

Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences

UNIVERSITY OF COLORADO COLORADO SPRINGS

# Nurse Practitioner Practicum Handbook

Psychiatric Mental Health

Nurse Practitioners Students

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## STATEMENT OF FACULTY REVIEW

Graduate faculty review this Handbook at the beginning of each semester. Changes are made in the Handbook at the discretion of the faculty. Students are expected to comply with the guidelines in the Handbook that is current each semester

## ARTICLE I: NP CLINICAL PRACTICUM EXPERIENCE

## Section A: Overview of Clinical Practicum Experience

The goal of the nurse practitioner clinical practicum experience is to engage students in varied, quality clinical experiences in both in-patient and primary care settings. Clinical practicum experiences are embedded in the behavioral health courses NURS 6801, NURS 6802, NURS 6803 (135 hours each) and a final practicum NURS 6985 (225 hours) designed to provide a synthesis experience for the student.

Students must complete a total of 630 practicum hours in psychiatric mental health care in addition to 45 clinical hours in health assessment to meet the requirements for graduation. The expectation is that students will progress from requiring close supervision in the first practicum experience to seeing a schedule of clients independently with their preceptor's support by the end of their last clinical class.

#### Section B: Requirements for Clinical Practicum Experience

In order to maintain the highest standards possible, Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences instituted a Background Check and Drug Screening policy to help protect public safety. For more information see the Beth-El Background Check Policy below.

All students participating in a laboratory, clinical, practicum or residency course will be required to submit data for a certified background check and drug screen, at their expense. Each student has access to his or her own confidential results. Should there be a positive background check finding, or a positive drug screen finding, the Nursing Department Chair will determine if the student is eligible to participate in the Program. Eligibility is based on the nature of the finding as well as clinical site requirements.

All background checks and drug screens will be done through Castle Branch. You may use the link below and the NV15 code for the background check and NV15dt for the drug screen.

## https://www.castlebranch.com/online\_submission/package\_code.php

In addition to the Background Check and Drug Screen the following documents must be submitted and be up to date for the student to participate in the clinical practicum experience. In the event the following documents are not submitted or up to date, the student is not allowed to start clinical hours or is removed from the practicum until all documents are updated. All documents must be uploaded into Medatrax the semester before starting your clinical practicum experience.

#### Students must submit and maintain the following documents in Medatrax:

- 1. RN license (current copy throughout the program)
- 2. CPR certification-BLS level provider course through American Heart Association or the American Red Cross for Health Care Workers. The card must be current when beginning clinical hours. If the card expires during the semester the student is responsible to renew CPR in order to continue with clinical hours. Any on-line CPR course must include a hands-on skill assessment. Students cannot submit an ACLS card as a substitute for CPR since some ACLS courses no longer review CPR as part of the course.
- 1. Proof of personal health Insurance
- 2. Immunization Records Required
  - a. Dates for two MMR immunizations or documentation of positive titers of ALL three diseases.
  - b. Dates of three shot series of Hepatitis B series or titer demonstrating immunity.
  - c. Date of last Tetanus which must be within the past 10 years.
  - d. Proof of one pertussis vaccination as an adult
  - e. Dates of two Varicella immunizations or titer demonstrating immunity
  - f. Date and result of annual TB Test. If a student has had a positive PPD a copy of the last chest x-ray report is needed. If a student is unable to take PPD, a copy of QuantiFERON® can be substituted for the PPD. Annual TB testing is required.
  - g. Current annual flu vaccine is required.
  - h. Proof of COVID vaccine

It is the responsibility of the student to enter the above documents into Medatrax, the electronic tracking system that maintains clinical and evaluation data for students doing practicum hours

## Section C: Expectations for the Clinical Practicum

The following sections list the general expectations for the clinical practicum experience. If you have questions about the clinical practicum that are not answered in this handbook, please contact the Clinical Practicum Coordinator: Denise Ostovich mostovic@uccs.edu or (719) 255-4473.

