

**Family Nurse Practitioner  
Administrative Handbook**

**2017-2018**

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**SECTION I**

**OVERVIEW**

**Purpose**

This administrative handbook will serve as a resource for administrators, faculty and preceptors in the family nurse practitioner (FNP) program at Marian University by providing a program overview; student expectations; and faculty and preceptor information. Faculty, preceptors and administration are responsible for the content therein and are also expected to review the Graduate Nursing Student Handbook and the FNP Student Supplemental Handbook.

**Professional Accreditation**

The FNP track of the DNP program is scheduled for review and pending accreditation by the Commission on Collegiate Nursing Education (CCNE), a national accreditation agency recognized by the U.S. Secretary of Education and the Council on Higher Education Accreditation.

**Consensus Model for APRN Regulation**

In 2008, an APRN Consensus Work Group and an APRN Advisory Committee from the National Council of State Boards of Nursing developed a national regulatory model providing consensus on the four APRN roles (See Appendix A). The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education provides educational requirements for APRN education, e.g. required sciences for all APRN students, which will enable APRN graduates to become licensed and sit for national certification examinations. The Consensus Model provides direction for future collaboration among the licensing, accrediting, certifying bodies, and NP programs. The Consensus Model for APRN regulation (2008) should serve as a resource for understanding the licensing, accreditation, credentialing and educational preparation for the FNP program. The Consensus Model for APRN regulation (2008) document states:

The essential elements of APRN regulation are identified as licensure, accreditation, certification, and education. The recommendations reflect a need and desire to collaborate among regulatory bodies to achieve a sound model and continued communication with the goal of increasing the clarity and uniformity of APRN education and, thus, regulation. The goals of the consensus processes were to: strive for harmony and common understanding in the APRN regulatory community that would continue to promote quality APRN education and practice; develop a vision for APRN regulation, including education, accreditation, certification, and licensure; establish a set of standards that protect the public, improve mobility, and improve access to safe, quality APRN care; and produce a written statement that reflects consensus on APRN regulatory issues (pp.20-21).

**The DNP Degree**

The development of the Doctor of Nursing Practice (DNP) degree has been one of the most significant changes for the APRN profession. The American Association of Colleges of Nursing (AACN) endorsed it as the level of preparation necessary for APRN education. The AACN stated:

The recommendation that nurses practicing at the highest level should receive doctoral level preparation emerged from multiple factors including the expansion of scientific knowledge required for safe nursing practice and growing concerns regarding the quality of patient care delivery and outcomes. Practice demands associated with an increasingly complex health care system created a mandate for reassessing the education for clinical practice for all health professionals, including nurses (p.4).

In answering the call to reconceptualize APRN education, the graduate nursing faculty designed the FNP program to align with the AACN endorsement by preparing graduates at the highest level for clinical practice and leadership roles.

**FNP Track Description**

The FNP curriculum prepares registered nurses for advanced clinical practice and leadership roles. Graduates of the program are equipped to deliver compassionate and evidence-based acute and chronic healthcare to the individual and family across the lifespan. The 69-credit hour program is composed of NP core, FNP and DNP courses.

**FNP Track Student Competencies**

The DNP curriculum is conceptualized as having two components that guide curriculum development: 1) DNP Essentials (see Appendix B) and 2) Specialty competencies, i.e. population-foci. All entry-level FNPs who graduate from an NP track of a DNP program are expected to meet the DNP competencies; NP core competencies; and population-focused competencies in the area of educational preparation, e.g., Family/Across the Lifespan. Accordingly, the graduate nursing faculty used both DNP competencies and NP core competencies with Family/Across the Lifespan competencies (see Appendix C) to guide curriculum development.

**Outcomes**

Program outcomes align with The Essentials of Doctoral Education for Advanced Nursing Practice (see Appendix A) and requisite competencies set forth by the National Task Force on Quality Nurse Practitioner Education (NTF) and the National Organization of Nurse Practitioner Faculties (see Appendix B) (AACN, 2006; Population-Focused Competencies Task Force, 2013).

Upon completion of the FNP track of the DNP program, graduates will be able to:

1. obtain and document relevant health history of individuals and families across the lifespan in all phases of the life cycle.
2. perform appropriate, comprehensive or focused physical examination on patients of all ages and document accurate findings.
3. identify health and psychosocial risk factors of individuals and families; perform and interpret applicable screening procedures and diagnostics; plan interventions to promote health; and consult and refer when appropriate.
4. formulate comprehensive differential diagnoses by synthesizing risk factors, health history, physical exam findings and diagnostics.
5. provide health promotion education, disease prevention interventions to improve or maintain optimum health for individuals and families.
6. assess and manage acute and chronic physical and mental illnesses, and common injuries across the life span to minimize the development of complications, and promote function and quality of living.
7. distinguish between normal and abnormal changes across the lifespan.
8. maximize health and wellbeing within the parameters of the individual and family’s cultural traditions and beliefs.
9. incorporate knowledge of clinical decision support tools to assist in charting, decision making, research and scholarship.
10. prescribe medication and therapeutic devices with population consideration.
11. promote self-care and facilitate family decision making.
12. practice lawfully based on the state’s Nurse Practice Act.

**The National Certification Examination**

The program prepares students to meet the educational eligibility requirements to take a national certification examination. FNP certification examinations are offered by the American Academy of Nurse Practitioners (AANP) and the American Nurses Credentialing Center (ANCC). The student is responsible for all costs and fees associated with the FNP certification examination.

**Criteria for Evaluation of the FNP Program**

Understanding the criteria for evaluation of nurse practitioner programs (See Appendix D for the Criteria for Evaluation of Nurse Practitioner Programs) is helpful to those involved in FNP educational preparation (NTF, 2015). The evaluation criteria should be used to assist faculty, preceptors & administration in program and course development and continuous quality improvement initiatives.

**Curriculum Sequence**

The FNP track can be completed on a full-time or part-time basis. Total program length varies according to student enrollment status.

Sample Curriculum DNP FNP Full-timePrerequisite: NSG 501 Epidemiology and Bio Statistics for Advanced Practice or Equivalent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR 1 Summer** | **CR** | **Fall** | **CR** | **Spring** | **CR** |
| NSG503 Advanced Physiology and Pathophysiology | 3 | NSG506 Advanced Health Assessment | 2/1 | NSG606 Diagnostic Testing and Interpretation | 3 |
| NSG602 Scientific Foundations for the FNP Role | 3 | NSG604 Clinical Differential Judgment | 3 | NSG703 Program Planning for Quality Improvement \* | 2 |
| NSG507 Nursing Research | 3 | NSG502 Theoretical Foundations of Nursing Practice | 3 | NSG504 Advanced Pharmacology | 3 |
|  |  | NSG701 Analytical Methods for the Translation of Evidence into Practice | 3 | NSG705 Information Management to Improve Healthcare\* | 3 |
| Total | 9 | Total | 12 | Total | 11 |
| **YEAR 2 Summer** | **CR** | **Fall** | **CR** | **Spring** | **CR** |
| NSG660 Primary Care Adult & Older Adult\* | 3/4 | NSG662 Primary Care Pediatric & Adolescent\* | 2/2 | NSG664 Primary Care Women\* | 2/2 |
|  |  | NSG706 DNP Project 1\*- Assessment | 1 | NSG702 Organizational and Systems Leadership for Quality Improvement\* | 3 |
|  |  | NSG608 Integrative Behavioral Health and Family Systems | 3 | NSG707 DNP Project 2\*- Implementation and Evaluation | 1 |
|  |  | NSG505 Policy, Organization and Finance of Health Care | 3 | NSG704 Professional Leadership and Collaboration | 3 |
|  |  |  |  | National FNP Certification Exam for entry level (must achieve passing status before progression to DNP year 3) |  |
| Total | 7 | Total | 11 | Total | 11 |
| **YEAR 3 Summer** | **CR** | **Fall** | **CR** | **Spring** | **CR** |
| NSG666 Primary Care Immersion\* | 1/6 |  |  |  |  |
| NSG708 DNP Project 3\*- Dissemination | 1 |  |  |  |  |
| Total | 8 |  |  |  |  |
|  |  |  |  | **Total Program Credit Hours** | **69** |

A **minimum** of 1000 hours\* of supervised practice post-baccalaureate are required for the DNP (CCNE, 2006). The DNP FNP student will accumulate at least 500 of those supervised practice hours achieving the required population-focused clinical practicum hours (125 hours for each population: adult, older adult, pediatric & women’s health).

Sample Curriculum DNP FNP Part-timePrerequisite: NSG 501 Epidemiology and Bio Statistics for Advanced Practice or Equivalent

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **YEAR 1 Summer** | **CR** | **Fall** | **CR** | **Spring** | **CR** |
| NSG503 Advanced Physiology and Pathophysiology | 3 | NSG506 Advanced Health Assessment\* | 2/1 | NSG504 Advanced Pharmacology | 3 |
|  |  | NSG502 Theoretical Foundations of Nursing Practice | 3 | NSG705 Information Management to Improve Healthcare\* | 3 |
| Total | 3 |  | 6 | Total | 6 |
| **YEAR 2 Summer** | **CR** | **Fall** | **CR** | **Spring** | **CR** |
| NSG507 Nursing Research | 3 | NSG505 Policy, Organization and Finance of Health Care | 3 | NSG702 Organizational and Systems Leadership for Quality Improvement\* | 3 |
|  |  | NSG706 DNP Project 1\*- Assessment | 1 | NSG707 DNP Project 2\*- Implementation and Evaluation | 1 |
| Total | 3 | Total | 4 | Total | 4 |
| **YEAR 3 Summer** | **CR** | **Fall** | **CR** | **Spring** | **CR** |
| NSG602 Scientific Foundations for the FNP Role | 3 | NSG604 Clinical Differential Judgment | 3 | NSG703 Program Planning for Quality Improvement \* | 2 |
|  |  | NSG701 Analytical Methods for the Translation of Evidence into Practice | 3 | NSG606 Diagnostic Testing and Interpretation | 3 |
| Total | 3 | Total | 6 | Total | 5 |
| **YEAR 4 Summer** | **CR** | **Fall** | **CR** | **Spring** | **CR** |
| NSG660 Primary Care Adult & Older Adult\* | 3/4 | NSG662 Primary Care Pediatric & Adolescent\* | 2/2 | NSG664 Primary Care Women\*: **(Faculty 2)** | 2/2 |
|  |  | NSG608 Integrative Behavioral Health and Family Systems | 3 | NSG704 Professional Leadership and Collaboration | 3 |
|  |  |  |  | National FNP Certification Exam for entry level (must achieve passing status before progression to DNP year 5) |  |
| Total | 7 | Total | 7 | Total | 7 |
| **YEAR 5 Summer** | **CR** |  | **CR** |  | **CR** |
| NSG708 DNP Project 3\* - Dissemination | 1 | NSG666 Primary Care Immersion\* | 1/6 |  |  |
| Total | 1 |  | 7 |  |  |
|  |  |  |  | **Total Program Credit Hours** | **69** |

A **minimum** of 1000 hours\* of supervised practice post-baccalaureate are required for the DNP (CCNE, 2006). The DNP FNP student will accumulate at least 500 of those supervised practice hours achieving the required population-focused clinical practicum hours (125 hours for each population: adult, older adult, pediatric & women’s health).

