



Family Nurse Practitioner Handbook

2019 - 2020

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Introduction

This Handbook includes important information about West Coast University's Family Nurse Practitioner program. Included is information on outcomes, competencies and expectation of family nurse practitioner students, and clinical and preceptorship information. Details of the preliminary planning process, grading policies and clinical evaluation process is also included, as well as student behaviors and clinical progression and probation/dismissal policies.

It is the individual responsibility of each student to read this handbook and abide by the policies and procedures written in this handbook. For additional questions or clarification of information contained in this handbook, please contact the office of the Associate Dean, Post Licensure Programs in the College of Nursing at West Coast University.

West Coast University has offered the FNP program since 2012. The MSN program, including the family nurse practitioner and post-master's family nurse practitioner track, was re-accredited by the Commission on Collegiate Nursing Education (CCNE) in 2014 for 10 years through March 2024. West Coast University is accredited by the Western Association of Schools and Colleges (WASC).

All nurse practitioner (NP) faculty are board certified and engage in clinical practice, and are committed to mentoring the next generation of NP students. The faculty of the graduate nursing program through teaching, research and clinical practice and research model the characteristics they seek to develop in students.

The National Organization of Nurse Practitioner Faculties (NONPF) is "the leading organization for NP faculty sharing the commitment for NP education" (NONPF website, 2013). In 2012, NONPF revised the core competencies that are required of all NP students at the completion of their NP



program [see Appendix A].

<http://www.nonpf.org/resource/resmgr/competencies/npcorecompetenciesfinal2012.pdf>

These competencies include:

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

The Family Nurse Practitioner Competencies are entry level competencies for the family nurse practitioner supplement the core competencies for all nurse practitioners (see Appendix A).

<http://www.nonpf.org/resource/resmgr/competencies/npcorecompetenciesfinal2012.pdf>

The population in primary care family practice includes newborns, infants, children, adolescents, adults, pregnant and postpartum women, and older adults. Primary/Family nurse practitioners practice primarily in ambulatory care settings. Currently, students graduating from a family nurse practitioner program will sit for the Family Nurse Practitioner certification exam.

The FNP Competencies are part of the course syllabi and each one is being evaluated through quizzes, exams, case studies, SOAP note writing, clinical site visits and objective standardized clinical examinations (OSCE).

Family Nurse Practitioner (FNP) graduates from West Coast University are ready to participate in the advanced practice nurse roles in serving diverse populations. The focus of the FNP is the management of common acute and chronic healthcare problems across the lifespan, specializing in health promotion and disease prevention in a variety of primary care settings.



Purpose of the Family Nurse Practitioner Program

The MSN-FNP Program at West Coast University is dedicated to providing students with the highest quality and differentiated curriculum. Our purpose is to develop the next generation of highly-skilled and competent Family Nurse Practitioners in a growing

complexity of health care by providing them with the knowledge and clinical skills to meet the needs of patients and families in primary care settings.

Philosophy of the Family Nurse Practitioner Program

The Family Nurse Practitioner (FNP) program at West Coast University is based on a philosophy of collaborative, holistic, and family-centered health care in today's dynamic and complex health care environment.

We believe that our FNP will collaborate inter-professionally with other members of the health team recognizing the contributions of each member, utilizing shared decision making strategies, effective communication technologies in the design, coordination, and evaluation of patient-centered care.

We believe that the focus of care for the FNP is children and adults of all ages, in the context of the family unit.

We believe that our FNP is educated to provide high quality, continual and comprehensive wellness and illness care to children and adults by providing preventive health services, patient education, disease management and illness prevention.

We believe that our FNP is prepared to implement evidence-based practice guidelines and to critically analyze and adapt health care interventions based on individualized assessments of individual/family needs.

We believe that our FNP practices in the context of community, with broad knowledge, sensitivity and awareness of the specific needs of people from diverse populations and cultural backgrounds. Family nurse practitioners practice primarily in ambulatory care settings.



Objectives of the Family Nurse Practitioner Program

The Family Nurse Practitioner track prepares the graduate to:

- 1 Assume a position in a primary care setting as a family nurse practitioner, upon successful completion of the national certification exam(s).
- 2 Provide comprehensive primary health care emphasizing health promotion and disease prevention to individuals, families, and groups across the lifespan.
- 3 Utilize and conduct research that will promote quality healthcare and its delivery to improve clinical outcomes for selected population groups.
- 4 Manage available technology and/or information systems in the delivery of primary care.
- 5 Implement culturally competent primary care with a focus on quality improvement and safety that incorporates the socioeconomic, political, ethical, and diversity aspects of each population.
- 6 Apply theoretical foundations and change principles while leading in the development and implementation of innovations that advance practice in a primary care setting.
- 7 Use ethical principles in decisions regarding issues related to individuals, populations, and health care delivery systems.
- 8 Provide advocacy and leadership in the primary care setting that addresses the needs of culturally diverse populations, providers, and environments.



Program Outcomes for MSN Program and Specialty Tracks

The core courses and directed practicums offer expanded study in the healthcare areas of advocacy, program management, education, clinical practice, research, and health policy formulation. Graduates will be able to formulate an inspirational perspective of nursing, incorporating a wide range of theories from nursing and other sciences. Individuals who complete the core and educational component will be qualified to teach nursing. The West Coast University Masters of Science in Nursing (MSN) Program is committed to the development of the nursing professional who can:

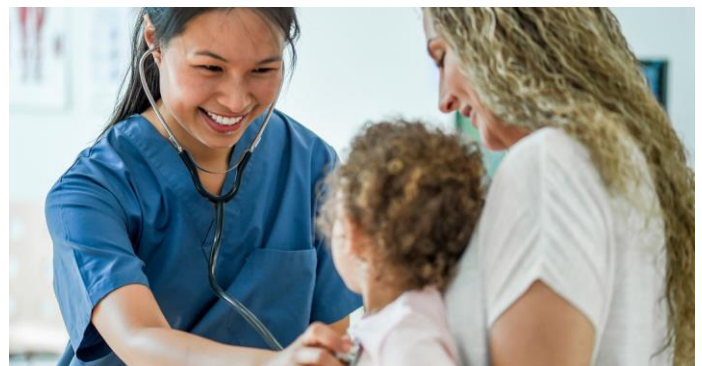
- 1 Integrate nursing science and related fields, such as physiology, statistics, psychosocial, political, financial, genetics, public health and organization sciences in the continued improvement of nursing across the continuum of health care settings.
- 2 Provide leadership in a variety of settings that promote high quality, safe patient care that also incorporates ethical decision making and effective inter-professional working relationships.
- 3 Demonstrate the skills needed to effect quality improvement that incorporates the various models, standards and performance measures necessary to apply quality principles, within any type of organization.
- 4 Apply evidenced based research in clinical practice by identifying actual or potential practice problems in a setting and resolving them through the role of change agent.
- 5 Demonstrate proficiency in computer skills both technical and in the application of informatics to enhance, deliver, communicate, integrate and coordinate patient care.
- 6 Recognize the need for and ability to affect policy changes by using the policy development process and advocacy strategies to influence individual health and health care systems.
- 7 Communicate and coordinate inter-professionally in a variety of settings to manage and coordinate care.
- 8 Identify and integrate the various evidenced based practices of health promotion and disease prevention using client-centered, culturally and age appropriate concepts in the nursing process of services to individuals, families and broad-based aggregate populations.
- 9 Demonstrate an advanced level of scientific and nursing-specific knowledge with the ability to integrate that knowledge into nursing practice that influences health care outcomes for individual, families, populations and/or systems.