1. Students are required to complete 630 clinical practicum hours, NOT including health assessment to graduate.

- 2. Forty-five clinical hours in the clinical setting=1 credit hour.
- 3. Student should expect a phone visit during each clinical course. Site visitors do not complete more than one visit if a student is in multiple sites. Additional site visits with students are at the discretion of the lead faculty and/or site visitor.
- 4. Preceptors can be PMH nurse practitioners, PMH clinical nurse specialists and/or psychiatrists all with prescriptive authority and who are licensed in the state where the student is completing clinical hours. In addition, students may complete a limited number of hours with a licensed clinical social worker, a licensed counselor and/or a licensed clinical psychologist with instructor approval. Military healthcare providers must be licensed in a state regardless of where they are assigned. Preceptors must have minimum of 2 years' experience and be nationally certified if they are NPs.
- 5. Students may not do more than 270 clinical hours with the same preceptor and or the same facility. This allows students to have a variety of experiences with different preceptors in both in-patient and out-patient settings to provide a much-rounded preparation for both certification and employment.
- 6. It is suggested that students do some hours at an in-patient facility.
- 7. Students may count telehealth as clinical hours and must be approved by the PMH Option Coordinator, Dr Kris Vandenberg. It is the expectation that the student will be with the provider in the office during the telehealth visit. Additional information may be requested for approval to complete telehealth hours where the student is unable to be in the office with the provider.
- 8. Students cannot "bank" clinical hours to use in a later semester. Clinical hours over the required hours for a course will NOT be counted toward the total 630 hours required for the program.
- 9. It is recommended that each student spend a minimum of 200 hours with a psychiatric nurse practitioner during their clinical practicum experience. The rationale for this is to help the NP student appreciate the nuances of the NP role and to meet the requirements for certification by the American Nurse Credentialing Center or the American Association of Nurse Practitioners.
- 10. Students who are unable to complete all of the clinical practicum hours that they registered for or fail to log clinical hours and/or patients in a given semester may request an incomplete grade for their clinical course. Students must also be passing their didactic class to be given an incomplete and are expected to complete the remainder of the clinical hours and documentation during the following semester. Students with two incompletes may not progress to the next clinical course and will be required to register for a 1 credit independent study to complete the clinical hours unless there is a non-clinical course on their degree plan, they still need to complete. Be aware that completing these clinical hours in the following semester may potentially delay the expected graduation date. Students requesting an incomplete grade must notify the lead faculty of the course and Denise Ostovich, Practicum Coordinator explaining why they could not complete their clinical hours. Students may not enter NURS 6985 with an incomplete in NURS 6801 or NURS 6802.
- 11. Student must "clear" their incomplete within one calendar year or the incomplete will be become a failing grade.
- 12. It is the Graduate Program policy that students may drop a class only <u>one</u> time and then they may not drop that course again. For classes with a final exam, students must drop the course prior to the final exam.

- 13. Students who have a grade of B- or less for two classes during their graduate work will be dismissed from the program.
- 14. Students who have taken NURS 6730 or any additional clinical course may be required to do remediation at the option coordinators discretion if they have been on a leave of absence or out of the clinical setting for more than one semester.

#### Section D: Attendance at Clinical Practicum

If a student has to be absent for a scheduled clinical day, due to illness or emergency, the preceptor should be notified prior to the beginning of that clinical day. Prior to beginning any clinical rotation, students should identify the procedure for contacting the preceptor in case of absence. It is the student's responsibility to also notify the faculty, Practicum Coordinator, and site visitor, if applicable, of the absence and then negotiate with the preceptor regarding make-up time. Students are expected to schedule clinical time with the preceptor consistent with the preceptor's availability/schedule.

#### Section E: Professional Behavior & Dress at Clinical Practicum

Students are expected to dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA). School insignia and /or student identification badges must be worn, as designated by the policies of the University of Colorado Colorado Springs and Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences Graduate Student Policies.