**SECTION II**

**FACULTY**

**Faculty Workload**

The minimum workload for full-time faculty is 6 teaching credits per semester. Eventual faculty workload is determined by the Dean of the LSON. Faculty roles and responsibilities related to teaching, scholarship and service are considered when establishing workload. Further considerations are DNP project advising and clinical practicum work.

Faculty who teach clinically-related courses must be involved in clinical practice and maintain national certification to insure faculty competency, program accreditation, and quality student education. Maintaining clinical practice for certification and clinical competency is included in workload calculations. Marian University endorses the evaluation criteria for NP programs put forward by the National Task Force on Quality of Nurse Practitioner Education to provide administrative support for FNP faculty to practice required clinical hours to maintain national certification (2012).

All faculty members are expected to participate in accreditation, mentoring of new faculty, curriculum development and revision, student recruitment, admissions, advisement, and retention.

(NONPF, 2012, 2015)

**Faculty Documentation**

Submission of a Faculty/Preceptor Profile Form (see Appendix E) is required of all faculty. Faculty credentials must be current and available for review by visiting accrediting bodies during program evaluation and renewal. Faculty should maintain and update annually the curriculum vitae (CV) or resume, including current certification, licensure, and professional practice experience, clinical and/or didactic teaching responsibilities and other faculty responsibilities. Whenever possible, the CV should include documentation of continuing education to verify evidence of continuing expertise, current certification, and licensure.

**Course Delivery**

The FNP Program uses Canvas as the online course delivery system. On-campus courses use Canvas for student communication, grade posting, and material delivery. Faculty new to Canvas are required to schedule an instructor orientation with the Academic Technology Specialist at *CITL@marian.edu*. Canvas instructional modules are also available in the Faculty on-boarding course. Any further assistance can be directed to the IT help desk at *helpdesk@marian.edu*.

**ExamSoft**

The FNP Program uses ExamSoft’s SofTest and SofTest-M to administer formative and summative assessments to students in secure software on the iPad, laptop computer, or laboratory computer. ExamSoft generates reports for student use, course management, and program analysis and improvement. Peer-reviewed multiple choice, true/false, matching, short answer, and essay questions are compiled in ExamSoft. Rubric assessments are used to assess clinical, practical, or performance evaluation such as simulated encounters with standardized patients, practical examinations, small group performance, presentations, and papers.  Questions and rubrics are categorized to course specific content, Bloom’s levels, program outcomes, and other categories. Using new and vetted questions or rubrics, Course Directors build and launch assessments. After an assessment has been administered, Course Directors analyze assessment validity, modify questions, document modifications for reuse, prepare reports, and release results to students.

Reports are released after a multiple choice or rubric assessment has concluded, at regular intervals during the academic year, or as needed. Reporting relies on the accurate categorization of exam questions and rubrics. These reports include, but are not limited to:

* Exam Summary, Question Statistics, Rubric Analysis, Student Question Feedback, and Exam Taker Results which determine item or rubric reliability and student performance trends.
* Strengths and Opportunities Reports, released to students and includes scores, averages for categories that have been used for the examination. Multiple choice questions, answer choices, and their answers may or may not be released to students.
* Student Longitudinal Reports combine student performance in categories which overarch multiple semesters and courses and assist students in understanding overall strengths and weaknesses in preparation for future study and board examinations.
* Program Level Longitudinal Reports that encompass all student data are provided to educational leadership to assess curriculum effectiveness.

Marian University’s Coordinator of Examinations assists faculty and staff through training on the software platforms and in consultation meetings. Additional user guides, standard operating procedures, webinars, and videos are available in various locations including ExamSoft’s website, the Marian Portal, and TEAL website.

**Online Technical Requirements**

If faculty, preceptors or administration choose to use non-issued computers/iPad/laptop computers for academic management, the minimum system requirements follow:

*Canvas*

Canvas runs on Windows, Mac, Linux, iOS, Android, or any other device with a modern web browser.

Canvas supports the current and first previous major releases of the following browsers:

* [Internet Explorer](http://www.microsoft.com/en-us/download/internet-explorer.aspx) and [Microsoft Edge](https://www.microsoft.com/en-us/windows/microsoft-edge)
* [Chrome](https://www.google.com/intl/en/chrome/browser/)
* [Safari](https://support.apple.com/en-us/HT204416)
* [Firefox](http://www.mozilla.org/en-US/) (please note [Extended Releases](http://www.mozilla.org/en-US/firefox/organizations/) are not supported)
* [Respondus Lockdown Browser](http://www.respondus.com/download/)

*Exam Soft*

**SofTest Windows - PC Requirements:**

* Operating System: 32-bit and 64-bit Versions of Windows Vista, Windows 7, Windows 8, and Windows 10
* Only genuine, U.S.-English, French, Portuguese, Swedish, and British versions of Windows Operating Systems are supported
* ExamSoft does not support Tablet devices other than Surface Pro as detailed below
* CPU Processor: 1.86Ghz Intel Core 2 Duo or greater
* RAM: highest recommended for the operating system or 2GB
* Hard Drive: highest recommended for the operating system or 1GB of available space
* For onsite support, a working USB port is required (Newer devices may require an adaptor)
* Internet connection for SofTest Download, Registration, Exam Download and Upload
* Screen Resolution must be 1024x768 or higher
* Adobe Reader (Version 9, 11, or DC) is required for exams containing PDF attachments
* Administrator level account permissions

**Surface Pro Requirements:**

* Surface Pro 1, 2, & 4 (Non-Pro Surface devices are NOT supported)
* Surface 3 (Pro and Non-Pro devices ARE supported)
* External keyboard (USB or Bluetooth) required. Bluetooth keyboards must be paired prior to launching exam
* Hard Drive: 1GB or higher available space
* Adobe Reader XI is required for exams containing PDF attachments
* For onsite support, a working USB port is required (Newer devices may require an adaptor)
* Internet connection for SofTest Download, Registration, Exam Download and Upload
* Screen Resolution must be 1920x1080

**SofTest also supports**[Windows](https://examsoft.uberflip.com/h/i/258193614-pc-requirements)**and**[iPad](https://examsoft.uberflip.com/h/i/258198564-what-are-the-minimum-system-requirements-to-use-softest-m-ipad)  
  
SofTest can be used on most modern Mac OS X based computers (i.e. purchased within the last 3-4 years). Please see specific system requirements as noted below.

SofTest cannot be used on virtual operating systems such as Microsoft's Virtual Machine, Parallels, VMware, VMware Fusion or any other virtual environments.

**SofTest Mac**

* Operating System: OS X 10.7 (Lion), OS X 10.8 (Mountain Lion), OS X 10.9 (Mavericks), OS X 10.10 (Yosemite), and OS X 10.11 (El Capitan). Only genuine versions of Mac Operating Systems are supported
* CPU: Intel processor
* RAM: 2GB
* Hard Drive: 1GB or higher available space
* Server version of Mac OS X is not supported
* For onsite support, and in order to backup the answer files to a USB, a working USB port is required (Newer devices may require an adaptor)
* Internet connection for SofTest Download, Registration, Exam Download and Upload

**Post Course Analysis**

Faculty are required to complete a post-course analysis at the close of each course taught. Refer to Appendix L for the post-course analysis form that outlines the required elements. The post-course analysis should include a summary of the post-course evaluations (see Appendix F for Evaluation Questions) which are compiled and sent via email to faculty at the conclusion of each MU graduate course. The post-course analysis should be submitted to the Dean of LSON and the Program Director no later than one month after the conclusion of the course.

**Clinical Practicum Student Learning Oversight**

The Program Director and Clinical Faculty provide oversight of the planning, implementation, and *evaluation* of the clinical practicum learning experience, which may include, but is not limited to, clinical site evaluations, email, and phone consultations with the preceptor and agency administrators, and the student’s appraisal of the clinical learning environment. Faculty and student assessments of the clinical experience are conducted at the conclusion of each academic semester and documented. A review of the compiled data together with tri-annual clinical practicum site visits by the Program Director and review of oversight information ensures the clinical setting affords the opportunity to meet student learning objectives and to document outcomes of the clinical experiences. Refer to the *Assessment Plan* section for a complete description of the Clinical element of the Assessment Plan.

**Integrated Curriculum**

The clinical courses in the FNP track are structured as an integrated curriculum. You must pass both the didactic and clinical portion of the course in order to pass the entire course, progress through the plan of study and to remain in good standing with the university.  The clinical portion of each course in the FNP program is Pass/Fail.

**Academic Policies**

Please refer to the Graduate Nursing Student Handbook for additional academic polices, e.g., Communication Chain of Command, Formal Concern Procedure, Program Progression, Grading Scale, etc.

**SECTION III**

**PRECEPTORS**

**Program Philosophy and Academic Standards for Clinical Performance**

All FNP graduates should demonstrate, upon completion of their FNP program, the Nurse Practitioner Core Competencies (NONPF, 2012). The 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” (p.1). The student should demonstrate these competencies upon completion of the educational program, regardless of its population focus. Nurse practitioners must achieve the NP Core Competencies to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment. NONPF also recommended that NP programs implement the population foci competencies for each of their programs to maintain the clinical standards (NONPF, 2013).

The NP Core Competencies (NONPF, 2012) further define expectations for new graduates:

Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to independent clinical practice. The NP student acquires the Core Competencies through mentored patient care experiences with emphasis on independent and interprofessional practice, analytic skills for evaluating and providing evidence-based and patient centered care across settings, and advanced knowledge of the health care delivery system. Doctorally-prepared NPs apply knowledge of scientific foundations in practice for quality care. They are able to apply skills in technology and information literacy, and engage in practice inquiry to improve health outcomes, policy, and healthcare delivery. Areas of increased knowledge, skills, and expertise include advanced communication skills, collaboration, complex decision making, leadership, and the business of health care (NONPF, 2012, p.1).

