

**RADFORD UNIVERSITY CARILION
FAMILY NURSE PRACTITIONER PROGRAM**

CLINICAL HANDBOOK

101 Elm Avenue
Roanoke, VA 24013

Dear Health Care Professional,

Thank you for agreeing to be a preceptor for a Family Nurse Practitioner student from Radford University Carilion (RUC), Roanoke, VA! In serving as a preceptor, you have a unique opportunity to make a profound professional impact on the future of health care. Your advanced knowledge and clinical expertise will become a vital component to the development of competency in the healthcare professional under your guidance.

As a preceptor, you will mentor a student in transitioning to the role of an advanced practice nurse. In the clinical settings, the student will work directly with you, and under your supervision to plan, provide, and evaluate patient care. Along with the student, you will decide what learning experiences will advance the student's academic goals and the outcomes of the course. While RUC's faculty is not present on-site, scheduled visits will be made with you.

The purpose of this handbook is to provide information about the program, preceptors roles and responsibilities, and teaching and evaluation guidelines. As you read through the documents in the handbook, please do not hesitate to call the School of Graduate and Professional Studies, Nursing Department at RUC during our regular business hours with any questions. In addition, contact information will be included for the RUC's supervising clinical faculty prior to the student's placement at the clinical site. This faculty member will be available to you at any time; you and the student are encouraged to call with questions or concerns.

Radford University Carilion acknowledges your participation in this program, for which you will receive a certification of recognition. Your endeavors in furthering the development of advanced practice nursing are graciously appreciated. Thank you for your willingness to promote the education of future family nurse practitioners!

Thank you!

Milena Staykova, EdD, APRN, FNP-BC

Milena Staykova, MSN FNP Program Coordinator

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Communication

Below is a list of personnel in the Family Nurse Practitioner program and how best to reach them. Please call in case of any of the following:

- You will be out for more than one day.
- The student is absent.
- You have a question, concern, or suggestion about any aspect of our program.

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| Address: | Mailing Address: |
| Family Nurse Practitioner Program Radford University Carilion 101 Elm Avenue Roanoke, VA 24013 | P.O. Box 13186 Roanoke, VA 24031 |
| Program Number: (540) 224-4672 Fax: (540) 224-4785 University Toll-Free Number: (888) 985-8483 | |

Contacts for Rotations

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|---|--|
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I. University and Department Overview

Nursing Program Accreditation

Radford University Carilion has degree-granting authority accorded by the State Council of Higher Education in Virginia. Due to the merger with Radford University, Radford University Carilion's MSN programs have received provisional accreditation by the Commission on Collegiate Nursing Education, One DuPont Circle, NW, Suite 520, Washington, DC, 20036, Phone: 202-887-6791. The pre-licensure TBSN and ABSN nursing programs are approved by the Virginia Board of Nursing, Perimeter Center; 9960 Mayland Dr., Suite 300, Henrico, VA 23233-1463. Phone: (804)367-4515.

Mission

The mission of the Radford University School of Nursing is to educate professional nurses to meet the changing health care needs of the region, state, nation, and world. Educational experiences are designed to prepare students to provide culturally sensitive nursing care to clients' diversity.

Vision

Radford University School of Nursing embraces its tradition of innovative education practice and scholarship to prepare excellent professional nurses who, by blending knowledge with caring, meet the changing health care needs of the region and beyond

Competencies for the Family Nurse Practitioner Profession

Each entry-level NP is expected to meet both the NP core competencies and the population-focused competencies in the area of educational preparation. Accordingly, NP educational programs use both NP core competencies and population-focused competencies to guide curriculum development. The graduate of an FNP program is prepared to care for individuals and families across the lifespan. Professional competencies for nurse practitioners include the effective and appropriate application of medical knowledge, interpersonal and communication skills, patient care, professionalism, practice-based learning and improvement, systems-based practice, as well as an unwavering commitment to continual learning, professional growth and the physician-FNP team, for the benefit of patients and the larger community being served. (NONPF, 2012).

II. MSN Program Outcomes

1. Demonstrate and integrate advanced nursing knowledge and relevant sciences into safe advanced nursing practice.
2. Contribute to nursing knowledge by applying current research outcomes within the practice setting; resolving practice problems; working as a change agent; and disseminating results.
3. Analyze and integrate theories of nursing, education, leadership, and other sciences to guide professional role development and improve nursing practice across diverse settings.
4. Integrate patient-care and communication technologies to improve delivery and enhance coordination of care
5. Provide organizational and system leadership that emphasizes the importance of professional accountability, ethical decision making, collaborative relationships, and protection of human dignity and diversity.
6. Synthesize and apply the principles, methods, tools, performance measures, and standards related to quality and safety within the healthcare system.
7. Communicate, collaborate, and consult with clients and health professionals to manage and coordinate care as a member and leader of interprofessional teams.
8. Integrate organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based health promotion and population care.
9. Analyze the impact of system policies on healthcare, participate in policy development, and use advocacy strategies to influence the quality of health care.

III. Clinical Courses

1. Course: NURS 615 Practicum I: Primary Care of Adults and Geriatrics (110 Clinical Hours)
Course Description: Students develop competence to function in the advanced practice provider role with adults and older adults experiencing acute and chronic conditions.

2. Course: NURS 625 Practicum II: Primary Care of Adults and Geriatrics (110 Clinical Hours)
Course Description: This course is a continuation of Practicum I. Students further develop competencies to function in the advanced practice provider role with adults and older adults experiencing acute and chronic conditions.

Course Objectives for NURS 615 and 625:

- Differentiate and diagnose variants of acute and chronic health conditions throughout the adult lifespan. (P.O. 7,8,9)
- Synthesize sources of evidence to develop plans of care addressing the most prevalent healthcare needs and complex conditions found throughout the adult lifespan. (P.O. 5,7)
- Design patient-centered care to incorporate quality of life, cultural, and socioeconomic considerations throughout the adult lifespan. (P.O. 7,8,9)
- Provide safe, quality patient care within collaborative interprofessional teams. (P.O. 7,8,9)

3. Course: NURS 657 Practicum III: Primary Care of Children, Adolescents, and Women (165 clinical hours; 82.5 hours in peds and 82.5 in reproductive health)

Course Description: Students prepare to function in the advanced practice provider role with children, adolescents, and women.

Course Objectives for NURS 657:

Upon successful completion of this course, the student will

- Differentiate and diagnose variants of health conditions of children, adolescents, and women.
- Synthesize sources of evidence to develop plans of care addressing the most prevalent healthcare needs and complex conditions in children, adolescents, and women.
- Design patient-centered care which incorporates quality of life, cultural, and socioeconomic considerations in children, adolescents, and women.
- Provide safe, quality patient care within collaborative interprofessional teams.

4. Course: NURS 675 FNP Preceptorship (220 clinical hours; 75 hours in specialty area)

Course Description: Students refine history, examination, diagnosis, and management skills related to acute and chronic problems across the life span.

Course Objectives:

Upon successful completion of this course, the student will

- Demonstrate appropriate evidence-based clinical decision-making skills.
- Exhibit professional behaviors through oral and written communication to support safety, quality patient care, and collaborative interprofessional relationships.
- Assess and intervene to promote wellness, and to prevent and treat disease.
- Design patient-centered care that considers quality of life, cultural, and socioeconomic factors.