Clinical Course Expectations

The clinical course expectations for students include:

- Arrive on-time to all clinical rotation experiences; be well-rested, prepared, and free from substance abuse.
- Properly identify yourself to all patients and other health care providers as a Family Nurse Practitioner student.
- Follow the dress code and wear a clean pressed lab coat with a school identification badge in clear view.
- Participate in clinical practice as a family nurse practitioner student only under the supervision and direction of an approved preceptor and WCU faculty members.
- Seek active learning experiences guided by the approved preceptor.
- Perform only approved procedures that fall within the scope of practice of a FNP as described in the clinical manual, and only under the direct supervision of an approved preceptor.
- Elicit an appropriate health history and perform a comprehensive physical exam in an appropriate and professional manner.
- Identify and respond appropriately to abnormal findings from the history and physical and other diagnostic data.
- Verify and discuss all findings, suspected diagnoses, recommended treatment, and plans of care with the preceptor prior to implementation.
- Document findings in a concise, organized, and accurate manner using correct medical terminology and agency guidelines.
- Always maintain patient confidentiality.
- Provide health promotion and disease prevention education to patients across the lifespan in an appropriate manner.
- Recognize that some problems are outside the FNP scope of practice; identify when a client should be referred to a physician, specialist, or other health care facility for management.
- Collaborate with other health care professionals in coordinating care as needed.
- Recognize emergency situations and initiate effective emergency care when needed.
- Communicate effectively with preceptor, faculty and other members of the health care team.
- Notify your clinical instructor and/or the course coordinator immediately for any problems, issues, or concerns which arise in the clinical area.
- Demonstrate behavior that is both ethical and professional at all times.
- Demonstrate safety at all times in clinical practice.



General Clinical Information

Clinical Hour Expectations

West Coast University requires family nurse practitioner students to complete a **minimum of 650 precepted clinical hours** in their program of study. These hours are divided into specialties as described in each clinical course syllabus. Clinical hours must be spent with a WCU approved preceptor, at a WCU approved site. Clinical placements are secured through a partnership between the faculty, student, and Manager of Clinical Relations. Preceptors and clinical sites go through a vetting process to ensure the preceptor and the sites are ideal for student growth and learning.

Clinical hours are defined by the National Task

Force (NTF) Criteria (2012) as “hours in which direct clinical care is provided to individuals, families, and populations in *population-focused* areas of FNP practice; clinical hours **do not** include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served” (Clinical hours are defined by the Report of the National Task Force on Quality Nurse Practitioner Education (NTF) Criterion III E, 2012, p. 8).

Prerequisites

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

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

Personal health insurance – All students are

required to have health insurance to cover the cost of medical treatment as needed during academic studies at WCU. Insurance gives the student access to better and more timely health care.

Annual/Initial TB screening - The requirement is to have an Initial TB screening and annual TB screening, or quantiferon level, or a chest x-ray (every four years). If the first test reading is positive, no further skin testing is done. The person would then require follow-up by their health care provider including a chest x-ray to rule out active disease and evaluation for appropriate medication and follow-up therapy.



You may be required to provide documentation of your yearly Negative PPD. For persons who have documentation of a previous positive PPD, no skin testing is performed and follow-up including health evaluation, symptom screening, and periodic chest x-rays is required per current CDC guidelines. Symptom screening review is to be completed yearly.

Clinical approval - Every clinical site and preceptor must have a current, signed agreement in place with WCU **BEFORE** the student begins any clinical experience. If the student has not received approval from WCU for a site and/or preceptor, the student may not begin the clinical rotation. The approval process for preceptors and clinical sites is described in detail in this manual.

Professional liability insurance for clinical practice is required for all graduate students. Students are covered by WCU for the duration of time they are enrolled in the MSN program.

Health Data and Immunization Requirements - Some possible site specific requirements are listed

below. You will be informed if your site requires these items. If required, these should be submitted to your clinical manager at least one (1) month prior to your clinical.

- Background check
- Drug Screening
- Chicken Pox immunization (either year of disease or evidence of vaccination series)
- MMR
- Influenza vaccination
- Tdap
- Hepatitis B (3 step series, positive serology, or waiver)
- Annual Physical Examination signed by MD or NP within the last year

Students within the program are responsible for keeping all immunizations current as stated in the contract with clinical agencies. The student shall turn in a copy of each immunization/vaccine. The student shall keep original documentation for his/her personal records for future use. Some facilities require additional immunizations and/or testing. Students must comply with facility contract requirements.

Clinical Area Illness or Injury

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

1. Notify his/her assigned instructor immediately.
2. Follow the agency's policy and procedure for injury or illness, if appropriate.
3. Report to either personal physician or a WCU referred healthcare provider.
4. DO NOT report to the clinical area when ill, experiencing an elevated temperature, nausea, vomiting, diarrhea or any other symptoms of illness. Students are responsible for notifying the clinical instructor and clinical unit of illness.
5. Clinical agencies will not provide medical care free of charge for students who are injured or become ill during the clinical experience. Students are responsible for any expense incurred. **Each student is required to carry personal health care coverage.**

Completion of Hours

All clinical hours are to be completed during the term in which students are enrolled. Clinical hours may be completed after the last day of the term

under special circumstances as described in the West Coast University Student Handbook under the **incomplete** policy.

Preceptor Selection

The student should have a majority of clinical experiences with preceptors in the population-focused area of practice pertinent to the student's chosen track. In the case of the Family Nurse Practitioner, students should focus their clinical experience **across the lifespan**. Clinical preceptors may be qualified nurse practitioners, nurse midwives holding a Master's Degree for the obstetric hours, and physicians, Medical Doctors (MD) or Doctors of Osteopathy (DO) are acceptable as preceptors when they precept students in their area of expertise, such as pediatricians, internal medicine specialists, gynecologists, and orthopedists. Physician Assistants are not acceptable as preceptors for

FNP students. Preceptors should be practicing in a setting appropriate to the student's area of study. The clinical faculty must approve all preceptors assigned to students.

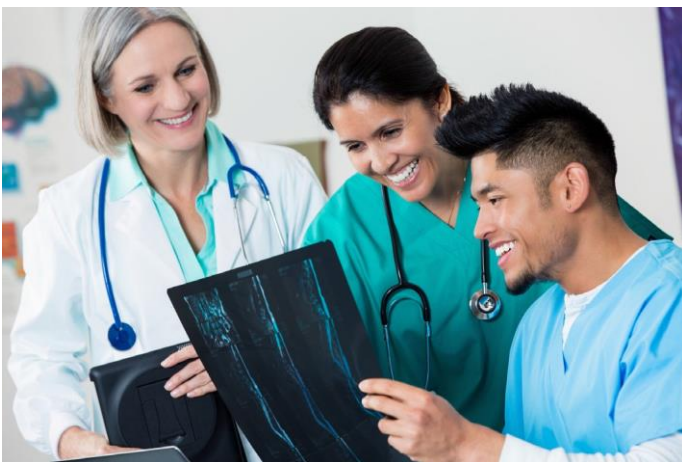
Preceptors must have **at least three years of clinical experience** and a **current unencumbered license in their area of practice**. It is in the best interest of the student to have an experienced preceptor to guide the learning process in the clinical setting. The FNP faculty will evaluate the preceptor's credentials and approve all preceptors, and will need the preceptor's curriculum vitae (CV) to do so.

Suggestions for Securing a Clinical Site and Preceptor

West Coast University maintains a list of preceptors who have worked with our students in the past, and may be available to precept current students in their clinical rotations. Other avenues of identifying potential clinical sites and preceptors include networking through a local nurse practitioner association (The California Association of Nurse Practitioners), and referrals from colleagues, etc. When contacting the preceptor or clinical site manager, students should present themselves in

a professional manner. **Required paperwork for each term is due week 4 of the preceding term.** It is encouraged that students participate in the selection of their preceptor. If the student cannot secure a clinical preceptor, the Manager of Clinical Relations will make every effort to secure one. The site selected by the Manager of Clinical Relations will not be changed by the student and will remain at the clinical relations manager's discretion.

