



COLLEGE *of* NURSING

EAST TENNESSEE STATE UNIVERSITY

Nurse Practitioner Clinical Placement Guidelines for Students, Preceptors, and Faculty

2018-2019

Table of Contents

Introduction-----	3
NP Clinical Practicum Policies and Procedures-----	3
NP Scope of Practice-----	3
NP Clinical Site Criteria-----	5
NP Preceptor Criteria-----	8
NP Student Clinical Site and Preceptor Approval Process -----	8
Clinical Rotation Plan-----	9
Clinical Attendance-----	10
Clinical Hours Required-----	11
Clinical Participation and Experiences-----	11
Preparation-----	11
Supplies Needed-----	12
Participation-----	12
Electronic Medical Record Access and Documentation-----	12
Clinical Experience Documentation-----	13
Evaluations-----	13
Faculty Site Visits-----	14
Significant Medical or Psychiatric Event-----	15
Substance Abuse-----	15
Other General Policies and Procedures-----	15
Clinical Course Requirements-----	15
HIPAA-----	15
Professional Dress and Behavior-----	16
Employment-----	16
Social Media/Networking-----	16
NP Student Responsibilities-----	16
Preceptor Responsibilities-----	17
Clinical Placement Coordinator Responsibilities-----	18
Clinical Faculty Responsibilities-----	18
Project Concert-----	19
Links to Forms -----	20
References-----	21

**East Tennessee State University
College of Nursing
Nurse Practitioner Clinical Placement Guidelines
for Students, Preceptors, and Faculty**

Introduction

These guidelines are used in conjunction with other University documents such as the ETSU Graduate Catalog, Student Handbook, and DNP Project Guidelines. The ETSU Graduate Catalog also contains essential information about University policies and procedures. The Student Handbooks contains additional ETSU and CON policies, regulations, resources, and services available for students. The Handbooks are located on the College of Nursing [website](#). This document complies with [AACN Essentials for Master's Education in Nursing; AACN Essentials of Doctoral Education for Advanced Nursing Practice; the Consensus Model](#) for APRN Regulation, Licensure, Accreditation, Certification, Education, [NONPF Core Competencies for NP Education](#), University policy and departmental policy.

These guidelines pertain to the following student NP concentrations.

ETSU MSN	ETSU DNP	ETSU-TTU Joint DNP
FNP	FNP	FNP
PMHNP	PMHNP	PNPPC
	AGPCNP	PMHNP
		AGACNP
		WHNP

Note: FNP-Family Nurse Practitioner, PMHNP-Psychiatric Mental Health Nurse Practitioner, AGPCNP—Adult Geriatric Primary Care Nurse Practitioner, PNPPC—Pediatric Nurse Practitioner Primary Care, AGACNP—Adult Geriatric Primary Care Nurse Practitioner, WHNP—Women’s Health Nurse Practitioner

Nurse Practitioner Clinical Practicum Policies and Procedures

Nurse Practitioner Scope of Practice

Upon graduation from an accredited school of nursing, a national professional association such as the American Academy of Nurse Practitioners or the American Nurses Credentialing Center may certify NP graduates based on examination results. State law is the most powerful source of authority for NP practice. The state’s Nurse Practice Act regulates the NPs practice and holds authority for state licensure. Statutes of legislators define the scope of practice in some states and the state board of nursing defines others. It is the responsibility of each student to determine the scope of practice for the state where the student will practice and to adhere to the Board of Nursing’s requirements upon graduation. Review your state’s Nurse Practice Act [here](#).

Nurse practitioner students function in a learning role under the direct supervision of the licensed preceptor. As such, there are certain practices and procedures that NP students are prohibited from performing while unlicensed. Further, patient safety dictates that competency is validated prior to performance.

Nurse practitioner students are prohibited from performing procedures for which they have not received previous clinical validation from faculty or a clinical preceptor through return demonstration and/or clinical competency examination. The clinical preceptor must provide direct supervision of the NP student at all times during any invasive procedures. If a student has

questions about whether or not a procedure is allowable in the clinical site, the student is required to contact the course faculty. Students are encouraged to observe procedures as the opportunity arises.

Nurse practitioner students are also ***at no time*** permitted to sign prescriptions, dispense medications, or e-prescribe medications. This is the responsibility of the licensed preceptor and is beyond the student's scope of practice. Prescriptive authority is gained after the student is successfully licensed in the state in which he/she practices. The student is encouraged to confer with the preceptor and make recommendations regarding the need for prescriptions.

Advanced Health Assessment Skills & Simulation Experiences

Nurse Practitioner students will have the opportunity to develop advanced physical assessment skills through practice. Students are afforded the ability to use equipment, such as otoscopes, ophthalmoscopes, tuning forks, and reflex hammers available in the simulation lab. However, students are strongly encouraged to purchase their own equipment. This allows the student to have access to supplies outside of the lab and supports the student's independent practice of assessment skills prior to Clinical Competency Exams (CCEs).

Note: Students are required to have access to the following for clinical experiences: ophthalmoscope, otoscope, stethoscope, reflex hammer, 512-Hz tuning fork, smart device (iPhone, droid, tablet, etc.), pen light, and retractable measuring tape. Supplies are often limited in rural health clinics and purchase of these items can ensure the student has essential equipment needed for practice and the clinical practicum experience.

