



THE UNIVERSITY OF ARIZONA

College of Nursing

**Clinical Guidelines Handbook for NP Specialties
Doctor of Nursing Practice
2017-2018**

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Introduction & Relationship to Other Documents

The Clinical Guideline Handbook is intended to be used in conjunction with other University documents such as the University of Arizona Graduate Catalog and the DNP Program Handbook. Students should first consult the appropriate Program Handbook from the College of Nursing, the Clinical Guidelines Handbook, and then consult the Graduate Catalog when questions arise. The online Graduate Catalog contains essential information about University Policies and procedures. Individual colleges within the University of Arizona may alter Graduate College policies and procedures; doing so results in the strengthening of an academic program. Therefore, the policies and procedures in the DNP Program Handbook are specific to DNP and post-graduate certificate students in the College of Nursing. The DNP Program Handbook is available on the College of Nursing's [website](#).

This specific document contains sections that will assist preceptors, faculty and students to understand: 1) the role of the preceptor; 2) teaching methods; 3) academic and professional standards for students; 4) preceptor satisfaction, and; 5) student evaluation. This policy document is adapted from guidelines established and published by the National Organization of Nurse Practitioner Faculties (NONPF) *Partners in NP Education: A Preceptor Manual for NP Programs, Faculty, Preceptors, & Students (NONPF, 2000)*.

Nurse Practitioner Role

Nurse Practitioners (NP) are licensed independent providers who practice in ambulatory, acute and long term care settings as primary and/or specialty care providers. According to the practice specialty, NPs provide nursing and medical services to individuals, families and groups. In addition to diagnosing and managing acute episodic and chronic illnesses, nurse practitioners emphasize health promotion and disease prevention. Services include, but are not limited to ordering, conducting, supervising and interpreting diagnostic and laboratory tests, and prescription of pharmacologic agents and non-pharmacologic therapies. Teaching and counseling individuals, families and groups are a major part of nurse practitioner practice.

As licensed, independent practitioners, NPs practice autonomously, in collaboration with health care professionals, and other individuals to diagnose, treat and manage the patient's health problems. They serve as health care scholars, inter-professional consultants and patient advocates.

Education: Entry-level preparation for NP practice is at the Master's, Post-Master's or doctorate level. After 2015, it is recommended that all NPs be prepared at the doctoral level¹. Didactic and clinical courses prepare nurses with specialized knowledge and clinical competency to practice with specific patient populations within settings such as primary care, acute care and long term care settings. Self-directed continued learning and professional development beyond the formal advanced education is essential to maintain clinical competency.

Accountability: The autonomous nature of the NP's advanced clinical practice requires accountability for health care outcomes. Ensuring the highest quality of care requires certification, periodic peer review, clinical outcome evaluations, a code for ethical practice, evidence of continuing professional development and maintenance of clinical skills. Nurse practitioners are committed to seeking and sharing knowledge that promotes quality health care and improves clinical outcomes. Nurse Practitioners accomplish this by leading and participating in both professional and lay health care forums, and applying research and evidenced based practice to clinical practice.

Responsibility: The role of the NP continues to evolve in response to changing societal and health care needs. As leaders in primary and acute health care, NPs combine the roles of provider, mentor, educator, scholar, and administrator. Members of the profession are responsible for advancing the role of the NP and ensuring that the standards of the profession are maintained. This is accomplished through involvement in professional organizations and participation in health policy activities at the local, state, national and international levels (American Association of Nurse Practitioners: <http://www.aanp.org/publications/position-statements-papers>).

¹American Association of Colleges of Nursing (2004). AACN position statement on the practice doctorate in nursing. Washington, DC: Author.

Nurse Practitioner Scope of Practice

Scope of Practice: The American Association of Nurse Practitioners defines Nurse Practitioner (NP) scope of practice. Each state's Nurse Practice Act defines and regulates nursing practice and advanced practice nurses must hold an individual certificate or license to practice in each state where they practice. State-by-state certification or licensure can create issues in practice role delineation. Many states allow full practice authority for NPs (no requirement for physician involvement); while other states require documentation of physician involvement (can include collaboration, supervision, and authorization).

For example, the [Arizona Nurse Practice Act](#) allows NPs to practice to the full scope of their license and education. The Arizona Administrative Code defines a NP as a professional nurse who is licensed by the Board of Nursing, has completed an approved education program, and holds national certification in a specialty area. NP scope of practice in Arizona includes: a) assessing clients; b) analyzing client data; c) managing a client's health; d) identifying the nature of a health care problem and developing and implementing an appropriate treatment plan; e) making independent decisions in solving complex health care problems; f) diagnosing and performing diagnostic and therapeutic procedures; g) prescribing, administering and dispensing therapeutic measures, including prescription medications if approved by the Board; h) consulting with or referring to other health care providers if the referral will protect the health and welfare of the client or if a situation occurs that is beyond the NP's knowledge and experience, and i) performing other acts that the NP is qualified to perform as prescribed by the Board. Board rules also specify NPs may: a) diagnose clients; b) admit to, manage care in and discharge from a health facility; c) order and interpret diagnostic tests, and; d) develop and implement a plan of care, prescribe treatments and perform additional acts if they are qualified to do so.

It is the responsibility of each student to determine the scope of practice for the state in which the student will practice. Upon graduation, graduates will need to practice within those Board of Nursing requirements.

Section 1: Preceptor Information

Preceptor Role--A Health Professional's Responsibility

Clinical experiences are an essential component of the education of students. Preceptors and clinical faculty play a vital role. Clinical teaching and supervision entails both supervisory and evaluative activities.

- Preceptors provide direct clinical supervision.
- Clinical faculty provides direct and/or indirect clinical supervision.
 - Direct clinical supervision occurs when a faculty member is providing the actual supervision of the student in the clinical setting.
 - Indirect clinical supervision occurs where a student is supervised directly by a clinical preceptor and indirectly by a faculty member who has responsibility for the clinical section of a course. In situations where faculty are assigned as indirect clinical supervisors, they are the College of Nursing (CON) liaison to a clinical agency and are responsible for evaluating student progress and providing oversight of the clinical learning experience.

A major assumption is that health professions share responsibility for educating those who will be the future providers of quality healthcare in our society. A preceptor guides the student's clinical learning experience while acting as a role model. The clinical practitioner-preceptor-educator promotes role socialization, facilitates student autonomy and promotes self-confidence that leads to clinical competency².

Role of the Preceptor as Clinician and Educator

- Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student and/or CON faculty;
- Determines the student's experiential learning needs in order to meet the course objectives;
- Assesses the nature of particular patient-care encounters that will enable the student to meet his/her learning objectives for each course;
- Uses appropriate teaching methods to help the student meet his/her learning objectives;
- Evaluates whether the learner's objectives have been achieved;
- Provides the learner with both formative and summative feedback;
- Demonstrates attitudes and qualities consistent with the ethics of the health professions, including
 - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
 - Respect for the student's faculty, curriculum, and program;
- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.

Teaching Skills and Methods

Although a variety of teaching methods may be used by individual preceptors and faculty, there are common advanced practice teaching methods identified by Heidenreich, Lye, Simpson, and Lourich.³

- Assess student's level of clinical competence, discuss preceptor and/or faculty expectations, teaching methods and introduce student to the clinical site, policies, and personnel.
- Determine student learning objectives and priorities: Prior to each clinical session, develop a teaching learning plan that builds on clinical learning objectives.
- Develop a problem-oriented focus: Select a concept or problem area for each clinical day that enhances variability in clinical learning (e.g., physical exams of various age groups, consulting and referrals).
- Readying preceptor-directed patient briefing (1-2 minutes) of student regarding the patient and tasks to accomplish prior to accompanying the student into the patient's room.

² Bourbonnais, F.F. & Kerr, E. (2007). Precepting a student in the final clinical placement: reflections from nurses in a Canadian Hospital. *Journal of Clinical Nursing*, 16 (8), 1543 – 1549.

³ Heidenreich, C., Lye, P., Simpson, D. & Lourich, M. (2000). Educating Child Health Professionals: The search for effective and efficient ambulatory teaching methods through the literature. *Pediatrics*, 105 (No. 1 Supplement):231-237.

- Pattern identification: The process of recognizing that signs and symptoms occur in patterns and the student recognizes the relationship between assessment data and a hypothesis or working diagnosis.
- Clinical problem solving: Teaching in the patient's presence. Student presents signs and symptoms in front of patient and the preceptor "utilizes the teachable moment" in response to this student's presentation.
- Control the number of teaching points: Limit teaching to 1 or 2 key critical components per student preceptor interaction.
- Deliberate reflection: Student observes preceptor behaviors complemented by preceptor rationale for selected actions.
- Critique and evaluation: Preceptor assesses learners' level of knowledge and understanding in order to formulate plan for teaching related concepts
- Guides student's clinical development through a process of beginning with analyses of specific experiences, student self-assessment, identifying relationships between clinical experiences and general concepts, and determining concept.

Preceptor Expectations

It is important for the student to understand the expectations of the preceptor, and the role and responsibilities of a student when assigned to a clinical site working with a preceptor. There are expectations which, when met, will assist the student in optimizing the learning experience. Clinical supervising faculty should be available to assist students in recognizing the expectations of preceptors.

To assure that preceptor expectations are met, sample areas to review include:

1) Interview with the Preceptor

Student-preceptor interviews are not required for most clinical placements; however, they are strongly encouraged. Discuss with the graduate coordinator or faculty Specialty Coordinator to determine if an interview is required for your clinical site. The faculty or designated CON personnel will contact the preceptor when requesting the preceptor and clinical site.

2) Identifying Clinical Objectives

The CON faculty will provide the preceptor with specific clinical course objectives. The student will have a copy of all course and clinical practicum objectives. The CON faculty will provide the preceptor, the clinical supervising faculty and the student a copy of the clinical evaluation criteria.

3) Scheduling Clinical Hours

The student should schedule clinical practicum hours that are in keeping with the preceptor's schedule and availability - not the student's schedule or convenience. Prior to beginning the clinical practicum, students and preceptors agree to the days and times that the student will be in the clinical agency. The student's schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course. Students may not begin clinical practicum hours before the first official day of the semester when the course begins. All required supervised practice hours must be complete by the end of the semester or will be made up at the end of the program.

4) Attendance

The student should attend the required number of hours of clinical practicum that is consistent with the program requirements, policies on academic standards and the preceptor's agreed upon clinical schedule. Students need to pay careful attention to these requirements.

Students should not assume that if they fail to complete the required number of clinical hours for the term that they automatically will be granted an incomplete or permitted to make up clinical hours with their preceptor. Approval for extending clinical hours beyond the semester in which the course is taken must be approved by the, *the Clinical Supervising Faculty, the Course Chair and the Specialty Coordinator*. If a student cannot complete the required hours due to an unforeseen event, such as illness of the student or preceptor, the student and/or

preceptor should notify the clinical supervising faculty immediately to determine if the situation warrants an extension of the clinical practicum and what conditions must be met should this happen.

5) Preparation

The student should prepare for the clinical practicum as recommended by the preceptor, the clinical supervising faculty and the course chair. This preparation includes understanding and meeting course learning objectives, conferring with faculty on areas of weakness that need to be refined, and seeking independent learning experiences that will provide the student with a higher level of self-confidence. It is recommended that prior to the first clinical day, the preceptor discusses with the student and clinical supervising faculty, the patient population and the most common clinical problems that the student can expect to encounter in the clinical site. The student is expected to prepare for the clinical practicum by reading current reference material, and appropriate assessments for the clinical problems most frequently managed by the preceptor.

6) Evaluation of the Preceptor and Clinical Site

Following the clinical practicum, the student should provide feedback to the preceptor on the student's satisfaction with the quality of the learning experience. Students will be provided a *Preceptor and Clinical Site Evaluation* form by the clinical supervising faculty.

Preceptor Responsibilities

Mentor and Role Model

Mentoring and role modeling are important in the socialization process of the Advanced Practice Registered Nurse (APRN) role. Observing the preceptor's interactions with other professionals, staff and patients will enable the student to assume more readily the new role. As students successfully integrate the role of the APRN, they begin their journey in the progression from novice to expert. For the NP students, the CON has identified core competencies developed by the National Organization of Nurse Practitioner Faculties (NONPF) that the student must successfully achieve. The core competencies are reflected in nine domains identified by NONPF⁴:

1. Scientific Foundation
2. Leadership
3. Quality
4. Practice Inquiry
5. Technology and Information Literacy
6. Policy
7. Health Delivery System
8. Ethics
9. Independent Practice

In facilitating the student's learning experience, the preceptor organizes clinical learning within a time-constrained environment. The preceptor communicates with other staff about patient care needs, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance student learning with minimal disruption.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/ clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the NP role. Immediate feedback, whenever possible, enhances this learning process.

