



THE UNIVERSITY OF ARIZONA

College of Nursing

**DNP and Nurse Practitioner
Graduate Certificate Program
Clinical Handbook
2024**

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General Information

This publication is for informational purposes and is neither a contract nor an offer to contract. The College of Nursing reserves the right to change any provision or requirement without notice. This material supplements the University of Arizona Graduate Catalog and the College of Nursing DNP Program Handbook. Additional information may be found at the following websites:

- [The University of Arizona](#)
- [The University of Arizona Catalog](#)
- [The Graduate College](#)
- [The College of Nursing](#)

The DNP and Nurse Practitioner Graduate Certificate Program Clinical Handbook is designed as a resource for DNP and graduate certificate students, clinical supervising faculty, and preceptors. Relevant policies and procedures of the University of Arizona, Graduate College, and College of Nursing are included in this handbook. Much of the information is online; therefore, the actual websites are listed for the official information on policies and procedures. Where information is not available online, a brief description is provided.

Additional information can be obtained from the Office of Student & Academic Affairs (OSAA) or the faculty advisor within the College of Nursing. Students are responsible for knowing and adhering to all established policies and procedures.

Relationship to Other Documents

The DNP and Nurse Practitioner Graduate Certificate Program Clinical Handbook is intended to be used in conjunction with other university documents, including those named and linked above. Students should first consult their Program Handbook and relevant Clinical Handbooks and then consult the appropriate Graduate College or university policies when questions arise. Many policies in the DNP and Nurse Practitioner Graduate Certificate Program Clinical Handbook are specific to students in the program and within the College of Nursing. All students, faculty, and staff must read the handbook and be familiar with college and university policies.

In addition to this handbook, students must review the [Policies & Procedures](#) posted on the College of Nursing's website. These policies include (but are not limited to):

- Obligation to self-report
- Code of Ethics for Nurses
- Use of Social Media
- Clinical Policies (technical/essential qualifications, immunizations, uniforms, etc.)
- Graduation

The College of Nursing upholds all [University Policies](#) related to but not limited to, the following:

- Absence and Class Participation
- Threatening Behavior
- Accessibility and Accommodations
- Code of Academic Integrity
- Nondiscrimination and Anti-Harassment

Each student must understand and adhere to the Board of Nursing requirements in the state where they will complete their clinical training with a preceptor.

Section 1: Clinical Placements

Clinical Course Progression

The DNP and Nurse Practitioner Graduate Certificate programs require a set minimum number of clinical hours for students. Refer to each specialty's [Program of Study](#) for detailed information on clinical hour expectations. All specialty-specific questions should be referred to the appropriate Specialty Coordinator and/or Clinical Placement Coordinator.

Required Forms

Progression in the DNP program requires the timely completion of required forms for clinical placement and preceptor work. All the documents needed to complete the DNP Program can be found on the College of Nursing website. Links are provided below:

- [Guides](#)
 - Clinical Policies Handout (Orientation Guide)
 - Clinical Rotation Tip Sheets
- [Applications](#)
 - Nurse Practitioner Clinical Placement Applications
- [Forms](#)
 - Preceptor Information Form
 - Student Request for Contract
 - Steps to Getting Certified and Licensed as an NP
- [Clinical Compliance](#)

Preceptors

- All students must collaborate with the Clinical Placement Coordinators about potential preceptors. Students are strongly encouraged to engage proactively in the collaborative clinical placement process. The Clinical Placement Coordinator will explore placement possibilities on behalf of the student and communicate with the student regarding the status of the clinical placement process.
- Students must maintain open communication with the Clinical Placement Coordinator and promptly respond to all clinical placement communication.
- Once a preceptor has been identified, a link to the preceptor information form on the student resources webpage will be sent to the preceptor for completion of the form.
- Specialty-specific faculty evaluate potential preceptors and clinical sites to ensure the clinical placement meets program requirements and semester- and specialty-specific clinical course objectives.
- The Clinical Placement Coordinator and faculty will review and either approve or deny the potential preceptor, informing the student of the decision.

Clinical Placement Collaboration Form

- The Clinical Placement Collaboration Form is a communication tool to inform the Clinical Placement Coordinator of a clinical organization the student identifies for a potential clinical or practicum rotation.
- The Clinical Placement Collaboration Form is available on the College of Nursing [DNP Clinical Placements](#) webpage.
- For optimal clinical collaboration, the student must submit a completed form **6 months before the start of the clinical semester** in which the student plans to attend clinical with the organization.