The Graduate Sim Lab also provides NP students the opportunity to practice additional advanced skills. The Sim Lab offers the following simulation equipment for NP students: (a) ventriloscopes (murmurs, heart sounds, lung sounds, etc.); (b) OpthaSim (review technique, normal internal structures of eye and pathology); (c) OtoSim (review technique, normal internal ear structures and pathology); (d) pelvic models (Pap smear, bimanual exam, and rectovaginal exam); (e) prostate models (review technique and pathology); (f) testicular exam models (review technique and pathology).

Some practice/simulation time may be mandatory for students, this will be communicated in the practicum course syllabi. Students who wish to arrange additional practice and/or simulation time should contact the Simulation Coordinator. Additional information can be found in the *Skills Practice Lab* policy in the appropriate Student Handbook.

Workshops

During the semester, there may be opportunities to attend workshops in the CON for skills requiring additional instruction including, but not limited to, suturing, incision and drainage, punch biopsy, x-ray interpretation, EKG interpretation, and intraarticular injection. These workshops will be announced as available. Faculty make every effort to arrange these experiences for NP students during on-site intensives. Workshops, simulation, and/or additional practice time may be required for validation of certain skills (Refer to Scope of Practice information above).

Clinical Competency Examinations

NP students must successfully pass a 3-part Clinical Competency Examination (CCE) as part of the course requirements for *NRSE 5010: Health Assessment throughout the Lifespan Practicum* **prior** to beginning clinical experiences. This includes: (a) a head-to-toe exam; (b) a focused exam; and (c) a special procedures exam. The student must score a minimum of 80% on each component to successfully complete the CCE. Students who do not achieve an 80% on each component are not permitted to enter the clinical practicum site. Specific instructions for the CCEs are located in the course syllabus.

NP Clinical Site Criteria

Students should seek a variety of clinical experiences during their studies, including but not limited to rural clinics, urban clinics, and the ETSU nurse-led clinics. Clinical site placement is primarily the responsibility of the NP student; however, the student may get clinical placement assistance from course faculty, Office of Student Services (OSS), concentration coordinator, Program Director, or Graduate Clinical Site Coordinator.

Students ***may not*** use their workplace (e.g. office, unit, department of employment) as a clinical site. However, if employed at a large health system, the student may obtain a clinical placement at another setting within the system. Obtaining an appropriate clinical site is the student's responsibility. Please refer to the *NP Student Clinical Site and Preceptor Approval Process*. Students residing in Tennessee may continue the ETSU program if moving to another state. However there are states that will not license NPs who complete online programs. Students are advised to contact the board of nursing in the state to which they are moving to assure that licensure in the state will be permitted upon graduation. Additionally, not all states will allow NP students from other states to complete clinical practicums in that state. For more information, please access the following link from the State Authorization Reciprocity Agreement (SARA): <http://nc-sara.org/>. Nurse practitioner students should contact the state board of nursing for clarification. Furthermore, prior to relocation the student is responsible for notifying the ETSU CON Office of Student Services (OSS) and Office of the Registrar regarding changes in residence.

The patient population seen during clinical experiences should match the student's specialization (i.e. FNP, PNP-PC, PMHNP, AGPCNP, AGACNP, or WHCNP). For example, NP students in primary care **must have** clinical experiences in primary care sites/settings, whereas NP concentrations in acute care **must have** clinical experiences in acute care sites/settings. Patient volume in the clinical site must be sufficient to allow the student an opportunity to see an array of patients to meet student-learning objectives for the specified course.

Students may spend no more than 12 hours at a clinical site in one clinical day. Transit time to and from the clinical site cannot be counted toward practicum hours. Students are prohibited from direct patient interaction if the clinical preceptor is not physically at the clinical site.

Defining Primary Care: Primary care is generally the patient's first point of entry into the health care system and is most often provided in an outpatient setting. Such healthcare settings provide preventive care and teach healthy lifestyles choices, while identifying and treating common medical conditions. Primary care providers address primary, secondary, and tertiary prevention modalities, health promotion, disease prevention, patient education, counseling, referral,

advocacy, comprehensive, and holistic treatment plans. This form of care is performed and managed by a primary provider often in collaboration with other healthcare professionals. Examples of primary care include: (a) nurse practitioner office; (b) community health center; (b) physician practitioner office; (c) long-term care; (d) day care, etc. (AAFP, 2016). Students may also use an urgent care facility for clinical hours.

Defining Acute or Non-Primary Care: Acute care providers or facilities are the health system component or care delivery platform aimed at treating sudden, often unexpected, urgent or emergent episodes of injury or illness that can lead to disability or death without rapid intervention. Such providers care for immediately life- or limb- threatening health conditions through a care delivery system driven by a response to immediate health threats of individuals with acute surgical needs, myocardial infarctions, acute cerebrovascular accidents, evaluation of patients with abdominal pain, etc. Examples of acute care encompass a range of clinical health locations including: (a) emergency medicine; (b) trauma care; (c) pre-hospital emergency care; (d) acute care surgery; (e) critical care; (f) urgent care; (g) short-term inpatient stabilization, etc. In conjunction with preventive care, acute care services complete a healthcare system paradigm that fully encompasses all essential aspects of the healthcare delivery system. If in doubt students should consult with their course faculty regarding the appropriateness of a clinical site (Hirshon et al., 2013).