Teach

Preceptors are responsible for helping students to refine skills related to patient care within the context of a supervised relationship. In all areas of teaching, it is important to let the student practice newly learned skills and build confidence in his/her abilities. Preceptors can gain confidence in the student's abilities through observation, listening to case presentations, and reviewing their documentation, as well as listening to feedback provided by

⁴ (Accessed August 3, 2017 at http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/2017_NPCoreComps_with_Curric.pdf)

patients and other clinical personnel. Student self-confidence is enhanced by preceptor feedback that reinforces that the student is meeting learning goals and objectives.⁵

Honing Assessment Skills

Assessment includes cognitive and psychomotor components. The student needs to abstract and apply the sciences while using the psychomotor physical assessment skills in learning clinical decision making. The preceptor's initial role often involves assessing the student's level of knowledge of the underlying basis for assessment. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates: a) the student's psychomotor skills; b) data collected from the history and physical; c) interpretation of data, and; d) the proposed management plan.

Guiding students in gathering reliable assessment data involves observing the student while eliciting a history and performing a physical exam, followed by validating the assessment. The student presents findings to the preceptor, who evaluates the student's interpretation of the assessment data. Incorrect information is corrected by discussion and re-examining the patient as appropriate. Providing positive feedback reinforces students' skills and confidence in successful clinical learning. Students need time to practice their skills and test out their abilities to gain confidence. Obtaining a patient's permission is always requested prior to a student beginning the encounter. The patient should be assured that the preceptor will also see them following the student's interview and exam.

Students should identify their individual learning needs in the area of assessment and welcome the preceptor's critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique or interpretation of patient assessment data. Often refining an incorrect psychomotor skill/technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. Comparison of assessment data with findings from previously encountered patients can often reinforce or clarify the interpretation of the assessment. Interpretation of laboratory data is an assessment skill that requires the student to abstract from the sciences and identify links to the patient's history, presenting complaint, and physical exam.

The following are examples of effective teaching strategies for the preceptor:

- Demonstrate correct methods to the student with a return demonstration by the student;
- Validate or clarify interpretation of assessment data;
- Refer the student to resources such as physical assessment texts or video tapes for the purpose of reviewing and clarifying the physical assessment content in which the student is weak;
- Set aside time at the end of each clinical session to review with the student their overall performance. Offer direction for future learning that will add a progressive dimension to the teaching/learning experience;
- Encourage the student to perform additional self-assessments and critiques through viewing tape recordings of standardized patient encounters with fellow students;
- Encourage the student to practice in the CON skills lab with fellow student.

It is important for the preceptor to note that NP students should not perform invasive procedures, such as cutaneous suturing, without direct supervision, until the student has had the requisite didactic and laboratory preparation in their program of study. The preceptor must adhere to this policy, even if the preceptor is willing to train and supervise the student in performing the procedure.

As students' progress and gain confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in assessment. Students need to be apprised that, although they are learners, evidence of progressive learning and mastery of content and psychomotor skills is expected. They should anticipate progressing along the continuum from novice to proficient. Student resistance to accepting preceptor correction and failure to demonstrate progressive learning should be reflected in the formative and summative evaluation of the student's performance and communicated to the student's faculty member in a timely manner.

⁵ Billay, D. & Myrick, F. (2008). Preceptorship: an integrative review of the literature. *Nurse Education in Practice*, 8 (4), 258 – 266.

Integration & Application of the Sciences

All stages of the patient care encounter require that the student be able to integrate and apply knowledge from the nursing, social, and health-related sciences to the assessment and management plan. Development of a nurse-patient relationship draws on the strengths of the student's communication, interpersonal skills and experience as a professional nurse.

Application of nursing and social science is important in establishing and promoting the nurse-patient relationship. An example of this application would include the student understanding cultural differences and their impact on establishing a nurse-patient relationship. Using examples from nursing, social theories, and exemplars of related research, is an important aspect of teaching students about evidenced based practice.

To elicit effectively and interpret subjective and objective data obtained through the history, physical, and diagnostics, the student draws on applied scientific knowledge and interpersonal skills. Interpretation of data, formulation of a differential diagnosis, and developing a plan of care provide opportunities for students to integrate data from patient encounters and apply scientific knowledge. The corresponding learning objective focuses on the student's ability to analyze the data obtained and provide a rationale for the differential diagnosis and management plan. A strategy to stimulate critical thinking is to have the student present the patient case to the preceptor and provide scientific or theory-based rationale for problem solving. In addition, at the end of the clinical day, the student should research and reflect on patient related topics encountered that day. Time should be taken to record encounters in a clinical log and review them as necessary with faculty and other students. This strategy will enable students to gain confidence in and reinforce their knowledge base.

It is an expectation that the student be responsible for the application of course-based knowledge. Preceptors may ask students to explain the physiological theory behind disease processes and management when encountering patients with specific clinical problems, e.g. Diabetes Type 2, COPD, etc. Preceptors may request that students review any relevant materials to improve knowledge prior to returning to the clinical setting.

Clinical Decision Making

The clinical decision making process reflects the students' ability to use critical thinking skills. Critical thinking is defined as "the intellectually disciplined process of conceptualizing, analyzing, synthesizing, evaluating and applying information gathered from, or generated by, observation, experience, reflection, reasoning, or communication".⁶

The student should come to know and understand the process of clinical decision making used by the expert preceptor as a method of learning clinical reasoning.

As an expert clinical practitioner, the preceptor has mastered a variety of heuristics or rules that contribute to the process of clinical decision making. Teaching the student how to use heuristics is an important process in developing clinical proficiency. Students should be asked to:

- Reflect and describe the process of identifying a specific diagnosis or differential diagnosis, selecting laboratory tests, prescribing medications or recommending follow-up;
- Use accepted guidelines and standards of care;
- Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario.

Similar teaching strategies can be applied to patients with other clinical problems and symptoms, e.g., hypertension, urinary tract symptoms, chest pain, and symptoms of confusion in the elderly, to name a few. The process of teaching clinical decision making guides the student in learning heuristics that the preceptor may use in clinical practice. In essence, teaching clinical reasoning teaches students the process of learning to apply knowledge in practice.

⁶ Worrell, J.A. & Profetto-McGrath, J. (2007). Critical thinking as an outcome of context-based learning among post RN students: a literature review. *Nurse Education Today*, 27, (5), 420 – 426.

Mastery of Documentation

Under faculty and preceptor guidance, students learn to master documentation. Accurate and complete documentation of pertinent information into any database (e.g., paper, electronic, dictated, Typhon) is essential to provide quality health care, and to fulfill legal and reimbursement requirements.

The preceptor should review the history and physical prior to the student's entry on the patient's health record. Most preceptors request that the student write the note on a separate piece of paper for review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined that the student's documentation has progressed to a level that requires little or no correction, the student is usually permitted to write directly into the health record. Preceptors must co-sign all students' notes whether hand-written, dictated, or computerized.

The mastery of documentation includes:

- Clear written communication. Communication is the use of words and behaviors to construct, send, and interpret messages. Early in the curriculum, faculty have opportunities to teach students the legal tenets for accurate documentation. Assessing student documentation should be an ongoing process that takes place throughout the student's program of study;
- Familiarity with acceptable formats for documenting encounters detailing the comprehensive history and physical, chronic illness, and episodic complaint;
- Use of only accepted medical abbreviations, anatomical terms, and descriptors. Prior to beginning the first clinical practicum, the student should have a sound knowledge of both normal and variants of normal physical assessment findings and their appropriate descriptors;
- Recording only pertinent findings (both negatives and positives) from the medical and/or psychiatric history and physical exam;
- Reading the notes of the preceptor and other health care providers. The patient's health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student's clinical experience. As students review the notes that are documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation;
- Note-taking while in the room with the patient. The notes can then be organized into a rough draft that includes all of the components of the patient's comprehensive, chronic care, or episodic illness history and physical. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization;
- Identification of subjective and objective data. Early in the process of learning to document data in the history and physical (H&P) students often make errors in documenting subjective and objective data. A typical example will occur when the student documents the characteristics of a surgical scar in the physical exam, and then notes the patient's comment regarding the etiology of the scar. In this example, clarification must be made that the etiology (surgery) of the scar is subjective data and should be recorded in the history. Faculty should frequently review samples of students' documentation of histories and physicals. Feedback provides a valuable tool in enabling the student to master the documentation process;
- Avoidance of check-off lists for documentation. Students need to learn the process of documentation that reflects accurate use of acceptable descriptors and serves as a legal record of what occurred in the encounter with the patient;
- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may be dependent upon the practice setting. Documenting preferences should be communicated to the student early in the clinical orientation and time allowed for students to learn and adapt to agency format.

If a student demonstrates a weakness in his/her documentation and does not demonstrate progress, it is important to communicate concerns to the clinical supervising faculty either prior to or during the clinical site visit. Communication of student deficits can therefore be addressed jointly by the preceptor, the student, and the clinical supervising faculty in a positive manner.

The method and forms that are used for documentation are specific to each agency. Agencies will identify the data required for different levels of care and third party reimbursement. The preceptor is an invaluable resource in

enabling the student to learn the process of integrating data required for reimbursement in their development of patient care records. The preceptor reviews the student's documentation for accuracy and completeness, and cosigns the note as a validation of agreement with the student documentation.

Honing Interpersonal Skills

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns. Situations arise within the clinical area that provides students with opportunities to hone their interpersonal skills:

- Student dialogue with patients concerning the reason for the visit, formulating a plan of care, and teaching patients and family members about necessary care;
- When collaborating with colleagues in the clinical setting;
- Preceptor observation and feedback;
- Self-reflection and documentation of encounters in a log or diary;
- Feedback from patients and colleagues, including clinical supervising faculty.

Mature students will soon recognize the importance of fine-tuning their interpersonal skills to become successful practitioners. Inappropriate interpersonal communications should be brought to the attention of the student and the supervising clinical faculty as soon as possible after they occur.

Basic interpersonal skills that students should demonstrate include:

- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question;
- Eliciting a history in an unhurried manner before beginning an exam;
- Soliciting the patient's opinions, concerns about their condition, and how they would like to participate in their plan of care;
- Verifying with the patient understanding of their complaint, treatment plan, or opinion by rephrasing their description, and seeking validation, clarification, or elaboration, as needed;
- Showing empathy; a genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems;
- Providing the patient with information that is medically necessary in a sensitive manner, with attention to the impact such information may have on the patient's lifestyle, financial resources, and/or self-care ability;
- Providing culturally congruent care while being sensitive to the patient's ethnicity, traditions, and beliefs.

Negative interpersonal skills that merit student reflection and refinement:

- Failing to introduce oneself or your colleague;
- Proceeding in a hurried manner;
- Displaying anger, annoyance or negative behaviors, such as raising one's voice or rolling one's eyes;
- Failing to communicate an understanding of the patient's past medical history;
- Failing to ask the patient's permission to have another provider come in the room.
- Showing a lack of understanding or being critical of another's culture, sexual orientation, age, sexual preferences, social habits, circumstances or lifestyle;
- Asking closed-ended questions about medical conditions, treatments and lifestyle without attention to the patient's understanding or opinion;
- Failing to speak clearly or in simple language that the patient, family, or care provider can understand;
- Lack of sensitivity to patient confidentiality and privacy issues;
- Discussing confidential patient information with other healthcare professionals not involved in the care of the patient, or discussing such information without first seeking the patient's permission.

It is important that students be notified of any weakness in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to reflect on and refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their clinical

supervising faculty for counseling and suggestions for learning. Faculty may provide the student with resources, such as reading assignments, review of videos that demonstrate the use of interpersonal skills, or role-playing techniques to use with student colleagues in order to increase awareness of effective techniques in interpersonal communication.

Patient Education

Students are expected to:

- Integrate patient education in all aspects of care. Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, health maintenance, and episodic self-care;
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan that is appropriate to the learning needs of the patient and/or family members;
- Take into consideration timing and level of patient education, identifying “teachable moments” as opportunities for patient and family learning;
- Determine the patient’s or family members’ ability to understand both verbal and written instructions in English and/or their primary language, if that is not English;
- Document the patient education plan in the record and reinforce it with subsequent providers whenever possible;
- Discuss the educational plan with the preceptor;
- Be aware of resources that the agency has for educating patients such as a nutritionist, diabetic educator or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interdisciplinary health care team can provide resources and refer to services in the community that will best meet the patient’s cultural and age related needs for learning.

Navigation of the Organizational System

Students must learn how to navigate the health care system to function fully in their role. They can be guided through the organizational system during initial contacts with the interagency referral process and with processes related to manage care, home care, securing durable medical goods, and prescriptions.

As students’ progress through their program, they should provide comprehensive care that includes inter-professional collaboration with other health care professionals. An agency policy and procedure manual should be available for students to consult as a resource to clarify issues that may have policy and legal implications.

Students should be encouraged to advocate for patients in all matters related to providing comprehensive care. A student’s self-confidence in decision-making can be enhanced by preceptor feedback on their ability to achieve successfully patient care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces the student’s development of NP role behaviors that foster quality health care practices that can be implemented in future practice situations.

A reference guide for commonly used community resources should be available to the student. Students demonstrate creativity in practice when they initiate referrals and team conferences and seek financial and social supports for patients/families that may not be readily available from the patient’s primary source of care.

Integrating the Role of the APRN as a Member of the Interprofessional Health Care Team

This skill is perhaps the most challenging for the preceptor to teach. Students can learn these skills by observing the preceptor in practice or through post conference discussion of difficult situations encountered during the clinical day.

Other methods include:

- Demonstrate collaborative management with other health care providers. This is an important way of teaching the student how to respect the knowledge and expertise of other disciplines, and thereby earning respect for the APRN’s unique contribution to the health care team;
- Collaborate in the management of patients by providing role functions that are particular to APRN practice;

- Initiate conferences where all members of the health care team discuss and develop a plan of care for a patient or family. Team discussion may be in response to questions of domestic violence, failed office appointments, end of life decisions, or patients' complex co-morbid illnesses and difficult social situations;
- Encourage students to present difficult and challenging cases to physicians or other APRNs who are specialists in a particular area. Examples may include the cardiologist, oncologist, endocrinology NP, psychiatric mental health provider, certified nurse midwife, or certified registered nurse anesthetist
- Facilitate APRN visibility as a member of the interprofessional team by providing the image of the preceptor as a skilled clinical expert and valuable collaborative partner;
- Encourage students to take ownership of their diagnostic decisions and plans of care and be accountable for follow through by obtaining the results of laboratory tests, radiographs, other diagnostic tests, and patient referrals/follow-ups;
- Encourage students to be creative and contribute to the smooth operation of the clinical setting. Students may contribute ideas that enhance the efficiency of operations. Their contribution supports the visibility of their role and enhances their self-confidence as valuable contributors to the health care team. Students may choose to develop teaching materials or present teaching conferences to patients and their families that will complement available resources in the clinical setting.

The preceptor and student may find the document: [Core Competencies for Interprofessional Collaborative Practice](#)⁷ a rich resource⁷.

Communicate with Faculty and College of Nursing

The CON will provide contact information for the supervising clinical faculty and for the course chairperson. Preceptors may also contact the Office of Student Support & Community Engagement any time during the period of student supervision should there be questions about contracts with specific sites. The telephone number is (520) 626-3808.

Collaborate with Faculty on Problem/Conflict Management

When a conflict or problem related to the student is identified, the preceptor should collaborate with the clinical supervising faculty so that the proper procedure for management and resolution of the conflict or problem is followed. Any problems related to the faculty role in the preceptorship experience should also be discussed between the clinical supervising faculty and the preceptor. If the faculty and preceptor are unable to achieve resolution, a clear mechanism for further mediation, including referral to the Director of the DNP, should be made in the preceptorship agreement or other appropriate document.

Understand the Legal Liability while Precepting Students

The preceptor must ensure that all care provided to patients, either directly by the preceptor in conjunction with student observation or through care provided by the student under the supervision of the preceptor, must be the same standard of care to which the preceptor is obligated to provide under the preceptor's status as a licensed advanced practice professional (NP, CRNA, CNM, MD, DO, as applicable). Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor will remain the primary care provider, be responsible for decisions related to patient care, and continue to provide follow-up care. Preceptors have ultimate decision-making power over and responsibility for the details of care including training activities and direct supervision of student learning experiences.

Students do not have authority or independent health care responsibilities for patients and are not to be considered agents, independent health care providers, patient advocates, a preceptor's employees or agents, or individuals practicing in an extended role while a student.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis (es) and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible

⁷ (Accessed on August 3,2017: <http://www.aacn.nche.edu/education-resources/ipcreport.pdf>)

for all care provided to the patient. It is customary that the preceptor co-signs all records in which the student has provided documentation. Third party payers, government, and insurance companies cannot reimburse for care provided by the student.

Liability Insurance

Preceptors assume the same liability for their patients as any other advanced practice professional (NP, CRNA, CNM, MD, DO, as applicable) in clinical practice and have the added liability of closely supervising the student. The student's own insurance coverage for practice as a RN will not generally protect the student from liability in their NP student role. University of Arizona matriculated students are insured under the provisions of Arizona Revised Statutes §41-621 et seq. (State of Arizona Self-Insurance Program) for protection of assigned students in the course and scope of students' clinical practicum educational activities. The preceptor may request that the University provide written certification of such applicable liability insurance coverage. Preceptor will be required to have professional liability insurance coverage in amounts of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate. Please refer to your Agreement with the University for additional information regarding insurance coverage. For further information, contact the CON Office of Strategic Initiatives and Quality Advancement (OSIQA) at (520 – 626 – 6767).

Evaluation of Students

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation guidelines so that the expectations and responsibilities of both the preceptor and the student are congruent. The preceptor should provide both formative and summative evaluation. The summative evaluation form provided by the NP program should also be reviewed with the student at this time. Meeting with the student at the beginning of the clinical practicum also enables the student and preceptor to discuss the course and the student's clinical objectives.

Two types of evaluation should be used- formative and summative evaluations:

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas that have been identified as weak and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and should be documented in anecdotal notes and midterm evaluation.

Summative evaluation is the assessment of the student's performance at the mid-point and end of the clinical practicum. The summative evaluation describes the student's performance, development, and improvement at the midpoint and conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. **The written narrative is an extremely important part of the evaluation.** Comments are valuable in assessing the student's knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to student learning. Written comments are particularly valuable if the student needs remediation in a specific competency area or if faculty is asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with the student during the middle of the clinical practicum and on the last day of the clinical practicum, and returned to the clinical supervising faculty or course chairperson by the method indicated. The student's self-evaluation is also important to incorporate during the preceptor/student evaluation discussions.

Summative and formative evaluation provides the preceptor with the tools to identify and discuss deficiencies that may warrant clinical failure. It is essential that the preceptor inform the clinical supervising faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process.

Preceptors should document anecdotal notes that can be used to develop the mid-semester and end of semester evaluations. Student strengths, as well as weaknesses, should be documented. In the event that a student's behavior is unprofessional, or the student places a patient in danger (e.g. medical errors), the preceptor should document the event and the course faculty must be contacted immediately. The clinical supervising faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Electronic links to the appropriate evaluation tools will be sent to preceptors via e-mail. ***Preceptors will be notified by the student when the electronic link is sent and preceptors should ensure they have received the link.*** The evaluation tools should be reviewed and clarified, and examples should be used to demonstrate different levels of student's abilities as reflected in their written evaluation. The preceptor should seek clarification about the evaluation process with the clinical supervising faculty.

Preceptor Resources

The clinical supervising faculty or course chairperson can provide the preceptor with the resources that will assist the preceptor in his/her role. Professional literature and the Internet will provide preceptors with a variety of resources related to precepting students in the health professions. Sample citations on precepting listed below will enhance the preceptor's knowledge and skills. Precepting is an art and can be very rewarding.

Curriculum Resources

Resources that are available to the preceptor through the individual nursing programs should be outlined for the preceptor. Resources may vary, but may include media center use and courses available to preceptors. Specific media that are available to the preceptor through the University of Arizona or CON should be clearly described.

Professional Literature

A sampling of literature may assist the preceptor in fulfilling his/her role. The preceptor should contact the faculty for such resources, as well as if there are questions about the literature students will use in the related course.

Key Items

Preceptor responsibilities. The role of the preceptor as clinician and educator includes directing the overall goals and objectives for the practicum experience, based on student outcome objectives provided by the student, and/or college faculty. The preceptor guides the student's clinical learning experience while acting as a role model and promotes role socialization, facilitates student autonomy, and promotes self-confidence that leads to clinical competency.

Clinical supervising faculty responsibilities. The clinical supervising faculty maintains ultimate responsibility for the student's clinical experience in a specific course. All students must have a *minimum* of one site visit per semester to monitor student progress. When the student is at a "distance" site, i.e. more than 1.5 hours driving time from the CON, the site visit may occur via audiovisual internet conferencing or telephonically. Purposes of the site visit include evaluation of the student in actual patient care situations as well as a student's interaction with preceptor and staff. In situations where a student requires closer monitoring by the clinical supervising faculty, more site visits at various points throughout the semester may be required or the student may be required to attend a clinical practicum in Tucson or an onsite visit by the clinical supervising faculty member may be arranged.

Preceptor Assistance

A student's clinical supervising faculty should be the first contact for any questions or concerns a preceptor might have. The course chairperson is also an available resource. Contact information for faculty will be listed on the agreement letter sent to preceptors prior to the start of a student's clinical practicum. Graduate Coordinators in the Office of Student Support & Community Engagement (520-626-3808) also are available to assist preceptors during the course of student supervision. The Coordinators can assist in contacting the relevant Specialty Coordinators or DNP Director as needed.

Faculty Appointment

Each Clinical Preceptor serving on the staff or employed by an affiliating hospital can apply for an adjunct clinical instructor position. Clinical faculty must be licensed as a professional nurse in one jurisdiction of the United States and must also be certified/re-certified by their professional organization. Physician clinical instructors must be licensed in one jurisdiction of the United States to practice medicine.

Section 2: Clinical Settings Policies

During the clinical year, students will be assigned clinical duties and responsibilities at affiliated clinical training sites. These opportunities represent a privilege extended to the academic program. Students are reminded of their responsibility to dress and act in compliance with the guidelines of the institution where the rotation is conducted. Students will assume the dress codes of the clinical site and it is the student's responsibility to determine the specifics of the guidelines in each new situation. In addition to site policies:

Program identification/name tags **MUST** be worn while on the hospital grounds and at all clinical training sites. All students must be clearly and continuously identified as students during clinical experiences. No other credentials will be displayed on the student I.D. badge. Students are expected to dress in accordance with hospital policy with their identification tag exposed.

Dress Code

College of Nursing students are representatives of the educational program, the University of Arizona, clinical affiliates, the specialty, and the profession. The maintenance of a professional appearance facilitates the acceptance of the profession and the individual by patients and other health professionals. All students are expected to maintain a neat, professional appearance and a high standard of personal cleanliness at all times. Students are expected to dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA). The clinical site may specify the dress code in accordance with OSHA and state law considerations.

General Guidelines

Business casual attire as a minimum standard is expected where contact with other professionals is possible.

Examples of these activities include but are not limited to:

- Classes held on- and off-campus
- Non classroom professional or academic activities held on campus
- Conferences, affiliate luncheons, etc.
- Professional related meetings
- Visits to hospital facilities, including patient visits, use of the hospital library etc.

It should be noted that state or national meetings and other professional activities might require a higher decorum of business attire.

The following items are not considered appropriate business casual attire:

- Jeans
- Shorts
- Athletic shoes or flip flops
- Sweat pants or tops
- Ripped, torn or faded clothing
- Sleepwear
- Backless dresses or clothing more appropriate for evening
- Bib overalls, leggings, spandex or other form-fitting pants
- Undergarments are not to be exposed at any time.

Additional guidelines

- Students must abide by site-specific dress codes at all times.
- Cleanliness and personal hygiene is required.
- All hair must be neat, clean and groomed.
- Excessive amounts of jewelry are not permitted.
- Body art must be covered – students must abide by any/all site-specific requirements.

Students are reminded that when self-identifying or being identified as a student from the University of Arizona College of Nursing (including but not limited to verbal identification; visual identification, such as logos on clothing or scrubs; or written identification), the student is representing the specialty, the profession, the College, the University, and the clinical affiliates, and is expected to conduct themselves in a professional manner. In addition to the policies outlined in the specific nursing program handbook and the university's Code of Conduct, off-campus conduct that adversely affects the college community, the college's professional standards, and/or the reputation of the college may be subject to a Code of Conduct violation.

Confidentiality of Medical Record & Health History Information (HIPAA)

All data gathered about the patient and his/her illness, including all items within a patient's medical history, is privileged information.