Because of the professional expectations of students in clinical sites it is expected that students respond promptly to communication from faculty, site visitors and or preceptor. It is imperative that students conduct themselves in a professional manner.

Students should verify with the office manager within the site if there is a specific dress code and may wear attire that is consistent with the clinical site. Most office dress is business casual with or without lab coats. If lab coats are needed, students are required to supply their own lab coat. Scrub clothes are not appropriate attire during clinical hours, unless required by the clinical site. Avoid strong scented lotions and perfumes.

Instructions for obtaining student badges will be sent to students prior to NURS 6730, the Advanced Health Assessment course. Post Master's students not taking NURS 6730 will receive instructions prior to their first clinical rotation. While in clinical and signing charts and forms, students should sign their first and last name followed by RN then designation as FNP/AGNP/PMHNP student. If you are a post master student then your designation would be the highest license held by the board of nursing (APRN).

Students who have an issue with a preceptor or clinical site need to follow protocol to address the issue. The first person to speak with is the professor in your class. If that is not possible the Clinical Practicum Coordinator is the next person who can discuss the problem. If a resolution cannot be made, the Clinical Practicum Coordinator will discuss the situation with the Associate Chair of the Department of Nursing and the Department Chair as necessary.

Students MAY NOT directly confront or communicate with a preceptor in a caustic manner.

## **ARTICLE II: CLINICAL COURSES**

NURS 6800 Mental Health Assessment and Intervention Across the Lifespan includes didactic only and does not require any clinical hours.

Several courses in the curriculum include a practicum component with the DIDACTIC portion. These include:

- 1. NURS 6730 Advanced Health Assessment only if on your degree plan
- 2. NURS 6801 Adult Psychiatric Diagnosis/Management
- 3. NURS 6802 Geriatric Psychiatric Diagnosis and Management
- 4. NURS 6803 Child and Adolescent Diagnosis/Management
- 5. NURS 6985 Synthesis Practicum

#### SECTION A: STUDENT OBJECTIVES FOR PRACTICUM COURSES

#### 1. NURS 6730 Advanced Health Assessment

This class is considered a lab course even though clinical hours may be done in an actual clinical setting.

- a. Gather comprehensive or interval health history from patient and/or family
- b. Review Medical Record
- c. Conduct physical examination utilizing techniques appropriate for comprehensive and /or focused examinations. Prioritize presenting patient problems and clinical findings.
- d. Present findings to preceptor in an organized, concise manner
- e. Complete accurate and legible SOAP note documentation
- f. Maintain patient confidentiality

#### 1. NURS 6801 Adult Psychiatric Diagnosis/Management

- **a.** Apply theoretical concepts of patient-centered mental health care with emphasis on health promotion, disease prevention, anticipatory guidance, counseling and management of the adult patient and family within the context of an interprofessional team.
- b. Demonstrate evidence –based therapeutic relationship strategies to reduce emotional stress
- c. Outline skills in advanced mental health assessment including building rapport, conducting psychiatric interviews, and completing a mental status exam.
- d. Relate history and examination data with the knowledge of pathophysiology of acute and chronic diseases to develop appropriate differential diagnoses and to plan for individual interventions for management of psychiatric disorders across the lifespan.
- e. Compare and contrast evidence-based pharmacological and non-pharmacological interventions in the management of psychiatric disorders such as depression and anxiety.
- f. Identify patient safety considerations, quality indicators and outcome improvement indicators in the delivery of quality psychiatric care.

g. Describe the legal, ethical, and cultural implications for the advanced practice nurse as they relate to assessment, diagnosis, and management of care for individuals, families and communities experiencing an acute or chronic psychiatric disorder.

