Doctorate of Nursing Practice
Graduate Degree Program

Family/Individual

Clinical Manual for Students
2017-2018

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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.

Clinical Faculty Roles and Responsibilities

Roles

- Mentor, facilitator
- Assist in student role development and accommodation to practice setting
- Coordinate student experience with the preceptor
- Facilitate the preceptor in role development
- Guardian for nursing identity, graduate education, holism, family
- Provide episodic on-site supervision and role modeling
- Evaluate the student’s learning in an ongoing manner

Responsibilities

- Formally evaluate the student twice each semester. (Works with student ½ day in clinical area)
- Activate problem-solving discussions with preceptor and student if problems arise
- Maintain monthly contact with preceptor
- Provide hourly supervisory conferences with students twice monthly
- Evaluate and provide guidance to aid student to progress in health assessment process
- Evaluate, provide guidance and support for leveled learning
- Assess and problem solve the student’s role assimilation
- Identify and control for nursing, health promotion, and family foci
- Evaluate and provide guidance for student’s record keeping
- Track student clinical time and quality of the learning
- 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
• 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 a clinical plan by February of their first year of graduate study (see DNP (F/I) Student’s Clinical Placement Plan and Timeline page 17).

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 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 your 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.

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.

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).
• 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.

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:

1. provides the preceptor with an understanding of the level, ability, and personality of the student
2. 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 might 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.
- 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.
- 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.
- It is best to try and schedule your clinical hours over the entire semester instead of trying to front load them. The reason for this is that didactic content will take place over the entire semester. It can be frustrating and overwhelming to be in clinical when didactic content has not been covered. Obviously, students are at the mercy of the clinical preceptor. Students need to work closely with them and adhere to their schedule needs, but ideally it is nice to spread clinical education out over the entire semester.
- There is an extensive preceptor directory on Typhon that will be provided to you before your first clinical rotation and then you will be able to access this list in Typhon for future rotations.

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

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

Professional Behavior and Profession Dress

- Students present themselves as ambassadors of Montana State University, the College of Nursing, the Graduate School, and the college’s graduate program. Students are expected to be respectful to preceptors, faculty, staff, and 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-6 Clinical Site Visits and Performance In Required Graduate Clinical Nursing Courses. http://www.montana.edu/documents/nursing/pdf/D6.pdf
- Students should dress 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 clinicals 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. 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 can 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. Complete the DNP (F/I) Student’s Clinical Placement Plan and Timeline (page 17) and return to the DNP (F/I) Clinical Coordinator by February 28 summer clinical education.

2. Complete the Preceptor Information Sheet (page 16) prior to the start of each clinical and submit to the DNP (F/I) Clinical Coordinator. These are due 2 to 3 months prior to clinical and information from these sheets is used to generate preceptor packets. The first deadline is February 28.

3. Contact the potential preceptor by phone or letter of introduction. Students will need to know:
   a) When the course begins and ends
   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)

Obtain the preceptor’s vita and send the vita to the DNP (F/I) Clinical Coordinator

4. The preceptor packet will be prepared by the DNP (F/I) Clinical Coordinator and sent directly to the student and preceptor via email. The preceptor packet contains an introductory letter, agency agreement (when applicable) signed by the College of Nursing dean, course description/objectives, student evaluation forms, and a courtesy affiliate appointment form. The student is responsible to confirm that their preceptor received this information.

5. The student is responsible to see that the preceptor packet is received via email and the agency agreement is signed and returned to the DNP (F/I) Clinical Coordinator preferably by email, but may also be mailed (FNP/I Clinical Coordinator, MSU College of Nursing, Anna Pearl Sherrick Hall, Bozeman, MT 59717) by the established deadline. The agency agreement must be in the Clinical Coordinator’s hands prior to the start of a clinical rotation.

6. Out-Of-State – if a clinical site is located outside the state of Montana it may be necessary for the College of Nursing to hire a short-term surrogate employee to perform at least one clinical site visit on behalf of the college’s clinical faculty member. The student, clinical faculty member, and DNP (F/I) Clinical Coordinator work together to identify a qualified local person. Once recommended by the Clinical Coordinator, the Clinical Coordinator sends the surrogate clinical faculty’s name, employment address, work telephone number, and CV along with the student’s name to the Associate Dean for Research and Graduate Education. The information must be provided at least 1 month prior to the beginning of the semester so that a hiring interview and paperwork can be completed. The Associate Dean will inform the College of Nursing clinical faculty member once hiring is approved.

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, and CPR (Policies A-32, A33, A-34, A-36, and A-38 at http://www.montana.edu/nursing/facstaff/policies.html).

The 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 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 NRS621, NRS622, NRS623, & NRS624 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.

**Documentation of Clinical Hours-Time Logs and Case Logs (Using 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. 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. A separate manual specific to the use of Typhon will be provided to each student by the clinical coordinator.

**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 on page 18 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.
  o **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 on pages 21-24 of this manual.

Skills List
Students are encouraged to keep track of new skills. A suggested skills list is included in this manual (page 20). This list may be used for documentation in job interviews after graduation. Skills also should be tracked in the 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. See [http://www.montana.edu/nursing/student/graduate.html](http://www.montana.edu/nursing/student/graduate.html) for evaluation forms.

