Goal: Maximize the student clinical learning experience each semester.

Scope of Practice:
Primary Care Pediatric Nurse Practitioner (PNP) specialty may provide care only to patients from newborn to 21 years of age.

General Guidelines:
All clinical rotations must in an outpatient setting. A total of 720 hours are required. Required minimum direct patient hours in an approved clinical setting per semester:
- Spring Semester – 180 hours
- Summer Semester – 180 hours
- Fall Semester – 360 hours

Preceptor Requirements:
PNP students must have a clinical rotation with at least one PNP preceptor during their program of study (180 hours minimum) and students may not exclusively precept with Pediatricians.

The following providers are approved as preceptors in the PNP program:
- Pediatricians
- PNPs
- FNP who exclusively work with pediatric patients.

What is an appropriate site?
Pediatric Primary care offices are the ideal site for PNP students.

Are there any specific requirements?
PNP students cannot have the same preceptor clinical site for more than 2 semesters.

PNP students may use a previous preceptor clinical site (180 hours maximum) in their Fall clinical residency rotation with prior approval from PNP specialty coordinator.

PNP students may have 90 hours maximum in pediatric urgent care during Fall clinical residency with prior approval from PNP specialty coordinator.

- Clinical Sites per Semester
  - Spring and Summer: maximum of 2 clinical sites (90 hours each).
  - Fall semester: maximum of 2 clinical sites (one site for 90 hours and one site for 270 hours).
  - Having more than one clinical site per semester requires approval from the specialty coordinator.
Other tips related to PNP clinical placement:

- **Professional Networking**
  Join your local Nurse Practitioner organization or National Association of Pediatric Nurse Practitioners (NAPNAP) to network with potential preceptors.

**What do I do when I find a preceptor?**

It is best to check in with your Clinical Placement Coordinator to verify if the preceptor is already in our database and if there is an existing contract with the site.

**Preceptor Information Form**

When you find a preceptor that meets all of the requirements mentioned above, the next step is to send your preceptor the preceptor information link. You can find this link on the College of Nursing (CON) website under Student Resources/DNP& Certificates/Clinical Placements. Let your preceptor know that the form only takes 1-2 minutes to complete and will ask them to upload their CV. An office manager or assistant can complete this form for them.

https://www.jotformpro.com/form/51595309474968

**Contracts**

1. If your Clinical Placement Coordinator tells you that a contract is required, students must submit a Student Request for Contract Form to the Clinical Placement Coordinator.
2. This form is also located on the Clinical Placement page of the CON website. The student needs to complete this form, not the site. https://www.nursing.arizona.edu/resources/clinical-placements
3. Do not leave any items on this form blank and be sure to provide accurate contact information. The contract’s office will return this form if it is not complete.
4. The contract request will be processed once your Clinical Placement Coordinator receives the Preceptor Information Form and the Student Request for Contract Form.

**Tips for a Successful Clinical Placement Experience**

**Track Your Placement Status**

1. It is the student’s responsibility to ensure all onboarding forms have been submitted to the clinical site.
2. Students must check in with their Clinical Placement Coordinator on the status of any business related to clinical placement in a timely matter.
3. It is preferred to check in with your Clinical Placement Coordinator on a monthly basis from the start of the program.

**Be Proactive**

1. Keep Castle Branch updated.
2. Enter the dates your immunizations/certifications will expire in your calendar so that this will not stop you from beginning or remaining in your clinical site at any time during the year.
Keep Communication Efficient - The more information given, the less back and forth for everyone!

1. If you plan on working at multiple sites and have multiple preceptors, please include the information below when emailing your coordinator an update.
2. Try to keep the same thread for tracking purposes. Subject line should be the semester (Spring Placement, Summer Placement, and Fall Placement).
3. Below is an example of a plan for the year.

   Items to include in your email:
   - Site Name & Specific locations (if there are multiple locations within the organization)
   - Preceptor Name & Credentials
   - Number of hours you plan to work
   - Define which semester

Monitor your hours

1. You will have the ability to monitor your hours in EXXAT. Schedule bi-Monthly reminders to review your hours to ensure that you are on track to meet your goal.
2. Be proactive; let your Clinical Supervising Faculty (CSF) and your Clinical Placement Coordinator know when you are concerned about your hours as soon as possible. An average of 12-15 hours per week should allow you to meet your goal for the Spring and Summer semesters.
3. Extra hours will not roll over to the next semester. Please do not let this stop you from working more hours. The time you spend with your preceptor is precious time!
Clinical Rotation Guidelines per Semester

First Clinical Rotation - Spring

NURS 642a: Care of the Well Child and Adolescent
Course Description: This course focuses on the role transitioning from the RN to the Pediatric Nurse Practitioner in health detection, promotion and prevention in pediatric primary health care. Research and theory are used to identify strategies to provide primary care of the well child.

HOUR REQUIREMENTS: minimum of 180 direct patient hours over 15 weeks (average is 12 hours per week)

RECEPTOR RESPONSIBILITIES:
1) Supervise student in the clinical setting.
2) Complete mid-term (conversation with clinical supervising faculty) and final written student evaluations.