#### 2. NURS 6802 Geriatric Psychiatric Diagnosis and Management for the PMHNP

- a. Provide patient-centered mental health care with emphasis on health promotion, disease prevention, anticipatory guidance, counseling and interventions for the older adult and family within the context of an interprofessional team.
- b. Complete a full psychiatric evaluation for the older adult.
- c. Demonstrate evidence-based therapeutic relationship strategies to reduce emotional distress, promote trust, facilitate cognitive and behavioral change, and foster personal growth for the older adult experiencing an acute or chronic psychiatric disorder.
- d. Analyze history and physical examination data with the knowledge of acute and chronic disease to develop appropriate differential diagnoses and to plan for the individualized interventions for management of psychiatric disorders in the older adult.
- e. Evaluate different evidence-based psychotherapeutic interventions in the older adult experiencing acute or chronic psychiatric disorders such as chronic pain or dementia.
- f. Use a reflective practice model to evaluate patient and family outcomes, patient safety, and quality indicators psychotherapeutic interventions in the older adult.
- g. Integrate social, cultural, and spiritual components into the individualized plan of care for the older adult and family experiencing an acute or chronic psychiatric disorder.

#### 3. NURS 6803 Child and Adolescent Psychiatric Diagnosis and Management for the PMHNP

- a. Provide patient-centered mental health care with emphasis on health promotion, disease prevention, anticipatory guidance, counseling and interventions for the child/adolescent and family within the context of an interprofessional team.
- b. Complete a full psychiatric evaluation of the child and the adolescent.
- c. Demonstrate evidence-based therapeutic relationship strategies to reduce emotional distress, promote trust, facilitate cognitive and behavioral changes and foster personal growth for the child and adolescent experiencing an acute or chronic psychiatric disorder.
- d. Synthesize history and physical examination data with the knowledge of acute and chronic diseases to develop appropriate differential diagnoses and to plan for individualized interventions for management of psychiatric disorders in the child and adolescent.
- e. Evaluate different evidence-based psychotherapeutic interventions in the child or adolescent experiencing acute or chronic psychiatric disorders such as attention deficit hyperactivity disorder, mood disorders, anxiety and eating disorders or autism spectrum disorder.
- f. Use a reflective practice model to evaluate patient, and family outcomes, patient safety, and quality indicators of psychotherapeutic interventions in the child and adolescent.
- g. Integrate social, cultural and spiritual components into the initial plan of care for the child or adolescent and family experiencing an acute or chronic psychiatric disorder.

#### 4. NURS 6985 Synthesis Practicum (with didactic)

- a. Perform all role functions as a PMHNP in an efficient, organized, and independent manner.
- b. Demonstrate an understanding of the nurse practitioner role in the Psychiatric Mental Health Milieu.
- c. Engage in interdisciplinary collaboration and consultation.

At the completion of this program students are expected to log, in Medatrax, a minimum of

- a. 60 child and adolescent patients (under 18 years of age)
- b. 60 adult patients (age 19-59 years)
- c. 60 geriatric patients (60 years and older)

These hours may be counted from any clinical site and DO NOT need to correlate with the didactic class being taken.

Students are encouraged to have both in-patient and out-patient experiences. Students are strongly encouraged to seek out opportunities to participate with Group Therapy, Individual Therapy, Transcranial Magnetic Stimulation and Electroconvulsive Therapy.

#### Section B: Overview for NP Clinical Practicum Courses

- 1. NURS 6730 Physical Health Assessment, if on your degree plan- 45 clinical hours
- 2. NURS 6800 Mental Health Assessment/Intervention Across the Lifespan- no clinical hours
- 3. NURS 6801 Adult Psychiatric Diagnosis/Management 135 clinical hours
- 4. NURS 6802 Geriatric Psychiatric Diagnosis and Management 135 clinical hours
- 5. NURS 6803 Child and Adolescent Diagnosis/Management 135 clinical hours
- 6. NURS 6985 Synthesis Practicum 225 clinical hours

Students are required to complete 630 clinical hours to graduate. It is recommended that two hundred (200) of these hours need be supervised by a PMHNP.

1. This Program prepares students to work as a PMHNP therefore clinical hours will be done in Psychiatric Mental Health settings or in medical settings working with behavioral health clients Contact Denise Ostovich, MPH, MSN, RN, Clinical Practicum Coordinator, at 719-255-4473 or by email at mostovic@uccs.edu with questions about clinical sites.
Prior to planning anticipated clinical experiences outside of Colorado, it is imperative that the student check with the College's Department of Nursing regarding any changes in state regulations centered on clinical hours in specific states. These changes can occur at any time by any state. State approval includes didactic education in addition to clinical education. Students need to stay abreast of changes in regulations that can affect their clinical placement decisions. Point of contact for approved state information is Denise Ostovich at 719-255-4473 or by email mostovic@uccs.edu

Students need to be aware that relocating from the state of residence at the time of acceptance into the graduate nursing program may prohibit a student from completing their

course of study or obtaining a NP license in a new state because of state restrictions.

#### 2. Course Overviews

- a. **NURS** 6730-45 hrs in a primary care setting, emphasizing health history and assessment skill development (**NO ED**, **Urgent Care**, **SNF**, **Specialty Clinics**)
- b. **NURS 6800- didactic class only with no clinical hours**. Mental health assessment and interventions across the lifespan.
- c. **NURS 6801- 135 hours in a setting** focusing on acute, and chronic psychiatric and mental health problems in the adult client.
- d. NURS 6802- 135 hours in a setting that treats older adults (age 65 and older) and also addresses elder maltreatment. These hours may be done in a site that sees both adults and seniors.
- e. **NURS 6803- 135 hours in a setting** focusing on the care and management of children and adolescents with mental health and psychiatric disorders.
- f. **NURS 6985- 225 hours in a psychiatric and mental health setting** where students can concentrate on refining skills, developing clinical decision making, gaining experience working with patients and families in the NP role.

#### 3. Options for clinicals include both in-patient and out-patient settings

Students MAY complete clinical hours with preceptors with prescriptive authority such as PMH nurse practitioners, PMH clinical nurse specialists, psychiatrists, or other physicians with focused PMH expertise all with prescriptive authority.

#### **Section C: Requirements for Clinical Courses**

Each clinical care course will require the student to do clinical practicum hours. Faculty will require the student to reflect on clinical objectives that the student will attempt to meet during the semester with clinical practicum experiences. These are different from objectives for the course.

- a. Contact a preceptor and arrange to work with the preceptor in their clinical setting. Hours will vary depending on the course the student in taking.
- b. Complete the Clinical Site Information Sheet for each clinical site. A copy of this form is sent to every clinical student at the start of the semester.
- c. Ensure that all requirements for the Clinical Practicum Experience (Refer to Article I-Section B) are up to date.
- d. Develop a list of clinical goals that are measurable.

## ARTICLE III: PREPARING FOR PRACTICUM

Section A: Guidelines for Setting-Up a Practicum Rotation

This section will briefly outline strategies to help students in finding and setting up clinical practicum rotations.

Students are expected to participate in finding preceptors who are willing to work with students and facilitate their practicum experience. It requires students to start looking for a preceptor well in advance of the beginning of a clinical course at least one semester prior to the semester when the clinical hours are needed.

Preceptors need a minimum of 2 years experiences prior to having a student. They must also have obtained full prescriptive authority.

Questions or concerns about clinical sites should be directed to the Clinical Practicum Coordinator, Denise Ostovich at <a href="mailto:mostovic@uccs.edu">mostovic@uccs.edu</a> or by phone at 719-255-4473.

#### **RESTRICTIONS**

In order to maintain contractual agreements with certain agencies, it is imperative that students follow specific guidelines to access clinical hours in these agencies. Students interested in doing clinical hours at **Military sites** are approved on a case by case basis by the Clinical Practicum Coordinator.