(Dumas, 2015)

Population foci and core competencies must be integrated into both didactic content as well as the clinical practicum (NONPF, 2014; Population-Focused Competencies Task Force, 2013; AACN, Hartford Institute, & NONPF 2012; NONPF, 2012; and AACN, Hartford Institute, & NONPF, 2010). Effective precepting is a partnership of the skilled practitioner, the nurse practitioner faculty, and the focused student (Barker & Pittman, 2010, p.148), and provides learning opportunities for application of knowledge through mentored clinical experiences. Providing suitable clinical experiences for FNP students is a collaborative effort between the clinical institution/agency staff and practitioners, the student, faculty and Program Director.

Providing outstanding clinical education and graduating competent novice FNPs is a result of professional collaboration between the academic and clinical learning provided in the FNP program, as well as student engagement and emersion in the learning process. The role of the clinical educator requires an understanding and commitment to provide the highest level of learning to their students.

**Direct Care Practice Hour Requirements**

*FNP Clinical Practicum Hour to Clock Hour Ratio*

For FNP clinical practicum courses, i.e., 600-level courses, the ratio of clinical practicum hours to clock hours is 1:4. At completion of year two, the student meets the minimum direct care practice hour requirement, i.e., >500 hours, to sit for either the FNP certification examination offered by the ANCC or the AANPCP examination for Family Nurse Practitioners offered by the AANP.

*FNP Practice Contact Hours*

NSG 660 = 256 contact (clinical) hours

NSG 662 = 128 contact (clinical) hours

NSG 664 = 128 contact (clinical) hours

NSG 666 = 384 contact hours (clinical)

FNP Direct Care contact hours = 896

**Clinical Practicum**

A minimum of 1000 faculty-supervised clinical hours are required for the DNP degree (CCNE, 2006). The 500 faculty-supervised clinical hours completed in the FNP track apply toward your total required 1000 faculty-supervised clinical hours. Both the American Nurses Credentialing Center (ANCC) and The American Academy of Nurse Practitioners (AANP) require completion of 500 supervised clinical hours for eligibility to take the FNP certification exam (ANCC, 2015; AANP, 2015). The FNP track requires a minimum of 125 supervised clinical hours in adult health and older adult health; women’s health; and pediatric health. The clinical experiences include acute and chronic illness and preventative health care seen in the primary care setting. Students must maintain and review clinical practicum hours and patient encounter information using **Typhon NPST™** to ensure that these requirements have, or will be met prior to graduation. Typhon is a HIPAA compliant, web-based electronic nurse practitioner student tracking system used to record clinical practicum hours. The student is able to enter patient encounter information such as demographics, clinical information, diagnosis and procedure codes, medications and brief clinical notes. Students are required to provide a printout documenting total clinical hours, complete name and address of practice sites, site specialty, and preceptor's name and credentials for each clinical course. Students are not to use actual patient identifying data such as names, initials, or birthdates. Each role performance course has specific objectives that must be met in order to progress through the program.

APRN specialty (needs-based) clinical experiences, e.g., palliative care, emergency care, etc., are encouraged in the last semester; however, the basic requirements of adult health, older adult health, women’s health and pediatric health clinical practicum hours must be met. All NSG 666 clinical practicum experiences need to be pre-approved by the program director before scheduling.

No late documentation will be accepted without approval from the program director.

NOTE - a complete listing of clinical hours and/or experiences is required for eligibility to take the national FNP certification exams and, perhaps, applications for State certification, and/or hospital credentialing.

**Site Affiliation**

Students are assigned to clinical practicum experiences that provide requisite population-focused (adult health, older adult health, women’s health and pediatric health) faculty-supervised clinical hours in a variety of healthcare settings. Student geographic location and student interest areas are considerations in placement. Students are not responsible for securing clinical preceptors.

**Direct Care Practice Hour Requirements**

The distribution of the required clinical hours supports competency development. Scheduled simulation experiences will augment the clinical learning over and above the minimum 500 hour direct care practice requirement.

**DNP Degree Practice Hours**

A **minimum** of 1000 hours\* of supervised practice post-baccalaureate are required for the DNP (CCNE, 2006). The DNP FNP student will accumulate at least 500 of those supervised practice hours achieving the required population-focused clinical practicum hours (125 hours for each population: adult, older adult, pediatric & women’s health). Please see the Graduate Nursing Student Handbook for explicit DNP hour requirements by content area.

**Clinical Practicum Instructor Role**

The key responsibilities of the clinical instructor are to direct clinical practicum experiences in the population-focused courses. The clinical instructor reports to the program director.

Specific clinical instructor responsibilities and activities include:

* verifing student readiness for course, i.e., prerequisites met, documentation of immunity, etc.
* consulting with agency representative and approve clinical sites on the basis of established criteria, e.g., affiliation agreement.
* providing student instruction using an evidence-based approach.
* Evaluating students’ work (based on course objectives) and provide objective instruction for improvement.
* assuring student achievement of clinical learning competencies detailed course syllabi
* forwarding all student evaluation forms to the program director
* submitting grades in a timely manner.
* participating in the student clinical course evaluation process and make clinical course changes accordingly.
* maintaining and participating effective communication with faculty members and students.

**Clinical Practicum Preceptor Role**

Clinical practicum preceptors are responsible for direct student supervision of clinical experiences. The clinical practicum preceptor acts as a student role model and he or she is expected to share clinical expertise in a professional, engaging, and supportive manner. The clinical practicum preceptor is expected to maintain all practice licensing, credentialing and certification and report any student behaviors that compromise patient safety or care. Prior to a student’s clinical practicum, the clinical practicum preceptor should receive a copy of the *FNP Administrative Handbook*.

It is the responsibility of the FNP student to provide the course description and objectives, a syllabus, and the *NP Student Clinical Evaluation Form* and clinical requirement documentation (upon request) to the preceptor. The preceptor does not assign a final grade. The clinical practicum instructor will use preceptor feedback and the clinical evaluation form to evaluate the student’s progress and ability to meet the clinical course objectives.

The FNP track clinical practicum preceptor is evaluated by the student at the completion of each clinical practicum component using the *Student Evaluation of Clinical Practicum and Site* Form.

**Evaluation of the Student by the Preceptor**

It is important for students to review the evaluation form and the criteria for assessment at the beginning of the clinical practicum with the preceptor. The student and preceptor should also review course and individual student learning objectives at this time, providing an opportunity to discuss expectations and responsibilities of each. The preceptor needs to provide the student with two types of evaluation: formative and summative. Formative evaluation is the ongoing evaluation provided over the course of the semester. Formative evaluation is valuable to students because feedback can build the student’s confidence, as well as, identify areas needing improvement. Formative evaluation may be given incrementally, or at mid-semester, so that the student has feedback and the opportunity to improve and/or remediate prior to the completion of the semester. Summative evaluation is the final or summary evaluation of the student’s performance at the end of the semester/clinical practicum. The preceptor will document the summative evaluation on the FNP Student Clinical Evaluation form (See Appendix H) form and review it with the student. The evaluation should include both the preceptor and student’s original signature. If the preceptor gives the student the original copy of the evaluation to be given to the course faculty, he or she should place it in a sealed envelope with the preceptor’s signature on the edge of the seal.

**Clinical Practicum Evaluation**

Students have a formative and summative evaluation using a Standardized Patient (SP) for each population-focused clinical practicum (adult health, older adult health, women’s health and pediatric health), which typically occurs mid-semester and end-of-semester. An SP is a healthcare educator who is trained to take on the characteristics of a real patient thereby affording the student an opportunity to learn and to be evaluated in a simulated clinical environment. After the formative and summative evaluation, the SP will submit student performance scores based on the clinical practicum scoring rubric. The student performance score will represent a percentage of the final course grade. The clinical practicum scoring rubric is provided to the student in the associated didactic clinical course.

**Preceptor Selection**

The NP program should identify the criteria required for preceptor selection, ensuring congruence with the NTF Evaluation Criteria, and specify the educational and experiential background. For example, the number of years of NP clinical experience in a practice role should be a minimum of one year.

The NP program provides documentation to both students and preceptors, identifying and describing the requirements of the course. Criteria for student learning and evaluation, as well as the number of direct clinical hours to be performed by the student, must be clear and provided to the preceptor. All preceptors accepted by the program should be able to satisfy these criteria. The faculty or the program director should review preceptor appointments on an annual basis to ensure that the preceptor’s credentials are up-to-date. The review should include student evaluations of their preceptored experience and the expertise demonstrated by the preceptor.

Faculty may serve as clinical preceptors, and the student to faculty ratio must follow the NTF Evaluation Criteria (2012). Criterion IVB (1) states that “the recommended on-site faculty/ student ratio (direct supervision) is 1:2 if faculty are not seeing their own patients and 1:1 if faculty are seeing their own patients” (p.10).

**The FNP Clinical Practicum Preceptor Role**

Clinical Practicum Preceptors are responsible for direct student supervision of clinical experiences. The Clinical Practicum Preceptor acts as a student role model and he/she is expected to share clinical expertise in a professional, engaging, and supportive manner. The Clinical Practicum Preceptor is expected to maintain all practice licensing, credentialing and certification and report any student behaviors that compromise patient safety or care. Prior to a student’s clinical practicum, the Clinical Practicum Preceptor should receive a copy of the FNP *Administrative Handbook*.

It is the responsibility of the FNP student to provide course description and objectives, syllabus, *NP Student Clinical Evaluation Form* and clinical requirement documentation (upon request) to the Preceptor. The Preceptor does not assign a final grade. The Clinical Practicum Instructor will use Preceptor feedback and the clinical evaluation form (See Appendix H) to evaluate the student’s progress and ability to meet the clinical course objectives.

The FNP track Clinical Practicum Preceptor is evaluated by the student at the completion of each clinical practicum component using the *Student Evaluation of Clinical Practicum and Site* Form (See Appendix I).

**Preceptor Documentation**

The credentials of preceptors must be current and available for review by visiting accrediting bodies during program evaluation and renewal. Preceptors should maintain and update annually a curriculum vitae (CV) or resume, including current certification, licensure, and professional practice experience. Whenever possible, the CV should include documentation of continuing education to verify evidence of continuing expertise, current certification, and licensure.

**Preceptor Requirements**

Submission of a Faculty/Preceptor Profile Form (see Appendix E) is required of all preceptors prior to student placement. Preceptor profiles should include title, discipline, credentials, evidence of licensure/approval/recognition, education, years in role, site (e.g., pediatrics, family, adult, or women’s health), types of patients (acute, chronic, in-hospital, etc.), type of clinical supervision, and number of students supervised concurrently.

In addition, the preceptor must submit the following documentation:

• A current license and credentials to practice in the state of the clinical practice site.

• Proof of national certification as identified in the NTF criteria, appropriate to practice role.

• Proof of credentials and educational preparation appropriate to type of service provided.

• Recommendation of agency director that validates expert practice with minimum of one year of clinical experience in area of specialty.

• Evidence of current or recent practice in area of population foci of NP program in which the preceptor will be mentoring student.

• A current CV for all preceptors, including non-nurse practitioner preceptors such as physicians, midwives, clinical specialists, or physician assistants.

**Preceptor to Student Ratio**

Preceptor/student ratio (direct supervision) is 1:2 if the preceptor is not seeing their own patients and 1:1 if the preceptor is seeing their own patients. In the event of IPE and team- based models of care, there may be variations in preceptor/student ratios for direct supervision which will be structured to ensure safety and quality care while maintaining integrity of educational experiences.

**Evaluation of the Preceptor**

The FNP program will furnish the student with assessment tools that provide feedback on the effectiveness of the preceptor and clinical site in helping the student to achieve his/her learning objectives. The evaluations are submitted anonymously to the Program Director. Evaluations are usually completed at the end of the semester/course in class or electronically. Following the completion of the clinical practicum, the student should provide feedback to the preceptor regarding the student’s satisfaction with the learning experience.

A preceptor performance review is completed annually by the program director. Reviews are completed by telephone conference or face-to-face meetings. Performance is based on 4 key elements: quantitative and qualitative data compiled from the *Student Evaluation of Clinical Practicum and Site*; site visit observations by the program director; timeliness of required documentation submission; and clinical faculty feedback. The *Student-Preceptor-Faculty Agreement*may be terminated at any time by the program director for unsatisfactory preceptor performance.

**Evaluation of the Clinical Practicum Site**

Site evaluations are done by the program director each academic semester to ensure the clinical setting affords the opportunity to meet learning objectives and to document outcomes of the clinical experiences. Adequacy of experiences, patient type and mix, and preceptor/student interactions are examined to safeguard that students engage in experiences sufficient to meet the NP role and population-focused competencies(See Appendix J for the Clinical Practicum Site Evaluation form).

**Preceptor Recognition**

Preceptors are the foundation of any successful FNP program. Preceptors are recognized annually for their time and commitment to preparing future generations of FNP providers. A preceptor of the year award is presented to a deserving preceptor nominated by a student.

**Academic Policies**

Please refer to the Graduate Nursing Student Handbook for additional academic polices, e.g., Communication Chain of Command, Formal Concern Procedure, Program Progression, Grading Scale, etc.

**SECTION IV**

**STUDENT EXPECTATIONS**

**Technical Standards**

*RATIONALE:*

Together with the applicable academic and accreditation standards, the graduate nursing faculty in the Leighton School of Nursing (LSON) at Marian University have established certain abilities and characteristics as the minimum technical standards for the DNP FNP Program. A prospective DNP FNP student must meet these technical standards for admission, matriculation and graduation; which may include, but are not limited to, sensory, motor, cognitive and behavioral. These standards may be met with or without reasonable accommodations.

*Minimum Technical Standards:*

*SENSORY:*

* Discriminate variations in human responses to disease using visual, auditory, tactile, and other sensory cues.
* Discriminate changes in monitoring devices and alarms using visual and auditory senses.
* Communicate clearly and effectively in English through oral and written methods with other health care providers and patients of all ages.
* Comprehend written and verbal communications in English.

*MOTOR:*

* Demonstrate sufficient motor function to elicit information from patients by palpation, percussion, and other diagnostic measures.
* Demonstrate sufficient gross and fine motor function to perform general and emergency care. Examples of emergent motor functions are cardiopulmonary resuscitation, administration of intravenous fluids and intravenous medications, management of an obstructed airway, hemorrhage control, and closure by suturing of wounds.
* Sufficient stamina to stand or sit for prolonged periods of time.
* Respond appropriately to alarms and changes in patient conditions that require physical interventions.

*COGNITIVE:*

* Use reason, analysis, calculations, problem solving, critical thinking, self-evaluation and other learning skills to acquire knowledge, comprehend and synthesize complex concepts.
* Interpret information derived from auditory, written and other visual data to determine appropriate health care management plans.
* Apply theoretical knowledge to practice.
* Comprehend, memorize, and recall a large amount of information without assistance, to successfully complete the curriculum.
* Comprehend and understand spatial relationships to succeed in the curriculum and to administer health care.
* Perform pattern identification, and to identify and prioritize important information, to problem solve and make decisions in timed situations and in the presence of noise and distraction.

*BEHAVIORAL:*

* Demonstrate personal and professional self-control as well as tactfulness, sensitivity, compassion, honesty, integrity, empathy, and respect.
* Work flexibly and effectively in stressful and rapidly changing situations.
* Cooperate with other members of the health care team to provide a therapeutic environment and safe patient care.
* Function without the aid of medications that are known to affect intellectual abilities and judgment.

Note - In physical diagnosis, as well as other clinical laboratories where skills are acquired, students may be required to participate in the examination of fellow students of both genders who may be partially disrobed. These are requirements for all students, regardless of cultural beliefs, in order for the student to acquire the skills necessary to practice health care. Students who have any concern should discuss them with the Associate Dean for Clinical Affairs prior to applying to the DNP FNP program.

**FNP Student Conduct**

Students are representatives of the LSON and must present themselves as ambassadors of DNP program. Students should be respectful to preceptors, faculty, staff, peers, patients and their families. Any unprofessional student behavior should be reported to the program director immediately. All reports of alleged of student misconduct will be investigated and a formal meeting will be scheduled with the student, the student’s faculty advisor, and program director to discuss the incident and any consequence. Continued misconduct after this formal meeting may result in a student dismissal from the FNP Program.

Students are expected to individually express their appreciation to their preceptors for their dedication, mentoring, and teaching at the end of the preceptored clinical practicum experience.

**FNP Student Dress Code**

Students should prepare for clinical practice by dressing professionally and wearing the official school ID badge, lab coat, or other clinical site-specific attire, e.g., scrubs. Students should bring t their clinical diagnostic tools to the clinical site for use in evaluating patients and not rely on preceptors to provide diagnostic equipment.

**FNP Student Accountability**

Accountability for practice is a crucial aptitude of family nurse practitioners. Students in the DNP FNP track are expected to accept the same level of accountability in clinical practicum courses. Accountability includes the following:

* + Knowing and practicing safety measures,
  + Using evidenced based and national standards,
  + Providing quality care,
  + Placing the patient first, and
  + Reading and becoming knowledgeable of the FNP program entry level clinical competencies, i.e., Nurse Practitioner Core Competencies (NONPF, 2012) and Population-Focused Family Nurse Practitioner Competencies (Population-focused Competencies Task Force, 2013).

(Dumas, 2015)

**Role and Responsibilities in Clinical Practicum Placements**

Students enter clinical practicum courses and receive clinical education and mentoring from the preceptor. It is important to understand the student role and responsibilities. Students are representatives of the FNP program and must demonstrate professional behavior, dress appropriately and prepare for the clinical day when in the clinical practicum placement setting.

Any student site of employment needs to include faculty-guided learning experiences and must be outside of the student’s employment responsibilities. If there is a conflict with a clinical practicum assignment and the policy outlined, the clinical instructor needs to be notified so alternative arrangements can be made.

**FNP Student Role**

Students are expected to be self-directed, internally motivated and work within the framework and policies of Marian University, LSON Graduate Studies Department, the DNP program and assigned clinical agencies.

Specific tasks of the student include:

* Maintain all clinical practicum requirements using American DataBank which is a student background check and immunization tracking system. American DataBank enables the DNP FNP program administrators to capture and track background screening results and health records to ensure compliance with clinical site requirements for immunizations, certifications, insurance and other documentation.
* Provide current student information (if requested) to agency/institution department responsible for student learners.
* Provide course description and objectives, syllabus, *NP Student Clinical Evaluation Form* and clinical requirement documentation (upon request) to the clinical practicum preceptor. Share necessary information with preceptors. Although faculty will share the objectives for a particular clinical course with the preceptor, the student is responsible for a) clarifying the level of the course, and expected clinical outcomes, b) identifying his/her own learning needs, and c) seeking assistance from the designated preceptor for each clinical session.
* Maintain and review clinical practicum hours and patient encounter information using **Typhon NPST™**
* **Complete the** *Student Evaluation of Clinical Practicum and Site* Form for all Clinical Practicum Preceptors & Sites (See Appendix I)

In addition,the clinical practicum site may have additional requirements such as attending an agency/institution-specific orientation at the outset of the clinical practicum experience. It is essential that students comply with all requirements.

(Dumas, 2015)

**Clinical Practicum Requirements**

Requirements at initial enrollment:

* Tdap
* Meningococcal (and booster if needed)
* Hepatitis A Vaccine Series
* Hepatitis B Vaccine Series
* Polio Vaccine Series
* Mumps Titer
* Measles Titer
* Rubella Titer
* Varicella Titer
* Hep C AB Titer
* 2-Step TB Test series,
* Flu vaccine (middle of fall semester)
* Criminal Background Check
* CPR (renew every 2 years)
* Current Annual HIPAA course
* Current Annual universal precautions and blood borne pathogen course
* RN license

Requirements at other times:

* Flu Vaccine (annual October)
* 1-Step TB Screen or blood titer or chest x-ray (annual)
* 10-Panel Drug Screen (Before clinical rotations, year 2 of curriculum)
* Criminal Background Check (Before clinical rotations, year 2 of curriculum)
* ACLS (Before clinical rotations, year 2 of curriculum and renew every 2 years)
* PALS (Before clinical rotations, year 2 of curriculum and renew every 2 years)

Students are to obtain all immunizations, blood titers, and other required documentation listed in the Clinical Requirements before the assigned semester due date.

Students are to upload all supporting documentation as a .pdf file to the American DataBank. If a student does not have the ability to scan the documents, an office supply store with a copy center is able to create the file using the hard copy documentation. Student are not allowed to begin clinical courses until all required documentation has been received and approved by the clinical instructor.

Students must complete a HIPAA and a Blood-Borne Pathogen course. The course is available in the Student Canvas course. After completing the online course, print out the certificate and provide a copy to your clinical course instructor.

Questions specific to the FNP program requirements should be directed to:

Program Director: Dr. Bonnie Kruszka, [bkruszka@marian.edu](mailto:bkruszka@marian.edu) 317.955-6238

**Attendance**

Students must perform clinical practicum hours at the agreed upon times and days with the preceptor. It is the student’s responsibility to monitor and complete the number of hours required for the term and have the preceptor sign his or her **Typhon NPST™** clinical log indicating the dates and number of clinical hours performed. The student is responsible for adjusting his or her personal and employment commitments to complete the required number of clinical hours. If the student does not complete the required clinical hours for the semester, he or she cannot expect the preceptor to continue the preceptor/student relationship. The student cannot assume extension of the clinical period with the preceptor; instead, an extension is granted only by agreement with the program director, preceptor, clinical agency, and faculty. When the student cannot attend a scheduled clinical day, the student must immediately notify both the preceptor *and* course faculty.

On the first day of the clinical practicum, the student should obtain a telephone number and discuss the procedure of notifying the preceptor for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day, is unprofessional, unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course faculty member of the absence as per the course guidelines and present the faculty member with a plan to complete the lost clinical time.

(Dumas, 2015)

**Patient Records**

In accordance with the provisions of HIPAA, all information relating to individual patients must be removed when a patient’s case presentation is documented in clinical logs, histories, physicals, case studies, etc. With the advent of the electronic health record (EHR), many practices and agencies/institutions use EHRs. Students will need to identify the processes for obtaining access, documentation, and preceptor review and signature. Many different EHR programs are currently in use and the experience of using one provides the student the opportunity to learn the benefits of the EHR and how best to document patient care and evaluate patient outcomes.

The student must take care to not violate the patient’s HIPAA protections and right to privacy. This includes not discussing patients or any issues relating to them in public places, e.g. halls, elevators, or the cafeteria. Many institutions install signs in elevators and other public areas to remind staff not to speak about patients. Discussions about patients in public places violate federal HIPAA regulations regarding protecting each patient’s right to privacy. Students must be sure not to include the patient’s name or any identifying data on assignments submitted for grading.

(Dumas, 2015)

**Clinical Practicum Scheduling**

The schedule of clinical practicum hours is at the convenience and availability of the preceptor. Students are not to ask preceptors to conform to a schedule that meets the student’s personal and employment needs. The student’s personal and work schedules should accommodate completing the required number of clinical hours prescribed by the clinical course. Students and preceptors need to agree on the day and times that the student will be in the clinical agency prior to beginning the practicum experience and then maintain a record of clinical hours.

**Clinical Hour Documentation**

Please refer to the associated didactic course guidelines in the course syllabus as to how to document the clinical hours, i.e., data to be included, number and type of patients to be seen, clinical problems evaluated, procedures performed, immunizations, medications prescribed, the frequency for submitting the log, etc. It is the student’s responsibility to maintain the clinical hours log using Typhon and obtain the preceptor’s signature at the designated time during the semester/clinical practicum that validates the completion of the clinical hours as indicated by the student. If the student is in a specialty that is not limited to one age group but includes a broad scope of practice, e.g., primary care, the student should seek clinical faculty counsel as to recording of the hours for each age population seen e.g. pediatrics, OB/GYN, adult medicine. Maintaining separate clinical hours for each population provides clarity for documentation that can be provided to the certification bodies when applying for certification.

**Clinical Practicum Grading Criteria**

Clinical practicum are graded as Pass or Fail. A passing grade is determined through multiple methods, including but not limited to; preceptor, SP, and clinical faculty evaluations; meeting the minimum number of clinical hours required; completion of all clinical assignments; and demonstrating meeting clinical course competencies. Students will be provided with rubrics specific to each course that explain the competencies and expectations of that course

(Dumas, 2015)

**Student Evaluation by the Preceptor**

It is the responsibility of the FNP student to provide the course description and objectives, a syllabus, and the *NP Student Clinical Evaluation Form* and clinical requirement documentation (upon request) to the preceptor. The preceptor does not assign a final grade. The clinical instructor will use preceptor feedback and the clinical evaluation form to evaluate the student’s progress and ability to meet the clinical course objectives. Students are to review the course description and objectives and the *FNP Student Clinical Evaluation FNP* (see Appendix H) with their preceptor at the beginning of the clinical practicum. The student and preceptor should also discuss the expectations and responsibilities of each role. Students will have 2 types of evaluations by the preceptor: formative and summative.

Formative evaluations are ongoing evaluations provided over the course of the semester. Formative evaluations identify clinical skills/areas needing improvement so feedback can be provided. Formative evaluations may be given incrementally, or at mid-semester, so students have the opportunity to improve and/or remediate prior to the completion of the semester.

Summative evaluations are the final or summary evaluation of the student’s performance at the end of the semester/clinical practicum. The preceptor will document the summative *NP Student Evaluation* form and review it with the student. The evaluation should include both the preceptor and student’s original signature. If the preceptor gives the student the original copy of the evaluation to be given to the clinical course instructor, he/she should place it in a sealed envelope with the preceptor’s signature on the edge of the seal.

**Student Evaluation by the Standardized Patient**

Students have a summative evaluation which typically occurs at the end of the semester using a Standardized Patient (SP) for each population-focused clinical practicum, e.g., adult, older adult, pediatric & women’s health an SP is a healthcare educator who is trained to take on the characteristics of a real patient thereby affording the student an opportunity to learn and to be evaluated in a simulated clinical environment. After the summative evaluation, the SP will submit the student performance score based on the clinical practicum scoring rubric. The clinical practicum scoring rubric is provided to the student by the clinical instructor in the didactic clinical course.

(Dumas, 2015)

**SECTION V**

**PROGRAM ASSESSMENT**

**Program Assessment**

*Overview*

Assessment procedures for FNP students are described below.

1. Assessment data collected at point of entry: FNP students submit extensive academic and personal data at the point of admission. This data is scrutinized by the APG Committee to determine if a student meets admissions criteria and displays characteristics aligned with the university mission. This data is also utilized at several points during a student’s FNP program to draw comparisons and correlations between admissions data and student performance data.
2. Assessment data collected at Transition points: In addition to data collection at the course level, FNP student performance data is collected at several transition points throughout the curriculum. The FNP Program has a structured 4-phase plan for students (explained below).

*4-phase Plan*

1. Professional Exams for Licensure: Students in the FNP program enter as a licensed registered nurse; and after completion of semester 6 of the curriculum, must pass a competency-based board certification examination which is a valid and reliable assessment of entry-level FNP clinical knowledge and skills. The Family Nurse Practitioner certification examination is offered by the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners (AANP) and aligns with the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification and Education. Once a student successfully passes the examination and met all board certification eligibility requirements (successful completion of semester 7 and conferred DNP degree), the graduate is awarded the credential board certified family nurse practitioner.
2. Assessments in Practical Settings: The FNP program uses practical assessments, which measure knowledge and skills in the professional setting. FNP students will experience practical and clinical assessments in semesters: 4, 5, 6 and 7.
3. Individualized Remediation Plans: If FNP students do not meet the standards set forth by the program, they are offered a remediation plan. Students must meet with faculty and/or advisors during the remediation period to develop a specialized plan of study. Assessment data and feedback are used to help the FNP students increase their knowledge and skills and improve their performance.
4. Assessment of the Curriculum: FNP students have the opportunity to assess the curriculum via online course evaluations at the conclusion of each course. Data summaries are provided to program director, administrators and faculty who utilize this data to support curricular improvement and quality assurance of teaching and learning.

*DNP FNP Program*

All students in FNP program are assessed based on the required curriculum and practical standards delineated by the National Task Force on Quality Nurse Practitioner Education (NTF) and the National Organization of Nurse Practitioner Faculties (NONPF) (NTF, 2012; NONPF, 2015). Because Marian will award the DNP degree, requisite competencies outlined in The Essentials of Doctoral Education for Advanced Nursing Practice is used as a curricular framework (AACN, 2006). The course director, along with the participating faculty, determines which competencies will be addressed in their respective courses. This information is outlined in the course syllabus and submitted to the Graduate Nursing Faculty Committee (GNFC) for approval prior to the commencement of the course.

Each course director, in collaboration with participating faculty, determines the assessment methods whereby competency-based learning is measured. Competency may be assessed via traditional, distance learning, or hybrid course format by written or oral examinations, quizzes, class discussion performance, work products of individual or group projects, observation of professional behaviors, leadership displayed before peers, performance on standardized nationally-normed examinations, simulations, objective structured clinical examinations (OSCEs) or any other method appropriate to the intended learning. Learning assessment methods will be established prospectively.

In addition to course level assessments, FNP students are assessed at four additional phases: (1) Point of entry (admission criteria and prerequisite); (2) end of year 1 (prerequisite course completion to begin clinical practicum phase); (3) end of year 2 (verification of on-going clinical tracking of minimum population-focused clinical practicum requirement of 500 hours [125 hours for each population: adult, older adult, pediatric & women’s health] as required by the certification programs and the Family Nurse Practitioner certification examination); (4) end of year 3 (verification of ongoing clinical tracking of a minimum of 1000 hours\* of supervised practice post-baccalaureate required for the DNP degree). \*of which are the 500 hours of the required population-focused practicum hours.

Faculty for both distance and traditional program options provide oversight of the planning, implementation, and *evaluation* of the clinical learning experience, which may include, but is not limited to, clinical site evaluations, email, and phone consultations with the preceptor and agency administrators, and the student’s appraisal of the clinical learning environment. A mechanism is in place to ensure the clinical setting affords the opportunity to meet learning objectives and to document outcomes of the clinical experiences. Faculty and student assessments of the clinical experience are conducted regularly and documented.

*Procedures for Year 1 Curriculum:*

The GNFC created a syllabus template to guide faculty in the development of syllabi which clearly articulate requisite core NP, FNP and DNP competency-based outcomes. Each course director and participating faculty member create a protocol for data collection, establish learning goals and objectives for the course, and provide an assessment plan (within the syllabus) to the GNFC for review and endorsement. The GNFC may suggest additional data elements for each course’s assessment protocol in order to create uniformity in the assessment process.

To track assessment data, the GNFC created a curriculum map using the American Association of Colleges of Nursing’s (AACN) Essentials of Doctoral Education for Advanced Nursing Practice and FNP curriculum and practical standards delineated by the standards set forth by the NTF and NONPF as a framework for the FNP program. Year 1 course materials, resources, and assessments are delivered in a distance learning, hybrid or on-campus format. Student academic success is tracked and analyzed using exam scores and other graded work mapped to the course specific outcomes and above mapped standards.

The FNP program uses the ExamSoft® tracking system to monitor student progress as it relates to the above essentials and standards. Faculty advisors meet with students every month to review didactic and clinical progress reports of their advisees, in an effort to equip them with information needed to guide student success. These reports are used to promote early intervention with students in the event a student is struggling with a specific course and/or competency area.

Year 1 curriculum commences in a purely didactic mode with the integration of task training, objective structured clinical examinations, simulation and FNP shadowing experiences in identified courses by the end of the academic year. At the conclusion of each course, students will provide feedback about their experiences and learning in each course via the end of course evaluation. This data will be available to each Course Director for their review and analysis. Additionally, each Course Director will be able to access a student performance report for the entire class, which includes class performance on all of the tracked examination categories, i.e., DNP Essentials, NTF and NONPF standards, and cognitive domains.

There are rubrics provided by Marian University’s Center for Innovation in Teaching and Learning (CITL) for instructors to self-assess or evaluate their own courses. These are provided in the modules section within [Online Teaching and Learning Resources](https://marian.instructure.com/courses/1384916/modules), a faculty resource course in the Canvas Learning Management System utilized at Marian University. This course is also accessible by going to [marian.edu/citl](http://marian.edu/citl), then click on Best Teaching Practices, then Online Course Design. Some examples of rubrics for self-assessment of online courses are the Chico Rubric for Online Instruction and the Quality Matters rubric. Working in collaboration with assessment and planning resources within the Center for Teaching Excellence and Assessment of Learning at Marian University, these evaluations can be operationalized in a Qualtrics survey tool with the ability to perform quantitative and qualitative analyses based upon the data gained.

*Procedures for Year 2 and 3 (Didactic and Clinical Rotations):*

The FNP program utilizes the Typhon® Nurse Practitioner Student Tracking (NPST) system to assess student progress during years 2 and 3. Progress will be monitored for each student FNP (SFNP) towards minimum clinical practicum standards as required to sit for the FNP certification examination; the minimum clinical practicum required by the AANP for the DNP degree; and NP Clinical Skills & Procedures. Administrators, faculty, preceptors, clinical site coordinators, and students will have access to this system during clinical practicum rotations. Preceptors at each clinical site will submit formative and summative student evaluations in Exam Soft using a standard formative and summative evaluation tool (provided by NONPF) that measures student competency during the clinical rotation. The formative and summative evaluations are reviewed by the FNP program director and used in the grading process for each student.

At the end of each clinical practicum rotation, students use NPST to complete clinical site and preceptor evaluations. This data, combined with student performance data, provides qualitative and quantitative data for analysis and review of course structure, including, but not limited to: didactic and distance education components; simulation; task training; materials and personnel. For quality assurance purposes, ongoing clinical practicum analyses are review by the program director and the GNFC for continuous quality improvement.

The program director evaluates all clinical practicum sites each semester (thrice yearly) and screens potential new sites using multiple forms of assessment:

1. Initial screening visit to determine adequacy (practice opportunity, resources to support student, safety, etc.) of clinical site
2. Clinical preceptor orientation and workshops on clinical education
3. Regular focused site visits (scheduled and unscheduled)
4. Student evaluation of clinical practicum & clinical site and preceptors/faculty, and student performance in the aggregate, prompting additional communication or visits if deemed necessary

*Comparisons with National Data in FNP Programs*

National FNP certification examination scores are reviewed by the program director and program administration and aggregate reports are used to compare Marian University’s FNP students’ performance with the performance of students at other FNP programs in the U.S. In addition, employer surveys are administered one-year post graduation assessing the quality of the MU graduate FNP. FNP program data is analyzed and reported on an annual basis. This data is used for benchmarking purposes and continuous quality improvement.

*New Graduate Programs*

While faculty and staff representatives from each graduate program develop unique assessment plans, respective programs also adhere to the overarching graduate assessment plan at Marian University.

The graduate assessment process applies to all newly approved programs. While each program may have unique assessment considerations after the program is developed, there are some central assessment elements that are part of all new programs at Marian University. These central elements are: Clearly articulated learning outcomes in course syllabi-Assessments linked to learning outcomes, as developed by faculty in each course and program; Data collection at multiple points of the program, e.g., admission statistics, exam scores, course grades, matriculation to second year, licensing exams or capstone projects, degree completion, and post-program placement data; Quality assurance and continuous improvement of the graduate curriculum, based on evidence from student performance data, end of course evaluations, and student satisfaction surveys; and Use of assessment data to provide feedback to students and help them identify areas for improvement.

**SECTION VI**

**FACULTY AND PRECEPTOR RESOURCES**

**Faculty and Preceptor Resources**

The Mother Theresa Hackelmeier Memorial Library houses over 125,000 physical volumes, numerous open computing labs, and study rooms/areas. Electronic resources via the library are extensive. The main Nursing Resource page can be found at: http://libguides.marian.edu/nursing.

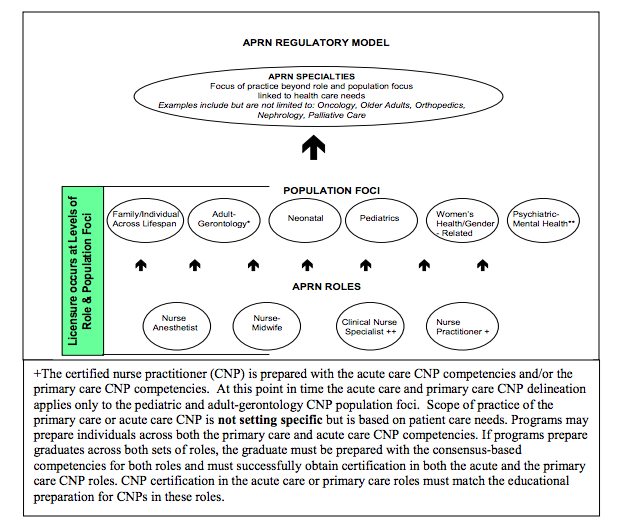
The medical library is a virtual library with thousands of medical and nursing texts, and online access to 201 databases. Holdings are continuously updated, and interlibrary loans are readily available. Requests can be made and processed, and materials delivered online. There are over 7,000 titles in two databases alone, covering all medical specialties. Graduate Nursing Faculty and Preceptors will have full access to all resources that have been or will be purchased for our College of Osteopathic Medicine: CINAHL Database; Cochrane Database of Systematic Reviews; PubMed@Marian; Ovid Databases (Joanna Briggs Institute, MEDLINE, All LWW Journals (Nursing/Anesthesia/Primary Care); ClinicalKey (All Clinical Elsevier Content, 2007-Present); LWW Health Library (Includes a full suite of basic science texts); Bates’ Visual Guide to Examination Video Series; Anesthesia Related E-books; FNP and Nurse Anesthesia related E-Journals; and UpToDate, a clinical point of care database. Graduate nursing faculty and preceptors are able to access the library resources 24/7/365 from anywhere in the world where the Internet exists, connecting to MU library resources remotely, e.g., hospitals, clinics, etc., via proxy server authentication. A dedicated Health Science Librarian is also available to assist graduate nursing faculty and preceptors with educational and clinical resource needs. A Help Desk for Information Technology (IT) is staffed 24/7/365 in the event of IT problems, concerning the library or other resources.

A DNP portal has been created to assist navigation for DNP students to relevant library resources. The *DNP: Certified Registered Nurse Anesthetist (CRNA) and Nurse Practitioners: Home* web page address is <http://libguides.marian.edu/c.php?g=377851&p=2557826>.

The Hackelmeier Library is also in the beginning stages of providing an institutional digital repository, utilizing ContentDM for final DNP projects.

**APPENDICES**

**Appendix A: Consensus Model for APRN Regulation**

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**(**APRN Joint Dialogue Group, 2008) retrieved from file:///Users/bonniekruszka/Desktop/Consensus\_Model\_for\_APRN\_Regulation\_July\_2008.pdf

**Appendix B: DNP Essentials**

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| *DNP Essentials* | |
| Essentials | **Competencies** |
| 1. Scientific Underpinnings for Practice | 1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice. 2. Use science-based theories and concepts to: determine the nature and significance of health and health care delivery phenomena; describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and evaluate outcomes. 3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines. |
| 1. Organizational and Systems Leadership for Quality Improvement and Systems Thinking | 1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences. 2. Ensure accountability for quality of health care and patient safety for populations with whom they work.    1. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.    2. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.    3. Develop and/or monitor budgets for practice initiatives.    4. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.    5. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers. 3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research. |
| 1. *Clinical Scholarship and Analytical Methods for Evidence-Based Practice* | 1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice. 2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends. 3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care. 4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment. 5. Use information technology and research methods appropriately to: collect appropriate and accurate data to generate evidence for nursing practice; inform and guide the design of databases that generate meaningful evidence for nursing practice; analyze data from practice; design evidence-based interventions; predict and analyze outcomes; examine patterns of behavior and outcomes; and identify gaps in evidence for practice 6. Function as a practice specialist/consultant in collaborative knowledge-generating research. 7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes |
| 1. *Information Systems/Technology and Patient Care Technology*   *for the Improvement and Transformation of Health Care* | 1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of healthcare information systems. 2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology. 3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases. 4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology. 5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness. |
| 1. *Health Care Policy for Advocacy in Health Care* | 1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums. 2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy. 3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes. 4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes. 5. Advocate for the nursing profession within the policy and healthcare communities. 6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery. 7. Advocate for social justice, equity, and ethical policies within all healthcare arenas. |
| 1. *Interprofessional Collaboration for Improving Patient and Population Health Outcomes* | 1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products. 2. Lead interprofessional teams in the analysis of complex practice and organizational issues. 3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems. |
| 1. *Clinical Prevention and Population Health for Improving the Nation’s Health* | 1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health. 2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations. 3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health. |
| 1. *Advanced Nursing Practice* | 1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches. 2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences. 3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes. 4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes. 5. Guide, mentor, and support other nurses to achieve excellence in nursing practice. 6. Educate and guide individuals and groups through complex health and situational transitions. 7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues. |

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| *FNP Competencies* | | |
| Competency Area | **NP Core Competencies** | **Family/Across the Lifespan NP Competencies** |

**Appendix C: FNP Competencies**

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| 1. *Scientific Foundation Competencies* | 1. Critically analyzes data and evidence for improving advanced nursing practice.      1. Integrates knowledge from the humanities and sciences within the context of nursing science. 2. Translates research and other forms of knowledge to improve practice processes and outcomes. 3. Develops new practice approaches based on the integration of research, theory, and practice knowledge. |  |
| 1. *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. | 1. Works with individuals of other professions to maintain a climate of mutual respect and shared values. 2. Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs. 3. Engages in continuous professional and interprofessional development to enhance team performance. 4. Assumes leadership in interprofessional groups to facilitate the development, implementation and evaluation of care provided in complex systems. |
| 1. *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. |  |
| 1. *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. |  |
| 1. *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.   2a. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care.   2b. Coaches the patient and caregiver for positive behavioral change.   1. Demonstrates information literacy skills in complex decision making. 2. Contributes to the design of clinical information systems that promote safe, quality and cost effective care. 3. Uses technology systems that capture data on variables for the evaluation of nursing care. |  |
| 1. *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.   7. Advocates for policies for safe and healthy practice environments. |  |
| 1. *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. |  |
| 1. *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. |  |
| 1. *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.   3a. 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.  3b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.  3c. Employs screening and diagnostic strategies in the development of diagnoses.  3d. Prescribes medications within scope of practice.  3e. 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.  4a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.  4b. Creates a climate of patient- centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.  4c. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.  4d. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care. | 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 using collateral information, as needed. 2. Performs and accurately documents appropriate comprehensive or symptom- focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations). 3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle. 4. Identifies and plans interventions to promote health with families at risk. 5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole. 6. Distinguishes between normal and abnormal change across the lifespan. 7. Assesses decision-making ability and consults and refers, appropriately. 8. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral. 9. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals. 10. Formulates comprehensive differential diagnoses. 11. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living. 12. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults. 13. Prescribes therapeutic devices. 14. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, co-morbidities, psychosocial, and financial issues. 15. Assesses and promotes self-care in patients with disabilities. 16. Plans and orders palliative care and end-of-life care, as appropriate. 17. Performs primary care procedures. 18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.   19. Facilitates family decision-making about health   1. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly. 2. Demonstrates knowledge of the similarities and differences in roles of various health professionals proving mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse. 3. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities). 4. Applies principles of self- efficacy/empowerment in promoting behavior change. 5. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient. 6. Monitors specialized care coordination o enhance effectiveness of outcomes for individuals and families. |

**Appendix D: Criteria for Evaluation of Nurse Practitioner Program**

**Criterion I: Organization and Administration**

I.A The director/coordinator of the NP program is nationally certified as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.

I.B The faculty member who provides direct oversight for the nurse practitioner educational component or track is nationally certified in the same population-focused area of practice.

I.C Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.

**Criterion II: Students**

II.A Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

II.B Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by NP faculty.

**Criterion III: Curriculum**

III.A NP faculty members provide ongoing input into the development, evaluation, and revision of the NP curriculum

III.B The curriculum is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies.

III.C.1 The NP educational program must prepare the graduate to be eligible to sit for a national NP certification that corresponds with the role and population focus of the NP program.

III.C.2 Official documentation must state the NP role and population focus of educational preparation.

III.D The curriculum plan evidences appropriate course sequencing.

III.E The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate.

III.F Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.

**Criterion IV: Resources, Facilities, and Services**

IV.A Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.

IV.B Clinical resources support NP educational experiences.

IV.B.1 A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.

IV.B.2 Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.

IV.B.3 NP faculty may share the clinical teaching of students with qualified preceptors

IV.B.3.a A preceptor must have authorization by the appropriate state licensing entity to practice in his/her population-focused and or specialty area.

IV.B.3.b A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.

IV.B.3.c Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.

**Criterion V: Faculty**

V.A.1 NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.

V.A.2 NP program faculty members who teach the clinical components of the program/track maintain current licensure and national certification.

V.A.3 NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.

V.B Non-NP faculty members have expertise in the area in which they are teaching.

**Criterion VI: Evaluation**

VI.A There is an evaluation plan for the NP program/track.

VI.A.1 Evaluate courses at regularly scheduled intervals.

VI.A.2 Evaluate NP program faculty competence at regularly scheduled intervals.

VI.A.3 Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.

VI.A.4 Evaluate students’ attainment of competencies throughout the program.

VI.A.5 Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.

VI.A.6 Evaluate clinical sites at regularly scheduled intervals.

VI.A.7 Evaluate preceptors at regularly scheduled intervals.

VI.B Formal NP curriculum evaluation should occur every 5 years or sooner.

VI.C There is an evaluation plan to measure outcomes of graduates.

**Appendix E: Faculty/Preceptor Profile Form**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date and Place of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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# HIGHER EDUCATION

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# CERTIFICATION AND LICENSURE

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# ACADEMIC APPOINTMENTS

Dates

From To Title Status Institution and Location

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**PROFESSIONAL PRACTICE**

Dates Activity Location Institution and Affiliation

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# PROFESSIONAL AND SCIENTIFIC MEMBERSHIPS

Dates of Organization Position

Membership

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# ACADEMIC AND PROFESSIONAL HONORS

Date Honor Conferring Organization/Agency

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**MOST RECENT PUBLICATIONS & CONTINUING EDUCATION**

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Please circle the appropriate answer to the two questions below.

1) How many years have you been in clinical practice ( as an NP/MD/DO/CNM/PA)?

a) > 15 years

b) 11-15 years

c) 6-10 years

d) 3-5 years

e) 0-2 years

2) How many years have you preceptored students (e.g. NP, MD)?

a)>10 years

b) 5-9 years

c) 1-4 years

d)< 1 year

e) 0

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**Preceptor’s Signature Date**

**Appendix F: Course Evaluations**

Evaluation Questions – MU Graduate Courses

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| **Please indicate the degree to which you agree with the statements below:**  **Strongly Agree, Agree, Neither Agree nor Disagree, Disagree, Strongly Disagree** |
| 1. My understanding of course subject matter improved as a result of taking this course. 2. My analytical reasoning skills were strengthened in this course. 3. The instructor helped me consider connections between the course material and my personal, academic, or professional life. 4. The required texts and/or materials for the course met my learning needs.      1. Learning objectives were clearly explained on the syllabus and in class. 2. The components of the course, such as assignments, learning activities, and assessments, aligned with the course learning objectives. 3. Course expectations were clearly communicated on the syllabus and in class. 4. A variety of teaching methods were employed in this course. 5. The sequence of topics and learning activities promoted learning. 6. The level of difficulty of this course was appropriate for my level of learning. 7. The course instructor demonstrated interest in students’ learning. 8. The course instructor created a welcoming classroom environment.   Please indicate in the space below which aspects of the course were most valuable in contributing to your learning: |

**Appendix G: Student-Preceptor-Faculty Agreement (Dumas, 2015)**

CRITERIA FOR AGREEMENT BETWEEN STUDENT, PRECEPTOR AND

FACULTY FOR ALL CLINICAL PRACTICUMS

Prior to any practicum in which an NP student enters into a preceptorship relationship, the student will collaborate with preceptor and faculty to plan and implement an instrument of agreement that is signed by the student, preceptor, and faculty member responsible for evaluation of the student. The instrument is kept on file by the faculty member, and copies are distributed to all other parties of the agreement. The written agreement will contain, but is not limited to, the following:

1. Student's responsibilities for attendance and participation in agency activities and in evaluation of the practicum experience.

2. Preceptor's commitment of time, supervision, guidance, and evaluation of the student and collaboration with student and faculty.

3. Faculty member's role in orientation and collaboration with student and preceptor, evaluation of classroom and clinical performance, and determination of course grade.

4. A statement providing for the confidentiality of information related to the agency, patient, institution, and/or student affairs

**PRECEPTORS:** Review: Benner, P. (19) *From Novice to Expert*.

**Criteria for Preceptor:**

1. Leader, researcher, manager, expert practice role.

2. Accessible.

3. Role model.

4. Change agent.

5. Articulate communicator.

6. Professionally active.

7. Proficient to expert in interviewing, history taking, physical examination skills, diagnostic reasoning, planning and managing.

8. Interested in teaching and working with nurse practitioner students.

9. Objectively assesses, critiques and validates the learner's competencies.

10. Facilitator for professional advanced practice socialization.

11. Holds a trusting, confident, relationship with student and treats student as a professional colleague.

**The purposes of the clinical preceptorships are to:**

1. Integrate the student into the roles of the nurse practitioner.

2. Assist the student to apply theory to practice.

3. Assist the student to increase skills, competence and expertise.

The nurse practitioner student enrolled in the Master of Science in Nursing, or Post Master’s Certificate Nurse Practitioner program will commit an average of \_\_\_\_\_ hours weekly participating in clinically sanctioned activities. The student will share in the evaluation of the preceptor and course content.

The preceptor will serve as a role model and will provide adequate opportunities for practice and success.

The preceptor will provide support, encouragement, and professional feedback in difficult and complex situations. The preceptor will share various tools and references which will assist me in the role transition to nurse practitioner.

The preceptor agrees to review the student's weekly activity log and provide supervision and guidance to facilitate the student's goals and expectations for the clinical experience. The preceptor also agrees to collaborate with the student and professor in an ongoing evaluation of the students’ needs and clinical experiences.

The student agrees that all information concerning the involved agency, patients, or School/College of Nursing will be kept confidential. The student also agrees that the preceptor will summatively evaluate the student's activities, professionalism, goal attainment, etc.

**STUDENT** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Signature Date

**PRECEPTOR** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME & TITLE (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s Signature Date

**AGENCY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FACULTY** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME & TITLE (Please Print)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty’s Signature Date

**Appendix H: FNP Student Clinical Evaluation (Dumas, 2015)**

**Student’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ # of Hours Completed:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Course Title & #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **COMPETENCY AREA: Scientific Foundation** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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. |  |  |  |  |
| **COMPETENCY AREA: Leadership** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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. |  |  |  |  |
| **COMPETENCY AREA: Quality** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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 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. |  |  |  |  |
| **COMPETENCY AREA: Practice Inquiry** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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. |  |  |  |  |
| **COMPETENCY AREA: Technology and Information Literacy** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 1. Integrates appropriate technologies for knowledge management to improve health care. |  |  |  |  |
| 2. Translates technical and scientific health information appropriate for various users’ needs. |  |  |  |  |
| 2a. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care. |  |  |  |  |
| 2b. 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. |  |  |  |  |
| **COMPETENCY AREA: Policy** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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. |  |  |  |  |
| **COMPETENCY AREA: Health Delivery Systems** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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 patient 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. |  |  |  |  |
| **COMPETENCY AREA: Ethics** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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. |  |  |  |  |
| **COMPETENCY AREA: Independent Practice** | CONSIDERABLE guidance needed | MODERATE guidance needed | Fairly CONSISTENT in meeting competency goals | CONSISTENT & Self directed in meeting competency goals |
| 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. |  |  |  |  |
| 3a. 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. |  |  |  |  |
| 3b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. |  |  |  |  |
| 3c. Employs screening and diagnostic strategies in the development of diagnoses. |  |  |  |  |
| 3d. Prescribes medications within the scope of practice. |  |  |  |  |
| 3e. 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. |  |  |  |  |
| 4a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. |  |  |  |  |
| 4b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. |  |  |  |  |
| 4c. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care. |  |  |  |  |
| 4d. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care. |  |  |  |  |
| **Student Strengths**: | **Areas for development/improvement**: | | | |
|  |  | | | |

**Preceptor’s Signature/Date** :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student Signature/Date**:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Appendix I: Student Evaluation of Clinical Practicum and Site**

INSTRUCTIONS: Please evaluate your clinical practicum site for this semester. Answer each statement by circling the number which most accurately reflects your evaluation of the clinical practicum. Please use the scale defined below:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 1 = Strongly Disagree 3 = Neither disagree or agree, or not applicable 5 = Strongly Agree  2 = Disagree 4 = Agree | | | | | |
| The clinical site provided adequate practice opportunities for growth as an advanced practice nurse. | 1 | 2 | 3 | 4 | 5 |
| This clinical site has resources to support a student practicum. | 1 | 2 | 3 | 4 | 5 |
| This clinical site has procedure and protocol manuals, educational materials, and personnel to adequately support a student in advanced practice nursing. | 1 | 2 | 3 | 4 | 5 |
| I was able to use a theoretical model to guide my practice in the clinical site with little or no difficulty. | 1 | 2 | 3 | 4 | 5 |
| The clinical preceptor was sensitive to my need for guidance. | 1 | 2 | 3 | 4 | 5 |
| The clinical preceptor was able to allow for latitude for my developing autonomy. | 1 | 2 | 3 | 4 | 5 |
| I was stimulated by the clinical preceptor to confront new problems and situations to prepare me for advanced practice. | 1 | 2 | 3 | 4 | 5 |
| The clinical site director, preceptor (circle one) assisted me to fulfill the objectives of the course of study for which this clinical practicum was organized. | 1 | 2 | 3 | 4 | 5 |
| The clinical site personnel did not utilize my services as a worker except as contracted in my clinical contract. | 1 | 2 | 3 | 4 | 5 |
| I was evaluated fairly and objectively by my clinical preceptor. | 1 | 2 | 3 | 4 | 5 |
| I would recommend this preceptor to my peers for practicum experience. | 1 | 2 | 3 | 4 | 5 |
| I would recommend this clinical site to my peers for practicum experience. | 1 | 2 | 3 | 4 | 5 |
| Patients are variable in age, diagnoses, and numbers. | 1 | 2 | 3 | 4 | 5 |
| Diagnostic test results are readily accessible. | 1 | 2 | 3 | 4 | 5 |
| The philosophy of the personnel was directed toward quality care, health promotion, and disease prevention. | 1 | 2 | 3 | 4 | 5 |
| Opportunities were readily available for my participation in management of care for patients. | 1 | 2 | 3 | 4 | 5 |
| My overall evaluation of this clinical practicum site is: (Indicate as below) *Would not recommend in future placements (1)* *Poor (2) Fair (3) Good (4) Excellent (5)* | 1 | 2 | 3 | 4 | 5 |
| **Name of Clinical Preceptor** : **Name of Clinical Site:** | | | | | |
| Name of Student: Dates | | | | | |
| Faculty: Date: | | | | | |
| **FOR COMMENTS, PLEASE USE ADDITIONAL PAGE** | | | | | |

**Appendix J: Clinical Site Evaluation**

**Marian University**

**Family Nurse Practitioner**

**Clinical Site Evaluation Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Site** | **Reviewer(s):** | **Date:** | **Site Coordinator:** |
|  |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Site Logistics** | **Action Needed** | | **Comments** |
|  | **Yes** | **No** |  |
| **1.Credentialing of the students at the clinical site** |  |  |  |
| **2. Student orientation at the clinical site** |  |  |  |
| **3. Clinical site information posted on website or student handbook** |  |  |  |
| **4. Information packet re: student’s clinical background, rotation objectives and calendar** |  |  |  |
| **5.Communication:**  **Site Staff re: student packet information** |  |  |  |
| **6. Communication: CSC-Marian FNP** |  |  |  |
| **STUDENT TRAINING AND EVALUATION** | **Yes** | **No** |  |
| **1. Rotation Objectives** |  |  |  |
| **2. Student Assignments** |  |  |  |
| **3. Marian Academic preparation** |  |  |  |
| **4. Site identification of student issues** |  |  |  |
| **5. Marian faculty-student orientation** |  |  |  |
| **6. End-of-Rotation student evaluations** |  |  |  |
| **7. Supervision/Preceptors** |  |  |  |
| **8. Care Plans** |  |  |  |
| **EVALUATIONS PROVIDED BY STUDENTS** | **Yes** | **No** |  |
| **1. Student evaluation of clinical site** |  |  |  |
| **2. Student evaluation of preceptors** |  |  |  |
| **OTHER** | **Reviewed** | | **Comments** |

**Appendix K: Patient Incident Report Form**

CLINICAL SITE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PATIENT’S INITIALS: \_\_\_\_\_\_\_\_\_\_ AGE: \_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
  
PATIENT PRESENTATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SUPERVISING FNP or MD/DO: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF FACILTY/INSTITUTION SUPERVISOR (IF APPLICABLE): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

WHAT WAS THE NEGATIVE PATIENT OUTCOME?

WHAT INCIDENT LED TO THE NEGATIVE PATIENT OUTCOME?

SUPPORTING NARRATIVE ABOUT THE INCIDENT:

***DEPARTMENT TO COMPLETE***

WAS HOSPITAL RISK MANAGEMENT NOTIFIED: \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

OUTCOME:

WAS MARIAN UNIVERSITY RISK MANAGEMENT NOTIFIED: \_\_\_\_\_\_ YES \_\_\_\_\_\_ NO

OUTCOME:

SUMMARY NARRATIVE FROM PROGRAM ADMINISTRATOR:

SIGNATURE OF STUDENT: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SIGNATURE OF PROGRAM DIRECTOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PLEASE FAX THE COMPLETED FORM NO LATER THAN 24H OR NEXT BUSINESS DAY TO: 317-955-6135.**

**Appendix L: Post-course Analysis Form**

TO: All Faculty (Full-time, Pro-Rata, Part-time)

FR: Teaching and Learning Committee

RE: Course Analyses Guidelines

All instructors teaching any course in the curriculum are required to prepare a course analysis at the end of the semester as a component of the assessment program. The course analysis is the beginning point for improving teaching and student learning. Course analyses are to be completed by March 15 for fall courses and October 15 for spring and summer courses. All course analyses are to be sent to the department chair for summary and use in annual faculty evaluation and the annual department report. Copies of general education course analyses are to be forwarded to the Director of Teaching and Learning as part of general education assessment.

This is a guideline. The instructor selects those components of a course analysis that "make sense" for his/her courses; please do not regard this guide as a recipe for all course analyses.

1. **COURSE SUMMARY**
2. Beginning and end-of-semester enrollments in each class

B. Tabulation of grade distribution: As, Bs, Cs, Ds, Fs, Ws, Is

1. **COURSE LEARNING OUTCOMES (ASSESSMENT FINDINGS)**
2. Copy of syllabus with student learning objectives
3. Course-related learning objectives
4. General Education goals and objectives to be addressed in course
5. Description of the end-of-term assessment tool(s) used in course, for course and for GE (ex: final exam and/or project, designed to measure LOs; portfolio, final painting, etc.)
6. Summary of Student Feedback
7. Summary of student numerical ratings: list with 5 highest and 5 lowest, with

standard deviations – sentence or 2 summarizing strengths and concerns in

students opinions

1. Summary of student comments: list by broad categories of comments, ex:

arrange comment topics by those for instructor (preparation, organization,

availability, etc.) and those for course (interest, amount learned, text,

assignments, etc.) – sentence or 2 summarizing written opinions

1. Evaluation of student learning outcomes
2. Is there any sign of grade inflation, i.e., higher grades than student learning

outcomes assessment would predict?

1. Summary of class (group) performance, by objective, i.e., % passing and %

failing the criterion for that objective

1. course objectives
2. GE objectives

# III. PLAN FOR IMPROVEMENT OF TEACHING AND LEARNING

1. What learning outcomes were attained and what were not, with this class of students?
2. course
3. GE
4. How will you address the problems you detected when next the course is taught?

(and this is usually included as an item on the next year’s PD plan)

1. course
2. GE

(Office of Academic Affairs, 4-04)

**References**

American Association of Colleges of Nursing. (2006). The essentials of doctoral education for advanced nursing practice. Washington, DC: Author.

Benner, P. (1984). From novice to expert excellence and power in clinical nursing practice nurse practitioner clinical rotations. *Journal of the American Academy of Nurse Practitioners*, Menlo Park, CA: Addision-Wesley.

Dumas, M.A. (2015). *Partners in NP Education: A Preceptor Manual for NP Programs, Faculty, Preceptors & Students* (2nd ed). Washington, DC: National Organization of Nurse Practitioner Faculties.

Population-Focused Competencies Task Force. (2013). *Population-focused nurse practitioner competencies. Family/ across the lifespan, neonatal, pediatric acute care, pediatric primary care, psychiatric mental health, & women’s health/gender-specific.* Washington DC: NONPF.