Note: All planning forms must be processed the term preceding the clinical experience.



Preceptorship Planning and Planning Form

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

Two forms are required **prior to beginning** the clinical rotations and a clinical course: **(1) the Preceptorship/ Planning form** and **(2) the Clinical Affiliation Agreement (contract)**. Both forms must be submitted by the end of the term before the student's clinical course is scheduled to begin. Students must have an approved clinical affiliation agreement or MOU in place for every site the student has requested to perform clinical rotations.

The **Preceptorship Planning Form** is an agreement between the student and the preceptor (see Appendix B). All students must submit a separate planning form for EVERY preceptor they plan to rotate with EACH term. If an agreement is already in place, only the top portion of the planning form should be filled out. If an agreement is needed, the entire form must be completed. Information other than original signatures **MUST** be typed and all blanks must be filled in. Failure to complete the form properly could delay approval of the student's preceptor site. All inquiries regarding the Preceptorship Planning Form should be sent to the Manager of Clinical Relations of the Family Nurse Practitioner program.

The Preceptor Planning form is not the contract. It is a planning form so that the contract or Memorandum of Understanding (MOU) can be processed between the agencies involved. The legal contract will go to the preceptor's agency directly from West Coast University (WCU).

Time Frame for Planning Forms: Meet with your faculty as early as possible following admission to the College of Nursing - Family Nurse Practitioner track. New contracts are extremely time-consuming.

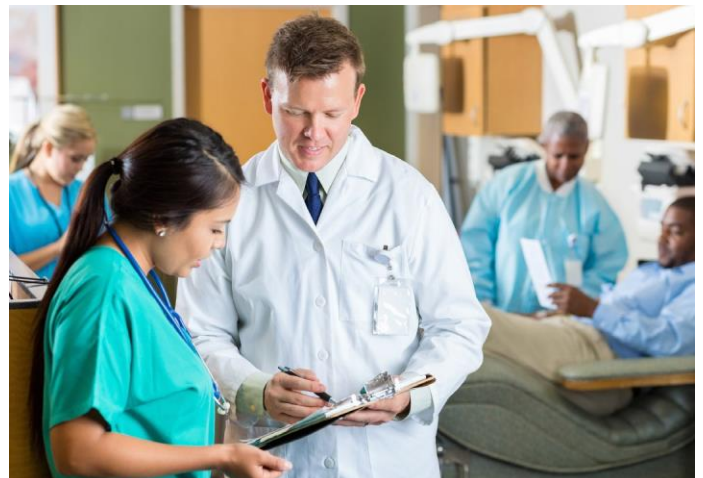
If a student is working with a preceptor at one site and the preceptor requests that the student

accompany them to another site (i.e. a different office location) the student will need a different clinical affiliation agreement or MOU in place for all locations where the preceptor will be working.

If a preceptor has partners with whom the student will be working, they need to also sign the agreement. In the case of subsequent experiences with the same preceptor, the student must complete the packet every term for each clinical site.

If the student does not have an approved clinical site and preceptor in place by the first day of the paired theory and clinical courses, the student may not be allowed to take the clinical course that term. They would then be required to drop the courses and re-enroll in the courses the next time that the courses are offered.

The Clinical Affiliation Agreement or MOU is a legal binding agreement between West Coast University and the Facility. **An agreement MUST be in place before the student can begin his or her clinical rotation.** Clinical Affiliation Agreements are completed by the clinical site and WCUs authorized representatives.



Preceptorship Procedure for Students

- Discuss with Clinical Faculty any potential preceptor. There are specific requirements for preceptors (as noted earlier in this document). You must have faculty approval before proceeding.
- Schedule an appointment with potential preceptor. Confirm appointment with a letter and include copies of Expected Nurse Practitioner Student Behaviors and Preceptor Guidelines.
- Meet the preceptor and complete the Planning Form. Inquire as to whether there are any special expectations of the clinical experience.
- The student must visualize the current credentials for practice for the preceptor and make sure the planning forms have this information. The Clinical Coordinator will obtain a copy of the credentials for university records.
- Submit completed Planning Form to Clinical Faculty Member along with a copy of your RN license for the state in which the preceptorship experience is planned.
- Students will assist with initiating a contract with selected preceptors at clinical sites.
- Professional liability insurance is provided by WCU.
- Obtain photo ID from WCU.
- Complete Clinical Health and Safety Packet forms if not completed in prior term(s).

Each student is responsible for obtaining and maintaining registered nurse licensure in the state in which clinical practice hours are done. Failure to do so will result in loss of credit for those clinical hours and administrative withdrawal from the course involved. A copy of the student's current RN license needs to be submitted along with these forms.



Information for the Preceptor of the West Coast University College of Nurse Practitioner Student

The purpose of the experience is to provide the nurse practitioner student with an opportunity to participate in:

1. health assessment of patients,
2. diagnosis of acute and chronic conditions,
3. counseling and guidance in accordance with identified needs,
4. management of the care of patients in consultation with the preceptor.

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

Your participation as a preceptor for the nurse

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

Additional considerations to guide you in your decision to precept:

1. You agree to accept responsibility for a nurse practitioner student for a specified time.
2. Generally, the development of a learning environment for the student would include:



- a. Sufficient exam rooms so the student may function at a novice pace.
 - b. Opportunities to do histories and physical examinations, make a tentative assessment, present orally to you, propose appropriate diagnoses and therapeutic plans, and write up the encounter as part of the permanent chart/record.
 - c. Preceptor follow-up with the patient in order to critique the proposed assessment and plan of care.
 - d. Opportunity for the student to observe or participate in the management of any patient who presents with a problem of general education interest.
 - e. Guidance in the performance of clinical procedures that are consistent with the student's learning objectives while under supervision of the preceptor.
 - f. A telephone conversation and a brief meeting at your clinic with the academic faculty overseeing the student's work sometime during the term for the purposes of determining student progress.
3. The clinic staff should understand that the nurse practitioner student will function as a health care provider.
 4. The WCU College of Nursing faculty member for this student will make specified contact with the preceptor and student as follows:
 - a. A faculty member may visit your clinic during the time the student is with you. At this visit, the faculty member would like your permission, as well as the patient, to enter the patient's examination room with the student to observe the student's progress. The faculty member would like to listen as the student presents the care to you. Faculty will need a few minutes to confidentially discuss the student's progress with the preceptor.
 - b. Should any problems arise concerning the student's conduct in the clinic, please notify the faculty member so that prompt action can be taken.
 5. At the conclusion of the rotation, the preceptor will complete a form providing feedback on the student's progress.

If at any time you have questions or determine that the student is not a safe health care provider, please contact the clinical faculty member and the FNP director. You may ask the student to leave the clinical site if at any time you de-termine there is inappropriate or unsafe behavior.

Expected FNP Student Behaviors

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

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



Clinical Experience Expectations

Professionalism

Etiquette - Students should provide the preceptor with a schedule of planned clinical dates at the site and the student's personal clinical objectives, as well as course objectives. The student will provide their contact information as well as contact information for the student's clinical instructor and course coordinator. They will provide copies of evaluation forms (see Appendix D). It is appropriate for students to ask for a brief orientation on the first day of clinical and learn the names of the

staff. Staff should always be treated with respect and courtesy.

Students should always show respect and gratitude for the preceptor's efforts in giving of their time and inviting students into their practices. Demonstrations of gratitude during and after the clinical rotation are appropriate and typically well-received. Specific examples of useful experiences or helpful staff give the office feedback for future student experiences.