IV. POLICY REGARDING PRECEPTORSHIP

Radford University Carilion Department of Nursing adheres to the definition of preceptorships as defined below:

Preceptorship- A clinical experience in which a nursing student is participating in the provision of care for one or more clients and a nursing faculty member is **not** providing direct supervision on site. Agreement is required when nursing faculty are not providing direct supervision.

Clinical Preceptor- The clinical preceptor is a qualified licensed healthcare professional employed by the facility in which the clinical experience occurs and is **present** with the student during the student's clinical experience. He/She agrees to serve as a role model, resource person, and supervisor of the student's clinical experience. As per regulation by the Virginia Department of Education, Virginia Board of Nursing (18VAC90-20-122), the preceptor-student ratio **may not exceed two** students to one preceptor at any given time, but may be 1:1.

Preceptorships 18VAC90-20-122. Clinical practice of students. (Virginia Board of Nursing, 12/02/2015)

Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. A preceptor **may not further delegate the duties** of the preceptorship. Preceptors shall provide to the nursing education program evidence of competence to supervise students' clinical experience for quality and safety in each specialty area where they supervise students.

Prior to beginning any preceptorship, the following shall be required:

- Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience.
- An acknowledgement of the orientation program based on preceptorship handbook.
- The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and final course evaluation.

V. Preceptor's Role

Overview

As a clinical preceptor, you are both a role model and a teacher. Students will learn from you indirectly by observing your practice style, your interactions with patients and colleagues, and your approach to problem solving. More directly, the students will learn by their own interactions with patients and through discussions with you and other healthcare providers.

In general, you will be supervising the student's clinical activities and monitoring the educational process. Specifically, you assign patients, observe student's clinical skills, review student chart entries, and serve as a resource for clinical questions and guidance.

The following guidelines will help to ensure a rewarding experience for both you and your student:

On the first day of rotation:

- Orient the student to the facility, the staff, applicable policy, and procedures.
- Discuss specifically how you want things done and what you expect.
- Review the rotation objectives with the student and together assess the scope of expected knowledge.

Whenever possible, arrange the day-to-day clinical experiences with the specific course objectives in mind, which are listed **on p. 7 of the handbook**. The student will have a copy of the syllabus.

Please ask students to review outside journal readings and topics based on the types of cases the student encounters. Although the student already has formal assignments to complete and an assigned reading material, your introduction of timely pertinent information resources will go a long way to encourage life-long learning habits.

VI. Evaluation of Student's Performance

The Radford University Carilion Family Nurse Practitioner Program uses a program called Typhon for documentation of student clinical experiences and evaluations. Faculty will complete a mid-term evaluation during their site visit and preceptors will complete an electronic final evaluation in the Typhon system. Instructions on accessing and completing the Typhon evaluations are found in Appendix C. If you have difficulty with accessing Typhon, please call Peyton Holt at 540-224-4672.

Evaluations should be done after reviewing the student's chart work, hearing their reports of patient cases, implementing the treatment plan, and consulting with other staff members who have worked closely with the student. Deficiencies as well as strengths should be frankly discussed with the student. A FNP faculty member may also evaluate the student during a site visit. Your evaluations should consider the student with respect to other students at the same level of training.

VII. FNP Student's Role

Prerequisites for Clinical Rotations

All students on rotation have met the following criteria:

- Successful completion of each previous rotation.
- Completion of all required immunizations and testing (MMR, DPT, Varicella, Hepatitis B and seasonal flu shot).
- TB testing, two-step PPD within past 12 months while on rotation.
- **Clinical Health Record Guidelines: Please note, there are mandatory health records for all students which must be completed prior to the start of any clinical rotations. Failure to complete and turn in health records prior to the deadlines will result in the inability for students to attend clinical rotations.** If you have any questions regarding the herein required information, please contact Peyton Holt, Clinical Resource Associate for the FNP program at Radford University Carilion.

Expected Family Nurse Practitioner Student Behaviors

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

- Perform complete histories and physical examinations in a manner appropriate for the patient.
- Differentiate normal and abnormal findings based on the physical examination, history, laboratory findings, and other tests and procedures.
- Develop a working diagnosis, differential diagnosis, or a problem list and a preliminary plan of care.
- Identify and explain significant pathophysiology related to the patient's clinical problem.
- Problem solve through evaluation of history and physical examination, usage of established criteria for management, and collaboration with preceptor on a plan of care.
- Present and record findings in a concise, accurate, and organized manner.
- Institute and provide continuity of care. Interact with the patient to assure understanding of and compliance with the therapeutic regimen.
- Provide instruction and counseling regarding health promotion, patient teaching, discharge planning, family care, as appropriate, to the patient and/or family.
- Consider the cost implications of care provided.
- Recognize when to refer to a physician or other health care provider.
- Coordinate care with other health professionals and agencies.
- Demonstrate appropriate interpersonal relationships with staff, patients, families, and other health professionals.

Student's Clinical Activity

While on clinical rotations, FNP students function as an integral part of the healthcare team. Students are assigned to a licensed clinician as a preceptor. Students perform histories and physicals, assess assigned patients, assist in formulating management plans, perform various procedures, and otherwise participate significantly in-patient care as determined by you, the preceptor. Students are responsible for monitoring patient progress, reporting to the supervising preceptor, and implementing the preceptor's plans. They are required to complete any additional work that you may assign, such as reading articles and giving case presentations. You should give students as much hands-on experience as you believe they are capable of handling.

All Radford University Carilion FNP students are aware of the following:

- Family Nurse Practitioner students on clinical rotation must work under the direct supervision of a licensed physician, nurse practitioner or nurse midwife who is supervised by a licensed physician.
- Students must wear a short lab coat with a FNP patch and a visible name tag designating student status and they must identify themselves as nurse practitioner students.
- Students will not see patients, make a diagnosis or carry out any procedure or treatment plan without the explicit prior approval of the preceptor.
- Students are not to perform clerical or administrative work for the site.
- All charts and written orders must be signed with the student's name clearly written followed by the designation "FNP-S" unless the student is told otherwise by an official at the rotation site. At no time may the student use other professional titles (e.g., RN, EMT) while on clinical rotation.
- All chart entries and written orders must be countersigned according to the rotation site policy. Students will not consent to assess any patient or perform any procedure that is beyond their ability.
- Students will observe the highest level of patient confidentiality at all times.

The Student's Responsibility for Reporting Incidents

Should an incident occur the student is likely to be upset and may need a reminder about what his/her responsibilities are with regard to reporting and follow up. We have reprinted below what students are told to do, so that you can help to guide their response to the incident.

If you, **the student**, have an exposure to blood or body fluids, you must follow the University Policy:

- Wash area thoroughly with soap and water (if eye splash, rinse with saline).
- Report to your preceptor immediately.
- Report immediately to the nearest Emergency Room, or appropriate healthcare facility, e.g. Carilion Urgent Care.
- If you are at an out of town rotation, report to the facilities Emergency Department and follow their accidental exposure protocol.
- Obtain the name/medical record number of the patient/staff member involved. Blood specimens may need to be obtained.
- Fill out the [Employee Event Form](#) which can be found on Blackboard. Submit the form to the Clinical Resource Associate, Ms. Peyton Holt.
- The CDC has a HOTLINE for occupational exposures, 1-888-448-4911 and is available from 9:00 am EST – 2:00 am daily. Call when in doubt. Follow the post-exposure prophylaxis (PEP) Quick Guide for Occupational Exposures.