**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 and 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. 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 come to 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 the end of the semester. This needs to be reviewed by the student and the time stamp will be considered the “signature” that the student has reviewed this evaluation.

**Primary Care Forms**

See [http://www.montana.edu/nursing/student/graduate.html](http://www.montana.edu/nursing/student/graduate.html) for various current graduate program forms including evaluations and primary care forms. Copies of the Clinical Hours Record (page 18), DNP (F/I) Clinical
Reference Guide (page 15), and the Clinical Skills and Procedures Checklist (page 20) are included in this manual for your reference.

**List of Documentation Required at the End of Each Semester**

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

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/signed by student and preceptor)
- Student’s Evaluation of Clinical Preceptor
- Clinical Faculty’s Evaluation of DNP (F/I) Student (reviewed/time stamped/signed by student and faculty)
- Case Log- clinical patient log in Typhon (reviewed/time stamped/signed by student and faculty)
- Current HIPAA form submitted each semester into the correct external document folder in Typhon.

**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](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/](http://nhsc.hrsa.gov/).

**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. 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 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.aanpcertification.org/ptistore/control/index

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 Program Director (Associate Dean for Research and Graduate Education) must sign an education validation form to be included with your application. The DNP (F/I) 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. The credential awarded is APRN, BC (Advanced Practice Registered Nurse, Board Certified).

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 Reference Guide

Student Responsibilities

1. Identify a preceptor and submit Preceptor Information Sheet (page 16) 2 to 3 months prior to the start of each clinical rotation to the DNP (F/I) Clinical Coordinator.
2. Preceptor packet is sent directly to the preceptor and the student.
3. 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.
4. Student returns signed Agency Agreement to the DNP (F/I) Clinical Coordinator before being 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 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 via Typhon
6. Student to monitor clinical hours
7. Log and/or SOAP notes as required by clinical faculty or course instructor
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/log
   - Student evaluation of preceptor
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 & MSU employment information (for affiliate appointment and library access, if desired)
- Specific Advanced Clinical course description
- Self-addressed, stamped return envelope

Clinical Faculty Responsibilities

- 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) (College of Nursing Policy D-6, http://www.montana.edu/nursing/documents/pdf/D6.pdf)
- Turn in all completed paperwork to the DNP (F/I) Clinical Coordinator at semester end. This includes:
  - Clinical faculty evaluation of student, student hours, preceptor evaluation of student, student evaluation of preceptor
Preceptor Information Sheet

Clinical Course Number: NRSG
Semester: Year:

I will have more than 1 preceptor this semester: [ ] Yes [ ] No

Student Name: Phone:
Mailing Address

Please provide the following information for each preceptor

Preceptor Name:
Preceptor Credentials: select one Other:
E-mail Address:
Agency Name:
Agency Address:
Agency Phone:

Preceptor Name:
Preceptor Credentials: select one Other:
E-mail Address:
Agency Name:
Agency Address:
Agency Phone:

Preceptor Name:
Preceptor Credentials: select one Other:
E-mail Address:
Agency Name:
Agency Address:
Agency Phone:
# DNP (F/I) Student’s Clinical Placement Plan and Timeline

<table>
<thead>
<tr>
<th>Student Name</th>
<th>Academic Year</th>
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<tbody>
<tr>
<td>Timeline</td>
<td>Course</td>
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<tr>
<td>Spring semester before NRSG 621 (deadline February 28th, 20__)</td>
<td>NRGS 621 Advanced Clinical I (Summer 201__)</td>
</tr>
<tr>
<td>By Mid-Summer semester or before (deadline June 1st)</td>
<td>NRSG 622 Advanced Clinical II (Fall, 201__)</td>
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<tr>
<td>In Spring semester before NRSG 623 (deadline February 28th, 20__)</td>
<td>NRSG 623 Advanced Clinical III (Summer 201__)</td>
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<tr>
<td>In Fall semester before (deadline November 1st)</td>
<td>NRSG 624 Advanced Clinical IV (Spring 20__)</td>
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## Five Steps to Clinical

<table>
<thead>
<tr>
<th>Step 1</th>
<th>Step 2</th>
<th>Step 3</th>
<th>Step 4</th>
<th>Step 5</th>
<th>Begin Clinical!!!</th>
</tr>
</thead>
<tbody>
<tr>
<td>Submit Preceptor Information Sheet to DNP (F/I) 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 DNP (F/I) clinical coordinator</td>
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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># 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.
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Competence Level</th>
<th>Date</th>
<th>Preceptor Number</th>
<th>Preceptor Signature</th>
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**MSU-Bowen College of Nursing Graduate Program**

National Organization of Nurse Practitioner Faculties

SOAP Note Format

Episodic patient visit SOAP note format

Soap Note #1
NRSG 621, Summer 2017
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 2017
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:  7/15/17

S: CC: Here for routine 34 week check up
HPI: G1P0 here for routine prenatal care with EDC of 2/19/17. 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:

<table>
<thead>
<tr>
<th>BP</th>
<th>Pulse</th>
<th>RR</th>
<th>SATS</th>
<th>Temp</th>
<th>Pain</th>
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</tbody>
</table>

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 be 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.