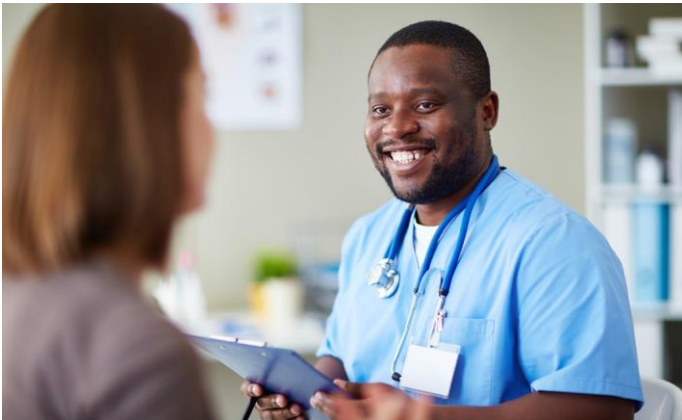
Student Behavior

Students are expected to arrive to clinical on their pre-arranged days, be **on time, and not leave early, checking in and out with their preceptor**. Students must notify the clinic if they cannot attend clinic as scheduled, or will be late. It is inappropriate for students to arrive on days that have not been pre-scheduled and students may NOT be at the clinical site unless their preceptor is physically present. Students are to introduce themselves as a family nurse practitioner student to patients and everyone in the clinical setting.

Cell phones should be off preferably, or on vibrate, but should NOT make any noise in the clinic or exam rooms. Cell phone use during clinic

hours is prohibited, except to serve as a medical resource. Students may use the cell phone for personal calls during lunch or established breaks, but should be in a private area away from patients and staff.

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



Dress

Students are to be professionally and appropriately dressed for all clinical experiences. Students may wear nice street clothes, or clean, pressed scrubs. A lab coat with the student's name is required. Credentials other than **RN, FNP Student** may not be displayed on a lab coat or name tag at clinical sites. The FNP student identification card is to be clearly visible at all times. Students should bring a stethoscope and other

essential equipment to the clinical site.

Tattoos must be covered at all times in the clinical, lab and community setting. Fingernails must be trimmed short. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted. Make up is to be worn in moderation.

No perfumes or scented lotions. No low necklines.

Active Learning

As active learners, students do not just “**follow**” preceptors. Following is a passive term that implies very little learning. Working with and learning from preceptors is a more appropriate way to describe the clinical experience. Students are expected to actively participate in assessing, diagnosing, and

managing the care of most of the patients seen in collaboration with the preceptor. All students are expected to demonstrate knowledge, critical thinking, and clinical skills within the practice setting. These skills are considered essential abilities for the nurse practitioner role.

Communication

Students will have a designated clinical faculty member who is responsible for the evaluation of the student's performance in the clinical course. It is essential that students keep their designated clinical faculty member informed of any change in

their clinical site, preceptor, or schedule, as well as any unanticipated events or problems that occur during the clinical experience. Students should notify the clinical instructor immediately of any problem during the clinical rotation.

Clinical Role and FNP Scope of Practice

A FNP student is learning the role and scope of practice of the FNP. All students must learn and abide by the applicable state nurse practice act and the national certifying body's regulations. Students are to adhere to the nurse practice act in each state in which they have an approved clinical site. It is the student's responsibility to read the applicable nurse practice act(s), understand the content, and abide by the act(s). If a student fails to adhere to a

state nurse practice act, then the student will not be covered by WCU malpractice insurance carrier, and the student accepts sole responsibility for his/her actions, outcomes, and medical-legal ramifications. Students are also required to maintain an active unencumbered RN license in all states in which they have an approved clinical site.

Maintain Satisfactory Clinical Standing

Preceptors participate in the ongoing clinical evaluation of students through contact with WCU FNP faculty members and written evaluations. However, WCU FNP faculty members determine the student's clinical standing throughout the term and the final clinical and course grade. Expectations outlined in the FNP Clinical Manual, as well as course and clinical objectives provided in each course syllabus, will serve as the standards for student evaluation. WCU FNP faculty members evaluate student performance in a variety of ways, such as clinically related assignments, site visits, evaluation of students by preceptors, consultation with preceptors, and clinical documentation in Medatrax®, a computerized log/documentation program.

The student who fails a sequenced theory and/or clinical course may not continue on to the next course in the sequence.

FNP theory or clinical practicum courses may be repeated only one time. Students who do not pass these courses with a minimum of B the second time will be withdrawn from the FNP track. A student who must repeat a class or clinical practicum will do so when the course is available and only if there is space available in the class. An FNP student who is required to repeat a clinical practicum cannot go back to the same clinical site or work with the same preceptor he/she had before.

Chart Documentation

Appropriate preceptor validation of patient findings is essential to assure successful billing for services and compliance. Students need to discuss with their preceptors the documentation policy used by the agency where they precept, and comply with the policy. Students are expected to document patient encounters in the patient record whenever they are actively involved in the patient's care.

For agencies that do not have policies regarding student documentation, documentation provided must demonstrate to any knowledgeable reviewer that the billing provider performed the service and the student participated in the delivery of care.

Having validated student findings, the preceptor should indicate this validation on the patient record

(written or electronic). A standard template may be used and the student may enter the statement for the preceptor's signature. The following language options are suggested:

Option 1: I was present and participated in the exam, assessment of the patient, and the plan of care.

Option 2: Dr. _____ was present and participated in the exam, assessment of the patient, and the plan of care.

All students, regardless of the agency where they are precepting, are to sign their names legibly as follows: First Name (no initials) and Last Name, RN, FNP Student, WCU University.

Clinical Documentation System – Medatrax®

Students are required to use the Medatrax® electronic system for documenting clinical time and patient encounters. The system is web-based and may be accessed without downloading software. Data entered into the Medatrax® system are stored in

a secure and HIPAA compliant server.

Students are required to maintain a patient encounter and clinical time log as well as completion of SOAP notes, and task based proficiencies/competencies.

Data must be entered within 2 days of each clinical experience and include the following information. Failure to submit required written clinical assignments will result in clinical probation and a potential clinical failure.

1. Student Information, Term, course, preceptor, clinical site
2. Patient Demographics - Clinical Information
 - a. Chief Complaint
 - b. Brief H&P
 - c. Social Problems addressed
3. Diagnosis (ICD-10) and Procedure Coding (CPT)
4. Medications
 - a. Types of New/Refilled Rx This Visit
 - b. Compliance Issues with medications
5. Clinical Notes (free text - for student reference as needed)
6. Time log information
 - a. Date of clinical experience, location, preceptor
 - b. Clinical day Start & End time (arrival and departure)

Billing for Services

Students need to learn about the billing process from the first day they enter clinical rotations. All patient procedures and services are coded using CPT (Current Procedural Terminology) codes by the provider at the end of the visit. Patients and their insurance companies are billed according to these codes; therefore, accurate CPT selection and documentation that supports their selection are important skills to be gained by FNP students. In addition, ICD-10 (International Classification of

Diseases, 10th Revision) codes are used to (1) identify health problems (i.e., diagnosis, symptoms) and (2) establish medical necessity by indicating the severity and emergent nature of the problem. Establishing a diagnosis is also an important skill to be gained by FNP students. Students need to participate in the identification and designation of ICD-10 and CPT codes; ***however, students do not receive personal compensation for any patient services rendered.***



Clinical Standing/Probation/Progression

Clinical Standing/Clinical Performance Evaluations

Preceptors participate in student clinical evaluations and provide ongoing clinical evaluation throughout each clinical course during the term, as well as a summative evaluation at the completion of the clinical rotation. However, family nurse practitioner (FNP) faculty members determine the student's clinical standing throughout the term as well as the final clinical and course grade. Students are evaluated on a regular basis throughout their clinical rotations by their clinical instructors and must receive a satisfactory evaluation from the WCU FNP faculty to successfully pass all clinical courses, independent of the students' overall didactic grades. WCU FNP faculty members evaluate student performance in a variety of ways, such as clinically related assignments, site visits, consultation with preceptors, and clinical documentation in Medatrx©. Expectations outlined in the FNP Clinical Handbook, as well as course and clinical objectives provided in each course syllabus, will serve as the standards for student evaluation.