Types of Experiences Required for Each NP Practicum			
Practicum Course	Hours	Preceptor Types	Patient Population
FNP Concentration			
NRSE 5010 Advanced Health Assessment	60	Primary Care	Across the Lifespan
NRSE 5012 Health Promotion, Diagnosis, Treatment and Clinical Management: Nurse Practitioner I Practicum	120	Primary Care	Ages birth and older (acute, episodic problems)
NRSE 5014 Health Promotion, Diagnosis, Treatment and Clinical Management: Nurse Practitioner II Practicum	120	Primary Care	Ages birth and older (chronic disease and multiple chronic conditions)
NRSE 5022 Women’s Health	120	Women’s Care	Menarche to senescence
NRSE 5024 Pediatrics	120	Children’s Care	Birth to age 21
PMHNP			
NRSE 5010 Advanced Health Assessment	60	Primary Care	Across the Lifespan
NRSE 5405 Family Psychiatric Nursing Care I	120	Primary Care	Across the Lifespan
NRSE 5409 Family Psychiatric Nursing Care II	120	Primary Care	Across the Lifespan
NRSE 5411 Interpersonal Treatment Modalities	120	Primary Care	Across the Lifespan
Internship in Advanced Nursing Practice	120	Primary Care	Across the Lifespan
AGACNP Concentration--TTU			
NRSE 5010 Advanced Health Assessment	60	Primary Care	Across the Lifespan

NRSE 5605 Advanced Pathophysiology and Clinical Reasoning for Acute Disease Management I	120	Acute Care	Ages 13 and older
NRSE 5609 Advanced Pathophysiology and Clinical Reasoning for Acute Disease Management II	120	Acute Care	Ages 13 and older
NRSE 5611 Diagnostic Interpretation and Therapeutic Modalities	120	Acute Care	Ages 13 and older
NRSE 6950 Internship in Advance Nursing Practice	120	Acute Care	Ages 13 and older
AGPCNP Concentration			
NRSE 5010 Advanced Health Assessment	60	Primary Care	Across the Lifespan
NRSE 5012 Health Promotion, Diagnosis and Clinical Management of Young and Middle Aged Adult/Health Promotion , Diagnosis , Treatment and Clinical Management: Nurse Practitioner I Practicum	120	Primary Care	Ages 13 and Older
NRSE 5014 Health Promotion, Diagnosis and Clinical Management of Older Adults/ Health Promotion, Diagnosis, Treatment, and Clinical Management: Nurse Practitioner II Practicum	120	Primary Care	Ages 13 and Older
NRSE 5022 Women’s Health Practicum	120	Primary Care	Ages 13 and Older
NRSE 5032 Older Adult Chronic Health	120	Primary Care	Ages 13 and Older
PNP-PC Concentration—TTU			
NRSE 5010 Advanced Health Assessment	60	Primary Care	Across the Lifespan
NRSE 5301 Pediatric Variations of Health Assessment and Measurement	40	Children’s Primary Care	Birth to age 21
NRSE 5311 Pediatric Primary Care I	130	Children’s Care	Birth to age 21
NRSE 5312 Pediatric Primary Care II	130	Children’s Care	Birth to age 21
NRSE 5313 Pediatric Primary Care III	140	Children’s Care	Birth to age 21
WHNP Concentration—TTU			
NRSE 5010 Advanced Health Assessment	60	Primary Care	Across the Lifespan
NRSE 5703 Women’s Health Advanced Practice I : GYN Practicum	180	Gynecology	Menarche to senescence
NRSE 5705 Women’s Health for Advance Practice II	180	Obstetrics	Menarche to senescence
NRSE 5709 Women’s Health for Advanced Practice III	180	OB and/or GYN	Menarche to senescence
DNP Clinical Practicum			
NRSE 6800 DNP Residency/Internship or NRSE 6801—DNP Project Identification NRSE 6802—DNP Project Development NRSE 6803—DNP Project Implementation NRSE 6804—DNP Project Evaluation and Dissemination	160 hours (40 of these hours should be clinical if attaining BSN-DNP or concentration	Specialty or Primary	Nurse practitioner chair approves clinical hours. Hours should be related to DNP project concentration.

	outside of current licensure)		
--	-------------------------------------	--	--

Nurse Practitioner Preceptor Criteria

Students ***may not*** precept with relatives or close friends as preceptors. Preceptors must have a current, unencumbered state license and national certification, as appropriate, in the population-focused or specialty practice area. Students may precept with a nurse practitioner, physician (e.g. MD, DO), or Physician Assistant (PA). The preceptor must have at least one year of experience in the area of advanced practice relevant to the student's clinical focus. Students may spend no more than two semesters with an individual preceptor without faculty approval. Students should have no more than two preceptors during a single clinical course without faculty approval. The required student to preceptor ratio should be 1:1 if preceptor is seeing his/her own patients and 2:1 if preceptor is not seeing his/her own patients. Students are encouraged to precept with nurse practitioners. A nurse practitioner preceptor is required for at least one semester during the program.

Nurse Practitioner Student Clinical Site and Preceptor Approval Process:

1. Review this document in its entirety.
2. Review the appropriate Student Handbook for your degree program in its entirety.
3. Learn to navigate Project Concert (see instructions below).
4. Begin preceptor/clinical site search as early as possible. You may (and should if possible) secure commitments for future semesters beyond the one to two semesters discussed below. Names of previous preceptors/sites are available in Project Concert. These names provide information for potential preceptors for students and are not exclusive to the degree program (MSN, DNP, etc.) or concentration (FNP, AGPCP, etc.).
5. Once a potential preceptor is identified, the student submits the [Preceptor Intent Form](#) found in Project Concert. (Check with student services for a copy of preapproved preceptor intent forms).
6. Students will submit a Preceptor Intent Form for each preceptor he/she has for a practicum course, even if the student has previously worked with the preceptor.
7. The Preceptor Intent Form is submitted at least one to two semesters earlier than the expected clinical rotation. To facilitate the process, the following deadlines for submitting the Preceptor Intent Form are established:
 - a. Fall Semester – May 1
 - b. Spring Semester – October 1
 - c. Summer Semester – February 1

Note: Late submissions will be processed, but may not be finalized by the start of the semester. This can delay a student's entry into the clinical site. Students are not permitted to enter the clinical site or work with a preceptor until approved and until the official ETSU semester start date.
8. Once the Preceptor Intent Form is completed in Project Concert, the Office of Student Services reviews and assures the preceptor has the following:
 - A. Current unencumbered state license.
 - B. Current national certification.

