Doctorate of Nursing Practice
Graduate Degree
Nurse Practitioner, Family/Individual

Clinical Manual for Students
2014-2015

Reviewed and Approved August, 2014
Associate Dean for Research and Graduate Education
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Introduction

Welcome to Montana State University College of Nursing DNP (Nurse Practitioner, Family/Individual, (NP, F/I)) Family Nurse Practitioner graduate option! This manual serves as a guide for achieving successful clinical practica. The manual outlines student responsibilities for:

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

Goals of the Clinical Experience

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 clinician 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.

Appropriate Clinical Sites

To prepare for the best clinical experiences, students will complete and send to the Clinical Coordinator (Dr. Jennifer Sofie) a clinical plan by February of their first year of graduate study (see Clinical Placement Plan page 15).

To facilitate the clinical placement and paperwork process, a current short-form vitae is required from each preceptor. Clinical experiences with preceptors that are observational such as radiology do not need a vita. A new vita is required from preceptors on a yearly basis. If needed, a Preceptor Short Form Vita is available online at: http://www.montana.edu/nursing/student/graduate.php.

Please limit preceptors to 1 or 2 per semester for consistency and a richer learning experience.

NRSG 621 (135 hours) -- NRSG 621 Advanced Clinical I requires 2 preceptors. Two-thirds of the semester (approximately 8 weeks or 81 hours) is spent with a pediatric clinician or a family practice clinician who has a large pediatric practice and one-third (4 weeks or 54 hours) of the semester is spent with a clinician whose focus is care of women during pregnancy. A family practice that cares for patients across the lifespan is also acceptable for this full clinical experience.

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 (NP, F/I) role.
NRSG 623 (135 hours) -- NRSG 623 Advanced Clinical III introduces the student to the complexities of elder care. The student will continue to expand H&P skills and develop treatment plans that involve diagnoses and recognition and use of poly-pharmacy.

NRSG 624 (270 hours) -- The goal of NRSG 624 Primary Care IV is to enable the student to progress from a novice to a more expert level of clinical skill and decision-making. Students frequently request clinical sites that are congruent with post graduation career goals.

Who Can Act as a Preceptor?

Nurse Practitioners -- Nurse Midwives – Physician Assistants
- 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 in Montana 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 in Montana as MD, DO or recognized as MD/DO meeting federal guidelines

Preceptor Interview

Some preceptors request an interview with the student. The interview:
1. provides the preceptor with an understanding of the level, ability, and personality of the student; and
2. enables the preceptor to assess if the student would be a “good fit” for the clinical site and the population it serves. Remember you are a guest in the clinical practice. The preceptor has the right to make a decision about whether you are a good match for that particular practice.

Scheduling of 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.
• It is also acceptable to complete several clinical days in a row. For example, clinical sites obtained through Area Health Education Center (AHEC) encourage students to complete clinical hours a week or more at a time. Many of these sites are at rural health clinics or critical access hospitals. They may also pay for travel and provide food and lodging.
• 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.

Attendance

• It is the student’s responsibility to monitor the number of clinical hours.
• Extension of the clinical experience with the preceptor cannot be assumed. 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.

Travel To Clinical Sites

MSU has an extensive policy on student travel (which includes travel to sites in the town where you live). The DNP Family/Individual Clinical Coordinator is required to:

• maintain a list of emergency contacts for each student
• have a copy of each student’s clinical schedule for each semester