Clinical Site Contracts

- College of Nursing cannot start the clinical contract process until the preceptor has returned a signed, completed preceptor information form.
- Before a student can start a clinical practicum, there must be a fully executed clinical contract between the University of Arizona and the clinical organization.
- Contracts are legal documents that may take 60-90 days to fully execute.
- Students are encouraged to proactively collaborate with the clinical coordinator(s) and allow adequate time for the clinical contract process to be completed.
- A student may not start a clinical practicum unless there is a fully executed clinical contract.
- Clinical Placement Coordinators help facilitate the clinical contract process; however, the College of Nursing faculty and staff cannot directly negotiate or expedite the contracting process.

Leave of Absence & Clinical Placements:

DNP students who wish to take a Leave of Absence (LOA) must review the policy in the [DNP Program Student Handbook](#). The student should discuss their intent with their faculty advisor and propose an updated Plan of Study to complete their coursework. The student must also notify their Specialty Coordinator. Because clinical placements are arranged months in advance, students must continue to check their official UA email throughout the LOA. Failure to check UA email at minimum weekly and complete any required clinical documents or processes promptly may delay clinical placement and progression in the program.

Section 2: Clinical Guidelines

Critical Incident Reporting

[Student Occupational Exposure Procedure in Clinical](#) should be followed when a student is injured in the College of Nursing building or at a clinical agency. A student must report critical incidents that have taken place within a clinical affiliate site to the Specialty Coordinator, Clinical Supervising Faculty (CSF), and the Office of Student & Academic Affairs (OSAA) at the time of the occurrence (within 24 hours). Critical incidents include but are not limited to patient/student injury, complications, morbidity, or mortality. Students must complete the 'Non-Employee Incident Report' form on the [University of Arizona's Risk Management website](#). Furthermore, any non-critical incident concerns about a student, preceptor, or clinical matter must be conveyed to the assigned CSF within 48 hours. All circumstances must be documented and communicated to the clinical site, CSF, and Specialty Coordinator. Contact [OSAA](#) for information regarding items that are required for potential reimbursement.

Licensure Concerns

Students are required to maintain an active, unencumbered RN license throughout the program. If at any time there are complaints or charges against the license from any Board of Nursing for which the students holds a license, the student must notify the College of Nursing. Periodic checks of licensure status may also be done throughout the program.

Patient Records

On each clinical rotation, it is the student's responsibility to ensure that the supervising clinician also sees all patients seen by the student. The supervisor should also review all student notes written in medical records and countersign these documents. Countersignature by a licensed preceptor (APRN or physician) is required. Under no circumstances should a student initiate care for any patient on any rotation without prior consultation and approval of the preceptor. These guidelines must be strictly adhered to for the student's protection and the protection of the patients. All data gathered about the patient and their illness, including all items within a patient's medical history, is privileged information. Please read the [HIPAA Policy & Compliance Statement](#) on the College of Nursing webpage.

- Students must never discuss or present a patient's records in a manner or situation that violates that record's confidential nature.
- Charts or contents, e.g., lab reports, etc., cannot be removed from the clinical setting.

Professionalism

Professionalism is an expected competency, as outlined in the American Association of Colleges of Nursing (AACN) Essentials. To continually promote student development, the expectation of integrity, ethical and accountable behavior, and professionalism will be evaluated within the clinical rotations and courses. Preceptors can provide feedback to Clinical Supervising Faculty, Specialty Coordinators, and Clinical Placement Coordinators at any time, and faculty will address professionalism concerns promptly. Students must meet the full expectation of clinical professionalism as outlined in course syllabi and program handbooks to progress in the program.

Dress Code

College of Nursing students are representatives of the educational program, the University of Arizona, clinical affiliates, the specialty, and the profession. Maintaining a professional appearance facilitates the acceptance of the profession and the individual by patients and other health professionals. Students are always expected to maintain a neat, professional appearance and a high standard of personal cleanliness. Students are expected to dress appropriately and behave professionally at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA). The clinical site may specify the dress code following OSHA and state law considerations. Business casual attire is a minimum standard expected for students in the clinical environment. Students' attitude must follow the dress code and policies of the clinical organization.

Students are reminded that when self-identifying or being identified as a student from the University of Arizona College of Nursing (including but not limited to verbal identification; visual identification, such as logos on clothing or scrubs; or written identification), the student is representing the specialty, the profession, the College, the University, and the clinical affiliates, and is expected to conduct themselves professionally. In addition to the policies outlined in the specific nursing program handbook and the University's Code of Conduct, off-campus conduct that adversely affects the college community, the College's professional standards, and the reputation of the College may be subject

to a Code of Conduct violation. Information can be found on the [Dean of Students](#) site.

Social Media

The College of Nursing adheres to the University of Arizona's standards regarding using social media in the workplace. The University policies are on the [Dean of Students and Human Resources website](#). Additionally, students in the College of Nursing should review [A Nurse's Guide to the Use of Social Media](#) produced by the National Council of State Boards of Nursing and the American Nurses Association's [Social Media Principles](#). Additional information regarding the use of social media is in the [DNP Program Handbook](#).

Electronic Devices and Clinical:

Students should not use cell phones, pagers, recording devices, or other electronic communication devices in the clinical area; however, students may be allowed to use electronic communication devices within the clinical setting with the direct permission of their clinical faculty or preceptor. Students must adhere to all specific institutional policies and procedures and professional behaviors about using electronic devices during clinical lab time (including clinical conference times). Computer, tablet, and cell phone use during the clinical time should be restricted to clinical care-related activities only. Using computers for personal communication, entertainment, and to work on academic assignments is strictly prohibited. Inappropriate use of any electronic device during clinical may result in dismissal from the clinical setting. In addition, improper use of electronic devices within the clinical environment constitutes unprofessional behavior.

Legal Liability and Liability Insurance

Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor will remain the primary care provider, be responsible for patient care decisions, and continue to provide follow-up care. Preceptors have ultimate decision-making power over and responsibility for the details of care, including training activities and direct supervision of student learning experiences. The student's insurance coverage for practice as an RN will not generally protect them from liability in their advanced practice student role. The University of Arizona matriculated students are insured under the provisions of [Arizona Revised Statutes §41-621](#) et seq. (State of Arizona Self-Insurance Program) for the protection of assigned students in the course and scope of students' clinical practicum educational activities.

Section 3: Clinical Compliance

Students must maintain 100% compliance with all required clinical requirements. Review the requirements on the [Clinical Compliance website](#) for specific information. Required immunizations can be obtained at Campus Health. For information and pricing, call the Billing and Claims office at 520-621-6487 or visit the [Campus Health](#) website.

Clinical Compliance Tracking System

Clinical Compliance Tracking System is an online database that tracks clinical requirements that include, but are not limited to, illicit drug screening, proof of health insurance coverage, current immunizations and titers, CPR completion, and fingerprint clearance card. Students must utilize this online tracking system to maintain and store their records and clinical requirements. The Clinical Compliance department in the College of Nursing will provide each student with detailed instructions regarding setting up an account and meeting program and clinical organization requirements.

Compliance

The Clinical Compliance Tracking System sends automated reminders of items that are near expiration. Students are responsible for monitoring email communication from Clinical Compliance Tracking System and complying with all requirements before and during their clinical rotations. If a student is not in compliance three months before starting their first clinical rotations, they may not be permitted to begin their clinical rotations. If a student does not remain in compliance during their clinical rotations, they will be immediately removed from clinical. Students cannot start or resume their clinical rotation until they comply with all Clinical Compliance Tracking System requirements. If the student cannot complete clinical hours due to noncompliance, they may receive a failing grade in the clinical course. Some clinical sites will require students to provide additional items and complete online training or orientation before starting the clinical rotation; the clinical placement coordinator will advise students of this requirement. Failure to complete clinical site-required applications, documents, or directions will delay the start of clinical or result in removal from the clinical rotation.

Section 4: Clinical Rotations

Overview of Student Responsibilities

Each clinical course builds on the previous clinical course's content and clinical application experiences. Students are responsible for knowing expectations for learning and the criteria for satisfactory performance in each clinical management course. Students ensure that the preceptor is informed of the expected student learning outcomes and has access to the clinical course syllabus. Preceptor-requested reading, meeting attendance, and other types of research or knowledge building must be performed on the student's own time. Students shall conduct themselves professionally and respectfully during class time, clinical time, and professional meetings and seminars.