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

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

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

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

If the student receives a written warning, a second offense will automatically result in a minimum of clinical probation. If the student is placed on clinical probation, a remedial action plan will be developed and a timeline for follow-up will be included in the action plan. If performance or conduct does not improve as outlined in the remedial action plan, the responsible course faculty will consult with the Director of the FNP Program, and if needed, the Associate Dean for Post Licensure Programs or

the College or Campus Dean, and will make the judgment to assign a failing clinical course grade, or permanently dismiss the student from the Program.

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

Clinical Probation

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

clinical progress will also continually be monitored by the clinical and/or course instructor, and Director of FNP Program.

When the student is placed on clinical probation, a *Deficiency Notice/Strategic Plan for Success* will be completed, outlining the reasons for probation and the necessary actions to correct the stated problem(s). More specific criteria will be outlined in the remedial action plan that will measure the improvement in student clinical performance over a specified period of time. A probationary clinical site may be assigned or arranged by the course faculty member and the FNP Director. Specific preceptors may be identified to work with and evaluate the student's performance. The student's

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



Progression Policies

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

- Have a completed Health Data Record (with all required immunizations) updated annually and on file in University Health Services and the College of Nursing.
- Document and keep current the following requirements: Personal health insurance; BLS certification
- Adhere to the Code of Ethical/Professional Conduct as specified in the University's Catalog
- Possess a current unencumbered registered nursing license.
- Submit to drug testing and background check.

Students in the MSN program must maintain a cumulative GPA of 3.00 or higher throughout the program. If a student is unsuccessful in Advanced Pathophysiology, Advanced Pharmacology or Advanced Health Assessment or any family nurse practitioner graduate courses (a grade less than "B"), they may repeat the course once and achieve a grade of "B" or higher to continue in the College of Nursing. If they repeat these courses and do not receive a grade of "B" or higher, they will be dismissed from the program.

Nursing is a practice discipline. Regardless of a student's numerical grades on examinations and other written course work, it is possible for a student

to fail the course as a result of Unsafe/Unsatisfactory clinical practice and/or Unsafe/Unsatisfactory therapeutic intervention (interactions). **The Student who fails clinically will receive a grade of F** regardless of the grades received in the didactic portion of the course. Once the clinical failure of the course has occurred and been identified, the student must immediately leave the clinical area. The student will not be allowed to return to a clinical practice setting for the remainder of the term. The decision to withdraw and the process of withdrawal from any course is the responsibility of the student. See the current *WCU University Catalog* for more information on course withdrawal. **If a student has already failed a course clinically prior to the date to withdraw without academic penalty, the grade of No Pass will be received.**

A student who withdraws, or fails a nursing course can only re-enroll in the course dropped, audited, or failed the following term if the course is being offered and if space is available. Permission to re-enroll will be based on progression and dismissal policies. Students repeating a course must repeat all didactic and clinical requirements within the term they are re-enrolled. **A grade of Incomplete makes the student ineligible to progress to the next nursing course.**



Appendix A

Family Nurse Practitioner Competences

Family Nurse Practitioner Competencies

(<http://www.nonpf.org/resource/resmgr/competencies/npcorecompetenciesfinal2012.pdf>)

I. Health Promotion, Health Protection, Disease Prevention, and Treatment

A. Assessment of Health Status

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

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

B. Diagnosis of Health Status

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

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

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient's health. These competencies describe the family nurse practitioner's role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient's health potential.

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

II. Nurse Practitioner-Patient Relationship

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

1. Maintains a sustaining partnership with individuals and families. transitions, illness, or health among family members.
2. Assists individuals and families with ethical issues in balancing differing needs, age-related
3. Facilitates family decision-making about health.

III. Teaching-Coaching Function

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

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

IV. Professional Role

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

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

V. Managing and Negotiating Health Care Delivery Systems

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

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

VI. Monitoring and Ensuring the Quality of the Health Care

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

VII. Cultural Competence

This competency describes the family nurse practitioner's role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures.

The Nurse Practitioner Core Competencies (NP Core Competencies) integrate and build upon existing Master's and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a **licensed independent practitioner**.

The competencies are essential behaviors of all

NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

Nurse Practitioner Core Competencies

Scientific Foundation Competencies

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

Leadership Competencies

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

Quality Competencies

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

Practice Inquiry Competencies

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

Technology and Information Literacy Competencies

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

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.

3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies

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

Ethics Competencies

1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

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

Appendix B

Clinical Placement Planning Form

FNP CLINICAL PLACEMENT PLANNING FORM

STUDENT INFORMATION

Please type or print, illegible or incomplete forms will be returned

Student Name: _____

Address: _____

City	State	Zip Code
	xv xv	

Email Address: _____

Primary Phone # _____ Secondary Phone # _____

Areas worked as an RN and number of years: _____

Languages spoken: _____

COURSE INFORMATION

Course Number: _____ Term & Year: _____

Dates will be in clinic: _____

FNP Student Signature

Date

Clinical Packet up to date (approval by faculty needed)

WCU Faculty Signature

Date

PRECEPTOR INFORMATION

Preceptor Name: (printed) _____

Credentials (e.g. MD, NP with MSN, CNM): _____

License Number: _____ Expiration Date: _____

Preceptor Specialty: _____

Years in current role: _____ Best phone number to contact: _____

Email Address: _____

I agree to serve as preceptor for _____
(Student Name)

Preceptor's Signature

Date

**Attach preceptor's current resume/CV to this form.*

CLINIC/AGENCY PRACTICE INFORMATION

Clinic/Agency **Legal Name**, group or physician who owns the practice:

Clinical/Agency Address: _____

Office Manager Name: _____

Telephone Number: _____

Office Manager Email Address: _____

Note: *Clinical placement requires a legal contract between the clinical agency and West Coast University. Completion of this form does not guarantee clinical placement.*

Appendix C

About Medatrax©

About Medatrax©

Medatrax© data tracking system provides on-line tools specifically designed to assist universities, colleges, and allied health educators and administrators to record and maintain complex student clinical criteria. Medatrax© provides internet accessible data entry and facilitates review of recorded data for each educator, administrator, and student. A robust administrative capability is provided to monitor and control individual student, cohort, course, and class progress.

Medatrax© technology is highly configurable, and equally adaptable to either distance programs or campus based institutions. A variety of statistics, monitoring and reporting information are included to assist and support administrative personnel. Medatrax©, originally developed to track complex requirements for a graduate nursing program, is now available to track and maintain virtually any set criteria. Mobile device interfaces are included with Medatrax© technology.

Time Log: Medatrax© features a comprehensive time-log reporting functionality on both Mobile Device/SMARTPHONE and website with the ability to relate clinical site, preceptor, and daily notes,

with a date-time. A robust reporting and sorting capability exists as well to identify who- when- where students were. As with cases, notes may be attached to Medatrax© time-logs on either the web or a mobile handheld device. Students enter clinical time for the day, location, preceptor, course, and optionally any notes.

Patient Logs: Students record each encounter with their patients in Medatrax©. The data collected is unique to each program and can be accessed by the student's clinical educator and preceptor.

Forms: Students are required to submit various forms for assignments within each course. These forms can be loaded into Medatrax© and used by the students. This allows access to blank forms, storage for completed forms, grading and commentary by administrators/ instructors, and reports.