Link to full policy: http://www.montana.edu/policy/student_trips/ 

Professional Dress and Behavior

• 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 is subject to review by the College of Nursing Associate Dean for Research and Graduate Education. Refer to College of Nursing (CON) Policy D-3 Clinical Performance in Required Graduate Clinical Nursing Courses. http://www.montana.edu/nursing/student/graduate.html
• Students should be dressed professionally (clinical site-specific attire) and wear a student nametag that meets State Board of Nursing requirements (provided at New Graduate Student Orientation).
• It is suggested that students send their preceptor/s a thank you note at the completion of each clinical practicum as being a preceptor is a big undertaking. Many students will 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. On the first clinical day discuss questions about orientation, computer access, the procedure for cosigning documents, communication with other disciplines, eating, parking arrangements, etc.
3. 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. Complete the Graduate Clinical Placement Plan and Timeline (page 15) and return to the Clinical Coordinator by February 29th, 2015 of the second semester.
2. Complete the Preceptor Information Sheet (page 14) prior to the start of each clinical and submit to the Clinical Coordinator. These are due 2 months prior to clinical and information from these sheets is used to generate preceptor packets. The first deadline will be February 15, 2015.
3. Meet with your assigned clinical faculty at the beginning of the semester preceding the semester of the clinical course. For example, to plan experiences for the spring semester, meet with faculty in the beginning of the fall semester. Review your goals, strengths and weaknesses. Discuss your ideas for clinical sites and potential preceptors. If needed, meet with your clinical faculty again for assistance. It is best to develop a clinical plan through all the clinical experiences to secure the best possible experience. The Clinical Coordinator can also help generate ideas and potential preceptors. Because there is a lot of competition for clinical placement with other nursing, PA, and medical programs, it is suggested that you begin planning months ahead of your clinical start date.
4. Contact the potential preceptor by phone or letter of introduction. You will need to know:
   a) When the course begins and ends
   b) How many clinical hours you will be spending with the preceptor
   c) Days/hours that you are NOT available (e.g., class days, holidays, work)

   Obtain the preceptor’s vita or resume and send the vita to the Clinical Coordinator (Dr. Jennifer Sofie), by email (jennifer.sofie@montana.edu) or fax (406-994-6020), or mail P.O. Box 173560, Bozeman, MT 59717-3650. Please do not send this information via D2L. Electronic submission is the preferred method.

5. The Clinical Coordinator, will prepare a preceptor packet to include an agency agreement, if applicable, signed by the Dean of the College of Nursing. The complete packet will be sent directly to the student to take to the clinical agency and preceptor. The preceptor packet contains an introductory preceptor letter, agency agreement signed by Dean Melland (when applicable), course description/objectives and student evaluation form.
6. The student will be responsible for:
   a) Obtaining the preceptor’s vita
   b) Sending the preceptor’s vita to the Clinical Coordinator
   c) Delivering the preceptor packet to the preceptor
   d) Obtaining a signature on the agency agreement
   e) Returning the signed agency agreement to the Clinical Coordinator before beginning the clinical practicum.

Compliance Card

Students will not be allowed to attend clinical without the required clinical documentation. A “compliance” card is issued by the Associate Dean for Research and Graduate Education. The card will expire on the earliest expiration date listed. The “compliance” card lists the earliest expiration date of the following items:
- PPD
- Professional CPR certification
- Drug Test

This card should be with the student at all times during clinical.

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 Clinical Coordinator, and the student has a current compliance card from the Associate Dean.

- 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.

Documentation

Go to [http://www.montana.edu/nursing/student/graduate.html](http://www.montana.edu/nursing/student/graduate.html) for all forms.

Record of Clinical Hours

Documentation of clinical hours is required to:
- Complete each clinical course with a passing grade
- Certify as an advanced practice nurse
- Recertify the preceptor

It is the student’s responsibility to document all clinical hours and to obtain the preceptor’s signature at the appropriate time.

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, e-mail, computerized log program, typewritten, e-mail.)
d) When clinical SOAP notes are due to the clinical faculty supervisor.

Skills List

Students are encouraged to keep track of new skills. A suggested skills list is included in this manual (page 18). This list may be used for documentation in job interviews after graduation.

Preceptor Evaluation of the Student

It is important for students to review the evaluation form at the beginning of each semester. Course and individual student learning objectives should also 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 on the form provided in the preceptor packet.

**Purpose 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 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 and returned to the clinical faculty.

**Primary Care Forms**

Go to [http://www.montana.edu/nursing/student/graduate.html](http://www.montana.edu/nursing/student/graduate.html) for various primary care forms including evaluations. A copy of the Clinical Hours Record (page 16), Clinical Reference Guide (page 13), and the Clinical Skills and Procedures Checklist (page 18) are included in this manual for your reference.
List of Documentation Required at the End of the Semester

Return to Clinical Faculty before Friday of the last week of classes or as required by clinical faculty:

- Record of Student’s Clinical Hours (signed by preceptor)
- Preceptor’s Evaluation of Student (signed by student and preceptor)
- Student’s Evaluation of Clinical Preceptor
- Clinical Faculty’s Evaluation of Student (signed by student and faculty)

Montana Area Health Education Centers

Montana State University has established a statewide system of regional Area Health Education Centers (AHEC). The Program Office is located on the Montana State University Campus, 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. For more information on the loan repayment plan go to: http://nhsc.hrsa.gov/

Certification Examinations

Two certification examinations are available for nurse practitioner (F/I) 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. Students can submit an official transcript with work to date if applying before the end of last semester of program completion. Automatic notification of local state board of nursing can be requested for eligibility to sit for the examination and successful examination pass.