OBJECTIVES:
1) Gather a focused history, perform physical examinations, and develop a rudimentary problem list (including differential diagnoses for the chief complaint) for stable patients.
2) Write comprehensive episodic visit notes, histories and physicals.
3) Develop a plan for health maintenance.
4) Write prescriptions and orders (for preceptor signature).
5) Present patients to preceptor verbally and propose appropriate diagnostic studies and treatment options.

PNP STUDENT PRACTICE GUIDELINES:
1. Students schedule clinical time directly with the preceptor, consistent with the preceptor’s availability/ schedule.
2. Students are NOT allowed to interview, examine, or perform procedures on patients older than 21 years of age.
3. Students may perform selected diagnostic and therapeutic skills and procedures under direct preceptor supervision. Students are restricted to only performing procedures that they have received theory content.
4. Students are NOT to care for any patients in a department or pediatric clinic in which they currently work.
5. Students are responsible for assuring preceptor mid-term and final evaluations are completed.
6. The pediatric nurse practitioner student will not manage high acuity, unstable pediatric patients that require the hospital setting for management.
Second Clinical Rotation – Summer

NURS 642b: Diagnosis and Management of Acute Conditions in Children and Adolescents

Course Description: The focus of this course is the role of the Pediatric Nurse Practitioner in health promotion, diagnosis and management of acute illnesses in pediatric primary health care practice attending to differences in focused populations. Research and theory are used to identify strategies integral to advanced nursing practice for the promotion of health and prevention of illness. Diagnosis and management of common illnesses in children and adolescents will involve critical thinking processes required for assessment and development of differential diagnosis and therapeutic interventions.

HOUR REQUIREMENTS: minimum of 180 direct patient hours over 12-13 weeks (approx. 2 days/week)

PRECEPTOR RESPONSIBILITIES:
1. Supervise student in the clinical setting.
2. Complete mid-term (conversation with clinical supervising faculty) and final written student evaluations.

OBJECTIVES:
1. Gather a comprehensive or focused history, perform a physical examination, and develop a complete problem list (including differential diagnoses for the chief complaint) for complicated patients.
2. Write comprehensive episodic visit notes, histories and physicals.
3. Develop a comprehensive plan for health maintenance.
4. Write prescriptions and orders (for preceptor signature).
5. Present patients to preceptor verbally and propose appropriate diagnostic studies and treatment options.
6. Perform selected diagnostic and therapeutic skills and procedures under direct preceptor supervision.

PNP STUDENT PRACTICE GUIDELINES:
1. Students schedule clinical time directly with the preceptor, consistent with the preceptor’s availability/schedule.
2. Students are NOT allowed to interview, examine, or perform procedures on patients older than 21 years of age.
3. Students may perform selected diagnostic and therapeutic skills and procedures under direct preceptor supervision. Students are restricted to only performing procedures that they have received theory content.
4. Students are NOT to care for any patients in a department or pediatric clinic in which they currently work.
5. Students are responsible for assuring preceptor mid-term and final evaluations are completed.
6. The pediatric nurse practitioner student will not manage high acuity, unstable pediatric patients that require the hospital setting for management.
Third Clinical Rotation-Fall

NURS 693: Nurse Practitioner Internship
Course Description: A five-credit course designed to provide individualized advanced instruction and clinical practice working with clients and families in urban and/or rural primary health care settings. Focus on reinforcement, application, and extension of theory, knowledge, and skills from previous courses within the nurse practitioner scope of practice.

HOUR REQUIREMENTS: minimum of 360 direct patient hours over 15 weeks (average of 30 hours a week).

PRECEPTOR RESPONSIBILITIES:
1) Supervise student in the clinical setting.
2) Complete mid-term (conversation with clinical supervising faculty) and final written student evaluations.

OBJECTIVES:
1) Gather a comprehensive or focused history, perform a physical examination and develop a comprehensive problem list (including differential diagnoses for the chief complaint) on all patients.
2) Write comprehensive episodic visit notes, histories and physicals.
3) Write prescriptions and orders (for preceptor signature).
4) Present patients to preceptor verbally and propose detailed treatment plan, including further work up, as needed (e.g., labs, diagnostic studies).
5) Provide ongoing daily management (under preceptor supervision).
6) Perform selected diagnostic and therapeutic skills and procedures under direct preceptor supervision.
7) Demonstrate the ability to address clinical problems and triage them appropriately, recognizing what requires immediate intervention, what can be deferred, and what must be referred to another clinician.

PNP STUDENT PRACTICE GUIDELINES:
1. Students schedule clinical time directly with the preceptor, consistent with the preceptor’s availability/schedule.
2. Students are NOT allowed to interview, examine, or perform procedures on patients older than 21 years of age.
3. Students may perform selected diagnostic and therapeutic skills and procedures under direct preceptor supervision. Students are restricted to only performing procedures that they have received theory content.
4. Students are NOT to care for any patients in a department or pediatric clinic in which they currently work.
5. Students are responsible for assuring preceptor mid-term and final evaluations are submitted.
6. The pediatric nurse practitioner student will not manage high acuity, unstable pediatric patients that require the hospital setting for management.