Doctorate of Nursing Practice
Graduate Degree Program

Family/Individual

Clinical Manual for Students
2018-2019

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Interim Associate Dean for Research and Graduate Education
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Introduction

Welcome to Montana State University College of Nursing Doctor of Nursing Practice (Family/Individual) graduate option! This manual serves as a guide for DNP (F/I) option graduate students to achieve successful clinical experiences. The manual outlines student responsibilities for:

- Clinical preparation and placement
- Scheduling clinical hours
- Establishing clinical objectives
- Proper documentation

Goals of Advanced Clinical Education

1. Expand student’s exposure to clinical situations, strategies and variety of treatment modalities.
2. Provide the opportunity to apply theory.
3. Work with and learn from experienced clinicians as a preceptor.
4. Develop and expand expertise in clinical skills.
5. Expand knowledge about how clinical sites operate.
6. Develop knowledge of the financial aspects of primary health care practice.
7. Expand experience in the care of families in primary health care.
8. Provide opportunities for collaboration with other disciplines in the provisions of health care services.

Focus of the Doctor of Nursing Practice (DNP) Family/Individual (F/I) Graduate Degree

The focus of the Family/Individual DNP degree at Montana State University (MSU) is to prepare advanced practice nurses who demonstrate clinical expertise, judgment, scholarship, and leadership to provide the highest level of nursing practice in the primary health care setting (http://www.montana.edu/nursing/graduate/fnp.html).

The main emphasis of primary care nurse practitioner educational preparation is on comprehensive, chronic, continuous care characterized by a long term relationship between the patient and primary care nurse practitioner. The primary care nurse practitioner provides care for most health needs and coordinates additional health care services that would be beyond the primary care nurse practitioner’s area of expertise (NONPF, 2012, https://www.pncb.org/sites/default/files/2017-02/NONPF_AC_PC_Statement.pdf). The DNP program at MSU is not an acute care or specialty focused nurse practitioner program. Clinical experiences are focused on providing primary care to clients across the life span.

Clinical Faculty Roles and Responsibilities

In each of the four clinical courses (Nursing 621-624) students will have a didactic instructor and clinical faculty instructor employed by MSU. The didactic instructor primarily teaches the lecture component of the course and the clinical faculty instructor guides clinical experiences. The didactic instructor and clinical faculty instructor may be the same person. The clinical faculty instructor does not serve as the student’s clinical preceptor.
**Roles**
- Mentor, facilitator
- Assists in student role development and accommodation to practice setting
- Oversees student experience with the preceptor
- Orient the preceptor in role development
- Provides episodic on-site supervision and role modeling
- Evaluates the student’s learning in an ongoing manner

**Responsibilities**
- Formally evaluate the student twice each semester (midterm and final clinical evaluations)
- Facilitate problem-solving discussions with preceptor and student if problems arise and as needed depending on the student’s progress in the clinical setting
- Maintain monthly contact with preceptor
- Provide supervisory conferences with students on a monthly basis
- Evaluate and provide guidance to aid student to progress in health assessment processes, leveled learning, record keeping, and role assimilation
- Evaluate and provide guidance for student’s record keeping
- Track student clinical time and quality of the learning experience
- Evaluate the preceptor at semester’s end
- Maintain balance between academic and clinical goals
- Review selected cases seen by student in the clinical area for in-depth discussions of differential diagnosis and management issues
- Help identify personal style of student. Evaluate its effectiveness, and assist in refinement over time (therapeutic communication, advocacy, role issues, collaboration, conflict resolution, paternalism, timing and pacing, artful use of self, biases, assumptions, judgments, etc.)

**Appropriate Clinical Sites**

To prepare for the most effective clinical education, students will complete and send to the DNP (F/I) Clinical Coordinator (Janice Hausauer) a clinical plan by December 1st of their first year of graduate study for 3 year track and December 1st of the second year of graduate study for 4 year track students (see DNP (F/I) Graduate Student’s Clinical Placement Plan and Timeline included in this manual.

To facilitate the clinical placement and paperwork process, the student must provide a preceptor information sheet and a current short-form vita from each preceptor prior to receiving approval for the anticipated clinical rotation. A new vita is required from preceptors on a yearly basis. The preceptor information sheet and current short form vita are located online at: http://www.montana.edu/nursing/student/graduate.html and attached in this manual.

Clinical paperwork must be completed in its entirety in order for the student to start the clinical semester. An outline including deadlines for necessary components of each course is attached to this document. You may be notified of changes to these dates at times. If students do not have everything in place for their clinical rotation by the expressed dates, they will not be allowed to enroll in the course. If an emergency arises, approval for an extension of the deadline must be granted by the Interim Associate Dean for Research and Graduate Education and the DNP (F/I) Clinical Coordinator (Janice Hausauer, DNP, APRN, FNP-BC).
Please limit preceptors to 1, 2 or 3 (NRSG 624) per semester for consistency and a richer learning experience. All clinical sites and preceptors must be approved by the DNP (F/I) Clinical Coordinator. Students must complete their clinical education with their identified preceptor(s). Students may not identify one preceptor in a clinical site and then float among preceptors unless approved by the DNP (F/I) Clinical Coordinator. If a student believes they would benefit from more than 2-3 preceptors this must be approved by the DNP (F/I) Clinical Coordinator.

NRSG 621 (135 hours) -- NRSG 621 Advanced Clinical I requires two preceptors. Two-thirds of the semester, (90 hours) is spent with a pediatric clinician or a family practice clinician who has a large pediatric practice and one-third (45 hours) of the semester is spent with a clinician whose focus is women’s health and care of women during pregnancy. A family practice that cares for patients across the lifespan is also acceptable for this full clinical experience. It is ideal to schedule women’s health clinical hours first followed by pediatrics as this is the order that this content will be covered in the didactic portion of the course.

NRSG 622 (135 hours) -- The focus of NRSG 622 Advanced Clinical II is the midlife family. The student will expand H&P skills and broaden the scope of diagnostic and treatment plans. Students begin to develop an understanding of the scope and complexity of the DNP (F/I) role. Ideal clinical preceptors for this course are family practice, Urgent Care, or internal medicine.

NRSG 623 (135 hours) -- NRSG 623 Advanced Clinical III introduces the student to the complexities of older adult care. The student will continue to expand H&P skills and develop treatment plans that involve diagnoses and recognition and use of poly-pharmacy. Ideal clinical sites/preceptors for this course include geriatrics, internal medicine and family practices that serve a large population of older adults.

NRSG 624 (270 hours) -- The goal of NRSG 624 Advanced Clinical IV is to enable the student to progress from a novice to a more expert level of clinical skill and decision-making. A student will further refine their role as a Doctor of Nursing Practice demonstrating expertise, specialized knowledge, and expanded responsibility and accountability in the care and management of individuals and families. Students incorporate a holistic perspective in the management of patients in primary care settings. Students may select practice settings such as family health, pediatrics, women's health, gerontology, a broad based primary care, and some specialty practices (with approval from DNP (F/I) Clinical Coordinator. The primary focus of the clinical experience is integration of all components of the APRN role in practice including assessment, diagnosis, management of acute and chronic illnesses, consultation, teaching, utilization of community resources, and application of nursing leadership skills.

Preceptor Roles

- Introduce the student to the practice setting, including policies and procedures.
- Assist the student in a systematic approach to clinical problems and record keeping.
- Assist the student with role progression (student observes, then does History and some of the PE, then complete History and PE, etc. Student puts forth possible diagnosis, plan and discusses). The student spends minimal time in a strictly observational role.
- Review and co-sign client record.
- Introduce the student to record keeping format.
- Engage the student in differential discussions.
- Engage the student in critical thinking and problem solving discussions.
• Engage the student in discussions regarding long-term management issues, helping the student to determine reasonable follow-up plans.
• Demonstrate consistent and appropriate use of referrals and community strategies.
• Demonstrate a commitment to health promotion/wellness strategies/anticipatory guidance.
• Discuss own practice model in terms of outreach/follow-up strategies for acute, chronic, and unstable clients.
• Demonstrate cost-effective/cost-conscious approach to diagnosis and treatment.
• Engage the student in discussions of philosophical positions regarding client autonomy (including interactions and decision-making).
• Demonstrate client advocacy.
• Demonstrate a commitment to collaboration with clients and other providers.
• Provide formative and summative evaluation of the student.

Who Can Be A Preceptor?

Nurse Practitioners – Certified Nurse Midwives (CNM) – Physician Assistants (PA)
• Actively involved in clinical practice
• Nationally certified as an NP, CNM, or PA
• Hold at least a master’s degree with at least 1 year of clinical experience.
• Recognized as an APRN with prescriptive authority OR recognized as APRN meeting federal guidelines. [Federal facility requirements at VA clinics, military, US Public Health Service Corps (USPHSC), etc.]

Physicians
• Actively involved in clinical practice.
• Board certified preferred
  Licensed as MD, DO, or recognized as MD/DO meeting federal guidelines.

Preceptor Interview

Some preceptors request an interview with the student. The interview:
• Provides the preceptor with an understanding of the level, ability, and personality of the student; and
• Enables the preceptor to assess if the student would be a “good fit” for the clinical site and the population it serves. Students need to remember that they are a guest in the clinical practice. The preceptor has the right to make a decision about whether the student is a good match for that particular practice.

Students may want to write a short letter to a potential preceptor telling them about the upcoming clinical and the requirements in terms of experience and hours. Students will want to include a copy of their CV as well. Some students will shadow a potential preceptor for a few hours to get a feel for how they practice and determine if there will be a good preceptor-student relationship.
Scheduling Clinical Hours

Clinical practicum hours are to be scheduled at the convenience and availability of the preceptor.

- Students are not to ask preceptors to conform to a schedule that meets their personal and employment needs.
- The student’s personal and work schedules are expected to accommodate the required number of clinical hours prescribed by the clinical course.
- Prior to beginning the practicum experience, students and preceptors need to agree on the days and times that the student will be in the clinical agency.
- Each Advanced Clinical course requires 9-12 clinical hours per week or 135 total hours except NRSG 624 Advanced Clinical IV which requires 270 total clinical hours over 15 weeks or approximately 18 hours per week.
- Clinical hours are to be completed over the course of the semester, done on a weekly basis. At times clinical hours may need to be scheduled in “chunks” of time, however, prior approval for this must be obtained from the clinical coordinator, or clinical faculty. The reason for this is that didactic content takes place over the entire semester. It can be frustrating and overwhelming to be in clinical when didactic content has not been covered. Ideally, it is best to spread clinical education over the entire semester if this is possible given the preceptor’s schedule.
- It is the student’s responsibility to procure clinical sites. The clinical coordinator and clinical faculty can offer direction and guidance, but the student is the one who makes contact with potential preceptors.
- Start early! Some clinics book 6-12 months in advance for student placement. It often works best to talk with the clinical manager or if you have a good working relationship with a potential preceptor talk directly with them. If they are unable to accommodate you for a semester, ask about the next semester. It’s never too early to procure future clinical slots.
- Some agencies require students to contact the education department, HR, or other specified agency employees to begin the process of obtaining a preceptor. Examples of this include, but are not limited to: Billings Clinic, Benefis Health System, Providence, Community Medical Center, Kalispell Regional Medical Center, and Bozeman Health. Student will be notified of any known approaches to obtaining clinical sites in Montana.
- There is an evolving list of preceptors on Typhon that will be provided to students before their first clinical rotation. After the first clinical rotation, students will be able to access this list in Typhon for future rotations. This list includes past preceptors or interested preceptors. None of the preceptors are bound to work with a student at any given time.