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 either a master’s program, formal post-graduate master’s program in nursing, or 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 and 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.aanpcertification.org/ptistore/control/index](http://www.aanpcertification.org/ptistore/control/index)

Testing sites in Montana are located in Billings and Helena. For sites in other states consult the website. Should you be unable to take the examination at the scheduled time, you must notify AANP prior to making a new appointment for the examination. The registration fee less a $120 processing fee will be refunded within 30 days. Candidates withdrawing after an appointment has been made for an examination are not entitled to a refund. Applications may be delayed during June when AANP has their annual nurse practitioner convention.

**AANP Testing Fees**

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<td>AANP Members</td>
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<tr>
<td>Nonmembers</td>
<td>$315</td>
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**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 also are fully accredited by NCCA, the National Commission for Certifying Agencies, and are recognized by the National Council of State Boards of Nursing. The Program Director (Associate Dean for Research and Graduate Education) must sign an education validation form to be included with your application. The Clinical Coordinator will assist with completing this form prior to obtaining the Associate Dean’s signature. It often takes up to 8 weeks to receive your admission ticket to
sit for the examination. The website has study guides, sample questions, and an outline of the examination. Credential awarded is APRN, BC (Advanced Practice Registered Nurse, Board Certified).

ANCC Testing Fees

ANA Members.......................................................... $270
American Association of Nurse Practitioners Student Member .................. $290
Non-member........................................................................ $395

For more information see
http://www.nursecredentialing.org/Certification/NurseSpecialties/FamilyNP.aspx

References

American Academy of Nurse Practitioners website http://www.aanp.org/AANPCMS2

American Nurses Credentialing Center website http://www.nursecredentialing.org/

Clinical Faculty Reference Guide

Student Responsibilities

1. Identify a preceptor and submit Preceptor Information Sheet (page 14) two months prior to the start of each clinical rotation to the Clinical Coordinator (Dr. Sofie).
2. Preceptor packet is sent directly to student. Student to take or send packet to preceptor.
3. Student sends current vita of preceptor or Vita Short Form to Clinical Coordinator. It is student responsibility to obtain all needed signatures and a current CV.
4. Student returns signed Agency Agreement to the Clinical Coordinator before being allowed to start clinical. Once all paperwork has been received, the Clinical Coordinator will announce that the student is cleared to begin clinicals. Students are not to start clinicals until they have verification from the Coordinator.
5. HIPPA form is filled out at the beginning of each semester and submitted to clinical faculty
6. Student to monitor clinical hours
7. Log and/or SOAP notes as required by clinical faculty or course instructor
8. Student to return all paperwork to clinical faculty by last Friday of week before finals at end of the clinical experience. Paperwork to include:
   - Clinical hour record
   - Preceptor evaluation of student
   - Student evaluation of preceptor
   - Clinical faculty evaluation of student
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
- Student evaluation form
- Clinical faculty responsibilities
- Agency Agreement (if applicable)
- Vita short form & MSU employment information (for affiliate appointment and library access, if desired)
- Specific Advanced Clinical course description
- Self-addressed, stamped return envelope

Clinical Faculty Responsibilities

- Meet with students to discuss clinical site selection.
- Conduct clinical seminars twice monthly for NRSG 621 & NRSG 622 (once monthly for NRSG 623 & NRSG 624) to review notes & case studies and to discuss clinical & role issues.
- Maintain monthly contact with preceptor
- ½ day site visits (more if needed)
- Turn in all completed paperwork to the Clinical Coordinator at semester end. This includes:
  - Clinical faculty evaluation of student, student hours, preceptor evaluation of student, student evaluation of preceptor, student evaluation of clinical faculty
Preceptor Information Sheet

Semester: Spring, Summer, Fall (circle one)    Year__________

Clinical Course Number: NRSG_______

Student Name: _________________________________________

Preceptor Name: _______________________________________

Preceptor Credentials: FNP, DNP, MD, PA, Other: ______   (circle one)