Clinical Documentation

When entering clinical notes and patient encounter logs into the clinical documentation system, students must adhere to the standards in the [Code of Academic Integrity policy](#). Falsifying documentation will be considered a violation of this policy and will result in disciplinary action.

Students must keep patient encounter logs and submit them within seven days of the patient encounter. Patient encounter logs started and saved but not submitted within seven days of the patient encounter will not be accepted. The Clinical Supervising Faculty (CSF) monitors patient encounter logs weekly to follow student progress. Only logs submitted within seven days of the patient encounter and approved by the CSF count towards the semester's clinical hours. Students are expected to document accurately all hours spent in the clinical setting, including allocating accurate times for various activities (e.g., actual patient encounters and consultation with the preceptor). Accuracy in recording all time spent in each category is expected (see [Code of Academic Integrity](#)). The time spent on clinical documentation in the documentation tracking system does not count as clinical hours.

Clinical Time Components

Clinical time, which counts toward required clinical hours, is comprised of two components:

- Patient Time: the time the student spends directly communicating with the patient
- Consultation Time: the time with the preceptor directly communicating about the case, student research in connection with that patient case, or other professional activities as approved by the Specialty Coordinator

Attendance

The student should attend the required clinical practicum hours consistent with the program requirements, policies on academic standards, and the preceptor's agreed-upon clinical schedule with Clinical Supervising Faculty (CSF) permission. Students should not assume that if they fail to complete the required number of clinical hours for the term, they will automatically be granted an incomplete or permitted to make up clinical hours with their preceptor. Approval for extending clinical hours beyond the semester in which the course is taken must be approved by the Clinical Supervising Faculty, Course Chair, and Specialty Coordinator. Suppose a student cannot complete the required hours due to an unforeseen event, such as the student's or preceptor's illness. In that case, the student and preceptor must notify the Clinical Supervising Faculty immediately.

Absence from Clinical

On the first clinical day, students should identify the procedure for contacting the preceptor in case of absence. Suppose a student is going to be absent for a scheduled clinical day (due to illness or emergency). In that case, the student must notify the preceptor before the beginning of the scheduled clinical day. It is the student's responsibility to notify the clinical supervising faculty of the absence and to negotiate with the preceptor regarding rescheduling their missed clinical time. If the student has not contacted the preceptor, the preceptor will notify the CSF regarding the unprofessional conduct.

Section 5: Clinical Supervising Faculty (CSF)

The Clinical Supervising Faculty is responsible for the student's clinical experience in a specific course and having at least weekly contact with the student and frequent contact with the preceptor in the clinical setting. Communication is necessary for the CSF to understand how the student is performing. It also facilitates early intervention when a student's performance is not at the level expected for that course. Ultimately, the supervising clinical faculty member evaluates the student's performance using their assessment data and input from the preceptor. The CSF determines a student's clinical grade in a clinical course.

The CSF will provide their name and contact methods to the preceptor and the specialty coordinator's name and contact number so that if the preceptor experiences any difficulty reaching the CSF, the specialty coordinator can be contacted.

The CSF arranges a time with the preceptor for a site visit(s) to observe the student providing patient care minimally once a semester. The student site evaluation(s) can also be completed using HIPPA-compliant video conferencing. CSF-student-preceptor telephone conference calls may also be used for clinical performance evaluation.

Clinical Evaluations

The CSF is responsible for a student's final clinical grade in a course. The preceptor will notify the CSF immediately when patient safety issues are potentially compromised, or student performance does not meet acceptable standards. The student will be immediately removed from direct patient care in case of compromised patient safety.

- CSF Midterm Evaluation: the CSF meets with the student and the preceptor and then completes an evaluation in the clinical documentation system at the midpoint of every clinical semester.
- CSF Semester Final Evaluation: the CSF meets with the student and the preceptor and then completes an evaluation in the clinical documentation system at the end of every clinical semester.
- Preceptor Semester Final Evaluation: the preceptor will receive an online evaluation in clinical documentation system at the end of every clinical semester and completes it in the clinical documentation system.
- Student Evaluation of Preceptor: the student will receive an online evaluation from clinical documentation system at the end of every clinical semester and completes it in the clinical documentation system.