- C. Current Preceptor Agreement and Clinical Affiliation Agreement is in place (managed by the Office of Student Services and Graduate Programs Clinical Coordinator).
- Note: If no agreement is in place, one is initiated by the Office of Student Services. These steps are documented in Project Concert. Depending on the amount of time required for contract processing and approval, the student's entry into the clinical site may be delayed.*
9. After all agreements and the Preceptor Intent Form are finalized by the Office of Student Services, the Graduate Clinical Placement Coordinator, and the course faculty will review the information in Project Concert.
 10. Clinical placement is confirmed in Project Concert under the "Student" tab with the statement "Preceptor Credentials Verified and Agreement Approved".
 11. After confirmation in Project Concert, the student will complete and submit a Clinical Rotation Plan (instructions below) to the course faculty in D2L.
 12. After reviewing the Clinical Rotation Plan, the course faculty will notify the student to begin the clinical experience.

Note: If the preceptor/clinical site is not approved, the student begins an additional search. If the student is unable to find an appropriate preceptor, the student is expected to contact the course faculty, Office of Student Services, Concentration Coordinator, and/or Program Director to determine an appropriate course of action.

[See Preceptor Approval Process Flowchart](#)

Approved, fully executed agreements *must be* in place before *students* enter any clinical practicum site as part of the program. Students who begin clinical practicum hours without a preceptor agreement in place are in violation of the *Academic Misconduct Policy* and will be disciplined according to the policy (see Student Handbook).

Clinical Rotation Plan

The [Clinical Rotation Plan](#) (CRP) allows faculty and students to ensure clinical hour requirements are met by establishing a plan for scheduled clinical time early in the semester. Faculty are required to know when and where students are during the clinical experience and be available for student/preceptor consultation as needed. It is the student's responsibility to complete the CRP and submit it to the appropriate Dropbox in D2L.

Nurse Practitioner students are not permitted to schedule clinical time during days when ETSU is closed, as identified in the [ETSU Academic Calendar](#). Students may participate in clinical rotations during ETSU's Spring and Fall break with faculty approval. Students must keep the clinical faculty informed of the dates, times, and locations of clinical hours via the CRP. Completion of the CRP is required prior to the start of each practicum course. Students are not permitted to begin clinical rotations before the official University semester start date. All required clinical hours must be completed by the official last day of classes, as identified in the [ETSU Academic Calendar](#).

To complete the CRP:

1. The student will work with the preceptor to establish an appropriate schedule.

Note: Students are strongly encouraged to place priority on the preceptor's needs when establishing a schedule. It is recommended that clinical hours are evenly distributed throughout the semester (e.g. 12 hours per week). In the event of an unplanned preceptor absence during a scheduled clinical day, students are not permitted to work with a new preceptor unless the new preceptor has been approved through the process outlined in the Preceptor Approval Process above or there is a Clinical Affiliation Agreement. To determine if a Clinical Affiliation Agreement is in place, please contact the Office of Student Services (OSS). In the case that no approved preceptor is available, students will need to leave the clinical site and initiate the process for changing the CRP as described below.

2. Clinical course faculty will review the CRP and provide final, written approval to start clinical via email or feedback in D2L.
3. A separate CRP must be completed for each clinical course.
4. Changes in the CRP should occur only in an emergency. If, during the semester, changes are necessary, it is the student's responsibility to revise the CRP as follows:
 - a. Transcribe the change(s) in the "Schedule Changes" section of the CRP.
 - b. Resubmit the revised CRP to the course D2L Dropbox.
 - c. Notify the preceptor and course faculty of change(s).
5. Students should notify the preceptor and the course faculty as soon as possible when a change is deemed necessary. The student must await faculty approval before implementing the changed schedule.

Note: Students are not permitted to be in the clinical site when the University is closed. Nights, holidays and weekends may or may not be approved by the faculty, depending on faculty availability. Faculty members reserve the right to reject requests for clinical rotations, clinical hours, clinical sites, or clinical preceptors at any time during the semester or program.

Clinical Attendance

The nurse practitioner student will adhere to the CRP schedule once established with the preceptor and approved by the faculty member. Any changes to the CRP must follow the process outlined above in the section, *Clinical Rotation Plan*. Students are expected to arrive at the clinical site on time and remain on site for the full duration of the clinical experience as outlined in the CRP. Students may leave the premises for a lunch break. Consistent or excessive tardiness and/or absences, and/or failure to adhere to the CRP may result in disciplinary action, including, but not limited to, dismissal from the clinical site, course failure, and/or program dismissal. The preceptor and/or clinical site administration reserve the right to dismiss the student from the clinical site if the student fails to follow standards of professional behavior and conduct, including but not limited to, disinterest, excessive tardiness and/or absences, lack of professionalism, and/or failure to follow clinical site policies or procedures.