Agency Name: __________________________________________

Agency Address: _______________________________________

Agency Phone: ________________________________________

I will have more than 1 preceptor this semester:   YES   NO   (circle one)

*If yes, please complete information below for each preceptor

Preceptor Name: _______________________________________

Preceptor Credentials: FNP, DNP, MD, PA, Other: ______   (circle one)

Agency Name: __________________________________________

Agency Address: _______________________________________

Agency Phone: ________________________________________

Preceptor Name: _______________________________________

Preceptor Credentials: FNP, DNP, MD, PA, Other: ______   (circle one)

Agency Name: __________________________________________

Agency Address: _______________________________________

Agency Phone: ________________________________________

Preceptor Name: _______________________________________

Preceptor Credentials: FNP, DNP, MD, PA, Other: ______   (circle one)

Agency Name: __________________________________________

Agency Address: _______________________________________

Agency Phone: ________________________________________
### Graduate Clinical Placement Plan and Timeline

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Academic Year</th>
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<tr>
<td>Timeline</td>
<td>Course</td>
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<tr>
<td>Spring semester before NRSG 621 (deadline February 15th, 2015)</td>
<td>NRGS 621 Advanced Clinical I (Summer 2015)</td>
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<td>By Mid-Summer semester or before (deadline June 15th)</td>
<td>NRSG 622 Advanced Clinical II (Fall, 2015)</td>
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<td>In Spring semester before NRSG 623 (deadline February 15th, 2016)</td>
<td>NRSG 623 Advanced Clinical III (Summer 2016)</td>
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<td>In Fall semester before (deadline November 15th)</td>
<td>NRSG 624 Advanced Clinical IV (Spring 2017)</td>
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#### Five Steps to Clinical

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<th>Step 3</th>
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<tr>
<td>Submit Preceptor Information Sheet to Clinical Coordinator</td>
<td>Clinical packet is sent to student</td>
<td>Student delivers packet to preceptor. Appropriate agency representative signs.</td>
<td>Student Obtains Preceptor Vita</td>
<td>Signed agency agreement and Preceptor Vita returned to Clinical Coordinator</td>
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</table>
Student Name: ____________________________

Course Number and Title: ___________________  Semester/Year: ________

Preceptor/s Name: ___________________  Faculty Name: _________________

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

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Site(s)</th>
<th>Hours</th>
<th># 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: ________________
Students enrolled in the College of Nursing recognize the importance of protection of confidential information about patients and their families and of the operations of agencies where students are placed for clinical experiences. It is the obligation of every student to protect and maintain this confidentiality. All patient information stored via paper or computer system is considered confidential. It is the ethical and legal responsibility of all students to maintain and comply with all confidentiality requirements of the agencies used for clinical experiences.

As a student at Montana State University Bozeman College of Nursing, I agree to the following:

1. I will protect the confidentiality of all patients, family and clinical agency information.
2. I will not release unauthorized information to any source.
3. I will not access or attempt to access information other than that information which I have authorized access to and need to know in order to complete my assignment as a student.
4. I will report breaches of this confidentiality agreement by others to my clinical instructor and/or the course coordinator of NRSG ______. I understand that failure to report breaches is an ethical violation and subjects me to disciplinary action.
5. I will not put patient/family/clinical agency identifying information on any written work completed for any assignment.
6. I will not put patient/family/clinical agency identifying information on any stored information (disk or hard drive) on my own personal computer or on any other public or private computer.

Date ____________________________
Signature ____________________________
Print Name ____________________________

This form will be placed in my academic file; I was given a copy of this agreement for my records.
| Procedure | Competence Level | Independent | Minimal | Moderate | Supervision needed | Performed once with | Supervision needed | Performed || Course | Number | Date | Signature |
|-----------|------------------|-------------|---------|----------|-------------------|--------------------|-------------------|-------------|----------|---------|--------|--------|
| Use of microscope |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Staining |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Spinning |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Speculum/amp |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Pads |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Slide preparation and Vet |            |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Skin, Tast |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Removal of foreign body from Junction and aspiration |            |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Ingrown toenail removal |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| L & D of eyes |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |
| Exam of eye for foreign body |                  |             |         |          |                   |                    |                   |             |                      |         |        |        |

NPNP Clinical Skills and Procedures Checklist
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Student Name: