's health and not other problems

Unapproved cases:

- Women seeking health care for other (non-OB/GYN) complaints and happen to be pregnant do not count as Women's Health cases



Optional Specialties (must be college-approved)

- Up to 40 hours maximum in college-approved specialty rotation(s)---(combined total in multiple specialties or all in 1 specialty).
- ER/ED: 60 hours maximum (Trauma unit is not acceptable)
- Telehealth: 135 hours maximum
- Students may rotate in an Urgent Care setting, but must meet all required/core specialty requirements by the end of the program.
 - Urgent Cares are not held to the same quality standards by insurance companies that family practices are held to. Additionally, to maximally prepare you for the board exam, the 135 family practice/primary care requirement will not be met in an Urgent Care setting.

All other hours/journal entries will be in family practice or primary care setting.

Project Concert

[Project Concert](#) (PC), is the clinical hub used by students and clinical faculty that assists with:

- electronically tracking student clinical hours for clinical courses
- scheduling and reporting on clinical evaluations
- creating student portfolios
- tracking documents and expiration dates

Students will receive an email from OFE by midterm of each course that contains the student's login information and resources. The College of Nursing & Health Sciences (CONHS) and the Office of Field Experience (OFE) have created step-by-step guides and videos to assist students with navigating Project Concert available at any time on the Nursing Caring Corner:

- [MSN FNP PROJECT CONCERT GUIDANCE](#)

General videos are also available on the PC website upon logging in and are identified throughout the website with "NEED HELP?" icons. Students are required to review and understand the training videos and written instructions in Project Concert and the Nursing Caring Corner. It is the student's responsibility to document clinical hours in Project Concert. If you need additional assistance in logging hours to meet classroom requirements, reach out to your course faculty. For technical difficulties (such as system glitches), students, faculty, and preceptors may reach out to OFE for assistance.

All patient experiences must be documented using Project Concert within 48 hours of the encounter or the associated hours will not count towards the clinical hour requirement. Students will submit summary and comprehensive hours reports in their classroom to demonstrate clinical experience progression.

OFE does not have access to review or approve the student's hours. The OFE can provide reporting assistance for clinical hour accuracy.

Transportation/Travel to Clinical Sites

Students must provide their own transportation to clinical sites and ground campus location as required. The OFE is dedicated to assisting students in securing clinical placements. If OFE assistance is requested and the student meets the requirements, OFE will make efforts to follow up on your preferences to secure clinical placements close to where you work or live, but the student may have to travel out of the city and within the state they reside or work. The OFE, in conjunction with clinical sites, will attempt to minimize the distance that students travel to their clinical experience, but sometimes additional travel is unavoidable. We know attending clinicals can be challenging, but rest assured, the student learning experience is a valuable one that will guide your future as a well-prepared professional. Travel time is not an appropriate reason to deny a clinical placement. Additionally, Traveling nurses should ensure their student address is updated to reflect the location in which clinical experiences will take place.

Selection Criteria for FNP Clinical Sites

CONHS requires that nurse practitioner student clinical experiences to occur in clinical sites that meet the criteria below and follow the state board nursing scope of practice. Students are expected to review and become knowledgeable of the scope of practice for their particular state board of nursing. In order to meet the criteria, students should be prepared to travel to clinical sites outside of the city in which they reside during any semester.

- As a primary care nurse practitioner focusing across the lifespan, student clinical placements should mostly be in primary care clinics. These experiences should be based upon student learning objectives and students are encouraged to discuss this with faculty.
- Patient characteristics represent diversity (education, income, insurance, race/ethnicity).
- Patient volume is adequate to ensure sufficient patients per day for the student to acquire the skills required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation
- Space is available for student (examination room, area for documentation)
- Adequate resources available on site
 - Preceptor
 - Medical record system (electronic preferred but not required)
 - Current medical reference books or Internet access for searching
- The inpatient hospital setting is not an appropriate clinical site for FNP students at any point during the clinical experience.
- Students should review **FNP Site & Preceptor Guidance (Appendix J)** to review requirement details and recommendations prior to selecting their preceptor and site for approval.

Selection Criteria for FNP Clinical Preceptors

FNP students engage in clinical practice under the guidance of a qualified clinical preceptor. The mandatory preceptor/student ratio (direct supervision) is 1:2. Students are highly recommended to spend the majority of their clinical experience with Family Nurse Practitioner preceptors. At minimum students are expected to spend 135 hours with a Nurse Practitioner preceptor. Students should review **FNP Site & Preceptor Guidance (Appendix J)** to review requirement details and recommendations prior to selecting their preceptor and site for approval.



The clinical preceptor must be:

- Formally educated for professional practice:
 - A preceptor is a NP (board certified), MD or a DO who, while employed by a clinical facility, is assigned to directly supervise a student's clinical education for the duration of a formal course designed to prepare registered nurses to transition to advanced practice nursing.
- Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration and:
 - Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN/NP or physician license in the United States;
 - Has at least one year of clinical experience as a physician or an advanced practice nurse
 - Practice in a population focus comparable to that of the FNP program;
 - For FNP preceptors, have at least one of the following:
 - Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
 - If an advanced practice preceptor cannot be found who meets the requirements of educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board, approvals will be obtained only by the Program Director.
- Be actively involved in clinical practice.
- Once the Office of Field Experience receives preceptor licensing, credentialing, CV/Resume and certification information, the documents are sent to the Program Director who reviews and provides final approval or denial of the preceptor. The approval process time varies between 2-16 weeks on average depending on the type of review and if it involves external site approvals/verification.
- Preceptors may not be a spouse, domestic partner, or first degree relative of the student.
- Preceptors may not be direct supervisor.

Preceptor Fit

It is intended that students stay with the clinical preceptor and site arranged by themselves or the OFE during the course. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations the clinical faculty and student will discuss the need to identify another clinic site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site. Students must be in communication with the OFE and their faculty regarding any preceptor and site changes as soon as practical. The College and faculty must be apprised of students' placement at all times. Any new preceptor or site would need to be approved by OFE and Program Director, respectively.

Affiliation Agreements

USU must have an agreement with the site prior to the student beginning field experiences. It is the student's responsibility to provide OFE their site's coordinator information so that the OFE can work directly with the facility to obtain the required paperwork. It is important to remember this is not a contract when submitted for approval. If a current agreement is not already in place, the legal contract will



be sent directly to the preceptor's site from the OFE. Completing new site agreements can be a lengthy process, and the Affiliation Agreement must be in place prior to the clinical course start date. Students should allow at least four to six months for a new agreement to be finalized. Failure to provide site information accurately and entirely can slow this process and may prevent the student from beginning the field experience on time. Once an Affiliation Agreement has been finalized, students will be notified via email. Some sites may have specific requirements for documentation for placement. Students are to work with both the site and OFE to ensure all requirements are met (e.g., a hospital may require a background check different from the original background check and has the right to specify their own institutional requirements that are not within the control of the University).

FNP Curriculum Plan

Students should reference their program degree plan available on the USU website or from their academic advisor.

Clinical Attendance and Participation

Absences in the clinical rotation may jeopardize a student's successful progression and completion of the program. Clinical absences may result in clinical probation at the discretion of the clinical faculty. Students who are too ill to perform safely in clinical should seek medical attention and contact their clinical faculty prior to missing clinical.

An attendance of 100% is required. Students are responsible for any and all material covered in class, in clinical, and in their assigned readings. Participation in the online classroom and clinical experience is essential to meet the objectives for all clinical courses.

Attendance at all scheduled lectures, discussions, and clinical and laboratory courses is expected. Students are expected to be on time to all scheduled activities. Students are required to notify faculty of any absence and/or anticipated tardiness. Individual faculty will discuss the mechanism for notification of absence. Absenteeism may interfere with student attainment of course objectives and may impact the grade students receive in clinical and theory courses.

Students who must miss clinical due to pregnancy or extended illness may not be able to complete clinical objectives. Students must contact the clinical faculty member or OFE to discuss options. The CONHS is not obligated to provide makeup clinical opportunities for students unable to complete clinical during their clinical course.

Clinical Absence Policy

Failure to complete the minimum clinical requirements will result in failure of that clinical course. All clinical hours associated with the failed course will be un-approved in Project Concert and must be repeated. All absences are to be reported to the clinical faculty in a timely manner via email, text, or phone, as required by the clinical faculty. If a student is unable to attend a scheduled clinical day, the student must: 1. Contact, by phone or in person, the preceptor, at least one (1) hour prior to the scheduled clinical time. Preceptors and sites have the right to report this behavior to the clinical faculty.



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Clinical Tardy Policy

Clinical tardiness is defined as being late at the beginning of a clinical. Any anticipated tardiness is to be reported to the appropriate clinical faculty. Consequences of being tardy three times within the same course are:

- o First Occurrence: The student will receive a clinical warning.
- o Second Occurrence: The student will be placed on clinical probation for the second late.
- o Third Occurrence: The student will fail clinical on the third late.

Preceptors and sites have the right to report this behavior to the clinical faculty.

Clinical Restriction

Clinical restriction is the official means of restricting the student from any clinical experience when students have missing, expired, or insufficient immunizations or documentation requirements on file with the Office of Field Experience. You will be notified by the OFE and/or through Complio before documentation is set to expire. Once documentation has expired, the Clinical Coordinator will notify your clinical course faculty of your restriction status and you will not be permitted to continue clinical hours or logs until resolved. At all times, it is your responsibility to ensure that your health and safety documentation is up to date and current and that all other program requirements have been met. Health and safety requirements are mandatory for all students where indicated in this handbook.

Clinical Probation

Clinical probation is the official means of notifying you of unacceptable behavior or unsatisfactory performance. Being placed on probation can affect the field experience/clinical grade and will result in a Student Code of Conduct violation and may result in being administratively withdrawn from the course as determined by the Program Director.

Clinical probation status is conferred at the discretion of the course instructor, clinical instructor, and respective course faculty for any unsafe or unprofessional behaviors.

The following are examples of behaviors that lead to probation:

- ◆ Participating in a setting with expired or outstanding immunizations/documentation, participating in a setting without approval or documentation or delay in completing COMPLIO by the due date
- ◆ Unexcused absences
- ◆ Tardiness, failure to notify faculty/staff of tardiness or absences in clinical
- ◆ Insufficient preparation for the field experience
- ◆ Failure to follow clinical faculty or clinical nurse guidance
- ◆ Unsafe practice in the clinical area
- ◆ Causing a client unnecessary suffering or harm
- ◆ Failure to report abnormal data in a timely manner to the appropriate persons
- ◆ Conduct inappropriate to the role of the student as outlined in this manual
- ◆ Failure to dress in approved program attire
- ◆ HIPAA violations
- ◆ Leaving the clinical site without permission at any time during clinical hours
- ◆ Performing skills/interventions which have not been signed off by the clinical faculty
- ◆ Acting outside of a student scope of practice

Although some probationary actions and/or other sanctions may be assessed by the College, learners may still be referred to the University level Code of Conduct for violations of conduct outlined in this manual and/or the University Code of Conduct.



In the event a student is found to have violated the University Code of Conduct and/or jeopardized a clinical placement, the FNP Director, OFE Director and/or designee reserves the right to require the student to identify clinical placements independently. This is in addition to any sanctions the student may realize as part of the Code of Conduct proceedings or otherwise.

Probation Procedure

- ◆ Code of Conduct processes will be initiated.
- ◆ A discussion with Clinical Faculty and a letter of probation will be provided to you by the Program Director.
- ◆ A copy of the letter will be sent to the Office of Field Experience and Academic Advising, and will be placed in your file.
- ◆ Refer to <https://www.usuniversity.edu/current-students/university-catalog/> for more information
- ◆ Clinical probation may result in up to 10% reduction in the overall clinical grade and may result in the student being withdrawn from the course

Immersion/Lab

FNP students will complete an on campus immersion in MSN572. The hours associated with the immersion experience are considered lab hours. Lab/immersion hours do not count toward your clinical hours/journal entry requirements. For more information about immersions, review the Immersion tab in the Nursing Caring Corner.

Roles and Responsibilities

Student Responsibilities

- Upon enrollment, the student must have preceptors and clinical location sites confirmed, or at least 3 potential preceptor and clinical sites in each setting using the **Preceptor and Clinical Placement Interest Sheet** (Appendix G) that can be contacted by the OFE. Incomplete contact information for site and preceptors may result in delays.
- A **Preceptor Information and Acknowledgement Form** (Appendix H) must be on file with OFE for each preceptor prior to the student starting the clinical rotation. The student is responsible for providing the **Preceptor Information and Acknowledgement Form** to be completed and signed by the preceptor. A copy of this form is to be given to the Preceptor, and a copy is sent to the OFE. This form should be accompanied by the preceptors CV/Resume and the preceptor's professional license.
- A change of address (especially a move to another state) may cause the inability to progress in your program of study. The inability to progress in the program of study may delay the student's graduation or require program withdrawal. The United States University College of Nursing and Health Sciences program is not responsible for guaranteeing a clinical placement when a student moves after the start of a term, or after a move two terms before clinical starts in the case of out-of-state placements. Traveling nurses should proactively identify where clinicals will take place and update their address on file accordingly.
- The student must thoroughly complete all OFE Requirements, including Complio (American Data Bank) prior to completing any clinical course. Note: Students cannot start clinical until all Complio and site



affiliation requirements are completed. **Complio and site requirements must be current throughout each clinical course.**

- Meet with the appropriate person at the clinical site (preceptor, office manager, etc.) to negotiate the dates and times to be in clinical.
- Provide all clinical sites with required information requested by the site (i.e., Immunizations, fingerprints, criminal background checks, Health information, OSHA training, copy of nursing license, American Heart Association Healthcare CPR lesson, drug screening, patient confidentiality statement, or any other agency requirements).
- The student's personal and work schedules are expected to accommodate the required number of hours for each course.
- Students must meet all orientation, health and safety, and administration expectations of the facility before scheduling field experiences.
- Complete the **Student Evaluation of Preceptor** for each Preceptor (example in Appendix).
- If students change preceptor and site, the student must obtain this approval at least 16 weeks prior to the clinical course in which the change is needed.
- If students preceptor is precepting more than 2 (two) NP students per shift, the student should notify their faculty.

Clinical Faculty Responsibilities

At United States University, the clinical faculty responsibilities include the following:

- Work with Office of Field Experience for contract assignment availability
- Complete all training required prior to supervising students in the clinical course
- Maintain immunization/health/safety compliance in Complio and complete any agency requirements necessary to start the assigned rotation, if applicable
- Maintain personal updated Health and Safety documents.
- Clinical faculty will supervise and facilitate learning for students in no more than a 6:1 ratio per clinical course.
- Provide timely and constructive feedback to students. Document and send any clinical concerns to the student via email. For any student or patient safety concern, please contact OFE at ofe@usuniversity.edu immediately.
- Complete grading of clinical assignments as determined by course syllabus according to university policy guidelines.
- Complete the **Preceptor and Site Evaluation by Site Supervisor Form** (example in Appendix) for each student with the Preceptor via email or phone call by close of clinical course.
- For clinical faculty assigned to lab and simulation experiences:
 - Arrive 30 minutes prior to assigned start time
 - Review lab and/or simulation materials before assigned experience
 - Ensure standardization of instruction with USU course materials
 - Maintain compliance with any additional lab or simulation specified training

Clinical Site Supervisors

The purpose of the Clinical Site Supervisors is to perform an evaluation of the clinical site and preceptor. The site supervisor will assess the safety and appropriateness of the clinical site and the preceptor.

The Clinical Site Supervisor is the faculty assigned to complete the student's site evaluation in a clinical course. This may or may not be the same faculty as the clinical/didactic portion of the course. The site supervisor works collaboratively with the course clinical faculty and preceptor to deliver a safe, effective, and high-quality education for the student.

Clinical Site Supervisor Process

1. Accept Clinical Site Supervisor contract from USU.
2. Contact students via usuniversity.edu email to set up an appointment for a virtual visit, unless in-person visit is required.
3. Clinical Site Supervisors will be sent a link to access Project Concert, which is the student tracking system. If you have not received that email link, please contact the Office of Field Experience (OFE).
4. Review the student clinical evaluation and the preceptor/site evaluations in Project Concert ahead of time, so you understand what is expected of the preceptor and site.
5. Contact the student via USU email to confirm the date and location of where the clinical site/preceptor evaluation will be completed.
6. Complete the summative in-person clinical site-visit with the student and preceptor during the assigned clinical course.
7. Evaluate the appropriateness of the preceptor and clinical site.
 - a. Ensure the following:
 - i. Assess the safeness of the clinical site.
 - ii. The preceptor is providing appropriate feedback and guidance
 - iii. The preceptor allows the student the opportunity to practice the clinical competencies that are required of the course
 - iv. The student is practicing within their scope.
 - v. Assist student and clinical preceptor to optimize the clinical learning environment.
 - b. Some questions that could be asked to assess the clinical site
 - i. What skills have you completed or observed?
 - ii. What are the most common illnesses, diseases or patients you care for?
 - iii. Ask to review documentation/SOAP note with the student while discussing the assessment/plan

Within 24 hours of the completion of the site visit: a) Each site visit must be documented in Project Concert or it was not completed. Document the ***Preceptor and Site Evaluation by Site Supervisor Form*** (Example in Appendix) into Project Concert. b) Send clinical course faculty an email within notifying them that the evaluation was completed and inform them of any concerns.



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OFE Clinical Coordinator Responsibilities

- Ensure that students understand the nature of the clinical experience and the expectations involved.
- Assist students in ensuring all required health and safety documents and site requirements have been met.
- Be available to counsel with students as situations dictate.
- Act as the centralized point of contact for any student or clinical faculty issues or concerns brought forth.
- Works with all students in assigned load following enrollment into the FNP program.
- Responsible to ensure students are aware of and complete requirements for placement in the clinical setting and maintain their approved status.
- Will work with students to ensure all necessary health and safety documentation is uploaded and cleared in required systems in advance of start of the clinical experience. Works with student to assist in identifying best placement options.
- Works collaboratively with other OFE staff and management as well as CONHS leadership. Will manage the Affiliation Agreement legal review as necessary with USU legal department and the legal departments of the site.
- Will monitor and ensure all preceptors have been approved by CONHS based on submitted documentation and will provide access to required systems.

Preceptor Responsibilities

A preceptor is an NP, MD or DO who, while employed by a clinical facility, is assigned to directly supervise a student's clinical education for the duration of a formal course designed to prepare registered nurses to transition to advanced practice nursing. As a preceptor, you allow the student to observe and experience what you, the expert, do on a daily basis, to ask questions, and to critically analyze what is observed. You challenge, guide, direct, and support the student. Fundamental to the process is your willingness to share professional values, beliefs, and skills while incorporating professional standards of practice within legal and ethical parameters. Additionally, preceptors must:

- Possess clinical expertise appropriate to accomplish the goals of the preceptorship and has at least one year of work experience at or above the level of licensure of the student's program.
- Be authorized to practice in the state or currently licensed as a health care professional as required by state regulations.
- Possess current unencumbered license in the specialty when required for the role.
- Be professionally certified in their area of specialty.
- Provide the student with ongoing constructive feedback that relates performance standards to student performance
- Participate in faculty/preceptor conferences and communicate with faculty to clarify roles and the nature of the learning experience.
- Provide an orientation for the student to the practice area and expectations of nursing care standards
- Participate in orientation to the preceptorship.



- Precept no more than 2 NP students per shift from all schools combined. If 2 students are with the preceptor on the same shift, the preceptor is expected to not see patients independently.
- Participate with the faculty and student in the evaluation of the student's clinical competence.
- Complete the Preceptor Evaluation of Student (example in the Appendix).

United States University College of Nursing & Health Sciences is responsible to orient the Preceptor on the following items:

- Mission, goals, and curricular outline of the program.
- Student objectives, course objectives and course outline.
- Role of the preceptor and faculty.
- Performance expectations of the student.
- Evaluation responsibilities and standards for the student, course, and preceptor.
- Avenues of communication between the program, faculty, preceptor, facility, and student.
- Student assignments related to the experience.
- Expected initial level of knowledge, skills, and abilities of the student.

Professional Dress and Behavior

Students must obtain and wear a lab coat or other attire as appropriate to the clinical setting. Students will always wear their USU official identification badge whenever on-site in the student role. Students must also bring their USU official identification badge during their practice immersions. Students should order this badge as early as possible, but no later than eight weeks prior to MSN572 to ensure receipt before the course start date. The link to order your USU badge is: <https://goo.gl/forms/na0al2HTJtpQD9g32>. Students should email reception@usuniversity.edu for assistance with badge orders. Nurse practitioner students have a specific dress code listed below. All students are expected to present themselves as representatives of United States University's program. All students are expected to be respectful to faculty, student colleagues, staff, patients, and their families. Reports of unprofessional behavior will result in your being counseled by the clinical faculty and/or the Program Director/Clinical Coordinator and initiation of a Code of Conduct violation which is subject to review by the College of Nursing and Health Sciences. You are expected to follow United States University's official Code of Conduct policy identified in the University Catalog.

Nurse practitioner students are expected to be clear of any felony convictions at the time of admission into the College of Nursing and Health Sciences and to remain free of felony convictions for the duration of the program. If the prospective student or enrolled student is charged with a felony, or another undesignated offense either before formal admission or during the program, he/she must notify either their Academic Advisor or the Clinical Coordinator and Program Director immediately.

FNP Student Professional Clinical Attire

The student should have professional attire for all clinical experiences and immersions. Any deviations in dress at clinical including immersions will result in clinical warning or the student being sent home from



clinical and placed on clinical probation. Proper identification MUST be worn at all times in all clinical and immersion settings. The uniform and identification requirements of the clinical agency are to be followed.

The uniform consists of:

1. Wrinkle-free white lab jacket
 - a. A white lab jacket must be worn with professional attire. Shorts, very short skirts, jeans, tank tops, tube tops, see-through clothing, exercise clothes (sweats), and open-toed shoes are not acceptable attire in any clinical agency. Undergarments will not be visible through the uniform.
2. Name badge will be provided to you at your first immersion in MSN 572 or mailed to you at your home of record. The name badge will show your picture, legal first and last name, and "FNP Student." The name badge must be worn while attending any clinical or immersion activity. Name badge will not be worn outside of the clinical agency or campus.
3. All of the following items will be ordered online by the student through the Apparel Pro. In the Nursing Caring Corner, under the Immersion tab are ordering directions and a specific student code to order the equipment. Students are not given approval to order the kit until they are approximately mid-way through MSN 571 (the course prior to 572/Immersion). With this code, the equipment is paid by United States University. The bundled items will be sent to the address provided by the student.
 - a. Wink 7106 Unisex Student 33" Lab Coat Starting at: \$24.00
 - b. MDF MDF777 MDF - One™ - Stainless Steel Stethoscope \$60.00* (optional)
 - c. Prestige C-512 512Hz Frequency Tuning Fork \$9.00
 - d. Prestige S210 Disposable Penlight \$3.00
 - e. Prestige 45 60" (150cm) Tape Measure \$2.50
 - f. Prestige 3909 Snellen Pocket Eye Chart 18.5cm x 10cm \$2.00
 - g. Prestige 25 7.5" PVC Taylor Percussion Hammer \$5.00
 - h. ADC 5110e Diagnostix™ 5110e - Pocket Diagnostic Set (1 Handle) \$200.00
 - i. ADC 5182/5185 Extra 50-each 2.75 mm and 4.25 mm disposable speculas \$10.00

* You may use your own medical grade stethoscope

Professional Appearance

1. In most clinical settings, business casual is acceptable and can be interpreted as: Women: wrinkle-free slacks (dress pants), skirts (mid-calf to about two inches above the knee), blouses, shells, cardigans, blazers or dresses, clean low-heeled shoes that cover the entire foot. Men: wrinkle-free dress pants, button down shirts, polo shirts (short-sleeved shirts with a collar), blazers, clean shoes that cover the entire foot.

Do not wear:

- Denim/jean material
 - Anything that is see-through, short, tight, or shows too much skin.
 - Low neck lines or visible midriffs
 - Flip-flops or tennis shoes/sneakers.
2. The clinical facility's ID must be worn whenever in that facility. Students who do not wear this ID may be asked to leave the facility.
 3. Hair should be short or pulled back and styled neatly. Natural hair color is required with no purple, blue, etc. Beards or mustaches, if worn, should be neatly trimmed.



4. Fingernails should be neatly trimmed and free of cracked nail polish. Only clear or neutral nail polish may be used if desired. Acrylic nails or any other nail enhancements are not permitted.
5. Permitted jewelry includes one pair of studded earrings, a watch, a plain ring band. No other visible jewelry is acceptable, including tongue rings or other facial jewelry. Clear spacers may not be worn in place of facial piercings. Tattoos and any other body art should be covered where possible.
6. Perfume, scented lotions, after-shave lotion, and heavy makeup are not acceptable in the clinical area.
7. Gum chewing is not acceptable.
8. Clothing worn in non-clinical setting activities not requiring student uniform should adhere to professional standards as stated in this handbook and in USU's Catalog under Dress Code.
9. Cell phone use is not permitted in the classroom or in the patient clinical setting. Students are expected to follow agency guidelines and clinical faculty directions regarding the appropriateness of cell phone usage in the clinical setting.
10. Please remember that students represent United States University. Your appearance must be clean, neat, and professional.

GENERAL HEALTH AND SAFETY REQUIREMENTS

Safety Guidelines for Students

Standard Precautions

Students will adhere to all guidelines for Standard Precautions within the clinical agencies.

Students and clinical faculty are expected to take measures to maintain their personal health so as not to jeopardize themselves or any patient with whom they come in contact. Students who are accepted into the program must show evidence of the USU required immunizations and diagnostic procedures as required by the clinical agencies utilized. At any time, a student may be required to receive a medical examination if deemed necessary by the clinical faculty for the wellbeing of the student and/or the patients. If this is required of the student, the Office of Field Experience will be notified and a new Medical Clearance Form will be required by the student. Until the document is received the student will be placed on a clinical restriction and will not complete hours with their preceptor or log any hours into Project Concert.

As students are in contact with patients in a variety of health situations, it is imperative that students maintain protection against communicable illnesses. In addition, students must meet agency health requirements to enter clinical course work. Students are responsible for updating BLS, personal health insurance, immunizations when needed. Students will not be allowed to participate in clinical experiences unless all agency and USU requirements are current. Any student that falls out of compliance due to expired documentation will immediately be restricted from clinical participation until renewed documentation is provided, and coinciding faculty will be notified. Missing clinical may jeopardize student success in the program. All students are responsible for the completion of the required documents. The deadline to submit the required documentation is a minimum of 16 weeks prior to the planned clinical course. Documentation submitted late may result in a later registration of the clinical course. Students should submit their documentation early to avoid a delay in their clinical start date. Instructions on completing Complio are included in the appendices (Appendix D). Please note that a student's clinical site



may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

Students that refuse to provide appropriate health and safety documentation or request medical waivers (subject to approval), by the appropriate deadline will be responsible for finding and securing their own clinical placement experiences that meet the appropriate standards. Students must communicate with the Office of Field Experience prior to reaching out to any clinical site, as there may be pre-established procedures to be followed for that facility. Students must provide documentation from the clinical site (owner, director, CEO) stating that they approve the student to do clinical hours within their facility without documentation of these health and safety requirements. Documentation will be verified by the Office of Field Experience prior to each rotation.

Bodily Fluids Exposure and/or Injury during Clinical Experiences

United States University acknowledges the inherent risks associated with working around or with patients and health care organizations, including potential exposure to blood and body fluids. Once in a patient care setting, you will have access to and are expected to utilize appropriate bloodborne pathogen barriers, proper sanitary precautions, and appropriate biohazard disposal equipment and procedures at each clinical site. The following policy outlines your responsibilities in this area:

- You must have and maintain current health insurance and show verification of coverage each year while matriculated in the program.
- United States University and the clinical agencies that provide clinical experiences for students are not responsible or liable for the costs of medical follow-up or expenses incurred.
- If evaluation and treatment is required by the facility where you are completing clinical experiences, the student is responsible for all costs and associated follow up.
- In the event that you are injured or exposed to blood and body fluids, you will:
 - Immediately notify your clinical instructor or site supervisor.
 - Wash the area immediately and thoroughly with soap and water.
 - Within 24 hours, follow-up with your own Primary Care Provider, who will decide on immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
 - Assume full responsibility for disease sequelae.
 - Follow the policies of the agency (if any).
 - Complete an incident report with the clinical faculty who was present during incident. A copy of this report will be given to the Office of Field Experience and placed in the student's file.

Protocol for Puncture Wounds and Exposure to Blood or Bodily Fluids

- Incidents involving any type of needle stick or body-fluid exposure must be reported to the Clinical Faculty/Facility immediately. The clinical faculty will then notify the Office of Field Experience.
- All faculty and students should observe the protocol for safe needle usage when practicing or performing any invasive procedure as part of a skills check-off, or in a clinical setting. The faculty/student should follow the protocol for needle usage at the agency where clinicals are being held.



Uncontaminated Needle Stick or Intact Skin Exposure

A student who accidentally punctures him/herself with an uncontaminated needle or is exposed to blood or bodily fluid that is an intact skin exposure should:

1. Wash the area immediately and thoroughly with soap and water
2. Follow-up with their own Primary Care Provider who will make a determination of Tetanus immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
3. Complete an incident report with the clinical faculty who was present during the incident. A copy of this report will be given to the Office of Field Experience and placed in the student's file.
4. Counseling referral and other referrals can be arranged through the student's personal Primary Care Provider.

Contaminated Needle Stick or Non-Intact Skin or Mucous Membrane Exposure

If the exposure is via a contaminated needle or if a bodily fluid exposure to non-intact skin, or to mucous membranes the student should continue with the following:

1. Wash the skin area immediately with soap and water. If exposure is to mucous membranes, flush area with water immediately.
2. Report the incident to your clinical faculty.
3. Immediately seek medical attention. If in an acute care setting, always follow agency guidelines. This may include reporting to either Occupational Health or the agency Emergency Department.

In the event that this incident occurs, in the community setting, when the agency Occupational Health Center or Emergency Department are not available, United States University recommends that you seek immediate treatment at an Urgent Care or Physician's Office equipped to treat contaminated needle stick injuries.

An incident report will be completed by the student and the clinical faculty who was present during the incident. A copy of this report will be given to the Office of Field Experience to be placed in the student's file. Financial responsibility for testing and recommended care following an exposure rests solely with the student. This could include testing, evaluation, treatment, and counseling.

If you have questions about the appropriate medical treatment, the Centers for Disease Control and Prevention recommend that you call a 24-hour assistance line at 1.888.448.4911 (Clinicians' Post Exposure Prophylaxis Hotline).

Policy for Student Drug, Nicotine, & Alcohol Screening

The practice of professional nursing demands that the clinician be free from the influence of any substance that would impair judgment and thinking ability. As a result, health care agencies are requiring students who work directly with patients to undergo drug screening. Nurse practitioner students must also be free from impairing substances. Health care agencies and the CONHS require drug screening of all nurse practitioner students prior to their first clinical experience. In addition, CONHS students are subject to screening if either the faculty suspects that the student is impaired at any time on campus, or during any health care experience or any other university or work-related activity. Any student whose test is deemed positive will not be able to enroll or continue in the nursing program for a minimum period of one year.



Determination will be made by the Program Director. The CONHS is required to report any positive screens and/or suspicion refusal to the appropriate board.

This policy is designed to identify the procedures to be followed for both types of testing as well as to outline the appeal and readmission to the program. The Code of Conduct Committee may be notified of any drug screen or background check concern, violation or dismissal.

Initial Urine Drug Screening

1. First clinical course and new transfer students will be randomly given a drug screen authorization form and a 24-hour time frame to complete a urine drug screen at one of the laboratory options provided.
2. Students will be required to show picture identification upon arrival. A driver's license or passport are acceptable forms of identification.
3. The cost for all screening and medical review (if deemed necessary) is the students' responsibility.
4. A screen with questionable results will be sent by the lab for a medical review. Costs for review and retest will be the responsibility of the student.
5. A negative report is necessary to continue in the program of study in the CON.
6. This screen need not be repeated as long as the student maintains continuous enrollment. Continuous enrollment is defined as enrollment in nursing classes during all consecutive semesters until graduation.
7. Students may be re-tested for cause or reasonable suspicion.

For Cause or Reasonable Suspicion Drug, Nicotine & Alcohol Screening

The CONHS may ask a student to submit to a drug and alcohol screening at any time a faculty member believes that the student may be under the influence of drugs or alcohol. This includes but is not limited to the following circumstances: evidence of drugs or alcohol on or about the student's person or in the student's possession, unusual conduct on the student's part that suggests possible use or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness. Determination will be made by the Program Director after consultation with the clinical faculty.

1. Students will be asked to submit to an immediate oral drug and alcohol screening test conducted at one of the laboratory options provided.
2. Students may also be given a drug screen authorization form and asked to immediately complete a urine drug screen at one of the laboratory options provided.
3. Students will be required to show picture identification upon arrival. A driver's license or passport are acceptable forms of identification.
4. The costs for all screening and medical review (if deemed necessary) are the students' responsibility.
5. A screen with questionable results will be sent by the lab for a medical review by the company completing the drug screen. Costs for review and retest will be the responsibility of the student.



6. A negative report, excluding a positive nicotine result, is necessary to continue in the program of study in the CONHS.

Follow-up Action: Positive Screen (For Cause or Initial Drug Screen)

1. Positive drug screens (including those medically prescribed) may result in withdrawal from the nursing program for a minimum of 12 months. After this 12-month period, the student may apply for readmission under general guidelines stated in the United States University Catalog, provided there is submission of evidence of satisfactory participation in a rehabilitation program for alcohol/substance abuse. Determination will be made by the Program Director.
2. Sources of evidence include:
 - a. Documentation of completed program of rehabilitation.
 - b. Acknowledgement of continuance in a twelve step or after-care program.
 - c. Letter from therapist or licensed health care provider stating the student is now able to function safely in a clinical facility.
3. The student must have a negative screen prior to being readmitted to the nursing program. The screen will be done at the direction of the FNP Program Director and may be periodic while the student is in a CONHS program. The student is responsible for all costs of screening.
4. The decision to readmit will be made by the Program Director after review of submitted materials. As with other applications for readmission, space availability may be a determining factor.
5. A report will be filed with the CA Board of Nursing upon withdrawal from the program consistent with the rules and regulations of the CA Board of Nursing.
6. Any student who screens positive after one readmission may be expelled from the nursing program.

Follow-up Action For-Cause Negative Screen

1. Students whose drug screens are negative will meet with the Program Director to discuss the perceptions of impaired behavior and the implications and steps to avoid similar situations in the future.
2. A review by the Medical Review Officer (MRO) by the company collecting the drug screen for documentation of any medical condition or treatment may be requested.
3. Students will not be counted as absent from clinical during this evaluation process. However, students will be expected to meet the clinical objectives.
4. A reasonable suspicion/cause drug screen that is positive; however, is deemed negative by a MRO will follow these guidelines:
 - a. The student will meet with the Program Director.
 - b. The student may be required to undergo, at the student's expense, an evaluation for drug use/prescription drug use/impairment by a psychiatrist recommended by the State Board of Nursing.
 - c. The student will follow other recommendations deemed necessary by the Program Director.
 - d. The student will be required to provide a negative drug screen prior to returning to clinical and be subject to periodic drug screens at the student's expense.
 - e. More than one incident of a reasonable suspicion/cause drug screen that is positive; however, deemed negative by a MRO may result in withdrawal from the nursing program for a minimum of 12 months. In this case, the student will follow the positive drug screening guidelines.



Students Who Refuse Drug Screening

Students who refuse to participate in screening will be required to leave the clinical area and make an appointment with the Program Director. The student will remain out of the clinical area until an investigation has been done and a recommendation has been made by the Program Director. Students who refuse screening may be subject to dismissal from the CONHS. A student who refuses to participate in a rehabilitation program will not be allowed into clinical courses; therefore he/she cannot complete the nursing program.

Substances Included in Urine Drug Screen

Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Cotinine (tobacco/nicotine), Fentanyl, Meperidine, Methadone, Opiates, Oxycodone, Phencyclidine, Propoxyphene
**Please note certain clinical facilities include nicotine as part of their screening and will not allow students to rotate at their facility who test positive from nicotine or its byproduct, cotinine.*

Tuberculosis Exposure Plan

According to the CDC, "It is important to know that a person who is exposed to TB bacteria is not able to spread the bacteria to other people right away. Only persons with active TB disease can spread TB bacteria to others."

"Some people develop TB disease soon (within weeks) after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason. Many people with TB infection never develop TB disease."

<http://www.cdc.gov/tb/topic/basics/exposed.htm>

Students will not be held from clinical experiences unless they have an active TB infection, not TB disease. Active TB is determined using TB screening and confirmation by qualified health care providers/professionals based on symptoms of active TB.

Tuberculosis (TB) exposure potential is defined as any exposure to the exhaled or expired air of a person with suspected or confirmed TB disease. A high hazard procedure involving an individual with suspected or confirmed TB disease is one that has the potential to generate potentially infectious airborne respiratory secretions such as aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation, and suctioning. Workplaces with inherent exposure potential to TB disease:

- o Health care facilities
- o Corrections facilities
- o Homeless shelters/clinics for homeless
- o Long term health facilities
- o Drug treatment centers
- o Post-exposure Procedure

1. When a Tuberculosis (TB) exposure occurs, the involved student will report the incident to the clinical instructor and the appropriate administrative staff at the involved institution or agency.
2. The student will be counseled immediately and referred to his or her personal health care provider, or local Health Department.
3. A baseline Tuberculosis Skin Test (TST) should be administered as soon as possible after the exposure.

4. Frequency of follow-up TSTs will be performed per provider protocol. A TST performed 12 weeks after the last exposure will indicate whether infection has occurred.
5. A student with evidence of new infection (TST conversions) needs to be evaluated for active TB. Even if active TB is not diagnosed, prophylactic therapy for latent TB is recommended.
6. A student with a previously documented reactive TST need not be retested but should have a baseline symptom screen performed following the exposure and repeated 12 weeks after the exposure. If the symptom screen is positive a chest x-ray is required.
7. Any active case of TB must be reported to local Health Department.

Return to Class for Active TB

A student diagnosed with active pulmonary or laryngeal TB may be highly infectious; and will not be able to attend class or clinical experiences until he/she is noninfectious. In order to return to school, the student will need to provide documentation from the health care provider that he/she is noninfectious. The documentation needs to include evidence that:

- The student has received adequate therapy for a minimum of 2 weeks.
- The cough has resolved, and the student is not experiencing chest pain, hemoptysis, fever or chills.
- The results of three consecutive sputum acid-fast bacilli (AFB) smears collected on different days are negative

Documentation and Financial Responsibility

- After the student returns to school and remains on anti-TB therapy, periodic documentation from their health care provider is needed to show that effective drug therapy is being maintained for the recommended period and that the sputum AFB smear results remain negative.
- The student is responsible for all costs related to the exposure incident.
- The student's health records will be maintained in a confidential file.

Communicable Disease Policy

You may not participate in classroom or field experiences during the time you are affected by or suspect you have a communicable disease. A communicable disease is a health disorder that can be passed from one person to another. If suspected of communicable disease, you must immediately visit your personal physician for evaluation. If the evaluation shows possible communicable disease, you must remain out of contact with patients for the duration suggested by the physician and report this to the course faculty and program director. You may not return to participation in clinicals until you have been re-evaluated by a physician, nurse practitioner, or physician assistant and released with written verification from the medical provider. You must contact the clinical faculty and preceptor upon suspicion and verification of the disease. Each clinical practice is answerable to their regional Health Department Guidelines, thus we defer to local regional health authorities, and abide by the protocols of the practice where you are completing your clinical hours. Please ensure you are familiar with the policies in your state, local area, and at your site.

The following are examples of communicable diseases:

AIDS

Cholera

Strep pharyngitis

Measles

Hand, foot, mouth syndrome

Viral and acute hepatitis



Tetanus	Influenza	Herpes
Shingles (Herpes Zoster)	Herpes Simplex	Lice (pediculosis)
Conjunctivitis	Meningitis (bacterial)	Lyme disease
Impetigo	Mumps	Escherichia coli (E coli)
Diphtheria	Pertussis (whooping cough)	Tuberculosis
Yellow Fever	Rubella	Group A Strep
Chickenpox	Shigellosis	Pinworms
Diarrhea-infectious	Streptococcal pneumonia	Ringworm
Hepatitis A, B or C	Scabies	COVID-19

Head Lice Procedure

- Transmission to another host occurs when two heads are in direct contact for one minute or more. They can climb rapidly in dry hair and are not removed by washing.
- Standard Infection Control Precautions (Universal Precautions Policy) should be implemented for the management of lice.
- Staff should wear appropriate PPE (long sleeved gowns and gloves) during application of treatment and when prolonged contact occurs.
- Remove linen and clothing carefully and treat as infected linen.
- Minimum of daily linen changes may be necessary to reduce the number of lice where there is heavy infestation.
- Personal clothing can be sent home in a sealed plastic bag for washing which should be washed at temperatures suitable for the fabric but ideally above 65 degrees and preferably dried in a tumble drier and ironed.
- Student needs to go home for treatment and cannot return for 24 hours: Obtain the recommended product from the pharmacy. Treat the patient according to product instructions. Two treatments are recommended seven days apart to prevent lice emerging from eggs that survive the first application. All family members, close contacts and affected staff (head to head contact for 1 minute or more) to be treated at the same time on the same day.

Health and Safety Requirement Descriptions

Item	Description
Tuberculosis (TB) For continued enrollment - required annually.	Negative 2-Step PPD, where the 2nd Step is dated with 7-365 days of the 1st Step. Annually thereafter, only an Annual 1-Step PPD is required. Subsequent tuberculosis testing is a onestep PPD repeated annually. The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test. A TB test is valid for one year. TB records must be current and on file. The QuantiFERON®-TB Gold blood test may be accepted in lieu of the PPD. For positive PPD or QuantiFERON®- TB Gold Test/T-Spot, negative CXRs will be required, along with the annual symptoms checklist (Appendix F). A chest x-ray is valid for 5 years, but the evaluation form must be submitted annually. INH and the annual symptoms checklist (Appendix F) may also be submitted. The PPD is not contraindicated for anyone including pregnant women, persons who are HIV-infected, or persons who have been vaccinated with BCG. Evaluation will be made on an individual basis. Note: If a student chooses to submit

	<p>QuantiFERON®- TB and then it expires and the student chooses to then submit Negative 2-step PPD, both steps are required (i.e. QuantiFERON®- TB will not be acceptable as the first step)</p>											
<p>BLS card</p>	<p>For continued enrollment re-certification is required prior to expiration date. BLS certification for the Professional Rescuer or Healthcare Provider is required. Information as to the availability of courses may be obtained by calling either the American Heart Association or checking online. This certification is valid for a two-year period and provides comprehensive training in this area. Other BLS courses will NOT fulfill this requirement. Online-only courses are not acceptable. Government/military issued BLS may be acceptable. ACLS alone is not acceptable.</p>											
	<table border="1"> <thead> <tr> <th>Provider Name</th> <th>Course Title</th> </tr> </thead> <tbody> <tr> <td>American Heart Association</td> <td>BLS Healthcare Provider</td> </tr> </tbody> </table>	Provider Name	Course Title	American Heart Association	BLS Healthcare Provider							
	Provider Name	Course Title										
American Heart Association	BLS Healthcare Provider											
<p>Tetanus-Diphtheria (Tdap) For continued enrollment – required prior to expiration date.</p>	<p>Documentation of Tetanus-Diphtheria with Acellular Pertussis vaccination administered within the past 10 years. (Tdap vaccines required, TD can be provided after Tdap expires.). Evaluation will be made on an individual basis.</p>											
<p>Influenza (Flu) For continued enrollment - required annually.</p>	<p>Flu vaccines are available from late September through early May. Students are required to have a current flu vaccine on file in order to enter the clinical setting. Influenza vaccine is required annually. Evaluation will be made on an individual basis.</p>											
<p>Nursing License</p>	<p>Student are required to carry an active nursing license from the state that student will anticipate performing their clinical rotation in. Student’s nursing license and liability insurance coverage should both be active and within the same state.</p>											
<p>Medical Clearance Form</p>	<p>A physician or other health care provider completes this form following a physical exam of the student. If the physical was performed within the last six months, the form may be completed based off that exam.</p>											
<p>Hepatitis B</p>	<p>Hepatitis B vaccine (3 doses) OR blood titers are required. A lab confirmation must be presented (see below) if using blood titers. You will be required to repeat the vaccine series if there is no immunity. If you have repeated vaccination series and completed a second titer and the results are still negative, equivocal, or borderline, then you may sign a waiver for this disease. Evaluation will be made on an individual basis.</p>											
	<table border="1"> <tbody> <tr> <td>HBsAg</td> <td>negative</td> <td>immune due to vaccination</td> <td>no vaccination necessary</td> </tr> <tr> <td>anti- HBc</td> <td>negative</td> <td></td> <td></td> </tr> <tr> <td>anti-HBs</td> <td>positive with >10mIU/mL</td> <td></td> <td></td> </tr> </tbody> </table>	HBsAg	negative	immune due to vaccination	no vaccination necessary	anti- HBc	negative			anti-HBs	positive with >10mIU/mL	
HBsAg	negative	immune due to vaccination	no vaccination necessary									
anti- HBc	negative											
anti-HBs	positive with >10mIU/mL											



MMR: Measles, (Rubeola), Mumps, Rubella	Students must show proof of immunity (lab evidence indicating positive MMR titers). It is not sufficient to report having had any of these illnesses or vaccinations as a child. Titers must indicate adequate protection. If a titer for any disease is Negative or Equivocal, you must submit 2 doses of MMR dated AFTER the non-immune titer date. Evaluation will be made on an individual basis.
Varicella (Chicken Pox)	Students must show proof of immunity (lab evidence indicating positive varicella titers). Because of recent changes in policies, documentation of history of chicken pox or varicella vaccinations are not sufficient. If the titer is Negative or Equivocal, you must submit 2 doses of Varicella dated AFTER the non-immune titer date. Evaluation will be made on an individual basis.
Health Insurance For continued enrollment required prior to expiration date.	Verification of the student's current health insurance coverage. (e.g., copy of insurance card.) This information is required to be current throughout your clinicals.
Malpractice /University Insurance Student-Self Coverage	<p>\$1M per incident, \$6M aggregate. The coverage should state that student is covered as a FNP Student. OFE does not require a specific provider.</p> <p>FNP students are required to carry their own professional liability insurance. The coverage is a minimum of \$1,000,000 per event/\$6,000,000 aggregate. This coverage must state that the student is in an advanced practice/nurse practitioner student role.</p> <p>Note: Your clinical site may require additional coverage.</p> <p>CONHS carries Medical Professional Liability Insurance on all students in programs that require clinical experiences. The coverage is \$1,000,000 each occurrence and \$3,000,000 aggregate.</p>
Background Check	All nurse practitioner students must complete a background check prior to first clinical rotation. No felonies accepted, and misdemeanors will be subject to review by the Program Director whose decision is final. A student must report, within 10 days, any legal violation such as a DUI, misdemeanor or felony if occurrence is during the program. Students will not be permitted to continue in the program without a disposition date in any circumstances. Students may not be allowed to continue in the program depending on the offense. The student must pay the cost of the background check.
Hepatitis A	Recommended but not required.
Drug Screen	Students are required to have a negative drug screen prior to beginning first clinical experience. Students will be notified by the Office of Field Experience when drug screen is required. The student pays the cost of the drug screen. All students should refer to the detailed Policy for Student Drug, Nicotine & Alcohol Screening section of this handbook.
HIPAA Form	Students must sign and return this form, which certifies the student has completed the HIPAA training within the Nursing Caring Corner and completed the quiz with an 80% or higher.



Universal Precautions	Based on the mandatory CDC and OSHA guidelines, students and clinical faculty will consistently observe blood and body fluid precautions when working with all clients in all settings. Students are required to complete the Blood-borne Pathogens Training in the Nursing Caring Corner. Once training is completed, students must take quiz and get an 80% or higher. Students will submit a screenshot of the grade page (showing name, date, and grade) to meet this requirement.
Covid-19 testing or vaccine	Currently USU does not require Covid-19 testing or the vaccine, although the school reserves the right to require this in accordance with direction from the CDC or other local or state agencies. Although the school does not require it, some clinical sites may; please check with the Clinical Placement Coordinator or office manager.

NOTE: A CHECKLIST FOR USU REQUIRED HEALTH & SAFETY REQUIREMENTS IS IN APPENDIX A.



APPENDICIES TABLE OF CONTENTS

Appendix A	PAC for Clinicals - Health & Safety Requirements Checklist
Appendix B	Student Acknowledgement of FNP Clinical Handbook Guidelines
Appendix C	HIPAA Confidentiality Agreement
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Appendix F	Annual Positive TB Skin Test Questionnaire
Appendix G	Preceptor & Clinical Placement Interest Form
Appendix H	Preceptor Information and Acknowledgement Form
Appendix I	FNP Site & Preceptor Guidance
Appendix J	Student Evaluation of Preceptor
Appendix K	Preceptor and Site Evaluation by Site Supervisor
Appendix L	Preceptor/Clinical Faculty Evaluation of Student



Appendix A

PAC for Clinicals - Health & Safety Requirements Checklist

[See next page]



Appendix B

STUDENT ACKNOWLEDGEMENT OF FNP CLINICAL HANDBOOK GUIDELINES

Student:

I have read and agree to abide by the guidelines for clinical experiences as stated in the United States University College of Nursing and Health Sciences Family Nurse Practitioner Clinical Handbook including the General Overview, Sections, Appendices, and information specific to myself as a student.

Student Signature: _____ Date: _____



Appendix C

HIPAA CONFIDENTIALITY AGREEMENT

All students must complete this form.

Student Full Name: _____

The discussions, uses and disclosures addressed by this Agreement mean any written, verbal or electronic communications. I understand that I am never to discuss or review any information regarding a patient at a clinical site unless the discussion or review is part of my assignment to the site. I understand that I am obligated to know and adhere to the privacy policies and procedures of the clinical site to which I am assigned. I acknowledge that medical records, accounting information, patient information and conversations between or among healthcare professionals about patients are confidential under law and this Agreement.

I understand that, while in the clinical setting, I may not disclose any information about a patient during the clinical portion of my clinical assignment to anyone other than the medical staff of the clinical site. I understand that I may not remove any record from the clinical site without the written authorization of the site. Additionally, I understand that Patient Protected Health Information (PHI) includes patient medical and financial information or any other information of a private or sensitive nature that is considered confidential. I understand that before I use or disclose patient information in a learning experience, classroom, case presentation, class assignment or research, I must exclude the following:

Names	Certificate/license numbers
Geographical subdivisions smaller than a state	Vehicle identifiers Device identifiers
Dates of birth, admission, discharge, and death	Web locators (URLs)
Telephone numbers and Fax numbers	Internet protocol (IP) addresses
E-mail addresses	Biometric identifiers
Social security numbers	Full face photographs
Medical record numbers	Any other unique identifying number, characteristic, or code
Health plan beneficiary numbers	All ages over 89 years
Account numbers	Any other PHI, financial or confidential information

Additionally, I acknowledge that any patient information, whether or not it excludes some or all of those identifiers, may only be used or disclosed for health care training and educational purposes at United States University, and must otherwise remain confidential. I understand that I must promptly report any violation of the clinical site's privacy policies and procedures, applicable law, or this Agreement, by me, or a United States University student or faculty member to the appropriate United States University Program Director.

I am familiar with the guidelines in place at United States University and in my clinical settings pertaining to the use and disclosure of patient PHI or other confidential information. Prior approval should be obtained before any disclosure of PHI or other confidential information not addressed in the guidelines and policies and procedures of United States University and clinical sites. I understand the HIPAA Video and PowerPoint information and that if I have questions regarding the HIPAA Video and PowerPoint that I need to take my questions to the appropriate Program Director at United States University. I confirm by signing this Agreement, that I have successfully passed the HIPAA Training Quiz.

Finally, I understand that if I violate the privacy policies and procedures of the clinical site, applicable law, or this agreement, I will be subject to disciplinary action. By signing this Agreement, I certify that I have read and understand its terms and will comply with them.

Signature: _____

Date: _____

Complio Guidance

MSN FNP students are required to follow the below process and watch all video tutorials. United States University requires all MSN FNP students to order the following packages under **MSN FNP**:

- Immunization package
- Background & Drug Screen (Note: Single drug screen package is available if retake is required/approved)

Please contact American Data Bank if you have questions about your account, compliance requirements, or using Complio. They are available to assist you Monday-Friday 7am-6pm MT (Denver) via email at complio@americandatabank.com or by calling (800) 200-0853.



Welcome to Complio Tracking!

Complio is an online tracking system, selected by your school, to host details and documentation proving your compliance with immunizations and other requirements. Follow these step-by-step instructions to create an account and move towards compliance.

Video: Complio Overview

http://www.americandatabank.com/VideoDirectory/complio_overview.html

Create your Account

Step 1: Create an account by going to www.sdnahcbackground.com. On the right hand side of the page, click Create an account to get started with Complio. Enter your personal information. Be extra careful with your email address, as this is the system's main mode of communication with you.

Step 2: Complio will send an email to the email address used during account creation. Click on the Activation Link within the message or copy and paste the URL in your web browser.

Place Order

Step 3: Please note: An Account is not the same as a Subscription. Before you can begin entering information, you will need to order a subscription. Click **Get Started** to begin your order. Select your school, applicant type and program of study (FNP) and click Load Packages. Select a Tracking package and a Screening package:

- Immunization package
- Background & Drug Screen (Note: Single drug screen package is available if retake is required/approved)

Video: Subscribe to Complio <http://www.americandatabank.com/VideoDirectory/subscribe.html>

Step 4: Carefully enter the information required to complete your order. Please read the Disclaimer on the next screen, sign, and click Accept & Proceed to continue.

Video: Signing Forms <http://www.americandatabank.com/VideoDirectory/SigningForms.html>

Drug Screen Registration: Select the drug screen location that is most convenient for you. The current page loads based on the zip code of your current address, you can provide a different zip code to view additional locations.



Upon completion of your order, you will receive an email (Check your spam and/or junk mail) with the registration and collection location you have chosen. Make sure to print out the electronic drug screen registration form and go to the collection site you selected along with a photo ID to submit a specimen. **BE AWARE OF THE EXPIRATION DATE ON THE DRUG SCREEN ORDER.** **The drug screen must be completed prior to the expiration date. If the drug screen is not completed prior to the expiration date, the drug screen will be flagged and the student will be required to purchase another drug screen subject to USU approval.**

Please note: If you pay for your order by money order, you will not receive this information until the payment has been received.

Step 5: Review your information on the Order Review screen. If everything is correct, enter your payment. You can pay by credit card or money order. Once they have received payment for your subscription, you can begin to enter your data by clicking Enter Requirement for each category.

Add Details & Documents

Step 6: Click Upload Documents to browse your computer and upload your records and use the Browse button to locate documents within your computer.

Video: Upload Documents <http://www.americandatabank.com/VideoDirectory/upload.htm>

Step 7: Click Enter Requirement to add details for a specific requirement. There may be multiple options, but you may not need to complete them all.

Video: Entering Data <http://www.americandatabank.com/VideoDirectory/data.html>

Step 8: Select a Requirement, complete the required fields and select from the drop--down list of documents you've uploaded. Click Submit to save what you've entered. You can update the item at any time before it is approved.

Video: Exceptions- • -When and How to Apply <http://www.americandatabank.com/VideoDirectory/exceptions.html>

United States University generally does not accept exceptions. Please discuss any exceptions with Office of Field Experience.

Wait for Approval

Once you have entered a document, the red "x" to the left of the item will turn into a yellow circle with an exclamation point, indicating the item is ready to be reviewed. American DataBank verifies and reviews items within 1-3 business days (excluding holidays and weekends). Please plan ahead.

Monitor Your Status

We recommend checking Complio regularly. You are not fully compliant until your Overall Compliance Status = Compliant, indicated with a Green Checkmark. Complio will notify you via email when your compliance status changes, if an item is approaching expiration, or if a new requirement is added.

Questions?

Please contact American Data Bank if you have questions about your account, compliance requirements, or using Complio. They are available to assist you Monday-Friday 7am-6pm MT (Denver) via email at complio@americandatabank.com or by calling (800) 200-0853.



Appendix E

MEDICAL CLEARANCE FORM

Physician/NP: We rely heavily on your history with and examination of this nursing student. We appreciate as much information as possible on history and physical examination. Thank you.

Name _____ Social Security Number (last 4) _____

Blood Pressure (1) _____ (2) _____ Pulse _____ Ht. _____ Wt. _____

Vision (without glasses): Right _____ Left _____ (with glasses) Right _____ Left _____

Allergies _____

Clinical Exam: Check each Item in appropriate column. Elaborate as needed.

Normal Abnormal

- H.E.E.N.T.
Pupil Size
Skin
Heart
Lungs
Abdomen
Hernia and Genitalia (males)
Neurological
Spinal Column (scoliosis, etc.)
Upper Extremities
Lower Extremities

Present Health Problems:

Comments/Recommendations:

Restrictions:

Required for all Nurse Practitioner Students: Rubella Screen Mumps Screen
(May attach records/reports) Results (+/-) and Date Results (+/-) and Date

Rubella Screen Varicella Screen Tdap shot date
Results (+/-) and Date Results (+/-) and Date

TB PPD (1) TB PPD (2) (OR) CXR
Date Read and Result Date Read and Result Result and Date

Yes No The student named above is physically and mentally able to perform duties of a nursing student.

Provider's Address City State Phone:
Provider's Signature Date:



Appendix F

ANNUAL POSITIVE TB SKINTEST QUESTIONNAIRE

Positive TB Skin Test (PPD) Date: _____ Last Chest X-Ray Date: _____

Please indicate if you are having any of the following problems for three to four weeks or longer:

	<u>Yes</u>	<u>No</u>
1. Chronic cough lasting longer than three weeks	_____	_____
2. Chills that recur	_____	_____
3. Unexplained weight loss (over 10 lbs. in 2 months)	_____	_____
4. Night sweats	_____	_____
5. Fever lasting several days	_____	_____
6. Coughing blood-streaked sputum	_____	_____
7. Fatigue—easily and ongoing	_____	_____
8. Shortness of breath	_____	_____
9. Have you been recently diagnosed with diabetes, silicosis, HIV disease, renal disease or liver disease?	_____	_____
10. Have you recently been exposed to a family member or other person with active TB?	_____	_____
11. Have you ever received the BCG immunization?	_____	_____

If you checked YES to any of the above questions, are you currently being treated by a Physician?
 Yes or No (circle one). Please explain:

Any additional symptoms:

I have indicated the symptoms above and have no additional symptoms at this time:

Signature: _____ Date: _____

Print Name: _____

Healthcare Provider Printed Name:	
Certification (circle):	MD / NP / RA / RN
Signature	Date



Appendix G

Clinical Placement Interest Form (Interest Form)

OFE is pleased assist FNP students in following up with sites and preceptors for clinical placement. As student clinical placement is highly competitive, we encourage you to provide us as much information to help you achieve your preferred location and preceptor. Please provide at least 3 preceptors and the sites where they are in practice. **Submitting an incomplete form may delay processing.**

STUDENT INFORMATION

Student Name: _____ Student ID: _____

The following are requested for which clinical course: FNP592 FNP594 FNP596 FNP597

CLINICAL SITE/PRECEPTOR INFORMATION (1st Priority)

Clinical Site Name: _____	Preceptor Name _____
Clinical Site Address: _____	Preceptor Credentials _____
	Type of Practice/Specialty: _____
Clinical Site Email: _____	Preceptor Email _____
Clinical Site Phone _____	Preceptor Phone _____

Agreed to Precept Me Contacted, need OFE to follow up I am an employee of this organization

CLINICAL SITE/PRECEPTOR INFORMATION (2nd Priority)

Clinical Site Name: _____	Preceptor Name _____
Clinical Site Address: _____	Preceptor Credentials _____
	Type of Practice/Specialty: _____
Clinical Site Email: _____	Preceptor Email _____
Clinical Site Phone _____	Preceptor Phone _____

Agreed to Precept Me Contacted, need OFE to follow up I am an employee of this organization

CLINICAL SITE/PRECEPTOR INFORMATION (3rd Priority)

Clinical Site Name: _____	Preceptor Name _____
Clinical Site Address: _____	Preceptor Credentials _____
	Type of Practice/Specialty: _____
Clinical Site Email: _____	Preceptor Email _____
Clinical Site Phone _____	Preceptor Phone _____

Agreed to Precept Me Contacted, need OFE to follow up I am an employee of this organization



Appendix H

Preceptor Information and Acknowledgement Form (Preceptor Form)

Student Name: _____ Student ID: _____

PRECEPTOR INFORMATION

Name:	_____	Board Certified?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Credentials:	_____	Board Cert. Organization:	_____
Email:	_____	Board Cert. Number:	_____
Phone:	_____	License #:	_____
Years of Practice:	_____	Clinical Site Name:	_____
Foreign Languages:	_____	Clinical Site Address:	_____

PRECEPTOR CURRENT PRACTICE AREA (check all that apply)

- Family/Primary Care (includes lifespan)
 Women’s Health, Obstetrics, Gynecology
 Geriatrics
 Pediatrics
 Emergency
 Urgent Care
 Psych/Mental Health
 Pain Management
 Adult/Internal Medicine/General
 Other/Specialty: _____

PRECEPTOR RESPONSIBILITIES

By signing this form, the above named preceptor agrees to the following:

- I have read the Family Nurse Practitioner Clinical Handbook and agree to abide by its guidelines
- I will read the Syllabus provided by student for each clinical course
- I understand I will need to confer with the Clinical instructor during and/or at the end of the course(s) to provide information I believe is necessary for progress in the clinical experience
- I agree to act as Preceptor to the student listed above as part of his/her enrollment at the United States University College of Nursing and Health Sciences program clinical courses
- I agree to precept no more than 2 NP students per shift from all schools combined. If 2 students are with the preceptor on the same shift, the preceptor is expected to not see patients independently
- I agree to monitor student hours
- I agree to complete evaluations of the student and clinical experience, as necessary

For standard credentialing, please attach the following to this form:

- Current CV/Resume
 Professional License
 Board Certification certificate (NPs only)

Preceptor Signature: _____ **Date:** _____



Appendix I

FNP Site & Preceptor Guidance

FNP592 Focus:

Types of Patients: Across the lifespan in the primary care setting

Types of Services: Assessment and management of primary care.

Ideal Preceptor Choices: Primary care MD, DO, FNP, AGNP. Family practice MD, DO, FNP, AGNP. Internal medicine MD, DO, FNP. Pediatric primary care MD, DO, FNP or CPNP. **The preceptor's practice cannot have a specialty.**

Ideal Site Choices: Family practice, internal medicine (non specialty) practice, or primary care clinic. Primary care pediatrics. Additional sites that may be acceptable include health departments and retail clinics (e.g., CVS) that provide primary care. Home care that provides primary care across the life span. Sometimes acceptable: urgent care facilities **that provide primary care.**

Inappropriate Sites: Acute care facilities (hospitals, surgery centers, EDs, emergent or urgent care clinics), specialty clinics, long-term care facilities, university health services, hospice care centers, pain management centers, and cancer centers.

Notes: If the preceptor lists Internal Medicine on CV/Resume, and also has training listed in a specialty (fellowship, second residency, etc.) and the clinic's website also lists a specialty, it is not likely a primary care practice appropriate for a first rotation. A letter from the provider confirming currently practicing in primary care may be required.

Family/Primary Care:

Types of Patients: Care of patients across the life span.

Types of Services: Assessment and management of acute and chronic health conditions of patients across the life span.

Ideal Preceptor Choices: Primary care MD, DO, FNP. Family practice MD, DO, FNP. Internal medicine MD, DO, FNP. The preceptor's practice cannot have a specialty.

Ideal Site Choices: Family practice, internal medicine practice, primary care clinic. Additional sites that may be acceptable include health departments and urgent care facilities that provide primary care. Home care that provides primary care across the life span.

Inappropriate Sites: Acute care facilities (e.g., hospitals, surgery centers, EDs, emergent care clinics), specialty clinics, long-term care facilities, university health services, hospice care centers, pain management centers, and cancer centers

Pediatrics:

Types of Patients: Patients must be children or adolescents from newborn to 17 years of age.

Types of Services: Assessment and management of primary care of children and adolescents. Must see patients in a pediatrics practice and must see both well and sick infants/children/adolescents.

Ideal Preceptor Choices: Pediatrician MD or DO. FNP or PNP, in pediatrician's office.

Ideal Site Choices: Pediatrician office, family practice, primary care clinic, or health department clinic.

Inappropriate Sites: Acute care facilities (e.g., hospitals, surgery centers, EDs, emergent or urgent care clinics), specialty clinics, long-term care facilities, university health services, hospice care centers, pain management centers, and cancer centers.

Hours: Generally the student should schedule at least 80 to get around 85 cases, but additional hours may be completed as long as it is in primary care peds and all other required specialty hours are completed by the end of the



program. However, if the site is specialty-Peds (like Hem-onc peds, rheumatology peds, etc) this site would count as an optional specialty (up to 40 hours) and not toward your primary care peds requirement.

Notes: It is very important to check the age at which age the clinic or preceptor begins to see patients. Some family practice providers will only see ages 4 or 5 y.o. and up, and students are required to write SOAP notes on infants and young children during their program, and they need to gain experience at the younger ages. So if the site claims they are family practice but the site only sees 4 and up, the student should seek out another site for peds and should not count on doing their entire FNP program at the one site. Additionally, Peds urgent care should not be a students only Peds rotation. Urgent care rarely administers vaccines other than flu vaccine, and rarely do the primary care or full wellness visits that are an essential part of the training. Urgent care centers also do not often accept infants (< 12 mo old). ER should also not be considered for the Peds rotation.

Women's Health / OBGYN:

Types of Patients: Focused on the care of women. Focuses on the primary care services to women of all ages.

Types of Services: Provide obstetrical* and gynecological care. Focuses on women's healthcare, family planning, and reproductive services.

*obstetrics is optional

Ideal Preceptor Choices: OB and/or GYN MD, DO, FNP, WHNP.

Ideal Site Choices: OB and or GYN practice, family practice, internal medicine practice, primary care clinic, or health department clinic that contains a minimum of 50% women's care, including prenatal and postnatal care, GYN, pap smears, birth control, menopause, and STDs.

Inappropriate Sites: Infertility clinics.

Note: Students are not to be involved in births or surgeries.

Geriatrics:

Types of Patients: Age 65 and older with primary care issues.

Types of Services: Assessment and management of primary care, recommendation of appropriate immunizations for elders, medication management with focus on unique needs of the geriatric patient, assessment and facilitation of functional abilities in consideration of chronic and aging limitations.

Ideal Preceptor Choices: AGPCNP, ANP, FNP, GNP, MD, or DO working in Primary Care, Family practice or Internal Medicine.

Ideal Site Choices:

- Family practice with high number of gero patients, Internal medicine if patients meet the age requirements, long- term care, home health primary care if patients meet the age requirements

Specialty Gero Sites:

Hospice, Alzheimers, SNF or other specialty geriatric sites will only be approved for 40 hours, but the students may count them as geriatric (in the vast majority of cases), but the student should not plan on a full rotation or the full 100 hours at these sites.

Inappropriate Sites: Surgery centers, EDs, emergent care clinics, and dialysis clinics.

Optional Specialty Rotations: (up to a total of 40 hours across specialties unless specified otherwise)

Appropriate:

- Emergency (Up to 60 hours)
 - (Idea: Clinical hours may be completed in the emergency room setting however should be in a "fast track" environment and the emergency severity index while doing clinical training as an FNP cannot be more than a 4



or 5 with an index of 1 being the most urgent.
(<https://www.ahrq.gov/professionals/systems/hospital/esi/index.html>)

- Urgent care (will be acceptable beyond the 40 hours requirement, however, all core/required specialty hours and journal entries must be met)
- Psychiatric / Mental Health
- Pain Management
- Diabetes
- Cancer Center
- Nephrology
- Rheumatology
- Endocrinology
- Neurology
- Cardiology (non-interventional cardiology)
- Pulmonology
- Neurology

- GI clinics – no procedures

Inappropriate:

- Acute Care Setting (never approve inpatient, hospital settings)
- Trauma Units
- Inpatient rehab and substance abuse centers
- Surgery Center
- Chiropractors, acupuncture, and naturopathic sites or preceptors
- MediSpa / Cosmetic / Aesthetic Clinics
- Infertility Clinics
- Dialysis Clinics / Kidney Centers
- Neurosurgery
- Sleep medicine
- Covid-19 testing centers
 - Several places are creating pop-ups utilizing NPs for Covid-19 screening and counseling and it's not a very good educational experience

Note: If the optional specialty is not listed here, it must be sent to PD/OFE Director for review and determination of approval.

Telehealth/Telemedicine/Teleprecepting Notes:

- Students may do up to 135 hours in telemedicine
 - They can split it up and do any combination of hours among the four clinical courses
 - There is no minimum, but we recommend at least 16 hours
- Telemedicine may be done in any of the areas listed (i.e. Peds, WH, family practice, etc.)
- Students need to have live video, or store-and-forward type telemedicine sites, not simple phone calls to patients
- Students should have access to the EMR system
- If students are participating in tele-precepting, the student should be able to see the same screen as the preceptor for the experience to be acceptable; students should not be listening only by phone



Appendix J

Student Evaluation of Preceptor

Student Name:
Student ID:
Student USU E-mail:
Course:

Preceptor Name:
Site Name:

Student Evaluation	Qualities	Below Expectations	Meets Expectations	Exceeds Expectations
Communication	Concise, Clear, Positive, and professional			
Professionalism	Professional interaction			
Teaching	Reviews all areas of competencies and skill development			
Educational Support	Utilizes evidence based practice and guidelines. Directs student to appropriate resources.			

Evaluation completed by:

Student Signature: _____

Student Name (Printed): _____

Date: _____

Preceptor and Site Evaluation by Site Supervisor

Preceptor Name:

Site Name:

The items below are considered to meet or exceed expectations unless the site supervisor notates the number and specific area of deficiency in the comments section.

Area of Evaluation: **Preceptor**

1. **Available**
Expectation: Available to answer questions, review goals and objectives, listen to presentations, and sign charts.
2. **Role models**
Expectation: Demonstrates understanding of the APRN role; serves as a good role model for physical examination and assessment techniques.
3. **Allows practice opportunities**
Expectations: Allows opportunities to assume increasing responsibility, suggest plan of care such as health promotion screens, medications, lab and x-ray, alternative therapies, referrals while considering limits according to level of training.
4. **Diagnostic Reasoning**
Expectation: Leads student through decision-making rather than giving own impressions and reviews their differential diagnoses.
5. **Caring and Ethical Practices**
Expectation: Demonstrates caring and ethical practices utilizing patient advocacy in all socioeconomical circumstances.
6. **Feedback**
Expectation: Provides immediate and adequate feedback to questions, clinical performance, and patient presentations.
7. **Research/Quality**
Expectation: Implements evidence-based practice and applies continuous quality improvement in delivery of care.

Area of Evaluation: **Site**

1. **Space/Time**
Expectation: Provides adequate space and time for student to see clients.
2. **Client Types**



Expectation: Provides opportunities for health promotion and disease prevention care as well as disease diagnosis and management

3. Diversity

Expectation: Varies types of clients as to health status, diagnoses, level of acuity, age, sex, and ethnic.

4. Support Staff

Expectation: Accepting and appropriately helpful

5. Teaching/Education Opportunities

Expectation: Instructional materials available to supplement client learning such as pamphlets, books, charts, etc.

Summary of strengths or why this site and preceptor provided an acceptable learning environment:

If there are any areas which are below expectations, please indicate Preceptor vs Site and specific numbered area with the deficiency and provide additional feedback or areas of improvement needed. Otherwise, please write N/A.

Do you recommend this clinical site and preceptor: Yes No

Evaluation completed by:

Site Supervisor Signature: _____

Site Supervisor Name (Printed): _____

Date: _____



Appendix L

Preceptor/Clinical Faculty Evaluation of Student

Student Name:
Student ID:
Student USU E-mail:
Course:

Preceptor Name:
Site Name:

**All questions are rated: (1) Below expectations; (2) Meets Expectations; (3) Exceeds Expectations
All scores of 1 (below expectations) require a comment by the evaluator.**

1. Judgment/Common Sense

Expectations: Responds to clinical situations logically and demonstrates good judgment; considers cost benefits and ethical principles.

2. Attitude/Cooperation

Expectation: Maintains professional composure and accepts instruction; well motivated and shows enthusiasm.

3. Accountability/Dependability

Expectation: Good attendance, punctual and well prepared; meets minimum clinical hour requirements (135 per regular rotation; if different or specialty, please note in comments).

4. Communication/Documentation Skills

Expectation: Professional verbal and non-verbal communication with staff and patients. Written communication (documentation) is accurate and complete and reflects the visit appropriately.

5. Caring and Ethical Practices

Expectation: Demonstrates caring and ethical practices utilizing patient advocacy in all socioeconomic circumstances.

6. Diagnostic Reasoning/Critical Thinking Skills

Expectation: Applies individualized care related to diagnostic reasoning and critical thinking skills in clinical practice. Has the ability to review labs, radiology or other reports to formulate an appropriate plan of care.

7. Professional Role & Collaboration

Expectation: Articulates the specific scope of practice of a FNP and engages in interprofessional collaboration via communication with other healthcare partners in the clinical setting.

8. Teaching/Counseling Patients

Expectation: Counsels clients regarding wellness, health risks, age-appropriate screening, and health restoration. Provides appropriate anticipatory guidance.



9. History Taking

Expectation: Elicits a complete and/or focused health history and documents effectively.

10. Physical Exam

Expectation: Performs a skillful, complete or focused physical according to the patients' presenting complaints.

11. Clinical Knowledge

Expectation: Applies advanced practice nursing concepts related to caring science theory to health promotion and disease management.

12. Research/Quality

Expectation: Implements evidence-based practice and applies continuous quality improvement in delivery of care.

13. Clinical Skills

Expectation: Performs APRN skills appropriately for level of training. Student demonstrates safety and competence in attempted skills such as suturing, foreign body removal, incision and drainage, fluorescein staining, etc.

14. Diagnosis

Expectation: Utilizes appropriate differentials, diagnostic studies, and evidence-based practice guidelines.

15. Management Plan

Expectation: Provides appropriate patient education, community resources and health care provider referrals, and plans for follow-up; uses pharmacological and integrative healing strategies.

16. Evaluation/Follow-up

Expectation: Modifies plan of care according to patient's response, additional database such as social, financial, and diagnostic data.

17. Leadership Role

Expectation: Demonstrates leadership skills in patient care and professional relationships.

18. Community-based Experience

Expectation: Student seeks out a meaningful clinical experience in the community. The student demonstrates cultural awareness and acknowledges implicit biases in healthcare while caring for clients of diverse backgrounds, races, ethnicities, genders, values, and perspectives.

19. Telehealth

Student demonstrates understanding of equipment, legal requirements, billing, documentation, and other policies surrounding telemedicine. The student exhibits telehealth and telemedicine etiquette.



20. Overall

Has the student progressed to your expectations during this clinical rotation? Would you recommend this student move forward with the program? Is the student responsive to your encouragement, guidance, and suggestions for improvement?

Yes

No

If no, please provide an explanation in the comments section below. Be specific and provide examples of why you do not think the student is progressing, and provide areas of improvement and/or areas of focus.

Comments: Evaluators must make a comment on any criterion that was given a one (1) (below expectations). If any of the areas were not applicable or not observed (i.e. telemedicine) please write that here.

Thank you for taking the time to complete this evaluation on your FNP student. Your concerns and recommendations are extremely important and is weighted heavily as we collect all available information related to the student's readiness to progress. The decision to advance the student and the final grade will be determined by the clinical faculty member. Thank you again for your time!

Evaluation completed by:

Preceptor Signature: _____

Preceptor Name (Printed): _____

Date: _____