- Students must never discuss or present a patient's records in a manner or situation which would violate the confidential nature of that record.
- Charts or contents, e.g., lab reports, etc., are not to be removed from the clinical setting.
- The [Health Insurance Portability and Accountability Act](#) (HIPAA) of 1996 mandates Federal privacy protection for individually identifiable health information. Standards have been set for health care providers who transmit health care transactions electronically. While in Clinical Practice, most of the health care providers you will come in contact with will be under the HIPAA guidelines and requirements. In your studies, and during your clinical practice, you need to be aware of these requirements, and additionally, the health care provider will often train you on their HIPAA policies and practices. Some of the pertinent requirements of HIPAA are:
 - Notifying patients about their privacy rights and how their information is used.
 - Adopting and implementing privacy procedures for the practice or hospital.
 - Training employees so that they understand the policies.
 - Designating an individual as a Privacy Officer, who is responsible for seeing that the privacy procedures are followed.
 - Securing patient records containing individually identifiable health information so that they are not readily available to those that do not need them.

While participating in clinical practice, students will be expected to comply with HIPAA requirements, and you need to conduct yourself in the following manner during any clinical experience:

- Use safeguards to prevent the use or disclosure of PHI (Protected Health Information) other than for your direct performance of services.
- Notify your supervisor or faculty member of any use or disclosure of PHI that is contrary to your service and its purposes.
- Ensure that fellow students do the same.
- Cooperate and abide by the training, policies, and procedures of the health care provider.

Social Media

The College of Nursing adheres to the University of Arizona's standards regarding the use of social media in the workplace. The University's policies can be found linked via the [Dean of Students and Human Resources](#). Additionally, students in the College of Nursing should review the white paper produced by the National Council of State Boards of Nursing and the information provided by the American Nurses' Association in an eBook format

and the Social Media Toolkit. Additional information regarding the use of social media is in the DNP Program Handbook.

Patient records; Instructor review and countersignature

On each clinical rotation, it is the student's responsibility to ensure that all patients seen by the student are also seen by the supervising clinician. The supervisor should also review all student notes written in medical records and countersign these documents. Countersignature by a licensed preceptor (APRN or physician) is required. Under no circumstances should a student initiate care for any patient on any rotation without prior consultation and approval of the preceptor. These guidelines must be strictly adhered to for the student's protection and the protection of the patients.

Proper Use of Electronic Devices in Academic and Clinical Settings:

In general, students should not use cell phones, pagers, recording devices, or other electronic communication devices in the clinical area. However, students may be allowed to use electronic communication devices within the clinical setting with the direct permission of their clinical faculty. Students must adhere to all specific institutional policies and procedures and professional behaviors pertaining to the use of electronic devices during clinical lab time (including clinical conference times). Computer use during clinical time should be restricted to clinical care – related activities only. Use of computers for personal communication, personal entertainment, non-academic, internet use, and to work on academic assignments is strictly prohibited. Inappropriate use of any electronic device during clinical may result in dismissal from the clinical setting. In addition, inappropriate use of electronic devices within the clinical setting constitutes unprofessional behavior and may result in unsuccessful completion of the clinical portion of the course.

Leave of Absence:

DNP students who wish to take a Leave of Absence (LOA) must review the policy in the DNP Program Handbook, and immediately contact their Graduate Coordinator in the Office of Student Support & Community Engagement. The student must also notify the Specialty Coordinators of the DNP Program. Because clinical placements are arranged 9-12 months in advance, students must continue to check their official UA email weekly throughout the LOA. Failure to check email weekly, submit clinical forms by the posted deadlines and communicate any clinical placement needs to the Office of Student Support & Community Engagement may delay clinical placement and progression in the DNP program.

COLLEGE OF NURSING CLINICAL POLICIES (ALL students)

Health-Related, Fingerprint Clearance and Background Check Policies

Students are required to have proof of health insurance coverage, current immunizations and titers, CPR completion and a fingerprint clearance card (FCC) to be recommended for admission to the Graduate College for admission to the DNP program. These requirements are essential to participate in clinical site experiences to complete the degree. The student will upload health information and FCC into designated compliance websites throughout the program.

Health Related Policies

The requirements listed below are to ensure that students enter the clinical nursing courses in good health. Required immunizations can be obtained at Campus Health for a nominal fee. For information and pricing call the Billing and Claims office at 520-621-6487 or visit <http://www.health.arizona.edu>.

The College of Nursing OSSCE manages all immunization and screening results, as necessary for clinical work, through a records clearinghouse website, CastleBranch.com. Students will submit all requirements to CastleBranch.

Health Insurance

Students are required to carry personal health insurance due to partnership contracts with our clinical agencies. In case of illness or injury, the student must pay the cost of care not covered by insurance, including emergency and inpatient services.



Immunization Requirements

All immunization requirements are necessary for a student to proceed to clinical work.

MMR (Measles, Mumps, Rubella)

All students are required to have proof of measles, mumps and rubella immunity on file with Castle Branch and Campus Health prior to beginning the first course at the College of Nursing. Proof of immunity for measles and rubella is a University of Arizona requirement, regardless of your age. The immunization requirement form is provided to the students upon admission and can be found on the Campus Health website.

Hepatitis B

All students are required to have immunization against Hepatitis B virus and serological proof of immunity. If not immune, verification of the first injection must be submitted to Castle Branch prior to beginning the first course at the College of Nursing. Upon receipt of each injection, a copy of the immunization record should be submitted Castle Branch. Serological proof of immunity (titer) is to be submitted after the third injection.

Chicken Pox

All students are required to provide proof of immunization against chicken pox (2 doses) or serological proof of immunity. Verification must be submitted to Castle Branch prior to beginning the first course at the College of Nursing.

Annual Flu Shot

All students will be required to receive the annual flu shot by August 31st of each year. This should coincide with the availability of the current seasonal flu shot.

Tuberculosis Skin Test

All students will be required to receive a tuberculosis skin test. Verification must be submitted to Castle Branch prior to beginning the first course at the College of Nursing.

One of the following is required:

- TB skin test administered within the past year OR
- quantiFERON Gold blood test (lab report or physician verification of results required) OR
- If positive results, provide a clear Chest X-Ray (lab report or physician verification of results required).
- Some clinical sites may require a 2-step TB test.

Renewal date will be set for **1 year** for TB Skin test and Blood tests OR **2 years** for Chest X-ray results.

Cardiopulmonary Resuscitation (CPR)

All students are required to be certified as a Healthcare Provider in CPR by successfully completing the BLS (Basic Life Support for Healthcare Providers or Professional Rescuers) CPR course. Information regarding classes can be found on the American Heart Association website at <http://cpr.heart.org>. Certification must be kept up-to-date throughout the student's enrollment in the College of Nursing. Proof of certification is to be submitted to Castle Branch upon admission and following each renewal. *Please note the HeartSaver CPR AED course is not accepted.*



Fingerprint Clearance Card



All students as a condition of final acceptance in an educational program in which they are required to participate in clinical training rotations, must obtain a valid fingerprint clearance card, in accordance with A.R.S. § 15-1881 as amended. Students must provide a copy of such card to the College of Nursing, Office of Student Support and Community Engagement. A student who does not possess a fingerprint clearance card at the time of conditional acceptance shall provide a signed copy of their application to the Arizona Department of Public Safety - AZDPS.

- **Effect of Failure to Obtain Fingerprint Clearance Card or Revocation of Fingerprint Clearance Card**

The University of Arizona may rescind the admission of a student who fails to obtain a valid fingerprint clearance card prior to enrollment, and may dismiss a student whose fingerprint clearance card is revoked, upon notification of revocation. Students who are unable to obtain a fingerprint clearance card will be unable to enroll at The University of Arizona College of Nursing. Maintaining a valid fingerprint clearance card will be required to retain good standing within the College of Nursing.

Trainings

HIPAA/OSHA

The University requires that all students who access or use health information take the HIPAA and Blood borne Pathogens exams once a year through UA learning. Each exam must be passed with a 100%. UA Net ID will be required to access the exams at <https://learning.uaccess.arizona.edu>

*In addition to submission to Castle Branch, it is a requirement of all students to submit proof of two MMR vaccinations or positive antibody titer (lab report required) to Campus Health upon acceptance. Students will receive detailed information regarding Campus Health upon admission.

Site Specific Requirements

Some clinical sites require a letter of good standing within the college, which verifies that the student is not failing any courses and is not on probationary status. If requested, this document will be provided. Submit the request to your Graduate Coordinator.

Additional Requirements may include:

- **Proof of Student Malpractice Insurance**
 - All students are covered by the University of Arizona CON malpractice insurance
 - The Graduate Coordinators can provide proof of insurance to clinical sites; however, if the site is requesting a Certificate of Insurance (COI), this document is issued by the state of Arizona and may take ten or more working days to receive.
- **Background Check**
 - If a site-specific background check is required per the site's policy, then either your Graduate Coordinator or the clinical site will provide you with the necessary forms to be completed.

Drug Testing



- This policy is in accordance with The University of Arizona Statement on Drug Free Schools and Campuses, which prohibits the use of alcohol or a controlled substance not prescribed by a health care provider while on duty. This includes the improper use of a prescribed substance or over-the counter (OTC) substance in any manner in which it is not prescribed or directed on the label. The University of

Arizona College of Nursing has a responsibility to provide for the safety of patients. Presence of drugs/alcohol could interfere with a student's judgment, cognitive abilities, and motor skills causing risk to the patient, the clinical agency, and the University. Additionally, there are significant health risks associated with the use of illegal substances and alcohol, or the improper use of prescribed and over-the-counter substances.

- ***Urine Drug/Alcohol Screening***

The University of Arizona College of Nursing maintains a no tolerance policy regarding substance use. If required by a clinical agency, students must pass a urine/alcohol test. Failure to submit test results, a positive test, or a tampered with urine sample will result in (permanent) dismissal from the program. Students taking a valid prescription medication, which causes the drug screen to be positive, must provide proof that they are under the current treatment of a licensed medical provider and have a valid prescription. The medical provider must indicate in writing that the prescribed drug will not interfere with safe practice in the clinical area.

- **Other Requirements**

- Some sites require students to complete additional applications, online training, or orientation prior to the start of the clinical rotation. Your Graduate Coordinator will advise you of this requirement. Failure to complete clinical site required applications, documents, or orientations will result in delay in the start of the clinical rotation and may jeopardize student progression in the program.

Section 3: Faculty Guidelines

Role of the Clinical Supervising Faculty

The clinical supervising faculty maintains the ultimate responsibility for the student's clinical experience in a specific course. At least weekly contact with the student and frequent contact with the preceptor in the clinical setting is necessary for the faculty member to have a good understanding of how the student is performing. It also facilitates early intervention when a student's performance is not at the level expected for that course. In the end, the supervising clinical faculty member evaluates the student's performance using their own assessment data and input from the preceptors.

Resources & Support for Clinical Supervising Faculty

It is the role of course chair to assure that the preceptor and clinical supervising faculty understands the student's learning needs for the clinical experience, including the following responsibilities:

1. Faculty must clarify with students that differences in practice styles exist in clinical practice settings and may not always be consistent with what students have learned in the classroom.
2. Faculty name and contact methods are made available to the preceptor, as are the program director's name and contact number, so that if the preceptor experiences any difficulty reaching or working with faculty, the program director can be contacted.
3. Clinical supervising faculty should arrange a time with the preceptor for a site visit to observe the student providing direct care and thereby collaborating and corroborating the preceptor's evaluation if the student is within two hours of the College of Nursing. Alternative methods of evaluation for distance students are described in the distance learning policy that will guide evaluation when a direct site visit is not feasible. For example, faculty-preceptor evaluation for distance learning preceptors can be performed using other technologies (e.g. video or teleconferencing). Faculty-student-preceptor telephone conference calls may also serve as supports to preceptors during the student's clinical practicum and performance evaluation.
4. Faculty is a valuable resource to preceptors in situations of weak, unsafe or unethical student performance. The College of Nursing academic policies hold the faculty responsible for a student's final grade in a course and clinical practicum. However, the preceptor should notify the clinical supervising faculty immediately when issues of patient safety are potentially compromised. The preceptor should also notify the student whenever performance does not meet acceptable standards, and if necessary, immediately remove the student from direct patient care in the event of compromised patient safety, which at that point the faculty or the College Of Nursing should be also notified to assure appropriate evaluation and academic review.

Academic Standards and Student Evaluation Criteria

Preceptors and all clinical supervising faculty should review the course syllabus prior to contacting or meeting with the student, so that academic and professional standards are understood before engaging in clinical supervision and practice. The course chair will include criteria that indicate when a student is at risk for failing or the minimum performance required in order for the student to pass a clinical course. Additional academic policies are described in the DNP Program Handbook that can be found on the [College of Nursing website](#) under "Current Students."

Number of clinical hours required for the term of the clinical practicum

This information is provided in the course syllabus, which is sent to preceptors prior to the start of the academic semester. The student should notify the clinical placement coordinators and clinical supervising faculty how clinical time will be scheduled, e.g. twelve-hour shifts, one day per week, or blocks of time, after discussion with the preceptor. It is the student's responsibility to know how many clinical hours are required each semester.

Procedure for evaluating students

Preceptors and clinical supervising faculty should agree and adhere to the College Of Nursing policies regarding clinical supervising faculty and preceptor roles in the student evaluation process. The preceptor is requested to provide the student with both formative and summative evaluation. It is recommended that weekly or bi-weekly discussion occur related to clinical performance and that the summative evaluation form be completed at the end of the clinical practicum. A mid-term evaluation is also required. **The supervising faculty member should notify any student in jeopardy of failure no later than at the mid-point of the clinical practicum.** The preceptor should also notify the clinical supervising faculty immediately whenever student performance is substandard, or failing. In the event of unsafe clinical performance by a student, the preceptor must remove the student immediately from the practice setting and notify the clinical supervising faculty.

Faculty Members Expectations

Membership in the academic community imposes on students, faculty members, administrators, and regents an obligation to respect the dignity of others, to acknowledge their right to express differing opinions, and to foster and defend intellectual honesty, freedom of inquiry and instruction, and free expression on and off the campus.

As teachers, faculty members encourage the free pursuit of learning in students; hold before them as best they can the scholarly standards of the discipline; demonstrate respect for the student as an individual; adhere to the proper role as an intellectual guide and advisor; make every reasonable effort to foster honest academic conduct and assure that the evaluation of students reflects their true merit; and respect the confidential nature of the relationship between faculty member and student.

The faculty, guided by a deep conviction of the worth and dignity of the advancement of knowledge, recognize the special responsibilities placed upon them. The faculty's primary responsibility to their subject is to seek and state the truth as they see it. To this end the faculty devotes their energies to developing and improving scholarly competence. The faculty member accepts the obligations to exercise critical self-discipline and judgment in using, extending, and transmitting knowledge; and practices intellectual honesty.

In order to accomplish these goals, faculty members assume certain responsibilities further outlined in Policy 7.01.01 Statement on Professional Conduct in the University Handbook for Appointed Personnel.

Clinical Supervising Faculty Responsibilities and Expectations

In addition to faculty expectations, responsibilities for faculty who are providing either direct or indirect supervision of students in the clinical setting will vary by course. The course syllabus will include the requirements and evaluation criteria for successful student performance. In addition, courses may have specific guidelines describing clinical faculty responsibilities for that particular course. Faculty are expected to comply with those guidelines when available. In addition, weekly review of a student's clinical log by clinical faculty, documenting the student's clinical experiences, is required.

All NP students must have a *minimum* of one site visit per semester to monitor student progress. When the student is at a "distance" site, i.e. more than two hours driving time from the College Of Nursing, the site visit may occur via audiovisual internet conferencing or telephonically. The date and time are confirmed in advance with the student. It is the student's responsibility to inform the preceptor of the date and time of the site visit. Purposes of the site visit include observation and evaluation of the student in actual patient care situations as well as a student's interaction with preceptor and staff. In addition, it provides the clinical supervising faculty, the preceptor and the student an opportunity to discuss the student's progress. If it is determined that a technological site visit is insufficient or not culturally acceptable, arrangements can be made to make an onsite visit, after consultation and approval by the DNP Director.

In situations where a student requires closer monitoring by the clinical supervising faculty, more site visits at various points throughout the semester may be required. In general, the College Of Nursing recommends that **site visits be completed during weeks 5 to 8 of the semester** to assess student progression. This will permit sufficient time for remediation and additional site visits if warranted during that semester.

Written documentation of the site visit is required. The summary of student performance must be signed by the clinical supervising faculty who conducted the site visit and then submitted in the clinical documentation tool. Written evaluations must be submitted also by preceptor and student.

Responsibilities for faculty who are providing either direct or indirect supervision of students in the clinical setting will vary by course. The course syllabus will include the requirements and evaluation criteria for successful student performance. In addition, courses may have specific guidelines describing clinical faculty responsibilities for that particular course. Faculty are expected to comply with those guidelines when available. In addition, weekly review of a student's clinical log by clinical faculty, documenting the student's clinical experiences, is required.

Typical responsibilities for clinical faculty may include some or all of the following:

- Collaborates with the course chair around student assignments for required clinical experiences;
- Coordinates student clinical learning with preceptors;
- Ensures that student clinical experiences commence as soon as feasible at the beginning of a course so that students will be able to complete the required clinical hours within the timeframe of the course;
- Evaluates student competencies in the clinical setting using preceptor input as appropriate to ensure that students are providing optimal client care and are adhering to agency expectations, guidelines, and standards;
- Documents student clinical performance and evaluation conferences;
- Meets with or is available to students outside the clinical setting, as necessary;
- Assesses the process of student clinical evaluation within a course and recommends improvements when necessary;
- Facilitates faculty/student/preceptor problem-solving as necessary, coordinating conferences as appropriate, developing plans for remediation when necessary, and communicating with course chair;
- Notifies course chair of student difficulties in meeting clinical objectives;
- Makes site visits for each student and preceptor to assess student progress and preceptor feedback;
- Informs appropriate CON administrator of clinical agency issues which may affect student practice or clinical placement;
- Evaluates site and preceptor performance as a basis for recommending future clinical placements.

Section 4: Students Rights & Responsibilities

Student Nurse Practitioner Rights

Students have a right to expect that:

- They will not be exploited relative to time commitment for pay or profit of the conducting institution.
- Enrollment in a nursing program grants certain rights and responsibilities to both the student and the program. These rights and responsibilities of each party should be fully understood and complied with.
- A student's failure to achieve the goal within the time frame expected should be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as may be required. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of their progress in the educational program will be made and they will be kept informed of their progress.

Student Nurse Practitioner Responsibilities

Students will be held accountable for:

- The quality of preparation, completion and performance of assignments.
- Complying with the policies and procedures pertaining to the student's admitted program of study and all affiliate sites. All responsibilities connected with the program defined at the time of enrollment in the program or made part of the educational experience during the period of enrollment are also the student's responsibility.
- Knowledge of all policies and procedures outlined in the appropriate program handbook.
- Their ethical and legal responsibilities for repayment of student loans from any source, public and private.
- Giving permission to the faculty at the University of Arizona College of Nursing and affiliating institutions to provide reference information upon student request. The nature and scope of the reference documentation may include information sought by potential employers, scholarship and award committees and any future college/university where the student may seek application.

Faculty expectations of students are carefully enumerated in course syllabi and clinical objectives; however, in addition to these, program faculty have additional expectations. The faculty expects that students:

- Are intellectually curious and are sensitive of the need to study independently and in-depth.
- Return to basic physiology and pharmacology, nursing science and other basic courses to make inferences,
- Draw upon past experience and integrate them with the present; develop concepts, think through processes and to ask questions of oneself and others.
- Learn to adapt to new stresses and experiences and to not give up. The volume of material is much greater than most students may be accustomed to. It is expected that each student's concern and respect for their classmates will be as great as their concern and respect for themselves; if a student comes unprepared for class or clinical assignments, they will require a disproportionate amount of the instructor's time and deprive them and other students of their rightful share of time for learning.

Student Nurse Practitioner Scope of Practice

Student NPs, as well as all NPs, are required to function within a scope of practice supported by theory and clinical experience that are provided during their academic preparation. NP students in the:

- Adult-Gerontology Acute Care (AG-ACNP) specialty may provide care only to adult patients 17 years of age and above. Under no circumstances should they provide care to children, although they may observe care provided by others, such as their preceptor, on rare occasions.
- Pediatric (PNP) specialty may provide care only to patients 21 years of age and under (unless the patient's medical condition necessitates ongoing care from a pediatric provider). Under no circumstances should they provide care to adults, although they may observe care provided by others, such as their preceptor, on rare occasions.

- Family (FNP) and Family Psychiatric Mental Health (FPMHNP) specialties may provide care to patients across the lifespan.

Professionalism, Integrity & Clinical Conduct

Patient case preparations, reading, meeting attendance and other types of inquiry often have to be performed on the student's own time. Students shall also conduct themselves in a professional and respectable manner during class time, clinical time and during professional meetings and seminars.

All students are expected to adhere to site-specific policies in addition to the College's expectations below:

- The Student Nurse is a representative of the specialty, the profession, the University, and the clinical affiliates. The maintenance of a professional appearance and demeanor facilitates the acceptance of the profession and the individual by patients and other health professionals. It is expected that students will assume responsibility for observing the following guidelines on professional behavior.
- The developing professional bears the responsibility of representing the profession to patients, the public, and other members of the health care team. The following guidelines should be observed in representing the profession:
 - Consistently demonstrate your concern for the welfare of the patient. Be thoughtful and professional when obtaining the history and performing the physical exam. Treat patients with respect and dignity, both in your interactions with them, and in your patient related discussions with other professionals. Demonstrate your concern not only for the medical problem but for the total patient.
 - Conscientiously respect the rights of your colleagues. Characterize all of your professional encounters with cooperation and consideration. Strive to assume an appropriate and equitable share of patient care duties.
 - Approach your responsibilities with dedication. Be truthful in all professional communications. When meeting multiple demands, establish patient-centered priorities to guide you in completion of such work.

Section 5: Student Guidelines

Course Progression Algorithm

Each clinical management course builds on the content and clinical application experiences of the previous clinical management course. Students are responsible for knowing expectations for learning and the criteria for satisfactory performance in each clinical management course. Preceptors will be given the syllabi of the student's current clinical course; however students should also ensure that the preceptor is informed of the expected student learning outcomes. So that preceptors can better understand the student's potential for performance, and their educational learning needs, an academic progression program of study for each of the specialties are found on the College of Nursing's [website](#). The specialties at the College of Nursing are: Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, Adult Gerontology Acute Care Nurse Practitioner, Pediatric Nurse Practitioner, and Nurse Anesthesia. For specific information about Nurse Anesthesia, please consult the Clinical Guidelines Handbook for Nurse Anesthesia Specialty Doctor of Nursing Practice Program.

Documentation of NP Clinical Experiences

Students are required to keep patient encounter logs. Preceptors may request to review previous logs as an indicator of clinical learning needs. Clinical faculty monitor patient encounter logs weekly to follow student progress. Students will keep patient encounter logs in a computerized format. The nature of the patient care encounters that students have experienced in their past clinical practica should be readily available for preceptor and/or faculty review, keeping in mind that students and the College Of Nursing maintain applicable HIPAA confidentiality requirements; thus, patient confidentiality must strictly be observed when logs are shared, including

withholding all identifying information. For students to verify they have had enough clinical hours in their APRN program, they must document the number of hours spent in clinical practice.

Students are expected to document accurately all hours spent in the clinical setting, including allocating accurate times for various activities (e.g., actual patient encounter, consultation with the preceptor). For a student to be nationally certified, as a Family Nurse Practitioner, for example, the student must be able to document populations seen, e.g. enough pediatrics, enough women's health, etc. It is the responsibility of assigned clinical supervising faculty to evaluate and approve a student's clinical logs on a regular and repeated basis.

The University of Arizona College Of Nursing does not accept handwritten clinical logs. All clinical hours and clinical experiences must be entered into the clinical documentation system. The use of this software will enable students to keep track of exactly how many patients they have seen, what their diagnoses are, what medications they have prescribed, etc. It also helps students to become comfortable with the coding that most healthcare providers are now required to do in their daily practice.

The policies and tutorials are located in [Doctoral Commons](#). Assistance can also be obtained from the Learning and Healthcare Technology Innovations (LHTI) Group via [email](#).

Allocation and Definitions of NP Clinical Practice Categories

Graduates of this program must demonstrate the ability to apply new knowledge in planned clinical practice experiences, attain program outcomes, and perform as competent beginning advanced practice professionals. This document defines the different categories of experiences that are entered into the clinical documentation system as evidence of the student's ability and growth as a competent nurse practitioner and in meeting program outcomes. Accuracy in recording all time spent in each category is expected (see [Code of Academic Integrity](#)). Each NP specialty requires 720 direct clinical hours to complete the plan of study.

Categories and Definitions

Direct Clinical time is the time the student spends in direct, face to face, care of the patient. The following are examples, but not an exhaustive list of patient care activities. Each specialty must operate within their scope of practice and students should seek guidance from their preceptors and clinical supervising faculty with any questions. Direct Clinical time also includes consultation time the **student spends discussing/consulting with the preceptor about a specific, current, case in which the student is involved in direct patient care.** This consultation time is tied to a specific patient case and should be logged with that case. **Consultation may occur on the telephone or with other telehealth technology (depending on practice) and counts as consultation.** **Telephone consultation** is the time the student spends on the telephone with a patient discussing issues such as referrals, labs, tests, and follow up instructions, patient education and/or clarification of previous instructions or medications. Rounds and time spent reviewing labs and medical records related to patient care

AGACNP Examples: Perform an appropriately directed and thorough clinical history of patients on their clinical preceptor service; Perform an appropriately directed and thorough physical examination; Assess and prioritize the acuity of the patient's condition; Review laboratory data and results of diagnostic studies; Following up on results of therapeutic interventions and diagnostic studies; Documenting appropriately including history and physical exam with initial contact, daily progress notes, event notes and procedure notes; Demonstrate how forms related to patient care including facility transfer forms, death certificates and outpatient prescriptions are completed; Pre-round on patients the student will be managing prior to clinical rounds with the clinical preceptor and other members of the clinical rounding team. Pre-rounding will include performing an appropriate clinical history, physical exam, reviewing laboratory and study results and developing an assessment of the patient's condition and a diagnostic and therapeutic plan. The student will include a problem list with corresponding diagnosis and differential diagnosis, lab, diagnostic test, medications, nutrition, prophylaxis treatments. Perform approved procedures provided in CSI with clinical preceptor guidance as appropriate. Initiate management for the patient's condition by discussing the patient's case with clinical preceptor and identifying and communicating an appropriate plan of treatment. The consultation with the preceptor should be after the student has completed a thorough clinical assessment and review of data as outlined above under patient time. Patient clinical rounds

should include patients who are on the clinical preceptor service, and include a multidisciplinary professional group. Patients should be included in discussion if clinically stable to communicate and the nurse caring for the patient should contribute to the discussion on how the patient is responding to the treatment provided. Students will participate by communicating clinical findings and plan on patients who the student is caring for based on pre-rounding data to other members of health care team. The student should keep a log of the types of cases discussed during clinical rounds.

FNP Examples: Direct patient contact includes taking a history and performing a physical exam; Discussing lab results, Referrals, Treatment plans and delivering patient and family education and anticipatory guidance. Discussing the H & P findings, the treatment plan, referrals, patient education, follow up, lab/test results for a particular case.

PMHNP Examples: Direct patient contact includes conducting a psychiatric history or diagnostic interview; Psychiatric evaluation including administration and review of diagnostic instruments; reviewing lab results; Making referrals, developing and discussing treatment plans and patient education. Non-pharmacological, therapeutic management should be counted as direct patient time. This would include but not be limited to any of the patient-centered therapies, family therapy, and group therapy. Any group therapy sessions must be led by licensed mental health care providers with a graduate degree. Discussing the patient, the psychiatric evaluation and diagnosis, the differential, discussing the treatment plan, referrals, patient education, follow up, lab/test results for a particular case. Patient clinical rounds should include patients who are on the clinical preceptor service, and include a multidisciplinary professional group. Patients should be included in discussion if clinically stable to communicate and the nurse caring for the patient should contribute to the discussion on how the patient is responding to the treatment provided. Students will participate by communicating clinical findings and plan on patients who the student is caring for based on pre-rounding data to other members of health care team. The student should keep a log of the types of cases discussed during clinical rounds.

PNP Examples: Taking a history and performing a physical exam (Child only); Discussing lab results, Referrals, Treatment plans and delivering patient and family education and anticipatory guidance. Discussing the patient (Child), the evaluation and diagnosis, the differential, discussing the treatment plan, referrals, patient education, follow up, lab/test results for a particular case.

Student Absence

If a student is to be absent for a scheduled clinical day (due to illness or emergency), the student should notify the preceptor prior to the beginning of the clinical day. On the first clinical day, students should identify the procedure for contacting the preceptor in case of absence. It is the student's responsibility to also notify the clinical supervising faculty of the absence and to negotiate with the preceptor regarding making up time, when possible. If the student is not attending clinical as scheduled, the preceptor should notify the clinical supervising faculty member. **Students are expected to schedule clinical time with the preceptor, consistent with the preceptor's availability/schedule.**

Student Evaluation

It is the role of the course chair and specialty coordinator to assure that the preceptor and clinical supervising faculty understands the student's learning needs for the clinical experience. The preceptor should provide both formative and summative evaluation and document anecdotal notes that can be used to develop the mid-semester and end of semester evaluations. Faculty are responsible for a student's final grade in a course and clinical practicum; however, the preceptor should notify the clinical supervising faculty immediately when issues of patient safety are potentially compromised. The preceptor should also notify the student whenever performance does not meet acceptable standards and, if necessary, remove the student from direct patient care in the event of compromised patient safety, which at that point the faculty or the College must be notified to assure appropriate evaluation and academic review.

Legal Liability and Liability Insurance

Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor will remain the primary care provider, be responsible for decisions related to

patient care, and continue to provide follow-up care. Preceptors have ultimate decision-making power over, and responsibility for, the details of care, including training activities and direct supervision of student learning experiences.

The student's own insurance coverage for practice as a RN will not generally protect the student from liability in their advanced practice student role. University of Arizona matriculated students are insured under the provisions of Arizona Revised Statutes §41-621 et seq. (State of Arizona Self-Insurance Program) for protection of assigned students in the course and scope of students' clinical practicum educational activities. Preceptors will be required to have professional liability insurance coverage in amounts of not less than \$1,000,000 per occurrence and \$3,000,000 annual aggregate.

Steps to Certification & Licensure as a Nurse Practitioner

There are many steps to the licensures and certification process for new graduates. This document will outline the procedures and steps required. The steps are:

1. Completion of all clinical management courses and required clinical hours
2. Completion of the Certification form (see below)
3. Submit the completed form to the specialty coordinator for review and signatures
4. Order Transcripts
5. Request for Testing

Completion of All Clinical Management Courses

The student must complete all clinical management courses and all required clinical hours. The final grade for the last clinical management course is NURS 693a Clinical Residency. Once the final grade is awarded, the degree is conferred to the student. To ensure timely degree awarding, all students are encouraged to submit the appropriate GradPath forms early in the semester. Students must also ensure that there are no holds present on the student account (UAccess Student Center) that will prohibit the release of transcripts.

Completion & Submission of the Certification Agency Form

All applications are now online and you can begin to apply before you complete your final practicum. For the American Nurses Credentialing Center (ANCC—for AGACNP, FNP, PNP, FPMHNP), there will be a page of the application and a page from the APRN Validation Form you need to complete. The student should complete the form and then email the form to your specialty coordinator.

The specialty coordinator will forward the form to the DNP Director for their signature. Once the form is complete, the DNP Director will return the form to the student. The American Association of Critical Care Nurses (AACN—for Acute Care Track) also requires completion of an Educational Eligibility Form. The American Academy of Nurse Practitioners (AANP—for FNP track) and the Pediatric Certification Nursing Board (PCNP—for PNP track), do not require these forms.

Ordering Transcripts

TWO official copies of the transcript are required. They must include the degree and date conferred on it; one copy must go to the Board of Nursing directly from the UA and the second copy must go to the organization through which the student is seeking national certification.

Students may have the *second* official copy (the one designated for the national certification examination organization) sent directly from the UA or the student may pick it up at the Office of the Registrar located in the Administration Building, Room 210, during regular business office hours and include send it directly to the national certification examination organization.

Information about ordering transcripts is available from the [Office of the Registrar](#).

Request for Testing

Once the application is submitted, the student must request that the national certification organization send a letter to the Board of Nursing (BON) in the state where the student is applying for licensure/certification, saying that the student is eligible to take the national certifying examination. THIS is crucial for receiving a temporary advanced practice certificate (if this is allowed in your state).

Application to the State Board of Nursing

The student must additionally apply to the Board of Nursing in the state in which the student plans to practice as an NP. The student should already have RN licensure in that state, something required for receiving an advanced practice license and/or certificate.

Office of Student Support & Community Engagement Submissions (Certification Agency Forms & Board of Nursing)

OSSCE also will submit a letter to the appropriate Board of Nursing indicating student name, NP specialty option and date of completion of degree or certificate. For students in Arizona, this process is automatic and the degree or certificate completion date must be posted on the official transcript before notification is sent. This process takes place approximately 4 weeks after degree conferral. Official conferral dates are available from the University of Arizona.

Students who are seeking licensure outside of Arizona must provide the OSSCE with the appropriate information for submitting a letter or other document confirming completion of the program. This information should accompany the AACN form. Students should copy their specialty coordinator on this request. Requests should be submitted via email to studentaffairs@nursing.arizona.edu. **Please allow ten business days from the date of submission for form processing or letter verification.**

Additional Information

Most students *can* apply for and receive (in most states) a temporary advanced practice certificate *before* taking the national certifying exam! For example, in Arizona, this process is described in the application: the student needs to (1) have the UA send a copy of the official transcript with the date and the degree conferred on it to the AZ BON and (2) have the national certification organization send verification to the AZ BON. Once the AZ BON has received those two documents, the student may receive a temporary advanced practice certificate allowing the student limited practice as an NP (the student will be unable to apply for prescriptive authority until receiving the regular AP certificate).

Every state has rules and regulations that may differ to some extent from. It is incumbent upon the student preparing for certification and licensure to assure they are compliant with all state-specific BON directions.

Certification Websites

American Academy of Nurse Practitioners Certification Program (AANP):

<http://www.aanpcert.org>

American Association of Critical Care Nurses Certification Corporation (ACNP):

<http://www.aacn.org/>

American Nurses Credentialing Center (ANCC):

<http://www.nursecredentialing.org/>

Pediatric Nursing Certification Board (PNCB):

<http://www.pncb.org/ptistore/control/index>

APPENDICES

Appendix A: Required Forms and Documentation

Appendix B: Clinical Rotation General Information and Overview

Appendix C: Adult Gerontology-Acute Care Nurse Practitioner (AG-ACNP) Specialty

Appendix D: Family Nurse Practitioner (FNP) Specialty

Appendix E: Pediatric Nurse Practitioner (PNP) Specialty

Appendix F: Psychiatric Mental Health Nurse Practitioners (PMHNP) Specialty

Appendix G: Additional Rights and Responsibilities

Appendix A: Required Forms & Documentation

Progression in the DNP program requires the timely completion of required forms for clinical placement and preceptor work. All forms required for the completion of the program can be found in Doctoral Commons, located on the University of Arizona's D2L Platform. All students have access to this site using their NetID and password.

Required forms and resources which are available in [Doctoral Commons](#) under "Clinical Placement Information" include:

- **Guides**
 - Clinical Policies Handout (Orientation Guide)
 - Clinical Rotations Guidelines (Summer, Spring, and Fall)
- **Applications**
 - Nurse Practitioner Clinical Placement Applications
- **Forms**
 - Preceptor Information Form
 - Student Request for Contract
- **Specific Information for Preceptors, Clinical Supervising Faculty & Students**
 - Preceptor & Clinical Supervising Faculty Evaluation Process
 - Preceptor Clinical Faculty Handbook
 - Steps to Getting Certified and Licensed as an NP
- **Student Immunizations**
 - Castle Branch Immunization Requirements
 - Castle Branch is an online database that provides immunization record tracking, credential verification and drug screening for students and faculty. Students will be interfacing with this online tracking system to maintain and store their records and clinical requirements. The Office of Student Affairs in the College of Nursing will provide each student with detailed instructions regarding setting up an account upon acceptance.
 - Student Exposure to Blood Body Fluids
- **Other**
 - Dual Degree (DNP & PhD) Student Required Course

Resources which are available under [Doctoral Commons](#) under "Portfolio and Clinical Documentation Tool" include:

- **Clinical Documentation Tool**

Appendix B: Clinical Rotation General Information & Overview

The following information is a quick orientation to policies and schedules of the required clinical management courses. **All questions should be referred to either the appropriate specialty coordinator or Clinical Placement Coordinator. The goal of each clinical placement is to match the right student in the right clinical learning environment at the right point in the curriculum in order to maximize the learning experience!**

Clinical Course Progression:

- For a full-time DNP student,
 - 1st clinical management course begins in the **spring** semester of the 2nd year of the program after successful completion of 609a Adv. Health Assessment.
 - 2nd clinical management course is in summer
 - 3rd clinical management course is in the Fall
- Refer to the appropriate program guide for specific specialty progression.

Each clinical management course requires the completion of a clinical practicum with a specified number of **minimum** hours at a contracted clinical site with an assigned and approved preceptor. Remember, this is the minimum number of hours but it is strongly suggested that you obtain as many clinical hours as possible during the semester. Refer to the appropriate program guide for each specialty for the minimum number of clinical hours required in each course.

Overall:

- **Total** program clinical hours are a minimum of 720.
- The purpose of clinical practicums is to practice, not shadow the preceptor. If the preceptor is not allowing practice, please notify a clinical placement coordinator immediately.
- **Only** FNP, PNP, and PMHNP students may interview and examine patients 17 years of age and younger.
- **Only** AGACNP and PMHNP students may participate in inpatient hospital rounds
 - Occasionally, it may be appropriate for AGACNP students to *observe* the preceptor's interaction with a patient under the age of 17 but AGACNP students may not interview or examine these patients.
 - Students are notified of their finalized clinical assignments at variable points in time prior to the first day of class, depending on the requirements stipulated by each practice site. It is sometimes necessary to complete paperwork and other site-based requirements prior to the initiation of the clinical practicum.
 - Assignments are posted in the clinical log database. Students will receive training on how to use this system prior to the start of their first clinical management course.

Preceptors:

- All students are required to identify potential preceptors in conjunction with the graduate coordinators. Students are strongly encouraged to be proactive in this process; it takes significant time to establish relationships. Some practice sites will communicate only with the program representative; in that case, the appropriate graduate coordinator will explore placement possibilities on behalf of the student. **BE AWARE THAT CONTRACTS MAY TAKE OVER 6 MONTHS OR LONGER FOR EACH PRECEPTOR.**
- A preceptor must be a Master's or Doctoral prepared NP, MD, or DO with a *minimum* of 1-year experience. Board certification for NP's is required. Physician's Assistants cannot serve as preceptors!
 - FNP: Must be a primary care provider, **not** a specialty provider. After the first clinical practicum; however, students may complete a 90-hour rotation with a women's health provider or in an urgent care site.
 - PNP: Must be a primary care provider, **not** a pediatric specialty provider.
 - AGACNP: Must be an ACNP, AGACNP, MD, or DO, **not** an FNP or ANP.
 - NURS 615 clinical practicum: Provider must be a hospitalist or ED provider, **not** an intensivist (ICU) or specialist.
 - PMHNP: Must be a psychiatric mental health NP or psychiatrist. Primary care providers may not serve as preceptors for PMHNP students.
 - It may be possible to be supervised by a certified PMHCNS. They may also work with a psychologist with prescriptive authority if a psychiatrist or PMHNP is on site and serving as the primary preceptor. In this situation, students must check with the clinical coordinator first.

- Students should ideally have all clinical practicums with a PMHNP but at least 50% of the clinical hours must be with a PMHNP. Providers should ideally see patients across the lifespan if possible.
- Therapy hours may be obtained from a licensed provider such as a LCSW, LMFT, LPC, or PhD

FNP, PNP, and PMHNP students **must** have a clinical rotation with at least one NP preceptor during their program of study; students may not exclusively precept with MDs/DOs. Each preceptor will be sent a Preceptor Packet, via e-mail, the week before classes start.

Contracts:

- **There must be a contract in place between the UA/CON and the clinical site for a student to start a clinical practicum at that site.**
- Contracts are ***legal documents*** and can take several months to a year to finalize, so *please* identify clinical sites early to allow adequate time to complete this process. If there is not contract in place, a student may NOT start clinical practicum at the site, no matter how willing the preceptor is to supervise the work.
- If there is not currently a contract in place with the clinical site, each student will need to complete the Contract Request form, available on [Doctoral Commons](#), and return it as soon as possible to the clinical placement coordinator.
 - The student is responsible for providing the clinical placement coordinators with a ***valid e-mail address*** for the contact person at this site. The contact is the person who is responsible for overseeing the contract and is usually different than the preceptor.
 - If Site and/or Preceptor do not respond to attempts to contact them or do not return the required forms, the student will be contacted to follow-up with the preceptor/clinical site.
- While graduate coordinators can help facilitate the process, the College of Nursing is unable to directly negotiate or speed up a contract. The AHSC contracts office has indicated that contract updates will be provided on a monthly basis only, so frequent inquiries regarding the status of a particular contract are ineffectual. Unless a contract is already in place, students are not recommended to select military or university systems. These facilities are *very* challenging to get contracts completed, especially if the Military or University Medical System already has a medical school and/or NP (or PA) program from which they receive students.
- Unless a contract is already in place, students considering practice sites in government-based, corporate healthcare, or university systems must be advised that it can be very difficult and time-consuming to finalize contracts for these settings. Also, some of these practice sites limit preceptorship availability to their own employees or students.
- ***Please be aware that the College of Nursing is unable to submit a contract request until the preceptor has returned a signed, completed form that verifies the availability of an appropriate preceptor at that specified contract site.***

Clinical Placement Application:

- Clinical Placement Applications are available on Doctoral Commons, and are sorted by semester and practice specialty. It is the student's responsibility to access and complete the appropriate application and return to the assigned clinical placement coordinator in accordance with specified timelines.
 - A Clinical Placement Application is the "place holder" for clinical management courses.
 - If the form is not returned on time, the student may be unable to begin clinical practicum on time. This may significantly jeopardize timely progression in the program.
- Clinical Placement Applications ***must*** be returned ***1 year in advance of the clinical practicum***. The date by which the form must be returned is noted on the application. All email communication regarding clinical placement planning will be conducted using the student's UA email address, and UA email communication must be checked regularly by students to ensure timely completion of clinical placement requirements. **All**

Students:

- Students must provide the name and contact information of *at least 2* potential preceptors, including valid e-mails, for each clinical course.
- At least 2 potential preceptors and/or sites are required because contracts may not be successfully negotiated and preceptors can have unexpected circumstances that prevent them from precepting.

Clinical Policy: Chaperone of Individuals from Birth to 19 years of age.

- Students are responsible for reading the policy of the clinical agency in which they are being mentored related to chaperoning of individuals from birth to 19 years of age.
- Student are to follow the agency policy related to chaperoning of individuals from birth to 19 years of age
- The College of Nursing minimum standard of care that all students are required to follow is the following:
 - If the patient is an adolescent or young adult and the examination requires inspection or palpation of anorectal or genital areas and/or the female breast, a chaperone is required. It is highly recommended that the student's preceptor serve as the chaperone

Appendix C: Adult Gero Acute Care Nurse Practitioner (AGACNP) Specialty

Scope of Practice

Student APRNs, as well as all APRNs, are required to function within a scope of practice supported by theory and clinical experience that are provided during their academic preparation. APRN students in the Adult-Gerontology Acute Care (AGACNP) specialty may provide care only to adult patients 17 years of age and above. Under no circumstances should they provide care to children.

CLINICAL MANAGEMENT COURSES (TOTAL OF 720 CLINICAL PRACTICE HOURS)

NURS 615: Diagnosis & Management of Chronic and Acute Illness I

Course Description: This course is designed to develop theoretical and clinical competencies in the care of the chronically and acutely ill adult. The course builds on concepts and skills derived from prerequisite courses and focuses on developing advanced practice skills in comprehensive assessment, diagnosis, and management strategies of the chronically and acutely ill adult. This course also includes theoretical and clinical competencies in primary and acute care advanced assessment, diagnosis and collaborative management as well as interpretation of commonly encountered diagnostic tests.

HOURLY REQUIREMENTS: 180 hours over 15 weeks (average 12 hours per week) over spring semester. Students are encouraged to arrange consecutive clinical days.

PRECEPTOR RESPONSIBILITIES: Supervise student in the clinical setting. Complete mid-term and final student evaluations.

OBJECTIVES: Gather a focused history, perform physical examinations and develop a rudimentary problem list (including differential diagnoses for the chief complaint) for stable patients.

Write complete progress notes, histories and physicals.

Develop a plan for health maintenance.

Write prescriptions and orders (for preceptor signature).

Present patients to preceptor verbally and propose appropriate diagnostic studies and treatment options.

Provide ongoing daily management (under preceptor supervision).

AGACNP STUDENT PRACTICE GUIDELINES: Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule (this may include evenings and/or weekends).

Students are NOT allowed to interview, examine, or perform procedures on patients 17 years of age and younger. During this semester, no procedures may be performed by the student under any circumstances, as students do not receive training in procedures until the next course in the AGACNP curriculum. *This is irrespective of a preceptor's willingness to supervise the student in performing procedures.*

Students are NOT to care for any patients on a hospital unit on which they currently work or are employed.

NURS 616: Diagnosis & Management of Chronic and Acute Illness II

Course Description: This course is designed to continue the acquisition of knowledge and skills begun in NURS 615 Diagnosis & Management of Chronic and Acute Illness I. The focus is on further development of advanced practice skills in the management of chronically and acutely ill patients. Acquisition of collaborative management skills in the care of critically ill patients is also emphasized. Applicable nutritional science concepts are explored. Study of the physiological and biochemical alternations that occur during disease states and their effect on nutritional requirements and methods of providing nutrients is included. This course includes laboratory training related to acute care diagnostics and procedures.

HOURLY REQUIREMENTS: 180 hours over 12-13 weeks over summer semester. Students are encouraged to arrange consecutive clinical days.

PRECEPTOR RESPONSIBILITIES:

1. Supervise student in the clinical setting.
2. Complete mid-term and final 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, unstable patients.
2. Write comprehensive progress 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.
7. Provide ongoing daily management (under preceptor supervision).

AGACNP 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 17 years of age and younger.
3. Students may perform only the following selected diagnostic and therapeutic skills and procedures under direct supervision: ECG and CXR interpretation, percutaneous suturing, airway management, including orotracheal intubation, tube thoracostomy, lumbar puncture, and central venous (IJ, subclavian, femoral) and arterial (radial) cannulation. (No other procedures may be performed by the student under any circumstances. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures.)
4. Students are NOT to care for any patients on a hospital unit on which they currently work or are employed.
5. Students are responsible for assuring preceptor mid-term and final evaluations are submitted.

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.

HOURLY REQUIREMENTS: 360 hours over Fall semester (average of 24 hours a week).

PRECEPTOR RESPONSIBILITIES:

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final 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, including those who are critically ill.
- 2) Write comprehensive progress 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 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.

AGACNP 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 17 years of age and younger.
- 3) Students may perform only the following selected diagnostic and therapeutic skills and procedures under direct supervision: ECG and CXR interpretation, percutaneous suturing, airway management, including orotracheal intubation, tube thoracostomy, lumbar puncture, and central venous (IJ, subclavian, femoral) and arterial (radial) cannulation. (No other procedures may be performed by the student under any circumstances. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures.)
- 4) Students are NOT to care for any patients on a hospital unit on which they currently work.

Appendix D: Family Nurse Practitioner (FNP) Specialty

Scope of Practice

FNPs provide primary care to patients across the lifespan.

CLINICAL MANAGEMENT COURSES (TOTAL OF 720 CLINICAL HOURS)

FNP students are required to obtain 90 pediatric hours as part of the 720 hours

NURS 620a: Introduction to Primary Care

Course Description: The basic concepts and knowledge needed to assess and manage simple acute and chronic stable health problems prevalent in adults are covered in this course. Emphasis will be placed on evidence-based clinical decision-making based on the pathophysiology of the disease process, the use of diagnostic procedures as aids to clinical decision-making and management of the clinical course of illness both pharmacologically and non-pharmacologically. Multi-faceted outcome-based interventions will be discussed and evaluated including: culture and environment, complementary and alternative therapies, interdisciplinary approaches, education and health promotion.

HOURLY REQUIREMENTS: 180 hours over 15 weeks of spring (average is 12 hours per week).

PRECEPTOR RESPONSIBILITIES:

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final 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.

FNP STUDENT PRACTICE GUIDELINES:

- 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
- 2) Students are allowed to interview and examine patients across the lifespan.
- 3) Students will not begin clinical hours until February 1st of the spring semester.
- 4) Students are NOT to care for any patients in the same department of a clinic or facility in which they currently work.

NURS 620b: Advanced Primary Care

Course Description: The advanced concepts and knowledge needed to assess and manage simple acute and chronic stable health problems prevalent in adults are covered in this course that builds on the skills and knowledge developed in the Primary Care of the Adult Course. Emphasis will continue to be placed on evidence-based clinical decision-making based on the pathophysiology of the disease process, the use of diagnostic procedures as aids to clinical decision-making and management of the clinical course of illness both pharmacologically and non-pharmacologically. Multi-faceted outcome-based interventions will be discussed and evaluated including treatments that are culturally and environmentally sensitive, complementary, interdisciplinary, education-focused and health promoting.

HOURLY REQUIREMENTS: 180 hours over 12-13 weeks of summer.

PRECEPTOR RESPONSIBILITIES:

1. Supervise student in the clinical setting.
2. Complete mid-term and final 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.

FNP STUDENT PRACTICE GUIDELINES:

1. Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
2. Students are allowed to interview and examine patients across the lifespan.
3. Students may perform only selected diagnostic and therapeutic skills and procedures under direct supervision as taught in CSI. (No other procedures may be performed by the student under any circumstances. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures.)
4. Students are NOT to care for any patients in the same department of a clinic or facility in which they currently work.
5. Students are responsible for assuring preceptor mid-term and final evaluations are submitted.
6. Students are responsible for completing a preceptor and clinical agency evaluation.

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.

HOURS REQUIRED: 360 hours over Fall semester

PRECEPTOR RESPONSIBILITIES:

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final 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.

FNP STUDENT PRACTICE GUIDELINES:

- 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
- 2) Students may perform only selected diagnostic and therapeutic skills and procedures under direct supervision as taught in CSI. (No other procedures may be performed by the student under any circumstances. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures.)
- 4) Students are NOT to care for any patients in the same department of a clinic or facility in which they currently work.
- 3) Students are responsible for assuring preceptor mid-term and final evaluations are submitted.

Appendix E: Pediatric Nurse Practitioner (PNP) Specialty

Scope of Practice

Pediatric (PNP) specialty may provide care only to patients 21 years of age.

CLINICAL MANAGEMENT COURSES (TOTAL 720 CLINICAL HOURS)

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.

HOURLY REQUIREMENTS: 180 hours over 15 weeks.

RECEPTOR RESPONSIBILITIES:

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final 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.

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.

HOURLY REQUIREMENTS:

180 hours over 12-13 weeks

PRECEPTOR RESPONSIBILITIES:

1. Supervise student in the clinical setting.
2. Complete mid-term and final 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. Students may complete clinical hours in the out-patient setting or pediatric urgent care.
7. The pediatric nurse practitioner student will not manage high acuity, unstable pediatric patients that require the hospital setting for management.

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.

DATES: Specific dates can be found on the Academic Calendar found through the UA website.

HOOR REQUIREMENTS: 360 hours over 15 weeks (average of 24 hours a week).

PRECEPTOR RESPONSIBILITIES:

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final 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. Students may complete clinical hours in the out-patient setting or pediatric urgent care. A maximum of 45 clinical hours can be obtained in a pediatric specialty outpatient clinical setting after approval from the PNP Specialty Option Coordinator. The PNP student must adhere to their primary care Standard of Practice while interacting with patients in the specialty setting.
7. The pediatric nurse practitioner student will not manage high acuity, unstable pediatric patients that require the hospital setting for management.

Appendix F: Psychiatric Mental Health Nurse Practitioner (PMHNP) Specialty

Scope of Practice

Psychiatric Mental Health Nurse Practitioners (PMHNP) may provide psychiatric- mental health care to patients across the lifespan.

CLINICAL MANAGEMENT COURSES (TOTAL 720 CLINICAL HOURS)

NURS 629a: Advanced Psychiatric-Mental Health Nursing I

Course Description: This course is the first of three core courses that leads to eligibility for advanced practice and national certification as a psychiatric mental health nurse practitioner (PMHNP). Students will learn advanced mental health assessment across the lifespan, advanced techniques in assessment, differential diagnosis, pharmacological, and therapeutic management of mental health conditions and psychiatric disorders will be applied to the development of patient data bases. Emphasis will be placed on bio-psycho-social and cultural mental health assessment and management utilizing appropriate research findings, while emphasizing health promotion, health protection, disease prevention, and treatment. The clinical practicum portion of the course requires the student to be supervised in assessing individuals across the lifespan for their short-term and long-term mental and emotional functioning, and in the planning, implementation, and evaluation of pharmacological and non-pharmacological management.

HOURLY REQUIREMENTS: 180 hours over an average of 12 weeks

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final student evaluations.

OBJECTIVES:

- 1) Gather a focused psychiatric history, perform psychiatric mental health examinations and develop a rudimentary problem list (including a differential diagnosis for the chief complaint) on all patients experiencing a psychiatric disorder or mental health condition, utilizing Axis I-V Codes (if site uses these) and ICD-10. Students will be responsible for knowing DSM-5 diagnostic criteria.
- 2) Write complete psychiatric interviews and progress notes.
- 3) Develop a beginning plan for health maintenance.
- 4) Write prescriptions for psychiatric mental health medications (for preceptor signature).
- 5) Begin to engage in non-pharmacological, therapeutic interventions.
- 6) Develop therapeutic relationships with patients, utilizing appropriate professional boundaries.
- 7) Present patients to preceptor verbally and propose appropriate diagnostic studies and treatment options.
- 8) Provide ongoing daily management for stable patients (under preceptor supervision).

PMHNP STUDENT PRACTICE GUIDELINES:

- 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
- 2) Students are required to complete documentation in Typhon within seven days of each patient contact.
- 3) Students are responsible for assuring preceptor mid-term and final evaluations are submitted to Typhon.
- 4) Students are responsible for completing and submitting to Typhon a Student Evaluation of Clinical Practicum and Preceptor form.

NURS 629b: Advanced Psychiatric-Mental Health Nursing II

Course Description: This course is the second of three core courses that leads to eligibility for advanced practice and national certification as a psychiatric mental health nurse practitioner (PMHNP). NURS 629B builds on the knowledge and clinical skills gained in NURS 629A, Advanced Psychiatric-Mental Health Nursing I. Students will expand upon and apply advanced mental health assessment skills across the lifespan; advanced techniques in assessment, differential diagnosis, pharmacological and non-pharmacologic therapeutic management of mental health conditions and psychiatric disorders will be applied in greater depth for improved development of patient data bases. Emphasis will be placed on expanding knowledge of bio-psycho-social and cultural mental health assessment and management utilizing appropriate research findings, while emphasizing health promotion, health protection, disease prevention, and pharmacologic as well as non-pharmacologic treatment across the life span. The clinical practicum portion of the course requires the student to function with minimal supervision while working towards autonomous practice as a family psychiatric mental health nurse practitioner with knowledge and

abilities in psychotherapy, psychopharmacology and capabilities to provide direct care to people across the lifespan whose behavior indicates psychiatric-mental health needs.

HOURLY REQUIREMENTS: 180 hours over 12 weeks of summer

PRECEPTOR RESPONSIBILITIES:

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final student evaluations.

OBJECTIVES:

- 1) Gather a comprehensive psychiatric history, perform psychiatric mental health examinations, develop a comprehensive problem list (including a differential diagnosis for the chief complaint) on all patients experiencing a psychiatric disorder or mental health condition, and utilizing Axis I-V Codes (if site uses these) and ICD-10.
- 2) Write comprehensive psychiatric interviews and progress notes.
- 3) Develop a comprehensive treatment plan and relapse prevention plan for health maintenance.
- 4) Write prescriptions for psychiatric mental health medications (for preceptor signature).
- 5) Engage in non-pharmacological therapeutic modalities/ interventions, as appropriate.
- 6) Develop therapeutic relationships with patients, utilizing appropriate professional boundaries.
- 7) Present patients to preceptor verbally and propose appropriate diagnostic studies and treatment options.
- 8) Provide ongoing daily management (under preceptor supervision) for stable and acutely ill patients.

PMHNP STUDENT PRACTICE GUIDELINES:

- 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
- 2) Students are required to complete documentation in Typhon within seven days of each patient contact.
- 3) Students are responsible for assuring preceptor mid-term and final evaluations are submitted to Typhon.
- 4) Students are responsible for completing and submitting to Typhon a Student Evaluation of Clinical Practicum and Preceptor form.

NURS 629c: Advanced Psychiatric-Mental Health Nursing III: Focus on Child and Adolescent

Course Description: This core course focuses on psychiatric disorders, mental health concerns, and health promotion among children and adolescents and provides content necessary for advanced practice and national certification as a psychiatric mental health nurse practitioner (PMHNP). Students will learn advanced mental health assessment for children and adolescents, advanced techniques in assessment, differential diagnosis, pharmacological, and therapeutic management of mental health conditions and psychiatric disorders will be applied to the development of patient data bases. Emphasis will be placed on bio-psycho-social and cultural mental health assessment and management utilizing appropriate research findings, while emphasizing health promotion, health protection, disease prevention, and treatment. The clinical practicum portion of the course requires the student to be supervised in assessing children and adolescent patients/clients for their short-term and long-term mental and emotional functioning, and in the planning, implementation, and evaluation of pharmacological and non-pharmacological management.

This non-clinical course is offered during the spring term only. **BSN to DNP students must complete 100 hours with children/adolescents** as part of the required 720 clinical hours. **Post-Master's Certificate students must complete 100 with children/adolescents** as part of the required 540 clinical hours.

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.

HOURLY REQUIREMENTS: 360 hours over 15 weeks in Fall

PRECEPTOR RESPONSIBILITIES:

- 1) Supervise student in the clinical setting.
- 2) Complete mid-term and final student evaluations.

OBJECTIVES:

- 1) Gather a comprehensive psychiatric history, perform psychiatric mental health examinations, develop a comprehensive problem list (including a differential diagnosis for the chief complaint) on all patients experiencing a psychiatric disorder or mental health condition, and utilizing Axis I-V Codes (if site uses these) and ICD-10.
- 2) Write comprehensive psychiatric interviews and progress notes.

- 3) Develop a comprehensive treatment plan and relapse prevention plan for health maintenance.
- 4) Write prescriptions for psychiatric mental health medications (for preceptor signature).
- 5) Engage in non-pharmacological therapeutic modalities/ interventions, as appropriate.
- 6) Develop therapeutic relationships with patients, utilizing appropriate professional boundaries.
- 7) Present patients to preceptor verbally and propose appropriate diagnostic studies and treatment options.
- 8) Provide ongoing daily management (under preceptor supervision) for stable and acutely ill patients.

PMHNP STUDENT PRACTICE GUIDELINES:

- 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
- 2) Students are responsible for assuring preceptor mid-term and final evaluations are submitted.
- 3) Students are responsible for assuring preceptor mid-term and final evaluations are submitted to Typhon.
- 4) Students are responsible for completing and submitting to Typhon a Student Evaluation of Clinical Practicum and Preceptor form.

Appendix G: Additional Rights and Responsibilities

PATIENTS HAVE A RIGHT TO:

- Know who is providing their care and who will be supervising the care and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard.
- Expect that those services provided by students will be under the supervision of an APRN and/or a physician. This should be consistent with the complexity of the patient, the magnitude of the condition, and the educational level of the student.
- Expect that the student and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs or other incapacitating conditions.
- Expect that costs to patients for student and supervisory services will be fair and equitable.
- Expect that nothing shall prevent any patient from requesting not to be a teaching patient, or prevent any member of the medical staff from designating any patient as a non-teaching patient.

CONDUCTING INSTITUTION Rights and Responsibilities

The program, University of Arizona College of Nursing and affiliated clinical sites are responsible to:

- Provide didactic instruction
- Coordinate and carry out application and admission procedures
- Provide classroom and laboratory space as needed for didactic courses
- Provide academic and faculty advising to students in all affiliated programs
- Coordinate advertising and public relation efforts
- Provide professional liability coverage which applies to all students in clinical experiences
- Provide for the clinical instruction and evaluation of all students
- Provide orientation to the clinical area
- Evaluate students in the clinical area
- Provide support for clinical research and studies
- Provide the resources needed for effective operation of an educational program of high quality
- Continually evaluate the program to ensure that it meets student needs and that graduates attain the desired outcomes
- Prevent department needs from superseding students' needs
- Conduct the program in compliance with all legal and accreditation standards

The University of Arizona as the conducting institution has the right to expect that:

- The faculty operates in accordance with the standards, policies, and procedures of the accrediting agencies, University, affiliate clinical sites, and the programs.
- Accurate and comprehensive records will be maintained, and these will be made available to on-site accreditation reviewers.
- The College will submit reports as required to the appropriate accrediting agencies.
- The program represents itself with integrity and truthfulness in all communications.
- It will be kept informed of program changes, accrediting agency evaluations and standards, and trends affecting nurse education.
- Applicants will be selected after review of their full applications, including academic records, interview, personal references and any other required application materials.
- Students will be aware of and follow department and institutional policies relative to patient care, personal health care habits, and in all other matters addressed in relevant policies.
- Students will communicate with clinical instructors relative to their ability to perform procedures, and apply knowledge in their clinical internships.
- Students will arrive prepared for classes, seminars, conferences, and clinical assignments.