Section 6: Patient & Student Rights

Patients' Rights

- Know who is providing their Care and who will be supervising the Care and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard.
- Expect that those services provided by students will be under the supervision of an APRN and/or a physician. This should be consistent with the complexity of the patient, the magnitude of the condition, and the educational level of the student.
- Expect that the student and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs or other incapacitating conditions.
- Expect that costs to patients for student and supervisory services will be fair and equitable.
- Expect that nothing shall prevent any patient from requesting not to be a teaching patient, or prevent any member of the medical staff from designating any patient as a non-teaching patient.

Student Rights

Students have a right to expect that:

- They will not be exploited relative to the time commitment for pay or profit of the conducting institution.
- Enrollment in a nursing program grants certain rights and responsibilities to the student and the program. These rights and responsibilities of each party should be fully complied with and understood.
- A student's failure to achieve the goal within the expected time frame should be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as necessary. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of student progress in the educational program will be made, and they will be kept informed of their progress. If at any time there is a patient safety concern reported to the CSF or other College of Nursing faculty by the clinical site or preceptor, the CSF and student will meet as soon as possible to address the concern. A review process will be initiated, and further actions will be discussed with the preceptor, course chair, Specialty Coordinator, and DNP Program Director. Every effort will be made to conduct the inquiry in a timely manner and the student may be asked to not attend clinicals during the inquiry.

Section 7: Student Scope of Practice

Overview:

Student APRNs must function within a scope of practice supported by theory and clinical experience provided during their academic preparation.

- Adult-Gerontology Acute Care (AGACNP) specialty may provide care only to adult patients 17 years of age and above. Under no circumstances should they care for children, although they may observe care provided by others, such as their preceptor, on rare occasions.
- Pediatric (PNP) specialty may provide care only to patients 21 years of age and under (unless the patient's medical condition necessitates ongoing care from a pediatric provider). Under no circumstances should they provide care to adults, although they may observe care provided by others, such as their preceptor, on rare occasions.
- Family (FNP) and Psychiatric Mental Health (PMHNP) specialties may provide patient care across the lifespan.

Chaperone of Individuals

- Students are responsible for reading the policy of the clinical agency in which they are being mentored related to chaperoning of individuals from birth to 19 years of age.
- Students are to follow the agency policy related to chaperoning individuals from birth to 19 years of age
- The College of Nursing's minimum standard of care that all students are required to follow is the following:
 - If the patient is an adolescent or young adult and the examination requires inspection or palpation of anorectal or genital areas and the female breast, a chaperone is required. It is highly recommended that the student's preceptor serves as the chaperone.

Adult Gerontology Acute Care Nurse Practitioner (AGACNP)

- Scope of Practice: AGACNP student care focuses on the acutely ill and/or acute exacerbations of chronic illness only for adult patients 17 years of age and above.
- Preceptors must be an MD, DO, ACNP or AGACNP who has been licensed a minimum of two years in clinical practice. Consideration for a preceptor with 1-2 years of clinical experience will be on a case-by-case basis. The following providers are not approved as preceptors for the AGACNP specialty: FNPs, PAs, AGPCNP, CRNAs, Chiropractors, Traditional Chinese Medicine Doctors, or Naturopathic Physicians.
- Clinical Setting include acute care hospitals, subacute hospitals, and outpatient specialty specific offices. Teams at these settings include hospitalists, intensive care specialists, sub-specialty services, or emergency medicine within these sites. Urgent care and internal medicine/family practice sites are not acceptable as they do not meet the requirements for a true acute care setting.
- Student Practice Guidelines:
 - 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
 - 2) Students are encouraged to arrange consecutive clinical days.
 - 3) Students are NOT to care for any patients on a hospital unit on which they are currently employed or have worked within the previous 12 months.
 - 4) Students are NOT allowed to interview, examine, or perform procedures on patients 17 years of age and younger.
 - 5) To provide a more well-rounded clinical experience, it is recommended that students only spend approximately 90-180 hours with each subspecialty service (i.e. nephrology, palliative care, cardiology, etc.). Special approvals, however, can be given by the Specialty Coordinator based on student experience and post-graduation plans.
 - 6) Students may perform selected diagnostic and therapeutic skills and invasive procedures under direct preceptor supervision. With preceptor oversight, students may perform procedures for which they have received didactic content, such as ECG, CT, and CXR interpretation, percutaneous suturing, simple I&D, orotracheal intubation, tube thoracostomy, central venous line placement (IJ, subclavian, femoral) and arterial (radial) cannulation. Prior to each clinical rotation, students and preceptors will receive an exact list of procedures for which students have received didactic training to perform.