All students will receive full training on the Medatrax© program prior to their first day of the clinical rotation. Please note that failure to log timely in Medatrax may result in an incomplete grade or inability to move onto the next course.

Appendix D

Evaluation Forms

FACULTY EVALUATION OF PRECEPTOR

Student: _____ Date: _____

Preceptor: _____ Course Name and Term: _____

Address: _____

INSTRUCTIONS: Please choose one number which best describes your experience:

Rating Scales: 4-Strongly Agree 3-Agree 2-Disagree 1-Strongly Disagree

The Preceptor:				
1. Provided a patient population relevant to student learning needs.	4	3	2	1
2. Assisted student in developing appropriate learning objectives.	4	3	2	1
3. Facilitated student accomplishment of clinical objectives.	4	3	2	1
4. Maintained open lines of communication with faculty.	4	3	2	1
5. Had realistic expectations for student based on student's level in FNP program.	4	3	2	1
6. Reviewed student's charting and provided appropriate feedback.	4	3	2	1
7. Allowed for student opportunities to recommend diagnostic tests and treatments.	4	3	2	1
8. Completed student evaluation as requested.	4	3	2	1
9. Served as an excellent role model in the delivery of quality and cost-effective primary care.	4	3	2	1
10. Overall, was a beneficial resource for the student.	4	3	2	1

Would you recommend this preceptor for other students?

Yes

No

If no, describe here: _____

Additional comments: _____

Faculty Signature: _____

FACULTY EVALUATION OF CLINICAL SITE

Faculty member completing the form: _____

Date: _____

Clinical Site/Address/Phone: _____

Preceptor name and credentials: _____

Clinic Coordinator or Manager: _____

Type of Practice/Specialty: _____

Course Name and Term _____

INSTRUCTIONS: Please choose one number which best describes your experience:

Rating Scales: 4-Strongly Agree 3-Agree 2-Disagree 1-Strongly Disagree

1. The clinical site is clean and well-maintained.	4	3	2	1
2. Patient volume is sufficient to meet the student's learning objectives. Average # of patients per day: _____	4	3	2	1
3. Preceptor is able to give "hands-on" guidance and support to the student as appropriate to the course objectives.	4	3	2	1
4. The clinical site is conducive to and supportive of student learning and needs.	4	3	2	1
5. The space for clinical learning activities was adequate to promote achievement of course objectives.	4	3	2	1
6. The preceptor/clinical site is willing to take students in the future.	4	3	2	1

Approved

Not Approved

Strengths or weaknesses of this clinical site: _____

Recommendations for future use of this clinical site: _____

Faculty Signature

Date

PRECEPTOR EVALUATION OF STUDENT

Student: _____ Dates of Rotation: _____

Rotation: _____ Preceptor: _____

- Please indicate your specialty: (circle one of the following)
Family OB/GYN PEDS Other _____
- Approximately how much time did you spend with the student during this rotation? _____
(hours/week/day)

Please complete the following evaluation items based upon your judgment of the student's knowledge, skills, and behaviors for his/her stage of training:

Evaluation Scale: (On each item, please indicate your choice by circling one of the following)
(R) Rarely/Very problematic, area of grave concern
(O) Occasionally/Needs improvement
(M) Most of the time/Consistently good
(E) Almost all of the time/Consistently excellent, exemplary

*These items are required for the College to get an accurate assessment of the student's performance.

Medical Knowledge: This student

Exhibits a basic knowledge of pathophysiology and disease mechanisms. R O M E

Exhibits knowledge of Pharmacology as related to practice setting. R O M E

Patient Care - History Taking: This student

Elicits patient history at a depth that is appropriate for the clinical situation. R O M E

Includes psychosocial and health maintenance/risk factor information as appropriate. R O M E

Comments on History Taking:

Patient Care - Physical Examination (including mental status examination): This student

Performs a physical examination that is thorough, technically accurate, and appropriate to the clinical setting. R O M E

Maintains sensitivity to issues of patient privacy, comfort, and dignity during the examination. R O M E

Recognizes and correctly interprets abnormal clinical findings. R O M E

Comments on Physical Examination

Patient Care - Documentation: This student

Accurately records information in an organized and logical fashion and in a way that is appropriate to the clinical situation (SOAP notes, progress notes, complete H&P, etc.).	R	O	M	E
Records information that is free of personal bias or inappropriate comments.	R	O	M	E
Presents information in an accurate, logical, and organized manner.	R	O	M	E
Comments on Documentation:				

Patient Care - Clinical Problem Solving: This student

Generates an appropriate problem list based on the history and physical findings. Effectively prioritizes clinical problems.	R	O	M	E
Creates a differential diagnosis relevant to the presenting complaint(s). Develops a strategy for confirming the diagnosis.	R	O	M	E
Integrates diagnostic test data with the clinical presentation of the patient.	R	O	M	E
Formulates a treatment plan appropriate for the diagnosis.	R	O	M	E
Takes an evidence-based approach to patient care.	R	O	M	E
Comments on Clinical Problem Solving:				

Interpersonal and Communication Skills: This student

Establishes good rapport with patients.	R	O	M	E
Communicates well with patients, their families, and all members of the healthcare team.	R	O	M	E
Provides disease-specific information and/or prevention education to patients as appropriate.	R	O	M	E
Exhibits empathy toward the patient and the patient's perspective.	R	O	M	E
Communicates in a way that shows sensitivity to cultural and ethnic differences.	R	O	M	E
Comments on Communication:				

Practice-Based Learning and Improvement/Self-directed Learning: This student

Identifies gaps in his/her knowledge and abilities and seeks appropriate solutions.	R	O	M	E
Demonstrates initiative in supplementing his/her knowledge about patients on the service.	R	O	M	E
Exhibits critical-reading skills.	R	O	M	E

Demonstrates ability to access current and accurate patient care information using a variety of modalities including texts, journals, lectures, and electronic resources.

R O M E

Comments on Self-directed Learning:

Professionalism/Ethics: This student (please circle Yes or No)

Displays a motivation to learn (teachable).	Yes	No
Is a reliable, responsible, punctual, and well prepared team member.	Yes	No
Displays professional public demeanor and deportment.	Yes	No
Is honest, trustworthy, and adheres to legal standards.	Yes	No
Manages patient and healthcare team member relationships appropriately.	Yes	No
Respects patients' rights to privacy and confidentiality.	Yes	No
Elicits and respects the point of view and preferences of the patient (autonomy).	Yes	No

Comments on Professionalism:

Overall Summary of the Student's Performance (please discuss with student comment about strengths and provide opportunities for growth and improvement).

Do you have any reservations about the suitability of this student for the practice of advanced nursing and medicine? Yes No

If yes, please describe below using specific examples to illustrate your concerns.

Preceptor information

Print Name: _____ Degree: _____

Signature: _____ Date: _____

STUDENT EVALUATION OF PRECEPTOR

Preceptor Name: _____

Course: _____

This form is to be used to evaluate the performance of the preceptor as he/she works with nursing students. The scoring is based on Benner's Novice to Expert Scale (*1= novice/rarely; 2=advanced beginner/sometimes; 3=competent/regularly; 4=proficient/most of the time; 5=expert/always*) with an expectation the preceptor qualifies for certification and is functioning at a proficient level (4) in most areas. Rate of expertise can be based on the student's evaluation, the preceptor's self-evaluation, and direct observation in the clinical setting of the preceptor's performance.