The University is not responsible for any bills created by exposure to infectious and environmental hazards. We require students to have medical insurance in case this occurs.

Universal Precautions

Follow OSHA Guidelines for universal precautions at the clinical site, including the use of gloves, care of sharp objects, use of eye wear, protective clothing and other precautionary measures.

VIII. Faculty Role and Responsibilities

- Assist student in development of individualized objectives for the clinical experience.
- Review course objectives with student.
- Provide direction and support to enhance accomplishment of all objectives.
- Clarify questions about the preceptorship handbook, course objectives, roles and responsibilities.
- Be on call to students and preceptors for unresolved problems, policy questions, and outcome variance reports.
- Discuss student performance with preceptors periodically during the experience.
- Make at least one clinical visit in person or schedule a teleconference with the preceptor.
Note: The number of faculty visits will be based on the prior semester evaluations and preceptor midterm evaluation. If evaluation scores of <3 on midterm, student will need 2 visits in a semester. Course faculty/clinical faculty will be performing the student clinical site evaluation, not the faculty who may serve in the role of a preceptor.
- Confer with students at least three times during the experience and at the completion of the preceptorship.
- Grade student's assignments.
- Complete student clinical evaluations upon completion of preceptorship.
- Checks that clinical hours have been completed as required.
- Report to the Program Director issues related to the preceptorship, preceptor, or student.

Site Visits

The FNP program faculty may conduct announced and unannounced site visits on a regular basis. During a site visit, the faculty member will interview both the preceptor and student. In addition, the student may be asked to present a case to the visiting faculty member. Visits may also take place remotely via phone, Zoom, Skype or Blackboard Collaborate.

IX. Other Clinical Policies

COVID-19 Related Addendum

Student Health: Students are expected to complete the University's Daily Symptom Tracker.

The guidance provided upon submission of the survey should be used to determine and guide actions related to monitoring one's health. The Daily Symptom Tracker is available on RU Mobile and the MyRU Portal

Face Coverings: Under Governor Northam's Executive Order 63 and Radford University's Fall 2020 Campus Reopening Plan, all campus community members are required to wear a face mask or covering when in close proximity to others. This includes all instructional spaces (classrooms, labs, studios, etc.), as well as non-instructional ones, such as public areas of residence halls, dining halls, Radford Transit and while conducting business on campus. Radford University is providing faculty, students, and staff members with two washable cloth face masks.

The strength of our community rests on trust and care for one another. During this public health emergency, we expect students to abide by the required public health guidelines of our community by appropriately wearing a mask/face covering (i.e., covering both your mouth and nose), while in our academic spaces, including classrooms, computer labs, centers, and departmental suites. Students not wearing a mask in instructional spaces (classrooms, labs, studios, etc.) will be asked to leave. Students who have specific concerns or questions about the masking requirement should contact **Dr. Iris Mullins, Dean Johnnie Sue Wijewardane** or **Dean Kenneth Cox**. For the health and safety of our community, those who do not wear face masks/coverings may face disciplinary action.

In the event that you find yourself experiencing COVID-19 related symptoms, you are requested to do the following:

- Stay home! This is best way to prevent spreading COVID-19 as supported by scientific evidence.
- Follow the guidance you received from the COVID-19 Daily Symptom Tracker. Forward the faculty any email you received from the COVID-19 Daily Symptom Tracker and let us know of your absence.
- If you are self-quarantining/isolating, you may attend class virtually as indicated in this syllabus.
- It is our expectation that you will contact us to review missed coursework and arrange a timeline and plan for completing that work. In the case that you are not able to make up missed coursework by the end of the semester, we will need to consider options that may include a medical withdrawal or incomplete for the semester.
- Be assured that the faculty will do what we can to work with students to facilitate their successful completion of the course. I encourage you to contact us if you have questions or concerns. The Dean of Students Office is also available for assistance regarding extended absences (dos-web@radford.edu, 540-832-6297, www.radford.edu/dos).

Zoom Engagement: Whether we meet in-person, on Zoom, or in other digital formats, we are in a professional community. As professionals, we are expected to:

- show up on time;
- be prepared for our collective work;
- be appropriately attired; and
- try to limit distractions in our individual workplaces.

As members of a community, please consider the effects of your actions on your colleagues, just as you would in a physical classroom:

- keep your video on;
- mute yourself when not speaking; and
- focus your attention on the speaker.

Please let us know if you are having difficulties interacting in class via Zoom, and if there are reasons you cannot follow the above guidelines.

Zoom Technology: This class may use Zoom, which is a web and video conferencing tool. Please be sure you have Zoom installed and are familiar with using the tool. Below are tips for participating in a Zoom session:

- join the meeting early and test speaker, microphone, and camera settings;
- keep speakers away from microphones to avoid feedback;
- use a headset with microphone if possible; and
- do not join a meeting from multiple devices.
- Additional Zoom resources can be found at www.radford.edu/zoom.

Telehealth Policy

Overview:

This policy targets Telehealth clinical opportunities for the accrual of direct patient care hours among the School of Nursing at Radford University and Radford University Carilion Graduate Students during the current suspension of direct in-person clinical hours due to the COVID-19 pandemic and then henceforth. Supporting the clinical standards, Telehealth further expands the breadth of education for Nurse Practitioner students by allowing them to meet program outcomes, clinical course objectives, and learning outcomes, while aligning with the required clinical competencies of both the accrediting and credentialing organizations.

Purpose:

- To allow Graduate Nursing Students virtual engagement with patients and accrual of direct patient care clinical hours during the global pandemic of COVID 19; thereby, demonstrating commitment to Radford University's mission statement, program outcomes and clinical competencies while ensuring the safety of students, faculty, preceptors, and patients.
- To define expected clinical parameters and supplemental experiences not to exceed 50% of the total direct patient care clinical hours as deemed by the specific program.

Note: The policy will be re-evaluated with the forthcoming developments in the COVID-19 global healthcare crisis.

Target Audience:

- Academic Leadership, Graduate Nursing Students, Faculty, Community Partners and Preceptors

Executive Summary:

- Definitions: Telehealth is defined as “the use of electronic information and telecommunications technologies to support remote clinical health care, health-related education, public health and health administration. Technologies include videoconferencing, the internet and wireless communications. Telemedicine includes remote assessment, diagnosis, and treatment of patients by means of telecommunication and technologies” (Rutledge et al., 2017, para. 8; The Health Resources and Services Administration [HRSA], 2017). Refer to Article #1 and 5.
- Telehealth is different from telemedicine. Telemedicine refers specifically to remote clinical services; whereas, telehealth refers to the broader scope of remote clinical and non-clinical services (Rutledge et al., 2017; HRSA, 2017). Refer to Article #1 and 5.
- Telesupervision or e-supervision, is defined as “the use of videoconferencing technology to supervise graduate students or assistants remotely” (Klarowska, 2019, para. 2). In clinical settings, distant supervision is conducted via a synchronous audio/video format where the preceptor and the student may be in different locations (Inman, Bashian, Pendse, & Luu, 2019; Law Insider, 2013-2020). Refer to Article #6, 7, and 8.
- American Association of Colleges of Nursing (AACN, 2016) defined *direct patient care* as the care that involves assessment, diagnosis, treatment, and evaluation of a real client /patient - not simulation or lab exercises with trained patient actors and further stated “clinical experiences and time spent in each experience are varied and distributed in a way that prepares the students to provide care to the populations served, which may include telehealth and international direct care experiences” (AACN, 2016, p. 12). Refer to Article #2.
- Rationale 1. Telehealth is a well-established modality for healthcare delivery and is well supported by nursing accreditation and professional organizations. Virginia Board of Medicine and Virginia Board of Nursing jointly approved Guidance Document 90-64 titled Telemedicine for Nurse Practitioners. Furthermore, Virginia Department of Health Professions issued an executive summary on March 19, 2020, in response to the Office of Civil Rights (OCR) in the US Department of Health and Human Services to relax enforcement of HIPAA regulations governing telehealth during the COVID-19 National Emergency. Refer to Article #3.
- Rationale 2: The statement, issued by CCNE within their Coronavirus Resources for Nurse Educators dated March 23, 2020 (Refer to Article #4), approves Telehealth as a type of direct clinical hours for Graduate Nursing Students (AACN, 2016). Refer to Article #2.

- **Rationale Supplements.**

- Article #1. The Health Resources and Services Administration. (2017). Telemedicine and telehealth. Retrieved from <https://www.healthit.gov/faq/what-telehealth-how-telehealth-different-telemedicine>
- Article #2. American Association of Colleges of Nursing. (2016). 2016 Criteria for evaluation for Nurse Practitioners programs (5th ed.), p. 12. AACN/NONPF. <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Docs/EvalCriteria2016Final.pdf>

Note: Approved by all NP organization and CCNE. Review Criterion III. E.

- Article #3. Virginia Department of Health Professionals. (n.d.) Telemedicine for Nurse Practitioners [Guidance Document 90-64]. Retrieved from https://www.dhp.virginia.gov/medicine/medicine_guidelines.htm
- Article #4. American Association of Colleges of Nursing. (2020, March 23). Statement regarding Nurse Practitioner students and direct care clinical hours. Retrieved from <https://www.aacnursing.org/Portals/42/CCNE/News/Statement-Regarding-NP-Students-Clinical-Hours.pdf>
- Article #5. Rutledge, C. M., Kott, K., Schweickert, P. A., Poston, R., Fowler, C., & Haney, T. S. (2017). Telehealth and eHealth in nurse practitioner training: Current perspectives. *Advances in Medical Education and Practice*, 8, 399–409. Retrieved from <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5498674/>
- Article #6. Inman, A. G., Bashian, H., Pendse, A. C., & Luu, L. P. (2019). Publication trends in telesupervision: A content analysis study. *The Clinical Supervisor*, 38 (1), 97-115, DOI: [10.1080/07325223.2018.1528194](https://doi.org/10.1080/07325223.2018.1528194)
- Article #7. Klarowska, B. (2019, Feb. 13). *Telesupervision: How remote supervision can help*. Time2Track: Liaison Co.
- Article #8. Law Insider. (2013-2020). *Definition of Telesupervision*. Retrieved from <https://www.lawinsider.com/dictionary/telesupervision>

Structural Elements and Regulations

Standard I: Student Expectations

- School of Nursing
 - Graduate Handbook
 - Clinical Handbook
- Healthcare Facility Regulations
 - Health Requirement
 - Security-HIPPA and Other Security Regulations

Standard II: Faculty Expectations

- School of Nursing
 - Graduate Handbook
 - Clinical Handbook

Standard III: Preceptor Expectations

- Affiliation Agreement
- Preceptor Agreement
- **Type of Telehealth Visit:**
 - Students should be engaged in the synchronous services using the actual patients via a teleconferencing including initial and follow-up visits, consultations, patient education but excluding a phone call, e-mails, and text-messages.
 - Permit the Graduate Nursing Students to perform any telehealth or telemedicine-related tasks or functions with tele-supervision from the preceptors or collaborating provider being virtually present or immediately available to provide guidance.

- Graduate Nursing Students' engagement in telehealth/telemedicine should be based on their level of education and clinical competencies as defined by the course objectives.
- Graduate Nursing Students should follow the guidelines provided by the telehealth etiquette checklists below.

Standard IV: Supplemental documents

- HIPAA-approved telehealth technologies <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>
- Telehealth Etiquette Checklists: <https://www.telehealthresourcecenter.org/wp-content/uploads/2019/07/Telehealth-Etiquette-Checklist.pdf>

Dress Code

Students are expected to dress in a professional manner (no jeans) and to wear clean professional shoes, a short clean white jacket with FNP patches. Patches are to be sewn on left upper sleeve. The Radford University Carilion student I.D. badge should be clearly visible and worn on the chest at all times when in the student role while on campus and while completing student activities, FRC, clinical rotations, and/or project work in the community and other facilities; it must **NOT** be worn in the clinical facility at any other time when not in the student role.

Students should bring to the clinical and FRC rotations a stethoscope, penlight, percussion hammer, otoscope/ophthalmoscope diagnostic set (as specified by faculty/preceptor), pen with black ink, and a watch with second hand.

Additional Guidelines:

1. Hair should be clean, and under control, such that it cannot fall forward, with a plain clasp or band if necessary
2. One pair of stud earrings (in ears only), and wedding band are the only acceptable jewelry. A watch with a secondhand is required.
3. Fingernails must be kept short and clean with only clear or light, un-chipped, natural looking polish (if used). Artificial nails are prohibited.
4. No perfume, cologne or scented aftershave is to be worn.
5. Makeup should **NOT** be excessive.

Inclement Weather Policy for Clinicals

Students in individual mentorships or preceptorships (for example FNP students) may go ahead to clinical at their own discretion about travel safety and should be cautioned not to jeopardize their own safety when making that decision. Students not attending clinical should inform their clinical faculty members and preceptor.

Student's Attendance

Rotation work hours are determined by the preceptor and may include nights, weekends, and holidays, as well as an on-call schedule. In the event of an absence, the student will notify both the preceptor and our Clinical Resource Associate, Peyton Holt, no later than 9:00 AM on the day of the absence @ 540-224-4672.

Reasons for excused absences include incapacitating illness, injury requiring bed rest and unexpected family emergency. Business appointments, job interviews, weddings, graduations, and other social events are NOT valid reasons for the routine absenteeism. Absences for these and other planned activities must be approved in advance by the Associate Director. The student must make a request for a planned absence in writing at least 14 days in advance; such requests will be considered on a case-by-case basis and, if approved, will require the student to make up time missed. The Program Director or clinical faculty will inform you when the student has been approved for an excused absence.

Student's Evaluation of Clinical Rotation

Students will formally evaluate each of their clinical or FRC rotations using Typhon.

Incident Reports for Students

As a preceptor for the FNP program, it is not your responsibility to complete the required Radford University Carilion paperwork if a student or patient is injured or if there is a blood borne pathogen exposure. It is the responsibility of the Clinical Resource Associate (or the assigned clinical faculty if the Clinical Resource Associate is not available. In the event that such an incident occurs:

1. Follow the emergency procedures for your own agency or institution.
2. Notify the Clinical Coordinator and/or the clinical seminar faculty immediately (or as soon as reasonably possible).
3. Document the incident in writing.
4. Let us know if there is anything we can do to assist.

Malpractice Insurance

All clinical students are covered under Radford University Carilion's professional liability policy while at scheduled rotations. All incidents involving students and patients must be reported immediately by phone and in writing to the Family Nurse Practitioner Program. If you have any feedback, questions or concerns please do not hesitate to contact us.

Emergency Campus Closure

As the FRC is located at Radford University Carilion, if the University campus is closed for weather emergencies, disasters, or incidents based on the decision of the University Administration, the FRC will be closed as well. Notification of emergency campus closure is made via the emergency alert system (e2Campus), university website, and main phone number. Students are encouraged to sign up for e2Campus. Students may also listen for cancellation notices on local radio and television stations. Please note that the university has no control over how rapidly or accurately the radio and television stations report closings. Faculty may require alternative assignments if the university campus is closed unexpectedly. An emergency campus closure does not necessarily impact online learning classes. Faculty will need to contact the practice manager and the clinic with information about the campus closure.

Confidentiality Policy (For All Clinical Areas)

Students and faculty **must maintain confidentiality of patient records**. This includes adherence to requirements of HIPAA and of the 1973 American Hospital Association Patient's Bill of Rights. Students **will not electronically copy, print or remove any records with patient's name or ID from the unit. This includes computer print-outs.**

Students may not access information on patients that are not involved in student learning on the unit. Violation of confidentiality is a cause for immediate dismissal.

Students may not use employee access codes in the clinical setting while in the nursing student role. Students may only use their student access codes during student clinical experiences. Students may not access electronic patient records from outside the clinical area. Students can only access EPIC on the unit they are assigned.

Students may not photograph a patient or any part of the clinical experience.

Other

Students will have a “**hold**” placed on their account (by the Department of Student Affairs) **blocking** their ability to register or **attend a clinical experience** if they have not completed and turned in all required documentation (See MSN Handbook) and hold a **Health Record Violations**.

The faculty expects students to exhibit professional behaviors in clinical settings.

Faculty members or preceptor may remove a student from the clinical setting if the student does not exhibit professional behaviors. Each student is expected to perform safely in all areas of client care. Unsafe performance in the clinical area will result in *unsatisfactory grade* for the clinical experience. If the preceptor perceives serious compromise of client safety, immediate dismissal may result.

At the time of any *unsatisfactory* clinical performance, the preceptor will notify the faculty to counsel the student, and the performance will be documented in writing and placed in the student’s record. This record will include: unsatisfactory behaviors; clinical criteria/objectives not met; necessary behavioral changes for satisfactory achievement of clinical criteria/objectives; time frame during which the behavior changes must occur.

A student who receives an unsatisfactory for a clinical day for any reason will **not** be provided a make-up day. Failure to meet clinical objectives by the end of the assigned time will result in course failure.

It is left to the instructor’s and/or preceptor’s discretion whether to permit the student to perform a skill or procedure in the clinical setting. Prior to performing any procedure in the clinical area, the student *must* contact the preceptor. The preceptor will determine the level of direct supervision needed. Students are expected to follow the clinical facility’s policies and procedures at all times.

X. FACULTY RUN CLINIC (FRC) on hold for FA 20 and SP 21. The student evaluation will be replaced by simulation or direct OSCI observation. Details will be listed in the clinical courses.

Overall Goal

- Provide care to the underserved community and patients in the transitions program. Accountable care initiatives are emphasizing transitions in care to reduce hospital readmissions; transitions are often where patients can “fall through the cracks”.
- Through collaboration with Carilion Clinic, the Family Nurse Practitioner (FNP) program and other academic programs have established a Faculty Run Clinic (FRC) to play an important role in continuity of care post hospital discharge, across care settings and focus on healthcare excellence in non-acute or the community setting.

Objectives

- Improve the health of underserved members of the community based on a partnership between the Radford University Carilion and Carilion Health System
- Enhance academic nursing’s role in primary care/community clinic network development and workforce preparation.
- Facilitate academic nursing faculty meeting its certification requirements for clinical practice through the health system by way of a Faculty Run Clinic.
- Meet the university’s need for preceptors/clinical placement and Carilion’s Community Clinic’s need for more providers to care for underserved members of the community.
- Grow clinical faculty in the School of Nursing that maintain practice within the health system.

- Enhance clinical practice opportunities for clinically focused faculty to ensure that a robust clinical faculty exists to carry out the mission of the school of nursing within Carilion Clinic's overall healthcare system, and tie important clinical advancements and innovations back into the academic environment in the school of nursing.
- Provide clinical practice rotations for students to ensure a direct assessment of students learning, mastering an advanced practice knowledge, skills, and attitude while serving the local community.

FRC Policies

FRC Attendance

Students who reside in Roanoke or within a 4-hour drive, will rotate at least twice with a faculty preceptor during the FNP program in either practicum I, II, III or preceptorship, which will be calculated towards the clinical time. The student will receive a pass or fail grade for the rotation at FRC. The students who are out-of-state will complete simulation activities.

If a student is not able to attend the clinical rotation due to extenuating circumstances, the student must find a peer for replacement. If replacement is not secured, the **student** must **notify** the faculty preceptor at the FRC, the practice manager (see FRC orientation checklist for contact numbers), and the nursing station at **least 2 hours** prior to the time of rotation via phone (faculty should be emailed if the circumstances allow). See Student Handbook for what qualifies as an extenuating circumstance.

Faculty who experiences extenuating circumstances will notify the student, practice manager, and nursing station at **least 2 hours** prior the time of clinical rotation via phone, and when the circumstances allow the clinical coordinator via email.

Appendix A: Orientation Checklists

Table 1
Orientation Checklists for CLINICAL and FRC

| √ | Item | Action | Comment |
|---|---|--|---------|
| | CLINICAL ORIENTATION | | |
| | Introduction to CLINICAL practice agency <ul style="list-style-type: none"> ▪ Student workspace(s), reference materials ▪ Dress code, name tag ▪ Building access, parking ▪ Phone system, computers, printers ▪ Staff introductions and roles ▪ Providers and roles ▪ How to contact agency and preceptor ▪ Agency population served, community issues | Reviewed | |
| | Overview of CLINICAL Rotation <ul style="list-style-type: none"> ▪ Dates of rotation ▪ Expectations for attendance, absences, make up days ▪ Clarifying clinical supervisor role and site visits | Included Reviewed | |
| | Introduction of Students to CLINICAL preceptor <ul style="list-style-type: none"> ▪ Past experience and school rotations completed ▪ Skills mastered, skills to work on | Completed Reviewed | |
| | <u>Clarifying CLINICAL Expectations of School</u> <ul style="list-style-type: none"> ▪ Course and program objectives related to student term ▪ Preceptor evaluation forms with specific criteria ▪ Confirm need for preceptor presences on site, co-signature & prescribing regulations | Completed Reviewed | |
| | Student Objectives <ul style="list-style-type: none"> ▪ Share specific knowledge and skills to work on, objectives for rotation ▪ Identify days of preceptor absences and plan alternatives days/experiences ▪ Issues related to agency values and expected behaviors ▪ Review any issues that may be related to agency and/or populations served ▪ Length of patient encounters and time for documentation ▪ Documentation, expectations and forms ▪ Set expectations for requesting supervision and guidance, e.g. case presentation. | Identified, Written, and Submitted via Bb | |

| | | | |
|--|---|--|--|
| | <ul style="list-style-type: none"> ▪ Process for feedback, expectations for student self-reflection ▪ Emergency procedures, safety policy | | |
|--|---|--|--|

| FACULTY RUNC CLINIC ORIENTATION (submitted to faculty at the day of rotation) | | | |
|---|---|---|---|
| | FRC Handbook <ul style="list-style-type: none"> • Expectations • Attendance Policy • Weather Policy • Preceptor Evaluation of Student • Student Evaluation of Preceptor | Reviewed Signed and Submitted via Bb | By checking off this section, I confirm that I have reviewed closely each item of the FRC policies in this handbook Sign: _____ |
| | Health Records | Cleared | |
| | Clinic Phone Number/Nursing Station at Carilion Community Care | Obtained | Number: |
| | Clinic Contact Person | Reviewed | Bobby Putnam , RN, BSN, Practice Manager, Carilion Clinic Community Care Telephone: (540) 985-8044 Mobile: 540-797-0657 Fax: (540) 985-9928 |
| | 5 Most Common DDs and Pertinent SOAPs based on course level. <i>Note:</i> Identify and review SOAP notes developed in prior courses and related to the herein listed DDs. | Reviewed | Adults: <ol style="list-style-type: none"> 1. STDs and Vaginitis (types i.e.BV, Candidiasis) 2. UTIs-complicated and uncomplicated 3. Back pain 4. DM II 5. HTN Peds: <ol style="list-style-type: none"> 1. URI and Strep 2. Dry Skin and Contact Dermatitis 3. Gastroenteritis 4. Asthma 5. Injury |
| | Clinic Equipment | Reviewed | |
| | Schedule at FRC | Confirmed | Clinical Coordinator emailed |

Note: Place a check off in front of the completed items. Submit it via Bb in your Practicum or Preceptorship course.

Appendix B: Preceptor Tools

Table 2
AANP Preceptor Toolkit

| Identification | Interaction |
|---|--|
| Why Be A Preceptor? | <ul style="list-style-type: none"> • Part of professional role being a teacher/evaluator is part of what we do as NPs (Ulrich, 2011) • Satisfaction of “giving back” (Lyon and Peach, 2001) • Being a role model and socialization expert-Students need to learn how to function in the “real world” and learn from our practices (both positive and negative) (Ulrich, 2011) • Protecting both the patient and the student -patients are kept safe as the student learns in a safe environment (Ulrich, 2011) • Preceptorships are essential for NP students to learn their craft (Burns, et al, 2006, Barker and Pittman 2010). • Students keep us “on our toes” (Suzewits,2002) • Enhances quality of practice |
| Qualities that make Super Preceptors | <p>Personality Characteristics:</p> <ul style="list-style-type: none"> • Empathetic • Warm • Respectful • Sense of Humor • Flexible • Fair • Dependable • Consistent <p>Professional Characteristics</p> <ul style="list-style-type: none"> • Willing to work with a student who is a neophyte as well as a more advanced student • Supportive of the student’s educational program • CURRENT IN KNOWLEDGE AND SKILLS • Models appropriate behaviors and attitudes • Willing to give constructive feedback • Supports student growth |
| Concept of Positive Precepting (Murphy, 2008) | <p>Preparation</p> <ul style="list-style-type: none"> • What are the objectives for the student’s learning experience? • What are the student’s skills? • What is the student’s schedule does it match mine? • Has the faculty member communicated expectations to you? • What experience is most appropriate for the student? • Help the student talk out loud through the decision so you can hear their reasoning • What are the expectations for student evaluation? • What are the expectations for faculty visitation? |
| Strategies for Working with Students | <p>Flexibility is the Key Ingredient</p> <ul style="list-style-type: none"> • Practice volume • Temporary practice stresses-leaves, new providers, moves • Demands of the program-time in class, number of hours, other assignments. <p>Wave Scheduling</p> <ul style="list-style-type: none"> • Wave scheduling-2 or 3 patients scheduled at the same time followed by a catch-up break. The student sees one while you see the other/s. At some time, you see the student’s patient. 9:00 2 patients (each see one) 9:20 catch up break for precepting, wrapping up visits 9:40 2 patients 10:00 catch up break (and so on....) <p>Built In Scheduling</p> <p>For example, one appointment time blocked in the schedule in mid-morning, two blocked at</p> |

| | |
|---|--|
| | <p>different times in afternoon. Allows you to catch up for time you spent precepting and stay on schedule. Could potentially decrease productivity/reimbursement if your salary is productivity dependent. Need support from the practice for precepting to have this kind of flexibility</p> <p>Sharing the Load</p> <ul style="list-style-type: none"> • Sharing a student between 2 or more preceptors lightens the responsibility, reduces the drag to productivity for any one person. • Allows student to compare and contrast practice styles. • May allow student to see different populations of patients <p>Student Thinking time</p> <ul style="list-style-type: none"> • Student sees patient, comes out, reports H and P to preceptor. • Preceptor goes to see patient. • While preceptor is seeing patient, student develops plan. • Student reports plan to preceptor. Modifications are made as needed. • Student or student and preceptor return to room to communicate plan to patient. (personal communication, Kaye Lee, FNP, 2010) <p>Focused Half Day</p> <ul style="list-style-type: none"> • Student spends time before and after their patient arrives studying the chart, looking up material related to the focus of the day and the care of the patient. • The schedule is the “table of contents” for the day’s educational experience. • You concentrate on seeing the rest of the patients and confine your teaching on that day to one issue. (Taylor, Lipsky, Bauer, 1998) <p>Best Use of Focused Half-Day</p> <ul style="list-style-type: none"> • Beginning student or students first days in a new setting-less overwhelming • In busy days when the preceptor needs to see most of the patient at a more rapid pace. • Students find that the preparation makes them more efficient and confident in the patient encounter (Taylor, 1998). <p>Micro Skills for Precepting</p> <ul style="list-style-type: none"> • An “Oldie but Goodie” for getting students to think about their encounters: Get a commitment-<i>What do you think is going on?</i> • Probe for supporting evidence-<i>What led you to that conclusion?</i> • Teach general rules-<i>Many times when...</i> • Reinforce what was right-<i>You did an excellent job of...</i> • Correct mistakes-<i>Next time this happens, try this</i> (Neher, Gordon, Meyer, Stevens, 1992) <p>Advantages of the Micro-Skills</p> <ul style="list-style-type: none"> • Helps you see student’s critical thinking process and ability to move from collecting data to planning care. • Preceptor chooses one or more general rules to communicate from each encounter. Student doesn’t have to intuit the general rules from the experience. • Provides for immediate feedback about what was good and what needs correcting |
| Technologies and Precepting: Video Precepting | <ul style="list-style-type: none"> • Can help in giving specific feedback, especially if you watch the tape together later. • Student can watch self and critique own interaction with the patient for discussion with you. • Using video cameras to observe student interactions with patients <p>Note: Not available in all settings. Exams are only taped if appropriate and with patient permission. Need to be sure that all consents have been signed</p> <ul style="list-style-type: none"> • Watch and listen to the student doing a visit from outside the room. • Student and patient have the primary interaction without you changing the dynamic between them, but you know everything that happened. • Student has to do own improvising, problem solving because you aren’t in the room to intervene. Patient has to focus on the student as provider. |
| Evaluation of Students | <ul style="list-style-type: none"> • Often a stressful event • It’s not “ratting out” the student • Should be constructive and based on skill development • Should be consistent for student’s level • Should be respectful-focus on actions and preparation not personality • Can be day to day feedback or interval evaluation |

| | |
|---------------------------------|---|
| Principles of Evaluation | <ul style="list-style-type: none"> • Specific rather than general • Timely • Include student's assessment of personal growth • Should be positive as well as negative • Must be honest • Include assignments for further study or improvement • Should include communication to the faculty • Expect cultural sensitivity |
| Dealing With Difficult Students | <ul style="list-style-type: none"> • Early communication of problems to both student and faculty • Trust your judgment- you're the expert • A failing student will often have limited insight or lack of personal awareness • Remember the conversation is about the Student's learning, not your expertise • Identify poor professional behavior or boundary breeches early and communicate expectations for change • DOCUMENT, DOCUMENT, DOCUMENT • Focus on behaviors rather than personality • Faculty should visit and observe interactions • Faculty should be supportive of your evaluation • Suggest strategies for reassignment if necessary |
| Precepting Rewards | <ul style="list-style-type: none"> • Some programs pay stipends, most don't • Our programs offers clinical faculty appointment (good for your CV and includes privileges such as library access, CE, and free FNP conference if eligible). If interested, please email the program coordinator for more information. • Precepting keeps you sharp and current • It often enhances your professional reputation • There is satisfaction in doing the "right thing" • It assures continuing excellence in the profession |

Note: Adapted with permission of author Dr. Elizabeth Barker.

Table 3
The One Minute Preceptor – 5 Microskills

| The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's report of the patient case. Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting. | |
|---|---|
| Identification | Interaction |
| 1. Get a Commitment | <ul style="list-style-type: none"> Asking students how they interpret the data is the first step in diagnosing students learning needs. Asking for their interpretation first helps the student feel more responsibility for the patient's care while enjoying a collaborative role. <u>Example:</u> <i>What do you think is going on with this patient? What other information do you need? What would you like to accomplish in this visit?</i> |
| 2. Probe for Evidence | <ul style="list-style-type: none"> Students problem solve logically based on their knowledge and data base. Asking them to reveal their thought process allows you to find out what they know and identify any gaps. <u>Example:</u> <i>What were the findings that lead you to our conclusion? What else did you consider? What kept you from that choice?</i> <u>Pitfalls:</u> This is not list making or grilling about the problem (what are the signs and symptoms of schizophrenia?). It is not passing judgment (no it's not that, don't you have any other ideas?). It is not asking for more data (what do you know about the patient's family?). |
| 3. Teach General Rules | <ul style="list-style-type: none"> Instruction is more transferable if it is offered as a general rule or a guided metaphor. Students value approaches that are stated as more general approaches for a class of problems or as key features. <u>Examples:</u> <i>Patients who hear voices are not always Psychotic; it helps to probe for the circumstances and find out how the patient interprets his symptoms.</i> <u>Pitfalls:</u> Answering the question "it's not psychotic it is..." or giving an idiosyncratic, unsupported personal opinion |
| 4. Provide Positive Feedback | <ul style="list-style-type: none"> Reinforce competencies so that they become established. <u>Examples:</u> <i>You didn't jump into solving her problem but kept an open mind until the patient revealed the deeper issue concerning her mood, or, your sensitivity to the patient's finances will certainly enhance your relationship and perhaps increase her medication adherence.</i> <u>Pitfalls:</u> General praise such as "that was great" or "You did really well". |
| 5. Correct Mistakes | <ul style="list-style-type: none"> Mistakes left unattended have a good chance of being repeated. By allowing the student the first chance to discuss what was wrong and what could be done differently in the future, you are in a better position to assess both their knowledge and standards. <u>Examples:</u> <i>"You may be right that this child's symptoms are probably due to a viral upper respiratory infection. But you can't be sure it isn't otitis media unless you've examined the ears."</i> <u>Pitfalls:</u> Avoid vague, judgmental statements. "You did what?" |

Table 4
Managing the Clinical Day

| Identification | Interaction |
|---|--|
| <ul style="list-style-type: none"> Deliberate reflection | <ul style="list-style-type: none"> Provide rationale for assessment and treatment of patients/families. Allow time for brief questions as interactions with patients unfold and the student observes care. |
| <ul style="list-style-type: none"> A problem-oriented focus | <ul style="list-style-type: none"> Select a concept or problem area for each clinical day that enhances clinical learning (e.g., physical exams of various age groups, management of several patients with the same condition, consulting, and referrals). |
| <ul style="list-style-type: none"> Readying | <ul style="list-style-type: none"> Brief the student before entering patient room. What are the tasks required prior to meeting the patient? What resources are available to the student to prepare for the care of this patient/family? |
| <ul style="list-style-type: none"> Initiation | <ul style="list-style-type: none"> : Introduce the student to the patient and request the patient's permission for the student to perform a history and physical exam and other elements of the encounter. |
| <ul style="list-style-type: none"> Pattern identification | <ul style="list-style-type: none"> Assist the student to recognize patterns/constellations of signs and symptoms. Assist in thinking through differential diagnoses, relating assessment data, and developing working diagnoses. |
| <ul style="list-style-type: none"> Clinical problem solving | <ul style="list-style-type: none"> Teach in the patient's presence. Student presents signs and symptoms in front of patient/family. Use the "teachable moment" in response to student's presentation. |
| <ul style="list-style-type: none"> Limit teaching points | <ul style="list-style-type: none"> Limit teaching to 1 or 2 key critical components per student-preceptor interaction. |
| <ul style="list-style-type: none"> Feedback method | <ul style="list-style-type: none"> Guide student's clinical reasoning through a developmental process, beginning with analyses of specific experiences and student self-assessment, then identifying relationships between clinical experiences and theory and finally discussing these relationships |
| <ul style="list-style-type: none"> Critique and evaluation | <ul style="list-style-type: none"> : Assess student's level of knowledge and understanding, filling in gaps and showing relationships between and among key concepts. |
| <ul style="list-style-type: none"> Student reflection-in-action | <ul style="list-style-type: none"> Use staffing time after each patient encounter to help student reflect on progress and need for continued development and practice. Promote student reflection on their actions at the midway and final points in the experience. Encourage collaborative discussion that guides the student in understanding critical relationships between prior knowledge and new clinical experiences and guide the student in self-evaluation and critique. |
| <ul style="list-style-type: none"> Student evaluation | <ul style="list-style-type: none"> Assess student's level of clinical competence, using evaluation materials supplied by the NP Program. Take into account the student's current level of experience. Beginning students will demonstrate lower levels of accomplishment than students nearing the end of their clinical experience). |
| <ul style="list-style-type: none"> The Last Clinical Day: Summing up | <ul style="list-style-type: none"> Provide time for the student to "debrief" regarding the entire clinical experience. Ask what went well, what they would like more of, what they will carry forward into their own practice. Provide honest, clear, and specific suggestions for the student's continued development as a nurse practitioner. Suggest additional clinical experiences to enhance the student's learning and growth in the NP role. Help the student make connections with other providers who might add knowledge and skill preparation Discuss written evaluation with the student and the clinical faculty member Indicate your willingness (or not) to continue in the teaching role. |

Appendix C: Preceptor Evaluation Forms

Final evaluations are electronically completed by the preceptor on our Typhon system at the end of the clinical rotation (a hard copy is available upon request). The Typhon system is a database that allows the program to track student clinical experiences. The system includes an evaluation method of the nurse practitioner student.

The Typhon program will generate an email to the preceptor with an alert to complete the evaluation form for the student, about a week before the due date. The preceptor is encouraged to meet with the student to discuss the evaluation, and to plan for the remainder of the semester. To complete the **final evaluations on Typhon**, the preceptor will need to click on the link provided in the email. The link will lead directly to the form. The Clinical Resource Associate or other NP faculty can then search, review all entries, and follow-up on any missing items. The faculty can also identify which student and preceptor would benefit from additional contact.

Appendix D The Anthology of Conflict

The following resource outlines acceptable steps of conflict resolution and may be beneficial if a conflict arises during the preceptorship experience. Please notify the faculty for any actual or potential issue, or if a serious situation jeopardizes patient safety.

Assessment: A conflict is a powerful barrier in any personal or professional interactions, impairing the effectiveness and the productivity of a team or an organization. In order a conflict to commence, two different interests or opinions need to be introduced and to collide (Bolman & Deal, 2003). Degrees of variation, in which diverse beliefs, judgments, and statements are impossible to come to mutual agreement, serve as a foundation of a conflict. Developing conflict management strategies would help the preceptor plan in advance and to be prepared.

Goal: Balanced resolution of conflicts and a self-potential achievement.

Implementation: Antai-Otong (2001) offered the application of several steps leading to constructive conflict management:

1. Identify the problem
2. Express feelings freely
3. Explore options
4. Evaluate the results
5. Use I or me statement instead of you
6. Clearly define unaccepted behavior
7. Use assertive communication
8. Involve third party if unable to resolve the conflict
9. Dealing with issues rather than with personality (Clark, 1999, p. 251).

Evaluation: A constructive resolution of disagreement issues will lead to closure. A continuation of the disagreement will require re-evaluation.

Reference:

- Antai-Otong, D. (2001). Creative stress-management techniques for self-renewal. *Dermatology Nursing*, 13(1), 31-39.
- Bolman, L. G., & Deal, T. E. (2003). *Reframing organizations: Artistry, choice, and leadership*. San Francisco: Jossey-Bass.
- Clark, M. J. (1999). *Nursing in the community* (3rd ed). Stamford, CT: Appleton & Lange.

Appendix E CLINICAL SITE PRECEPTORSHIP SCHEDULE

Student _____ Phone # _____

Preceptor _____ Phone # _____

Facility _____ Phone # _____

| Sun | Mon | Tue | Wed | Thur | Fri | Sat |
|-----|-----|-----|-----|------|-----|-----|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

*** PLEASE SUBMIT YOUR PRECEPTORSHIP SCHEDULE TO YOUR FACULTY PRIOR TO STARTING CLINICALS.**

*** NOTIFY YOUR FACULTY IF ANY CHANGE IN THE SCHEDULE OCCURS TO AVOID AN UNCESSERARY TRIP TO THE CLINIC.**

FACULTY RUN CLINIC PRECEPTOR SCHEDULE

| Month: | | | | | |
|------------------------|--------|---------|-----------|----------|--------|
| Faculty Preceptor | Monday | Tuesday | Wednesday | Thursday | Friday |
| Dr. Milena Staykova | | | | | |
| Dr. Samantha Wilkinson | | | | | |

| Month: | | | | | |
|------------------------|--------|---------|-----------|----------|--------|
| Faculty Preceptor | Monday | Tuesday | Wednesday | Thursday | Friday |
| Dr. Milena Staykova | | | | | |
| Dr. Samantha Wilkinson | | | | | |

Appendix F

FACULTY PRECEPTOR EVALUATION OF STUDENT in FRC

Facility Name: _____

Student: _____

Date: _____

Select which clinical course is being evaluated:

NURS 615 Practicum I NURS 657 Practicum III
 NURS 625C Practicum II NURS 675 FNP Preceptorship

| Objectives - The student will: | Satisfactory | Needs Improvement (Add specific areas related to knowledge, skills, or attitude) |
|--|--------------|---|
| 1. Demonstrate and integrate advanced nursing knowledge and relevant sciences into safe advanced nursing practice. | | |
| 2. Contribute to nursing knowledge by applying current research outcomes within the practice setting: resolving practice problems; working as a change agent; and disseminating results. | | |
| 3. Analyze and integrate theories of nursing, education, leadership, and other sciences to guide professional role development and improve nursing practice across diverse settings. | | |
| 4. Integrate patient-care and communication technologies to improve delivery and enhance coordination of care | | |
| 5. Provide organizational and system leadership that emphasizes the importance of professional accountability, ethical decision making, collaborative relationships, and protection of human dignity and diversity | | |
| 6. Synthesize and apply the principles, methods, tools, performance measures, and standards related to quality and safety within the healthcare system. | | |
| 7. Communicate, collaborate, and consult with clients and health professionals to manage and coordinate care as a member and leader of interprofessional teams | | |
| 8. Integrate organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based health promotion and population care. | | |
| 9. Analyze the impact of system policies on healthcare, participate in policy development, and use advocacy strategies to influence the quality of health care. | | |

Preceptor Signature _____ **Date** _____

Comments:

Appendix G Typhon Checklist

| Check Off (✓) | Item | Comments |
|---------------|---|---|
| | Complete the 30-minutes Typhon Training Video sent from RUC clinical coordinator | For students in Practicum I |
| | 1- Sign and Submit the Typhon Acknowledgment Form 2- Go through the checklist before the last clinical day to verify that all items have been completed. | For students in Practicum I |
| | E-mail will be sent from RUC clinical coordinator, containing your login and temporary passcode | For students in Practicum I |
| | Use that information to sign in to Typhon and pay the \$90 access fee | For students in Practicum I |
| | Upload nursing license | All students should upload and maintain current RN license Note: You will not be able to proceed on Typhon without this item. |
| | Add a photo and update demographics | For students in Practicum I |
| | Review and print the “Blank Case Log Worksheet” on BB. | All students Use this sheet to collect unidentifiable patient data that will be uploaded into Typhon case log. Note: Health Protected Information as per HIPPA must not be entered in the Typhon case logs. |
| | 1- Track each patient encounter using the “Blank Case Log Worksheet” and enter it into Typhon* 2- Follow up with specific clinical course instructions about requirements for “meaningful” Typhon entries 3- Submit PIE chart as per course requirements 4- Select Typhon Case Log entries to write up as SOAP notes | All students *Note: Capturing every encounter is part of the credentialing requirements from the accrediting body for the FNP program |
| | Complete clinical schedule by entering clinical days into the scheduling system on Typhon. | All students Notify STAT clinical faculty, clinic, and preceptor if absence is anticipated. |
| | Submit Clinical Objectives for approval on BB and Typhon | All students Note: You will not be able to proceed on Typhon without this item. |
| | Collaborate with the preceptor to validate clinical hours by the end of the rotation. | All students Note: Without preceptors’ validation, hours will not count, which may lead to failing to complete program clinical hours requirement. |
| | Complete preceptor and site evaluation on Typhon | All students Note: Verify with the preceptor that the final evaluation of student is completed in Typhon |