Attendance

- It is the student’s responsibility to monitor the number of clinical hours.
- Clinical education hours must be completed within the semester of each advanced clinical course. Unexpected illness of the student, family and/or preceptor should be discussed with clinical faculty and the parties involved.
- Failure to notify the preceptor as negotiated is unacceptable and may place the student and clinical placement in jeopardy.
- Absences resulting in lost clinical hours must be completed before the end of the semester and at the convenience of the preceptor.
- If an emergency arises and a student believes he or she will not be able to complete the clinical hours, the student is to contact their clinical faculty and the DNP (Family/Individual) Clinical Coordinator immediately and the situation will be reviewed with the Associate Dean for Research and Graduate Education.
Travel to Clinical Sites

MSU has an extensive policy on student travel (which includes travel to sites in the town where the student lives). The DNP (F/I) Clinical Coordinator is required to:

- Maintain a list of emergency contacts for each student (students are required to enter demographic information and two emergency contacts in Typhon, see Typhon use manual)
- Have a copy of each student’s clinical schedule for each semester. Students are required to enter their schedule into Typhon by the second week of the clinical rotation and keep the schedule updated throughout the semester. If a student does not enter their schedule they risk not being able to complete clinical for that semester and failing the course.
- Link to full policy: http://www.montana.edu/policy/student_trips/

Professional Behavior and Professional Dress

- Students present themselves as ambassadors of Montana State University, the College of Nursing and the graduate program. Students are expected to be respectful to preceptors, faculty, staff, patients and their families.
- Reports of unprofessional behavior will result in the student being counseled and are subject to review by the College of Nursing Interim Associate Dean for Graduate Programs. Refer to College of Nursing (CON) Policy D-8 (http://www.montana.edu/nursing/documents/pdf/D8.pdf).
- Students should be dressed professionally. This may be clinical site-specific – ask preceptor or human resources for dress code prior to starting the clinical rotation. General recommendations for professional dress include wearing clean, modest and professional attire. Examples of immodest clothing include but are not limited to low cut tops, exposed mid drifts, exposed undergarments or short dresses/skirts. Some agencies may require close toed shoes.
- A student is required to wear their MSU College of Nursing nametag that meets State Board of Nursing requirements (provided at new graduate student orientation).
- Students may be asked to leave the clinical site if they are not professionally dressed or do not have the appropriate name tag.
- Students will send preceptors a thank you note at the completion of each clinical rotation. Many students also give a small token of appreciation, but this is not required.
Clinical Placement Preparation

1. Students are expected to have full knowledge of agency requirements for the clinical practicum (orientation, dress, location, schedule, etc.) before scheduling the first clinical day.

2. The student is responsible for contacting human resources or office managers where applicable to determine what additional paperwork may be needed to obtain access to the electronic medical record. The student can engage in computer or facility orientation prior to the start of the semester, but cannot have any patient interactions until the start of the semester.

3. On the first clinical day discuss questions about orientation, computer access, the procedure for co-signing documents, communication with other disciplines, eating, parking arrangements, etc.

4. Learn something about the preceptor, when possible, in order to acknowledge the preceptor’s background and broaden the student’s educational experience.

Placement Process

1. Meet with the DNP (F/I) Clinical Coordinator (Janice Hausauer) about 6 months before the first clinical course (NRSG 621); this may be in person or via telephone. Students will review their goals, strengths and weaknesses what they may anticipate in the clinical rotations. Students will discuss ideas for clinical sites and potential preceptors. At that time students will be provided with a list of preceptors used in the past. Students will complete the DNP (F/I) Graduate Student Clinical Placement Plan in this manual and return to the DNP (F/I) Clinical Coordinator by December 1st. This form will likely be completed with guidance from the Clinical Coordinator who can help identify a personal clinical rotation plan for each student. This plan is unlikely to finalize the student’s clinical rotations but is anticipated to be a rough draft of the clinical rotation plan.

2. Students will then discuss the preceptor/placement that they have identified for the first clinical rotation (NRSG 621) with the Clinical Coordinator. The Clinical Coordinator will determine if the sites and preceptors the student has identified meet the criteria for the clinical education component of the course and give permission to continue to pursue this clinical education site.

3. Contact the potential preceptor by phone or letter of introduction. Students will need to know:
   a) When the course begins and ends and focus of the clinical experience
   b) How many clinical hours will be spent with the preceptor
   c) Days/hours that students are NOT available (e.g., class days, holidays, work)

4. Once verbal confirmation from an agency or preceptor has been obtained, request that the preceptor fill out a preceptor vita short form. Students will complete a preceptor information sheet and send both documents together to the DNP (F/I) Clinical Coordinator, Janice Hausauer, DNP, APRN, FNP-BC, janiceh@montana.edu by the specified date. The first deadline is February 15th for summer courses (NRSG 621, NRSG 623).

5. Students must be up-to-date in CastleBranch with the required background check, immunizations, HIPAA, and CPR documentation. The Clinical Coordinator does
not manage CastleBranch, but is notified when students are out of compliance.

6. The preceptor packet and agency agreement will be prepared by the DNP (F/I) Clinical Coordinator and sent directly to the student and preceptor via email or USPS. The preceptor will first receive an agency agreement (when applicable) that needs to be signed by all preceptors and the agency director/CEO (when applicable). MSU maintains ongoing clinical contracts with some clinical sites and the Clinical Coordinator will have this information. As the semester draws near, the Clinical Coordinator will send out a preceptor packet which contains an introductory letter, course description/objectives, student evaluation forms and general information on being a preceptor.

7. The student is responsible to see that the preceptor packet is received and the agency agreement is signed and returned to the DNP (F/I) Clinical Coordinator preferably by email, but may also be mailed to (Janice Hausauer, FNP/I Clinical Coordinator, MSU College of Nursing, 212 Anna Pearl Sherrick Hall, Bozeman, MT 59717) by the established deadline.
   - The Clinical Coordinator must have the agency agreement prior to the start of a clinical rotation.
   - Students without a preceptor in place by the established will be asked to withdraw from the course.
   - The College of Nursing has ongoing contracts with most major hospitals and large clinical organizations such as Community Medical Center, Kalispell Regional Medical Center, Billings Clinic, the VA, and numerous other agencies. Check with DNP (F/I) Clinical Coordinator to see if a contract is already in place.

Out-of-State (Outside Montana) Clinical Rotations
If a student wishes to do clinical rotations outside the state of Montana they must work closely with the College of Nursing clinical coordinator as it requires advanced planning. Although it is possible to complete clinical rotations outside the state of Montana, it is not guaranteed. There is a complex regulatory process involved in placing students out of state that requires contractual agreements and professional vetting. Identifying out of state clinical site placements are the responsibility of the student, may be more difficult to obtain, and require close collaboration and pre-planning 1-2 semesters in advance with the clinical coordinator. At times there may be extra fees associated with completing clinical rotations outside the state of Montana and the student may be responsible for these. The student must hold a current RN license in the state they are completing clinical hours, and may be responsible for identifying a local FNP who is willing to conduct a clinical site visit as a hired employee of MSU. Students who chose to relocate out of Montana while enrolled in the program may be subject to using only Montana sites for clinical experiences in order to complete the requirements for the degree.

Compliance with College of Nursing Policies
Graduate students are required to remain in compliance with College of Nursing policies focused on communicable disease, standard precautions, background checks, substance screening, HIPAA and CPR (Policies A-32, A-33, A-34, A-36, and A-38 at http://www.montana.edu/nursing/facstaff/policies.html).

The Interim Associate Dean’s office uses a software program called CastleBranch to track compliance documentation. Each graduate student is required to create an account with CastleBranch upon entering the graduate program and to remain in compliance while a graduate student in the College of Nursing. The Interim Associate Dean’s office monitors student compliance via CastleBranch. If a graduate student falls out of compliance with College of Nursing policies, the student will be contacted directly. If the student is out of
compliance during or just prior to a clinical course, the student will not be allowed into the clinical setting until the expired compliance documentation is renewed and on file in the office of the Associate Dean for Research and Graduate Education (via CastleBranch).

IMPORTANT:
- No student will be allowed to attend clinical until the preceptor vita is on file, the signed Agency Agreement has been returned to the DNP (F/I) Clinical Coordinator, and the student is in compliance with College of Nursing policies via CastleBranch.
- Students without a preceptor in place by the first week of classes for NRSG 621, NRSG 622, NRSG 623, & NRSG 624 will be asked to withdraw from the course.
- If compliance documentation expires during a clinical course semester, the student will not be allowed to return to the clinical site until the expired document is renewed.

Typhon

MSU CON uses a software program, NPST for Advanced Practice Nursing by Typhon Group, to track graduate student documentation of patient encounter logs and reports, clinical attendance and hours, and various evaluations and reports in an electronic computer system. All preceptors are entered into this system and the student will log clinical hours within this system. Students are expected to input information on each patient encounter into Typhon via the Case Log. Students also need to keep track of all their hours via the Time Log. Students will enter their clinical schedules and emergency contact information into Typhon. At the end of the semester, preceptors are sent log on information to complete an evaluation of the student via Typhon. For those preceptors that do not wish to use Typhon, students are expected to print out the evaluation forms and clinical log. Students obtain the preceptor signatures and then upload these as external documents into Typhon. Clinical faculty complete a midterm and end of semester evaluation with the student that is in Typhon. Students need to have all components completed in Typhon as outlined in individual course syllabi and by the date outlined in the course syllabi to receive a grade for the clinical course.

Please refer the Typhon Use Manual for details related to utilizing Typhon and Typhon requirements.

DNP (F/I) Program Forms

See http://www.montana.edu/nursing/student/graduate.html for various and current graduate program forms including evaluations. Copies of the DNP (F/I) Graduate Student Clinical Placement Plan,
Preceptor Vita Short Form, and the Preceptor Information Sheet are included in this manual. **List of Required Documentation at the End of the Semester**, completed by the date outlined in the applicable course syllabi.

To be completed in Typhon for Clinical Faculty review

- Record of DNP (F/I) Student’s Clinical Hours – time log in Typhon (reviewed/time stamped/signed by preceptor)
- Preceptor’s Evaluation of DNP (F/I) Student (reviewed/time stamped by student after completed by preceptor)
- Student’s Evaluation of Clinical Preceptor
- Clinical Faculty’s Evaluation of DNP (F/I) Student Midterm and Final (reviewed/time stamped by student after completed by faculty)
- Case Log: clinical patient log in Typhon (reviewed/approved by clinical faculty)
- Student clinical schedule for the semester
- SOAP note

**Record of the DNP (F/I) Student’s Clinical Hours**

Documentation of clinical hours is required for:

1. Satisfactory completion of each clinical course
2. Certification as an advanced practice nurse
3. Preceptor recertification

It is the student’s responsibility to document all clinical hours and to obtain the preceptor’s signature at the appropriate time. All clinical paperwork is to be uploaded into Typhon, the clinical management system.

If a student’s preceptor does not use Typhon then the student will need to fill out the clinical hours record found in this manual and have it signed by their preceptor and also have it signed by the clinical faculty. Students are responsible to upload that document into Typhon to external documents once signed by the preceptor and clinical faculty. **Time Log**: total direct clinical hours, students should not include time spent that is not direct clinical hours such as lunch or EMR training in this time log (or anything outside of what is outlined below). In order for this to be accurate only input direct clinical hours, which may be different from the total time spent in a clinical setting each day. Most students spend their entire clinical day in qualifying direct clinical care; however, if this is not the case the following should be done in the time log. This is reviewed by the student and preceptor.

- **Example**: clocked in at 0800, clocked out at 11 at which time the student worked on a project for another course until noon, at which time the student had lunch and then began to engage in the clinical setting again at 1300. The student then engaged in direct clinical hours from 1300-1500 before leaving for the day. In the time log the student would need to put two different time logs for that clinical day as follows: 0800-1100 and then 1300-1500 for total of 5 clinical hours.
- **Case Log**: total log of time and type of time spent with each patient, reviewed by clinical faculty and student at the end of the semester. Should be input weekly in order to not fall behind. This includes filling out all required components for every patient encounter.

**Direct Clinical Hours**

Things that count:

- Direct patient face to face time
• Face to face time with patient’s family
• Chart review pertaining directly to the patient
• Interaction review with preceptor/staff on that direct patient
• Charting completed on that specific patient
• Hands on case studies in a simulation setting

_Things that do not count:_

• Logging hours in Typhon
• Review of material not associated with a specific patient encounter
• Writing up a case study as a requirement of the course on a specific patient encounter

_Clinical SOAP Notes_

Each Primary Care course requires clinical SOAP notes including a complete history and physical. Each primary care course syllabus outlines:

  a) The data to be included, e.g. number and type of patients seen, clinical problems, etc.
  b) Frequency for submitting the SOAP notes or complete history and physical.
  c) The medium in which the documentation is to be provided (e.g. audio tape, computerized log program, typewritten, e-mail.)
  d) When clinical SOAP notes are due to the clinical faculty.

SOAP notes are a legal document regarding the care that was provided to a particular patient. Much time will be spent on the format of charting during your coursework. In NRSG 601, Advanced Health Assessment, students spend an entire semester examining virtual patients and charting the exam findings. There is information in the textbooks used in NRSG 601. An example of proper SOAP format can be found in this manual.

_Skills List_

Students are encouraged to keep track of new skills. A suggested skills list is included in this manual. This list may be used for documentation in job interviews after graduation. Skills also should be tracked in Typhon as this will be reflected in the Student Passport upon graduation.

_Preceptor’s Evaluation of the DNP (F/I) Student_

College of Nursing clinical faculty assign the grade for student performance in clinical courses. Preceptors provide valuable input into student performance. It is important for students to review the evaluation form at the beginning of each semester. Course and individual student learning objectives also should be reviewed at this time to provide the student and preceptor an opportunity to discuss expectations and responsibilities.

• The preceptor provides the student with two types of evaluation: formative and summative.

1. **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.

2. **Summative evaluation** is the final evaluation of the student’s performance at the end of clinical practicum. The preceptor will document the summative evaluation in Typhon and this will be reviewed
by both the student and preceptor. A time stamp will be given to the evaluation once both parties review it and this is considered the “signature.” If the preceptor will not use Typhon then the student is responsible for having the preceptor complete the paper evaluation and uploading it into Typhon.

**Purposes of Preceptor Feedback/Evaluation**

- To improve and enhance performance.
- To enable the student to successfully complete course objectives.
- To mentor the student in role and professional development.
- To provide ongoing and final evaluation.
- To assist clinical faculty in evaluation of student performance.

**Student’s Evaluation of the Preceptor**

For accreditation and credentialing purposes, students are required to evaluate preceptors. Evaluations are completed at the end of the clinical practicum via Typhon.

**Clinical Faculty Evaluation of the DNP (F/I) Student**

Course and individual student learning objectives should be reviewed prior to the start of each clinical rotation. The clinical faculty grades each student at midterm and the end of the semester, providing the student with two types of evaluation: formative and summative.

1. **Formative evaluation** is the ongoing evaluation provided over the course of the semester. This will be in the form of what is required to fulfill these expectations as outlined in the syllabus for each Advanced Clinical course.
   a. **At least one clinical site visit per semester:** The clinical faculty will visit the student’s clinical site and spend between 1-4 hours with the student, preceptor and patients. The goal of this visit is to interact with the student and preceptor together in the clinical setting. Time will be spent discussing the clinical rotation with both the student and preceptor. Time also will be spent observing the student providing direct patient care. This will be set up each semester between the clinical faculty, the student and the preceptor.

2. **Summative evaluation** is the final evaluation of the student’s performance at the end of clinical practicum. The clinical faculty will document the summative in Typhon at midterm and the end of the semester. The evaluation needs to be reviewed by the student and the time stamp will be considered the “signature” that the student has reviewed this evaluation.
Montana Area Health Education Centers

Montana State University has an established statewide system of regional Area Health Education Centers (AHEC). The Program Office is located on the Montana State University campus in Bozeman, directed by Kristin Juliar. The purpose of the regional centers is to connect health professions education to rural and underserved communities. Programs developed at the center focus on creating a link between health professions students (such as nurse practitioner and WWAMI students) and clinical rotations in rural communities. Students have found rich clinical experiences at these sites. For more information contact Kristin Juliar, (406)-994-6001, kjuliar@montana.edu or go to http://healthinfo.montana.edu/index.html.

Looking For a Clinical Site? Go Rural

Rural health clinics, public health department clinics, critical access hospitals, or hospital-affiliated primary care practices, managed care networks, prisons, U.S. Immigration, Customs & Enforcement, and Indian Health, Clinics provide rich clinical experiences. Most of these sites are defined as Health Professional Shortage Areas and some offer housing for students traveling to clinical. Students are often employed in these areas after graduation and are eligible for loan repayment. During the course of your education there may be grant or scholarship opportunities through the College of Nursing. You will receive notification of these opportunities and may apply if applicable.

Certification Examinations

Two certification examinations are available for family nurse practitioner graduates through American Academy of Nurse Practitioners (AANP) or American Nurses Credentialing Center (ANCC). Both are recognized for licensure by the Montana Board of Nursing. Both are computerized and upon completion will give the candidate a “pass/fail” result. To save time in the application process, students should request official transcripts be sent directly from the university to AANP or ANCC.

Basic Eligibility Requirements

1. Hold a current, active, unrestricted professional RN license in the United States or its territories.
2. Hold a master’s or higher degree in nursing.
3. Have successfully completed formal education and training in the same role and specialty area of practice in which you are applying for certification through a DNP program.
4. Have graduated from a program offered by an accredited institution granting graduate-level academic credit for all course work that includes both didactic and clinical components and a minimum of 500 hours of supervised clinical practice in the specialty area and role that includes core content in:
   a. advanced health assessment
b. pharmacology

c. pathophysiology

d. health promotion and disease prevention, and

e. differential diagnosis and disease management.

**AANP Certification**

The American Academy of Nurse Practitioners (AANP) Certification Program is fully accredited by the National Commission for Certifying Agencies (NCCA) and is recognized by the National Council of State Boards of Nursing. The candidate will request an application (online) from the American Academy of Nurse Practitioners Certification Program. The application must be submitted with the appropriate documentation to the Certification Program for review. Qualified candidates will be given a **120 day opportunity to test**. Applicants who do not test during this window will be required to re-submit their application with all applicable fees. Applications are located on the website [http://www.aanpcert.org/certifications](http://www.aanpcert.org/certifications)

**ANCC Certification**

ANCC is the largest nursing credentialing organization in the United States. Computer-based exams are available year-round at more than 300 test sites. Testing sites in Montana include Billings and Helena. ANCC certification examinations are fully accredited by NCCA, the National Commission for Certifying Agencies, and are recognized by the National Council of State Boards of Nursing. The website has study guides, sample questions, and an outline of the examination. The credential awarded is APRN, BC (Advanced Practice Registered Nurse, Board Certified).

For more information see [https://www.nursingworld.org/our-certifications/family-nurse-practitioner/](https://www.nursingworld.org/our-certifications/family-nurse-practitioner/)

**References**


Clinical Reference Guide

Student Responsibilities
1. Identify a preceptor and submit Preceptor Information Sheet (page 19) 2 to 3 months prior to the start of each clinical rotation to the DNP (F/I) Clinical Coordinator.
2. Be in compliance in CastleBranch
3. Preceptor packet is sent directly to the preceptor. The student is responsible to confirm preceptor packet is received.
4. Student sends current vita of preceptor or Vita Short Form to DNP (F/I) Clinical Coordinator. It is the student’s responsibility to obtain all needed signatures and a current CV.
5. The signed Agency Agreement is to be returned to the DNP (F/I) Clinical Coordinator before the student is allowed to start clinical. Once all paperwork has been received, the DNP (F/I) Clinical Coordinator will announce that the student is cleared to begin clinical. Students are not to start clinical until they have verification from the Coordinator.
6. Student to monitor clinical hours
7. Complete any assignments (case logs, SOAP notes) as required by clinical faculty or course instructor each semester
8. Student to turn in via Typhon all paperwork to clinical faculty by last Friday of week before finals at end of the clinical experience. Paperwork to include:
   - Clinical hour record and Case log
   - Evaluation of preceptor
   - SOAP note example
9. Send a thank you to preceptor/agency. Some students often include a small token of appreciation, but this is not required.

Preceptor Packet Contains
• Cover letter introducing student and clinical faculty; preceptor responsibilities; duration of course and required clinical hours
• Clinical faculty responsibilities
• Agency Agreement (if applicable)
• Vita short form
• Specific Advanced Clinical course description
• Typhon use instructions

Clinical Faculty Responsibilities
• Conduct clinical seminars monthly to review notes & case studies and to discuss clinical & role issues.
• Maintain monthly contact with preceptor
• Maintain contact with students throughout the semester.
  • ½ day site visit during semester (more if needed)
• Confirm all completed paperwork is completed in Typhon and notify the course coordinator (lead instructor of the didactic portion of the course)
• Provide a grade for each student of satisfactory or unsatisfactory performance at semester end.
MONTANA STATE UNIVERSITY
Preceptor Information
Sheet

Student Name:  
Phone:  
Course Number/Semester/Year:  

More than 1 preceptor this semester?  
Yes  
No  
If yes, specify reason for more than 1 preceptor:

SITE/PRECEPTOR 1:
Preceptor’s Legal Name and Complete Credentials:
Email address:
Agency Name:
Complete Agency Address:
Preceptor/Agency Phone Number:
Focus of Practice (population (age), type of treatment provided, type of setting, etc.):

SITE/PRECEPTOR 2:
Preceptor’s Legal Name and Complete Credentials:
Email address:
Agency Name:
Complete Agency Address:
Preceptor/Agency Phone Number:
Focus of Practice (population (age), type of treatment, type of setting, etc.):

SITE/PRECEPTOR 3:
Preceptor’s Legal Name and Complete Credentials:
Email address:
Agency Name:
Complete Agency Address:
Preceptor/Agency Phone Number:
Focus of Practice (population (age), type of treatment, type of setting, etc.):
Montana State University - Bozeman
College of Nursing Graduate Program
Preceptor Vita Short Form

Name & Credentials: _____________________________________________________________

Agency Name: ________________________________________________________________

Agency Type: _________________________________________________________________

Population Served: ______

Telephone: ________________ E-mail address: ______________________________________

Today’s Date: ______________ Number of years experience in current role: ______ year(s)

Higher Education Degree/s and dates of degree: __________________________________

____________________________________________________________________________

____________________________________________________________________________

Number of hours of continuing education in the last two years, if not practicing in Montana: ____________________________ (hrs)

Board Certified: □ YES □ NO

Certifying Body: ________________________________________________________________

Certification Number: __________ Date of Expiration: ______________________________

State License (Type and State): __________________________________________________

State License Number: ______________ Date of Expiration: __________________________

Is your license unencumbered: □ YES □ NO

For APRN, MD, PA or DO Preceptors

Do You Have Prescriptive Authority? □ YES □ NO

Do You Have a DEA Number? □ YES □ NO

Clinical Coordinator confirms license is unencumbered. □ YES □ NO

Confirmed Certification □ yes □ no

Specialty and Prescriptive Authority □ yes □ no

FOR OFFICE USE ONLY
<table>
<thead>
<tr>
<th>Student Name</th>
<th>Academic Year</th>
<th>Timeline</th>
<th>Course</th>
<th>Preceptor</th>
<th>Agency</th>
<th>Agency Agreement (AA)</th>
<th>Preceptor Vita on file with MSU</th>
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<tbody>
<tr>
<td></td>
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<td>Spring semester before NRSG 621 (deadline February 15th, 20__)</td>
<td>NRGS 621 Advanced Clinical I (Summer 201__)</td>
<td>Women's Health</td>
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<td>By Mid-Summer semester or before (deadline June 1st)</td>
<td>NRSG 622 Advanced Clinical II (Fall, 201__)</td>
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<td>In Spring semester before NRSG 623 (deadline February 15th, 20__)</td>
<td>NRSG 623 Advanced Clinical III (Summer 201__)</td>
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<td>Signed and returned prior to start of semester</td>
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<tr>
<td></td>
<td></td>
<td>In Fall semester before (deadline November 1st)</td>
<td>NRSG 624 Advanced Clinical IV (Spring 20__)</td>
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<td>Signed and returned prior to start of semester by December</td>
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Submit Preceptor Information Sheet to DNP (F/I) Coordinator

Clinical packet is sent to student

Student delivers packet to preceptor. Appropriate agency representative signs.

Student Obtains Preceptor Vita

Signed agency agreement and Preceptor Vita returned to DNP (F/I) clinical coordinator
MSU College of Nursing  
Record of the DNP (F/I) Student’s Clinical Hours

Student Name: ________________________________

Course Number and Title: ________________________________  Semester/Year: ________

Preceptor/s Name: ________________________________  Faculty Name: ________________________________

Total number of clinical hours needed: ________  Total Clinical hours achieved: ________

**Documentation of Hours**

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Site(s)</th>
<th>Hours</th>
<th>&quot;of Clients seen</th>
<th>Types of Clients Seen (e.g., prenatal, postpartum, children, elderly, mental health)</th>
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Preceptor signature: ________________________________  Date: ________________

Clinical Supervisor signature: ________________________________  Date: ________________
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<tr>
<th>Procedure</th>
<th>Competence Level</th>
<th>Preceptor Signature</th>
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<tbody>
<tr>
<td>Exam of eye for foreign body</td>
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<td></td>
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<td>I&amp;D of cyst</td>
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<td></td>
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<tr>
<td>Ingrown toenail removal</td>
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<tr>
<td>Joint injection and aspiration</td>
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<td></td>
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<td>Removal of foreign body from skin, foot</td>
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<td></td>
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<tr>
<td>Slide preparation and Wet Preps</td>
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<td></td>
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<tr>
<td>Speculum/Pap</td>
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<td>Splinting</td>
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<tr>
<td>Suturing</td>
<td></td>
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<tr>
<td>Use of microscope</td>
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Can be continued after the student enters advanced practice to document newly acquired expertise.
SOAP Note Format

Episodic patient visit SOAP note format

Soap Note #1
NRSG 621, Summer 20__
Student ID:
Preceptor ID:
Patient ID: 24 y/o Fe, routine OB check
DOS:

Subjective (S):
Chief complaint (CC): This should be only a few words. What is the main problem or complaint?
HPI: The HPI is a chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present. It includes the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms. ROS: Include pertinent symptoms.
Meds: Current medications they are taking both Rx and OTC
Allergies: to medications or substances
Past medical and surgical history (PMSH): Do they have any medical issues or have they had any surgeries
Family social history (FSH): What is their occupation, are they married or single. Do they use any recreational drugs? How much alcohol do they drink? Do they use tobacco and if so what kind and how much?
Objective (O):
General: are they in distress, well groomed, look stated age?
VS: T: P: R: BP: Sats: Wt: BMI:
Include whatever body systems are pertinent to the chief complaint.

Assessment (A):

A few words on what the diagnosis is. This should correspond to an ICD 10 code.

Plan (P):
1. What is the plan? Did you prescribe any medications? Treatment? Diagnostic tests?
2. What patient education and instructions did you cover?
3. What are the next steps? What follow-up is needed?
Example of a SOAP note: (Episodic patient visit)
By Mary Kay Thurston

Soap Note #1
NRSG 621, Summer 20__
Student ID: Susie Anderson, MSU graduate DNP student
Preceptor ID: Melinda Peters, DNP-BC/ Sunny Valley Family Practice Patient
ID: 24 y/o Fe, routine OB check
DOS: 7/15/_

S: CC: Here for routine 34 week check up
HPI: G1P0 here for routine prenatal care with EDC of 2/19/. History of preterm labor with subsequent anti-tocolytic therapy at 28 weeks with dilation at 1cm. At that time she received two doses of steroid injections.
Today she complains of cramping, vaginal pressure, mild contractions which are irregular and infrequent and last for approximately 30 seconds.
ROS: Denies dysuria, urinary frequency, vaginal bleeding, edema, headaches, blurred vision, nausea or vomiting.
Meds: Prenatal Vitamin 1 tab PO daily
Allergies: Penicillin causes SOB, hives
PMSH: Unremarkable
FSH: Works in the billing department at local hospital. Married for one year. Never a smoker and denies recreational drugs or alcohol use. Always wears her seat belt.
O: Gen: Pleasant, well-groomed 22 y/o female in no acute distress.
VS: T: 98.1 Tympanic P: 72 R: 12 BP: 102/52 Wt: 147 pounds FHT: 142 by Doppler CV: normal rate, regular rhythm, no edema
Lungs: Equal rise and fall of chest, lungs clear to all lung fields on inspiration and expiration. Denies cough.
Abdomen: Round, appropriate for pregnancy. Measuring 33 cm from pubis to top of fundus. Fetus appears to be in vertex position.
Skin: No lesions or rashes
GU: Pelvic Exam performed showing dilation to still remain at 1 cm without thinning of cervix. No discharge noted

A:
   Encounter for antenatal screening of mother (ICD 10: Z36)

P:
1. Encourage good diet and exercise. Continue to increase fluid intake.
2. Schedule non-stress test for later this week and next antenatal exam for 1 week.
3. Given registration material for the birthing unit and she will schedule tour with her husband.
Elements of a Comprehensive History & Physical SOAP note

**Background Information:**
Date History Obtained:
Patient’s Initials:  Sex:  Age:  Race:  Marital Status:
Occupation:  City of Residence:
Source and Reliability of History:
Source of Referral:
Name of Recorder:

**S: Chief Complaint (CC):** This should be only a few words. What is the main problem or complaint?

**History of Present Illness (HPI):** The HPI is a chronological description of the development of the patient's present illness from the first sign and/or symptom or from the previous encounter to the present. It includes the following elements: location, quality, severity, duration, timing, context, modifying factors, and associated signs and symptoms.

**Past Medical History:**
Surgical History- Medical
History- Allergies:
Current Medications:

**Family History:** Include blood relatives that have cancer diabetes, heart disease, autoimmune diseases, etc.

**Personal & Social History:**
Drug and alcohol use, tobacco use, sexual history, occupation, religious and cultural preferences

**Review of Systems:**
General Constitutional Symptoms:
Integumentary:
Head and Neck:
Eyes:
Ears: Nose:
Throat and Mouth: Neck:
Breasts: Respiratory:
Cardiovascular:
Peripheral Vasculature: Hematologic:
GI:
  Endocrine:
  GU:
Musculoskeletal System:
Neurologic:
**Psychiatric:**

**O: Physical Examination:**

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<th>Pulse</th>
<th>RR</th>
<th>SATS</th>
<th>Temp</th>
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General:
Integument:
Head/Face:
Eyes:
Ears:
Nose:
Mouth and Pharynx:
Neck:
Breast:
Respiratory:
Cardiovascular:
Abdomen:
Genital/Rectal: (defer is appropriate, but include if appropriate)
Lymphatic:
Musculoskeletal:
Neurologic: (Mental status, cranial nerves, motor, cerebellum, sensory, reflexes)

**A: Assessment:**
This should be only a few words and corresponds to ICD10 codes. You may have one or several diagnosis codes. They may we wellness codes or illnesses or diseases

1. Encounter for general adult medical examination without abnormal findings (ICD 10: Z00.00)
2. Hyperlipidemia, unspecified (E78.5)

**P: Plan**
Include what the plan of care is. Address each diagnosis code and also what type of medications or testing will be completed. Be sure to include any follow-up care that is needed.
1. Preventative care- discussed need for several immunizations. Due for tdap booster, zoster, and annual flu vaccine. Due for colonoscopy and will send referral to GI. They will call patient for appointment and f/u.
2. Hyperlipidemia- labs discussed with patient. Goal of LDL < 150. Encourage to watch diet. Increase lean meats and fruits and vegetables. Goal of exercise three times per week for 30 minutes. Suggest to recheck lipids in 6 months.