Level of expertise demonstrated by Preceptor:

1. Taught from a foundation of clinical expertise	1	2	3	4	5
2. Demonstrated professionalism and peer respect	1	2	3	4	5
3. Discussed department expectations related to student's role	1	2	3	4	5
4. Introduced student to social/work culture of the unit	1	2	3	4	5
5. Evaluated student's clinical performance	1	2	3	4	5
6. Planned experiences to address student's learning needs	1	2	3	4	5
7. Collaborated to develop a learning plan based on student's individual learning needs	1	2	3	4	5
8. Provided scheduled learning opportunities	1	2	3	4	5
9. Meet regularly to evaluate / discuss learning plan goals and outcomes	1	2	3	4	5

STUDENT EVALUATION OF CLINICAL SITE

Student: _____ Date: _____

Clinical Site: _____ Course Name and Term: _____

INSTRUCTIONS: Please choose one number which best describes your experience:

Rating Scales: 4-Strongly Agree 3-Agree 2-Disagree 1-Strongly Disagree

The Clinic Site or Agency:				
1. Provided a diverse patient population to promote achievement of course objectives.	4	3	2	1
2. Provided a sufficient number of clinical experiences to meet the course objectives.	4	3	2	1
3. Patient records were accessible and available to students.	4	3	2	1
4. Provided the students with an orientation to their rules and regulations.	4	3	2	1
5. The environment was conducive to and supportive of student learning.	4	3	2	1
6. The space for clinical learning activities was adequate to promote achievement of course objectives.	4	3	2	1
7. Had collaborative relationship with faculty and students for the development of appropriate learning experiences.	4	3	2	1
8. Had staff who served as appropriate role models.	4	3	2	1

Would you recommend this clinical site/agency for other students? Yes No

If no, describe here: _____

Additional comments: _____

Faculty Signature: _____

STUDENT EVALUATION OF THE CLINICAL EXPERIENCE

Student: _____

Course Name and Term: _____ Date: _____

Preceptor/Agency: _____

INSTRUCTIONS: Please choose one number which best describes your experience:

Rating Scales: 4-Strongly Agree 3-Agree 2-Disagree 1-Strongly Disagree

The facility environment was appropriate to the students learning needs:				
1. Orientation to the clinical site was sufficient for me to begin my rotation	4	3	2	1
2. I consistently had the opportunity to care for a full load of patients	4	3	2	1
3. The type and variety of patients was conducive to learning	4	3	2	1
4. Resources were adequate to support learning	4	3	2	1
The preceptor facilitated learning:				
1. Knowledgeable	4	3	2	1
2. Role Modeled professionalism	4	3	2	1
3. Encouraging	4	3	2	1
4. Available to assist	4	3	2	1
5. Fostered Independence	4	3	2	1
6. Clearly Communicated feedback	4	3	2	1
The rotation is appropriate in meeting your learning needs:				
1. The number of clinical hours was appropriate	4	3	2	1
2. The clinical objectives were met	4	3	2	1
3. The experience benefited my learning	4	3	2	1
4. The overall experience was positive	4	3	2	1

Additional suggestions or comments: _____

Student Signature: _____

Appendix E

Deficiency Notice/Strategic Plan for Success

**West Coast University Family Nurse Practitioner Track
Deficiency Notice/Strategic Plan for Success**

Date:	
Student:	Faculty:
Beginning Date of Remediation:	Ending Date of Remediation Plan:
Brief Description of the problem(s):	
Nature of the Problem	Supportive Evidence of the Problem
<input type="checkbox"/> Absenteeism <input type="checkbox"/> Tardiness	
<input type="checkbox"/> For Clinical Absence-Student needs to complete the proper forms and give to instructor	
<input type="checkbox"/> Exam Failure	
<input type="checkbox"/> Unprepared for Clinical <ul style="list-style-type: none"> <input type="checkbox"/> Unsatisfactory Plan of Client Care <input type="checkbox"/> Did not research client problems/diagnoses, lab values, medications, potential complications, etc. 	
<input type="checkbox"/> Unsafe Clinical Practice <ul style="list-style-type: none"> <input type="checkbox"/> Did not demonstrate mastery of basic APN skills <input type="checkbox"/> Unable to communicate clearly or comprehend the English language in oral or written form <input type="checkbox"/> SOAP notes do not demonstrate clinical and logical reasoning 	
<input type="checkbox"/> Noncompliance with dress code	
<input type="checkbox"/> Did not follow through on faculty recommendations for remediation	
<input type="checkbox"/> Lacking in professional demeanor: <ul style="list-style-type: none"> <input type="checkbox"/> Does not relate effectively with faculty, staff, clients, and peers <input type="checkbox"/> Violated client confidentiality <input type="checkbox"/> Does not communicate truthfully/honestly with faculty and staff <input type="checkbox"/> Does not follow faculty directions/instructions 	

<input type="checkbox"/> Written Work Deficit
<input type="checkbox"/> Other:

Recommendations for overcoming the problem (s): (check all that apply)
<input type="checkbox"/> Improve academic/clinical preparation
<input type="checkbox"/> Seek counseling for personal and/or academic concerns
<input type="checkbox"/> Reduce outside work hours if possible
<input type="checkbox"/> Improve written/verbal communication skills <input type="checkbox"/> Improve psychomotor skills
<input type="checkbox"/> Must practice in nursing skills lab with faculty (specific arrangements documented below):

<input type="checkbox"/> Faculty to initiate Individualized Remediation Plan
<input type="checkbox"/> Other:

Remediation Limitations/Obligation: (check all that apply)
<input type="checkbox"/> May not be late for or absent from clinical
<input type="checkbox"/> Must meet with faculty on a _____ (frequency) basis
<input type="checkbox"/> Must be present in proper attire with appropriate equipment
<input type="checkbox"/> Must visit the Writing Center and produce a satisfactory written assignment
<input type="checkbox"/> Other:

Specific Remediation Plan Components (not addressed above):

Possible Consequences:		All Remediation Plans are in force for the entire specific Nursing Program.
<input type="checkbox"/> Course Withdrawal		
<input type="checkbox"/> Course Failure		
Signatures:		
After the development of the action plan or learning contract (circle one), the instructor(s) and student will sign below:		
Signed (Student):		Date:
Signed (Faculty):		Date:
Signed (Faculty):		Date:
Signed (Director or Dean):		Date:

Faculty Notes on Student's Progress:

When a Remediation Plan is instituted, the student and faculty will meet to evaluate progress:

Date:	Comments:	Student Initials	Instructor Initials

Outcomes:

Date of Evaluation Conferences

Course Withdrawal

Course Failure

Signatures:

After the evaluation of the action plan or learning contract, the instructor(s) and student will sign below:

Signed (Student):	Date:
Signed (Faculty):	Date:
Signed (Director or Dean):	Date:

Appendix F

FNP Curriculum

MSN-FNP Program Sample Curriculum

	Course Number	Course Title	
Year 1			
Trimester 1			
Term 1	NURS 500	Theoretical Foundations of Nursing Practice	3
Term 2	NURS 510	Policy Organization and Financing in Healthcare	3
Trimester 2			
Term 3	NURS 521	Ethics in Healthcare	3
Term 4	NURS 561	Health Promotion & Disease Prevention	3
Trimester 3			
Term 5	NURS 535	Principles of Teaching and Learning	3
Term 6	NURS 540	Research Utilization	3
Year 2			
Trimester 1			
Term 7	NURS 530-A	Advanced Physiology and Pathophysiology - FNP specific	1.5
	NURS 676-A	Advanced Pharmacology - FNP specific	1.5
Term 8	NURS 530-B	Advanced Physiology and Pathophysiology - FNP specific	1.5
	NURS 676-B	Advanced Pharmacology - FNP specific	1.5
Trimester 2			
Term 9	NURS 680-A	Advanced Health/Physical Assessment - FNP specific	1.5
		OSI #1 Sat-Sun	
	NURS 601-A	FNP Bridge course	1.5
Term 10	NURS 680-B	Advanced Health/Physical Assessment - FNP specific	1.5
		OSI #2 Sat-Sun	
	NURS 601-B	FNP Bridge course	1.5
Trimester 3			
Term 11	NURS 663-A	Primary Care Adult and Geriatric Patient: Theory	1.5
	NURS 663L-A	Primary Care Adult and Geriatric Patient: Practicum	1.5
		OSI #3 Fri-Sat-Sun	
Term 12	NURS 663-B	Primary Care Adult and Geriatric Patient: Theory	1.5
	NURS 663L-B	Primary Care Adult and Geriatric Patient: Practicum	1.5
		OSI #4 Sat-Sun	
Year 3			
Trimester 1			
Term 13	NURS 660	Advanced Practice Nursing Role	1
	NURS 664-A	Primary Care Women's Health Theory	1
	NURS 664L-A	Primary Care Women's Health: Practicum	1
		OSI #5 Sat-Sun	
Term 14	NURS 664-B	Primary Care Women's Health Theory	1