- 7) Students can only assist or perform the procedures learned during Clinical Immersion (CI), regardless of a preceptor's willingness to supervise the student in performing procedures. At no point in time should an AGACNP student ever provide surgical first assist within the operating room setting regardless of other training or prior experience.
- 8) Students may shadow the preceptor for the first 2-3 days of the initial clinical experience only. The observation days will be duly marked "observation" in the clinical recording system.
- 9) Students are responsible for assuring the preceptor's final evaluations are submitted.

Family Nurse Practitioner (FNP)

- Scope of Practice: FNPs provide primary care to patients across the lifespan.
- Preceptors must be an MD, DO, FNP, or an APRN approved by the Specialty Coordinator, who has been licensed and practicing in their advanced role, with direct patient care, for a minimum of one year and without license restrictions. APRN preceptors must also be board certified.
- Ideal clinical settings for the FNP student are primary care offices, also called family practice. Other acceptable sites include urgent or convenience care clinics, pediatric offices, women's health practices, long-term care settings, primary care mobile services, and community health centers.
- Student Practice Guidelines:
 - 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
 - 2) FNP students may see patients from newborn to geriatric.
 - 3) A minimum of 90 clinical hours in pediatrics (age <21 years old) is required. Women's health hours are not required but highly recommended. Up to 90 clinical hours may be done in a specialty outpatient setting, upon approval of the FNP Specialty Coordinator.
 - 4) Students may perform selected diagnostic and therapeutic skills and procedures under direct preceptor supervision. Under preceptor oversight, students may perform minimally invasive procedures for which they have received didactic content, such as ear lavage, point-of-care ultrasound, EKG, spirometry, and splinting. More invasive procedures, such as female pelvic exams, joint injections, toenail removal, I&D, and suturing, may only be performed with preceptor oversight after hands-on practice at Clinical Immersion. All procedures or diagnostics are to be performed with preceptor oversight. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures. There should be no participation in procedures or diagnostics outside the FNP scope of practice.
 - 5) Students are not to care for any patients in the same department of a clinic or facility in which they have worked in the past year.
 - 6) Students are responsible for assuring preceptor final evaluations are submitted.
 - 7) Students may "shadow" for the first week of the rotation. After that, the student is expected to participate in patient care as the preceptor allows according to the syllabus of the corresponding clinical didactic course.
 - 8) Students are discouraged from grouping clinical time; hours are to be done over the course of the semester.

Pediatric Nurse Practitioner (PNP)

- Scope of Practice: Primary Care PNPs provide care to patients from birth to 21 years of age, including well child care and prevention/management of common pediatric acute illnesses and chronic conditions.
- Preceptors must be a pediatric MD, DO, or PNP who has been licensed a minimum of one year (minimum of two years preferred) and must hold a license without restrictions. FNPs who work solely in a pediatric primary care setting may be approved by the Specialty Coordinator on a case-by-case basis.
- Clinical Setting: Outpatient pediatric primary care offices are the ideal site for PNP students.
- Student Practice Guidelines:
 - 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
 - 2) Students are not allowed to interview, examine, or perform procedures on patients older than 21 years of age.
 - 3) Students may perform selected diagnostic and therapeutic skills and procedures under direct preceptor

supervision. Under preceptor oversight, students may perform minimally invasive procedures for which they have received didactic content, such as EKG and splinting. More invasive procedures, such as ear lavage, foreign body removal, I&D, and suturing, may only be performed with preceptor oversight after hands-on practice at Clinical Immersion. All procedures or diagnostics are to be performed with preceptor oversight. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures. There should be no participation in procedures or diagnostics outside the Primary Care PNP scope of practice.

- 4) Students are NOT to care for any patients in a department or pediatric clinic in which they currently work or have worked within the previous 12 months.
- 5) Students may "shadow" the preceptor for the first 2 to 3 days of the first clinical rotation only. Subsequent to that, students are expected to participate in patient care as the preceptor allows according to the guidelines of the corresponding clinical course.
- 6) Students are to complete their required clinical hours in primary care pediatric settings (pediatric primary care office and ambulatory and school-based clinics).
- 7) Students are not allowed to interview, examine, perform procedures, or otherwise manage high acuity, unstable pediatric patients that require the hospital setting for management.
- 8) Students are responsible for assuring preceptor final evaluations are submitted.
- 9) Students are discouraged from grouping clinical time; hours are to be done over the course of the semester.

Psychiatric Mental Health Nurse Practitioner (PMHNP)

- Scope of Practice: PMHNPs may provide psychiatric- mental health care to patients across the lifespan.
- Preceptors must be an MD or DO who is board certified in psychiatry, or a board certified PMHNP who has been licensed and working a minimum of two years and without license restriction. In some cases, a preceptor with >1 year experience may be considered and approved by course chair and specialty coordinator.
- The following providers are not approved as preceptors for the PMHNP specialty: FNPs, PNs, PAs, AGACNP, CRNAs, Chiropractors, Traditional Chinese Medicine Doctors, Naturopathic Physicians, Clinical Nurse Specialists, or those who provide therapy only.
- Clinical Setting: Rotations will be coordinated to ensure the student will cover the lifespan. It is recommended to complete clinicals in an outpatient setting for the majority of the clinical time. An inpatient rotation must be approved by the Specialty Coordinator for a limited number of hours during the last two clinical semesters.
- In-person clinical hours must be greater than half of the required hours unless otherwise approved by the course chair and specialty coordinator.
- Student Practice Guidelines:
 - 1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule and the availability of the CSF.
 - 2) Students may perform only selected diagnostic and therapeutic skills and procedures under direct supervision as taught in the formal curriculum and clinical immersion.
 - 3) Students are not to care for any patients in the same department of a clinic or facility in which they currently work or have worked in the past year.
 - 4) Students are responsible for assuring preceptor final evaluations are submitted.
 - 5) Students must achieve 100 hours of pediatric patient experience over the course of the clinical semesters.
 - 6) Students may "shadow" for the first two weeks of the first rotation. Subsequent to that, the student is expected to participate in patient care as the preceptor allows, according to the syllabus of the corresponding clinical course.
 - 7) Students are discouraged from grouping clinical time, hours are to be done over the course of the semester.

Nurse Midwife

- Scope of Practice provides reproductive and sexual health care across the lifespan.
- Preceptors may include a Certified Nurse-Midwife (CNM), MD or appropriate APRN. Greater than 50% of clinical experiences must be under the supervision of a CNM preceptor. A preceptor must have a minimum of one year of clinical practice without license restrictions.

- Rotations will be coordinated to ensure the student will cover the following content areas gynecologic, preconception, antenatal, intrapartum, postpartum, primary care, and neonatal care up to the first 28 days of life. Clinical experiences will include outpatient and birth related care. Preceptors and clinical sites must be approved by faculty and/or the Specialty Coordinator.

Executive Health System Leadership

Leadership Practicum Guidelines

- Scope of practice will include leadership related activities exclusively. No direct patient care is allowed
- Preceptors must be RN with doctoral preparation, e.g. PhD, DNP, EdD degree and approved by the specialty coordinator.
- The practicum setting may be the organization currently employing the student; however, other settings may be considered with specialty coordinator approval
- Preceptors are expected to be employed by the same organization as the practicum setting; however, exceptions may be made pending consultation with and approval from the specialty coordinator
- All practicum settings must complete a contract with the College of Nursing prior to the student beginning the practicum experience. The contract is a legal document and may take several months to execute fully. The student may NOT begin the leadership practicum unless there is a fully executed contract in place, no exceptions will be allowed.
- Student Practicum Guidelines
 - 1) Practicum experience will not be part of your normal job requirements. The practicum experiences must be activities that you would not normally participate in as part of your current job responsibilities.
 - 2) Leadership experiences may be coordinated with your preceptor and/or guided by the preceptor; however, you are not expected to spend all practicum hours shadowing your preceptor.
 - 3) Attendance at leadership conferences may be permitted as part of your practicum experience.
 - 4) Hours spent preparing and implementing your DNP project will not be counted toward your required practicum hours.