The student will notify the clinical site, preceptor, and faculty member if there is a late arrival or absence from clinical. Students who are absent for a scheduled clinical day (due to illness, family emergency, etc.), should contact the preceptor before the beginning of the clinical day. The process by which the student notifies the preceptor should be established between the student and the preceptor prior to the start of the clinical experience. It is also the student's responsibility to notify the course faculty and initiate the process of revising the CRP as outlined above.

Should a nurse practitioner student fail to complete the required number of clinical hours for a semester or course, it is not assumed that they will be permitted to make up these hours with

their preceptor. Approval for extending clinical practicum hours beyond the semester end date requires approval from the following: (a) course faculty; (b) course coordinator; (c) the appropriate Program Director.

Students who cannot complete the required clinical hours due to unforeseen events (due to illness, family emergencies, et.) should contact the course faculty immediately to determine if the situation warrants an extension of the clinical practicum and under what conditions it will occur. These situations are evaluated on an individual basis.

Students who are scheduled to be in the clinical site during periods of inclement weather should refer to the *College of Nursing Graduate Division Inclement Weather Policy* in the appropriate Student Handbook.

Clinical Hours Required

Nurse practitioner students are required to complete a ***minimum of 500 supervised clinical hours*** of direct patient care, distributed and defined by the population-focused clinical practicum course. Information about the number of required clinical hours for each course can be found in the respective course syllabus. Clinical hours must be distributed over the entire semester.

DNP students are required to complete a minimum of 160 additional direct patient care hours during the final four semesters of the program. These are completed at a minimum of 40 direct patient care hours per semester. Post-masters DNP students are not required to complete direct care patient hours unless completing a program in a new specialty. The DNP student must obtain a total of 1000 hours by completion of the program. DNP students should also refer to the *DNP Project Guidelines* for more information about required hours.

Nurse practitioner students are encouraged to complete interprofessional education (IPE) experiences as part of the program. Interprofessional educational experiences can be achieved through collaboration with professionals in other disciplines including, but not limited to, pharmacists, physicians, physical therapists, speech therapists, dieticians, audiologists, etc. Interprofessional clinical experiences should be documented in Project Concert. More information can be found in the *Interprofessional Education and Practicum Policy* in the appropriate Student Handbook.

Clinical Participation and Experiences

Students are expected to abide by University, College of Nursing, and clinical site policies and procedures while in the clinical setting. Students are also expected to be fully engaged in the clinical experience and participate in direct patient care under the supervision of the approved preceptor(s). Cell phone use in the clinical site is prohibited unless it is related to the clinical experience (use of Epocrates, UpToDate, etc.) or in the case of an emergency.

Preparation

The student should prepare for the clinical practicum as recommended by the preceptor, course faculty, course coordinator, and/or Program Director. To help ensure the most beneficial clinical experience, students should be self-directed in learning.

Orientation to the clinical site is at the discretion of the clinical site. The process by which orientation occurs should be determined before the student starts the clinical practicum. If a

formal orientation is required, (an 8-hour day; 2-day class; 4-hour workshop, etc.) these hours cannot be used toward the total required number of clinical hours.

Supplies Needed

In addition to the supplies identified above in the section *Advanced Health Assessment Skills & Simulation Experiences*, students are required to purchase an ETSU College of Nursing white lab coat (purchase at uniform shop or University Book Store) and a student name badge (purchased in I.D. Services on campus) to wear during the clinical practicum. Lab coats should be clean, wrinkle free, and worn to every clinical practicum experience. Refer to the *Professional Dress Guidelines* policy in the appropriate Student Handbook for more information. Additionally, as part of the practicum course requirements, students are required to purchase a Shadow Health account. This account is a one-time expense. Instructions can be found in the appropriate course syllabus.

Participation

Students are expected to be active participants in practicum experiences.

At a minimum, students are expected to:

- Discuss with the preceptor the most common types of patients or diagnoses seen in the clinical site.
- Review and identify evidence-based treatment guidelines, referral resources, and educational materials for managing patients.
- Discuss reporting/documentation preferences.
- Review the logistics of patient flow/clinic flow with the preceptor.
- Engage the preceptor in discussions about patient interactions, practice approaches, treatment options, protocols/guidelines, teaching handouts, requisitions, documentation, follow-up practices, and overall patient management.
- Report to the preceptor the chief complaint, complete HPI, ROS, and physical exam with an assessment/differential diagnosis(es) and a potential plan after each patient encounter.
- Read/review clinical guidelines and course texts.
- Review evidence-based clinical support resources (UpToDate, Epocrates, etc.).
- Review examination techniques, lab protocols, diagnoses and clinical management approaches including pharmacologic agents.
- Request feedback from the preceptor regarding clinical performance after each clinical day.
- Accept responsibility for expenses incurred during clinicals, including travel expenses to and from the clinical sites.
- Accept responsibility for individual actions.
- Notify faculty at any time that consultation is needed.

***Note:** Neither the University nor the clinical sites are liable for injuries, diagnoses, or treatment of any illness a student may contract while in an agency for clinical purposes. Neither the University nor the clinical sites are liable for the loss of personal property.*

Electronic Medical Record (EMR) Access and Documentation

Students may be required to obtain access to the EMR system used at the clinical site. Any fees associated with gaining access to EMR systems are the responsibility of the student. Students may not count hours for any required EMR training toward the total clinical hours for the practicum. Students should follow the policies and procedures outlined by the clinical site regarding medical record documentation. Students are expected to sign medical records as identified by the *Name*

and *Credential Signature* policy found in the appropriate Student Handbook. Misrepresentation of credentials is prohibited and may result in regulatory sanctions as outlined by ETSU CON and State Board of Nursing.

Clinical Experience Documentation

Students are required to document all patient encounters and clinical hours in all NP practicum courses. Although not required, it is recommended that students document experiences on a handwritten [clinical log](#) during or at the end of each clinical day. Nurse practitioner students are required to enter clinical practicum information into Project Concert. Clinical practicum experiences will be viewed by course faculty who will routinely review and evaluate information in clinical logs and Project Concert as part of assessing the student's learning needs and/or evaluating previous clinical experiences. Clinical practicum experiences documented on clinical logs and/or in Project Concert are to be in compliance with HIPPA. Students are to remove all patient identifiers.

Students are required to document clinical skills performed during each patient encounter in Project Concert. Clinical skills are listed in Project Concert in experience, under the procedures tab and include, but are not limited to the following: (a) orthopedic maneuvers; (b) joint injections (c) joint aspirations; (d) fundal height measurement, etc.

Falsifying documentation related to clinical experiences (submitting the same patient experience in more than one course, fabrication of patient data, etc.) or related to completion of clinical hours (such as falsifying arrival and departure times) is prohibited. Students who falsify documentation related to clinical experience and/or the completion of clinical hours are subject to disciplinary action as described in the ETSU [Academic and Classroom Misconduct policy](#). Directions for use of Project Concert are provided during new student orientation and below.

Evaluations

Assessment and evaluation is essential to the teaching-learning experience. Nurse practitioner student evaluation is an essential part of ensuring minimum achievement of [The National Organization of Nurse Practitioner Faculties Core \(2017\) and Population-Focused NP \(2013\) Competencies](#). Both formative and summative evaluation processes are used in education.

Formative evaluation is iterative, occurring throughout the semester while allowing for feedback to the student and opportunities to improve as part of teaching-learning experience. The formative evaluation process is depicted on the *Flowchart Roles & Responsibilities/Student Formative Evaluation* document ([link](#)). This document provides guidance to students, preceptors, and faculty as part of the overall formative evaluation process. Please refer to the [Flowchart](#) for guidance regarding identified student deficiencies and/or immediate safety issues. Formative evaluation is used to guide the student's mid-semester clinical evaluation. Summative evaluation is the final evaluation and is a focused on an overall appraisal of student competency achievement. Information in the summative evaluation should reflect the student's progress based on the mid-semester formative evaluation and performance for the remaining clinical practicum experience. Both the preceptor and the faculty complete a final, summative evaluation.

Students who are identified as having a knowledge deficit including, but not limited to, patient safety issues, will be required to work with faculty to complete a [Performance Improvement Contract](#) per the process outlined below in Faculty Responsibilities. Competency testing via a simulation experience in the ETSU CON simulation lab may be a component of a performance improvement contract. Preceptors and clinical faculty should notify any student in jeopardy of clinical failure **no later than the mid-point** of the NP student's clinical practicum hours and/or semester to allow for remediation. Preceptors should also notify the clinical faculty and the appropriate course coordinator whenever student performance is substandard. Students who receive failing grades on summative evaluations will not be allowed to progress in the program. Students who do not complete the requirements set forth on the Performance Improvement Contract will not pass the course. Students will complete evaluations of the preceptor, faculty, and clinical site. Preceptors will complete a mid-term and final evaluation of the student as defined in the course syllabus. Faculty will complete evaluations of the student, preceptor, and clinical site.

All evaluations are completed in Project Concert and include the following:

Evaluations		
Student	Preceptor	Faculty
Student Evaluation of Preceptor	Preceptor Mid-term Evaluation of NP Student	Faculty Evaluation of NP Student
Student Evaluation of Clinical Site	Preceptor Final Evaluation of NP Student	Faculty Evaluation of Clinical Site
Student Assessment of Instruction (SAI)*		Faculty Evaluation of Preceptor
Performance Improvement Contract** (as needed)		Performance Improvement Contract** (as needed)
Performs Clinical Competency Examinations (CCE) as defined in course syllabus		Evaluates Clinical Competency Examinations (CCE) as defined in course syllabus

*SAI is completed in D2L near end of semester in each course.

**Performance Improvement Contract [link](#).

Faculty Site Visits

Clinical site visits from faculty are mandatory and will occur at least once per semester for each clinical practicum course and should occur by mid-semester between weeks 5 - 8. Depending on the individual situation, evaluation may be conducted in one of three ways: (a) face-to-face on-site visit (if <150 miles from ETSU one-way); (b) videoconferencing via an ETSU HIPAA Compliance Office approved platform (e.g. Skype for Business); or (c) scheduled phone or videoconference with the preceptor (if method a and b are not possible). Additional site visits, phone calls, and/or videoconference sessions may be necessary and are at the faculty's discretion and/or by request from the preceptor.

Faculty site visits may be announced or unannounced. If, during the course of the site visit, the student's behavior, performance, punctuality, or professionalism is found to be unsatisfactory, the student will be required to work with faculty in the completion of a [Performance Improvement Contract](#). Failure to meet the specifications outlined in the Performance Improvement Contract may result in a failing grade and/or overall failure in the clinical practicum.

Instructions /resources for clinical practicum faculty site visits are found in the following links:

1. [Face to face on-site visit instructions](#)
2. [Skype Video conferencing instructions](#)
 - a. [Consent to Observation via Video Conference](#)
3. [Phone/Video Conference with Preceptor](#)

Significant Medical or Psychiatric Event

In the event of a significant medical or psychiatric event before or during the semester in which the student is enrolled, the student will be required to disclose and provide a release from their health care provider to the course faculty and the appropriate program director to resume clinical practicum hours. The release must include a statement granting full medical/psychiatric release without restrictions to continue in the clinical practicum course.