	NURS 664L-B	Primary Care Women's Health Practicum	1
Trimester 2			
Term 15	NURS 662-A	Primary Care Pediatric Patient: Theory	1
	NURS 662L-A	Primary Care Pediatric Patient: Practicum	1
	NURS 665-A	Care Management and Coordination - Theory	1
OSI #6 Fri-Sat-Sun			
Term 16	NURS 662-B	Primary Care Pediatric Patient: Theory	1
	NURS 662L-B	Primary Care Pediatric Patient: Practicum	1
	NURS 665-B	Care Management and Coordination - Theory	1
Trimester 3			
Term 17	NURS 668L-A	Advanced Health Care Residency	1.5
	NURS 690-A	Culminating Experience I	1.5
Term 18	NURS 668L-B	Advanced Health Care Residency	1.5
	NURS 690-B	Culminating Experience II	1.5
Total			53

Post-Master's FNP Program Sample Curriculum

Year 1			
Trimester 1			
Term 1	NURS 530-A	Advanced Physiology and Pathophysiology - FNP specific	1.5
	NURS 676-A	Advanced Pharmacology - FNP specific	1.5
Term 2	NURS 530-B	Advanced Physiology and Pathophysiology - FNP specific	1.5
	NURS 676-B	Advanced Pharmacology - FNP specific	1.5
Trimester 2			
Term 3	NURS 680-A	Advanced Health/Physical Assessment - FNP specific	1.5
OSI #1 Sat-Sun			
	NURS 601-A	FNP Bridge course	1.5
Term 4	NURS 680-B	Advanced Health/Physical Assessment - FNP specific	1.5
OSI #2 Sat-Sun			
	NURS 601-B	FNP Bridge course	1.5
Trimester 3			
Term 5	NURS 663-A	Primary Care Adult and Geriatric Patient: Theory	1.5
	NURS 663L-A	Primary Care Adult and Geriatric Patient: Practicum	1.5
OSI #3 Fri-Sat-Sun			
Term 6	NURS 663-B	Primary Care Adult and Geriatric Patient: Theory	1.5
	NURS 663L-B	Primary Care Adult and Geriatric Patient: Practicum	1.5
OSI #4 Sat-Sun			
Year 2			

Trimester 1			
Term 7	NURS 660	Advanced Practice Nursing Role	1
	NURS 664-A	Primary Care Women's Health Theory	1
	NURS 664L-A	Primary Care Women's Health: Practicum	1
		OSI #5 Sat-Sun	
Term 8	NURS 664-B	Primary Care Women's Health Theory	1
	NURS 664L-B	Primary Care Women's Health Practicum	1
Trimester 2			
Term 9	NURS 662-A	Primary Care Pediatric Patient: Theory	1
	NURS 662L-A	Primary Care Pediatric Patient: Practicum	1
	NURS 665-A	Care Management and Coordination - Theory	1
		OSI #6 Fri-Sat-Sun	
Term 10	NURS 662-B	Primary Care Pediatric Patient: Theory	1
	NURS 662L-B	Primary Care Pediatric Patient: Practicum	1
	NURS 665-B	Care Management and Coordination - Theory	1
Trimester 3			
Term 11	NURS 668L-A	Advanced Health Care Residency	1.5
Term 12	NURS 668L-B	Advanced Health Care Residency	1.5
			Total
			32

RN-MSN-FNP Program Sample Curriculum

Year 1: *Co-requisites (subject to change depending on transcript evaluation)

	Path 370*	Pathophysiology	3
	LDR 432	Principles of Leadership for Healthcare Organization	3
	Math 211*	Statistics	3
	NURS 340-A	Public Health Nursing	1.5
	NURS 500	Theoretical Foundations of Nursing Practice	3
	NURS 340-B	Public Health Nursing	1.5
	NURS 510	Policy Organization and Financing in Healthcare	3
	NURS 495L-A	Community Practice Experience	1.5
	NURS 521	Ethics in Healthcare	3
	NURS 495L-B	Community Practice Experience	1.5
	NURS 535	Principles of Teaching and Learning	3
	NURS 561	Health Promotion and Disease Prevention	3
	NURS 540	Research Utilization	3

Year 2

Trimester 1

Term 7	NURS 530-A	Advanced Physiology and Pathophysiology - FNP specific	1.5
	NURS 676-A	Advanced Pharmacology - FNP specific	1.5
Term 8	NURS 530-B	Advanced Physiology and Pathophysiology - FNP specific	1.5
	NURS 676-B	Advanced Pharmacology - FNP specific	1.5
Trimester 2			
Term 9	NURS 680-A	Advanced Health/Physical Assessment - FNP specific	1.5
		OSI #1 Sat-Sun	
	NURS 601-A	FNP Bridge course	1.5
Term 10	NURS 680-B	Advanced Health/Physical Assessment - FNP specific	1.5
		OSI #2 Sat-Sun	
	NURS 601-B	FNP Bridge course	1.5
Trimester 3			
Term 11	NURS 663-A	Primary Care Adult and Geriatric Patient: Theory	1.5
	NURS 663L-A	Primary Care Adult and Geriatric Patient: Practicum	1.5
		OSI #3 Fri-Sat-Sun	
Term 12	NURS 663-B	Primary Care Adult and Geriatric Patient: Theory	1.5
	NURS 663L-B	Primary Care Adult and Geriatric Patient: Practicum	1.5
		OSI #4 Sat-Sun	
Year 3			
Trimester 1			
Term 13	NURS 660	Advanced Practice Nursing Role	1
	NURS 664-A	Primary Care Women's Health Theory	1
	NURS 664L-A	Primary Care Women's Health: Practicum	1
		OSI #5 Sat-Sun	
Term 14	NURS 664-B	Primary Care Women's Health Theory	1
	NURS 664L-B	Primary Care Women's Health Practicum	1
Trimester 2			
Term 15	NURS 662-A	Primary Care Pediatric Patient: Theory	1
	NURS 662L-A	Primary Care Pediatric Patient: Practicum	1
	NURS 665-A	Care Management and Coordination - Theory	1
		OSI #6 Fri-Sat-Sun	
Term 16	NURS 662-B	Primary Care Pediatric Patient: Theory	1
	NURS 662L-B	Primary Care Pediatric Patient: Practicum	1
	NURS 665-B	Care Management and Coordination - Theory	1
Trimester 3			
Term 17	NURS 668L-A	Advanced Health Care Residency	1.5
	NURS 690-A	Culminating Experience I	1.5
Term 18	NURS 668L-B	Advanced Health Care Residency	1.5
	NURS 690-B	Culminating Experience II	1.5
		Total	62-68



West Coast University
College of Nursing