Delay in the completion of required clinical hours for the practicum within the time frame of the current semester may result in the inability to progress in the program.

Substance Abuse

Students who are suspected of substance abuse are subject to the *Substance Abuse Policy (Rules and Regulations Related to Unprofessional Conduct)* as described in the appropriate Student Handbook.

Other General Policies and Procedures

Clinical Course Requirements

Refer to the appropriate Student Handbook for information regarding *Clinical Course Requirements*. Clinical course requirements **must be** maintained throughout the duration of the entire program. Students who fail to maintain clinical course requirements will not be permitted in the clinical site.

HIPAA

Students are required to comply with the University, CON, and clinical site policies and procedures for the Health Insurance Portability and Accountability Act (HIPAA). In some instances, students may be required to complete more than one HIPAA training exercise/program (e.g. HIPAA training for ETSU and HIPAA training for the clinical site). At a minimum, students are required to complete annual HIPAA training through ETSU as part of the Clinical Course Requirements prior to entry into the clinical site. Information regarding HIPAA training comes from the HIPAA Compliance Office in the Office of University Counsel. Failure to complete required training will delay student entry into the clinical site.

Patient confidentiality is of utmost importance and must be observed. Students are strictly prohibited from removing patient data and/or information in paper or electronic form from the clinical site. Deidentified information required for completion of course assignments should be obtained during or after patient encounters while at the clinical site. Students are strongly encouraged to review the information on the ETSU HIPAA Compliance Office [website](#) and on this U.S. Department of Health and Human Services [website](#).

Students who are in breach of HIPAA are subject to disciplinary action including, but not limited to, clinical site dismissal, course failure, program dismissal, University expulsion, and/or potential

litigation. Students with questions about HIPAA should contact the ETSU HIPAA Compliance Office.

Professional Dress and Behavior

Students are required to abide by the *Professional Dress Guidelines* policy as described in the appropriate Student Handbook. Students are also expected to behave in a manner consistent with professional standards at all times as outlined by the *General Professional Behavior* policy in the appropriate Student Handbook. Failure to comply with these policies may result in disciplinary action including, but not limited to, clinical site dismissal, course failure, or program dismissal.

Employment

Given the rigorous nature of graduate education, students may find it difficult to maintain full-time employment. If the student makes the decision to maintain employment during graduate education, it is expected that employment will not interfere or impede any portion of the student's academic responsibilities. This includes, but is not limited to, attendance at mandatory on-campus Intensive sessions, synchronous class sessions, examinations, clinical lab experiences, completion of assignments, and clinical practicum experiences. More information can be found in the *Employment of Students* policy in the appropriate Student Handbook.

Social Media/Networking

Students are expected to abide by the *Social Media/Networking* policy described in the appropriate Student Handbook. Failure to comply with the policy may result in disciplinary action, including but not limited to clinical site dismissal, course failure, program dismissal, and/or University expulsion.

Nurse Practitioner Student Responsibilities

Note: *This information is only a summary of responsibilities for the student. The Student Handbook and policies described in this document are the official references for students regarding clinical requirements and contain additional important information.*

It is the responsibility of the student to:

- Follow the NP Clinical Placement Guidelines for Students, Preceptors, & Faculty.
- Abide by ETSU CON policies as identified in the appropriate Student Handbook.
- Abide by all clinical agency policies and procedures.
- Complete all necessary paperwork prior to entering the clinical site.
- Exchange direct contact information with the preceptor.
- Take the [Visual Auditory Kinesthetic \(VAK\) Learning Style Inventory](#) and share the findings with your preceptor.
- Develop personal learning objectives for each practicum course.
- Provide preceptor with copies of (a) course syllabus (course objectives, student learning outcomes, and faculty contact information); (b) personal learning objectives; (c) course skills list (if required by course).
- Notify the preceptor of the brief, on-line orientation on the ETSU CON website and encourage completion of the training.

- Develop a [Clinical Rotation Plan](#) as described above with the preceptor and submit the document to the appropriate course Dropbox.
- Be prepared to work the day(s) and hours of the preceptor and as agreed upon per the Clinical Rotation Plan.
- Request feedback from your preceptor on a regular basis, including review of the mid-semester and final evaluations.
- Maintain appropriate clinical logs as described above.
- Notify the clinical faculty and Clinical Placement Coordinator as early as possible of any difficulties experienced in the clinical rotation.
- Communicate regularly with your faculty member keeping them apprised of your clinical experiences and progress in meeting the clinical course objectives and competencies.
- Document all required experiences in Project Concert as directed.
- Send preceptor a formal thank-you note or letter.

[See flowchart describing student responsibilities for clinical placement.](#)

Preceptor Responsibilities

- Provide licensure and other documentation as required during the preceptor approval process.
- Read the Preceptor Orientation PowerPoint, [Overview of Preceptorship: A Meaningful Teaching-Learning Experience](#).
- Exchange direct contact information with the student.
- Complete the Clinical Rotation Plan with the student.
- Orient the student to the office and clinic facilities (e.g. staff members, policies, attire, protocols, patient flow, records/documentation, requisitions, accessing other departments, communications, preceptor practice preferences and expectations).
- Demonstrate professional role-modeling.
- Provide the student with access to patient clinical records, documentation, and electronic health records systems if available.
- Explain to the student your organization, prioritization, patient evaluation, exam, diagnostic decisions, management, patient education, and follow-up for patients.
- Discuss expectations and parameters for practice with the student. Be direct about what you want relative to patient flow, sharing in the management of visits, and documentation. Students are **limited to observation to the first 1-2 days** after which the student should begin seeing a few patients in a dependent clinical role. Over the next several clinical days/weeks, the student should become increasingly independent, but always with preceptor oversight of student practice.
- Assist the student with the selection/inclusion of appropriate and increasingly challenging learning experiences.
- Be available to consult with the student or to assume responsibility for care as needed.
- Encourage and expect the student to become increasingly more responsible, pro-active, and self-reliant during the semester.
- Review clinical experiences daily and approve or reject.
- Document any learning deficiencies or clinical performance issues as they occur.

- Provide constructive feedback to the student via formative assessment.
- Review the evaluation criteria on the *Midterm/Final Preceptor Evaluation of NP Student* ([Example preceptor evaluation form for viewing purposes only](#)).
- Address conflicts or concerns with the student as early as possible, clarifying your expectations and identifying solutions or necessary adjustments.
- Notify any student who is in jeopardy of failure **no later than mid-point** of the clinical practicum.
- Notify clinical faculty and course coordinator if student performance is substandard, failing, or if there are any other clinical or professional problems or concerns.
- Complete the mid-term preceptor evaluation.
- Complete the final preceptor evaluation.

[See flowchart describing preceptor responsibilities for clinical placement.](#)

Clinical Placement Coordinator Responsibilities

- Review the Preceptor Intent Form for appropriateness of preceptor.
- Assist students in choosing a preceptor if they have difficulty achieving this on their own.
- Provide preceptor verification of preceptor hours for professional certification.
- Ensure recognition of preceptors at the end of each semester in cooperation with the clinical faculty.

Clinical Faculty Responsibilities

- Maintain ultimate responsibility for the clinical practicum course.
- Be available to students and preceptors. Information regarding availability should be provided to students and preceptors at the beginning of the semester and included on the course syllabus.
- Collaborate with students and preceptors regarding development of specific learning goals;
- Communicate frequently with students regarding clinical experiences and progress via emails, phone, in-person, and/or video conferencing.
- Communicate with preceptors on a regular basis via phone, email, in-person, and/or videoconferencing for collaboration regarding student learning needs.
- Review all clinical course documents (clinical logs; Clinical Rotation Plan, etc.).
- Meet with students outside of the clinical setting, as necessary.
- Notify the student promptly if problems with the clinical practicum experience are identified (e.g. inadequate numbers or types of patients to meet the clinical course objectives).
- Complete at least one site visit per semester as described above in *Faculty Site Visits*. If scheduling conflicts or an emergency arises, it the responsibility of the clinical faculty to make arrangements with another faculty member for coverage and to notify the Course Coordinator and the appropriate Program Director of the change.
- Evaluate student competencies in the clinical site to ensure optimal care and adherence to agency expectations, guidelines, and standards.
- Notify student, Course Coordinator, Advisor, and appropriate Program Director as early as possible in the case of at-risk or unsatisfactory clinical performance.

- Document, in collaboration with the preceptor, specific deficiencies and establish a defined plan for remediation using the [Performance Improvement Plan Contract](#). Meet with the student to review the plan. Provide a copy of the contract to the student, the preceptor, the Course Coordinator, and the appropriate program director for placement in the student's academic file.
- Facilitate faculty/student/preceptor problem-solving when necessary, communicating with the Course Coordinator and/or appropriate Program Director as needed.
- Evaluate, score, and provide feedback on all SOAP notes and clinical assignments.
- Complete the *Faculty Evaluation of NP Student Clinical Performance*.
- Provide verification of preceptor hours.
- Ensures recognition of preceptors at the end of each semester in cooperation with the clinical placement coordinator.

[See faculty responsibilities for clinical placement flowchart](#)

Project Concert

The College of Nursing has adopted the use of Project Concert for the purpose of clinical course documentation including:

1. Student's Clinical Health Requirements
2. Student's Preceptor Intent Form
3. Student's advisor information
4. Student's clinical experiences
5. Student's skills checklist
6. Student's midterm and final evaluation
7. Student's evaluation of preceptor/clinical site
8. Faculty evaluation of student
9. Faculty evaluation of preceptor/clinical site
10. Student's clinical hours
11. Student's ePortfolio

Preceptors, students, and faculty are provided a Project Concert account and training from the ETSU CON IT Director. [See website](#) and project concert [home page](#). Preceptor login information is delivered via email to the preceptor after review and approval of preceptor intent form.

Nurse practitioner students will enter clinical experiences and skills in [Project Concert](#). Preceptors will approve/reject clinical experience entries through Project Concert daily. Preceptors will complete midterm and final evaluation in project concert by the course due date. Clinical faculty review the student's submissions into project concert weekly. Clinical faculty will review the preceptor's midterm and final evaluation in project concert. For questions or guidance with Project Concert, please contact Mark Bodo, IT Director at bodomn@etsu.edu or 423-439-4579.

Appendix A

Link to All Forms in Document

Name of Form	URL
Link to forms in this Document	https://1drv.ms/f/s!Av74IPKQ1DYNgUx4InOkuHBIS5ul

References

American Academy of Family Physicians (AAFP). (2016). *Primary care*. Retrieved from <https://www.aafp.org/about/policies/all/primary-care.html>.

Hirshon, J.M., Risko, N., Calvello, E.J., Ramirez, S., Narayan, M., Theodosios, C., O'Neill, J. (2013). *Health systems and services: The role of acute care*. Retrieved from <http://www.who.int/bulletin/volumes/91/5/12-112664/en/>.