Students seeking preceptors within many of the area Health Care systems may contact a preceptor. If the preceptor agrees, the student must forward a **completed clinical site sheet** to Shannon Clark for processing. Many placements are requested through My Clinical Exchange (mCE). Once the site is approved, the student will then receive instructions and a login to load specific information and documents into mCE. There is a nominal annual fee paid by the student for this access.

Finding a preceptor may occur in several ways:

- a. Talk to a physician, nurse practitioner, or physician assistant that you know about the possibility of being a preceptor, at least 3 to 6 months before you plan to start your practicum course.
- b. Consult other students who have completed clinical rotations in the program and in programs in your area.
- c. Contact and participate in the advanced practice group in your area.
- d. Contact Schools/Colleges of Nursing Faculty in your state.
- e. Lists of sites with clinical education agreements in place cannot be given to students. The Clinical Site Coordinator can be contacted for assistance.
- f. Denver Health and Centura may restrict students allowing only employees to use preceptors in their clinics or only allow students from select Universities to use their clinics.

\*Students may not use family members (by blood or marriage) or close friends as preceptors. Likewise, students may not do clinical hours within the setting where they work or where family members work. Students also may not use a clinical practice where they are seen as a patient.

Students may not do more than 270 hours with the same preceptor or the same site. The intent is that students have a wide range of exposure to different preceptors and different sites.

Students may **not** bank hours for an upcoming course.

#### **State Residency and Admitted students**

Students who have been admitted to the UCCS program as a resident of the state in which the student resided at the time of application. If you plan to move to a different state while in the program, or do any practicum hours in a different state, it is your responsibility to check the list of approved states for the UCCS program to be sure you can continue in the Program in a different state. With changes as of 2017 in the compact nursing licensure system, doing clinical hours in an approved state may require you to obtain a nursing license in that state in addition to your home state.

#### **Temporarily Going Out of Home State to Complete Hours**

If you plan to do clinical hours in a different state you must contact the Clinical Practicum Coordinator, Denise Ostovich for approval. Students may only do hours in states listed on the College web site. If the state is a compact state, you must hold a multi-state license and follow the state guidelines for the length of time you can practice in that state prior to needing a specific state license in that state. If the state is not a compact state, you must hold an active RN nursing license in that state where you plan to do clinical hours.

#### Permission to begin hours

Student may not begin clinical hours at a clinical site until the contract with the agency is signed and returned and the preceptor letter is signed and returned. **These are legal documents**. Any clinical hours done without these two documents completed and returned to the Graduate Nursing office will **NOT** be counted in your required number of clinical hours. Shannon Clark, the Graduate Program Assistant, manages these documents and will notify students by email that the student is **"good to go"**. It is imperative that students read and follow instructions in emails from Shannon Clark regarding clinical hours.

## Section B: Suggested Clinical Sites

Since this is a Psychiatric Mental Health Nurse Practitioner Program clinical hours will be done in both inpatient and out-patient settings. Hours will include mental health clinics and hospitals within a health care systems (i.e. Kaiser, Peak Vista, Peak View, Memorial etc.), private practices and free standing clinics. Denver Health System will only take students from Regis and CU Anschutz even if the student is an employee of the Denver Health System.

## Section C: Clinical Education Agreement/Clinical Site Sheet

A fully executed clinical education agreement, the legal contract and a signed preceptor agreement letter for every health care agency is required for each student rotation. Clinical education agreements and preceptor letters are legal documents produced and tracked by the Nursing Department. These documents are generated by the Graduate Nursing Department after a completed clinical site sheet is received by Shannon Clark, Program Assistant. At times, there may be legal issues that need to be resolved before an agreement can be signed by UCCS and the health care agency. This may slow down the process of completing the agreement. It often takes 6 to 8 weeks to accomplish the contract if legal issues are involved. Occasionally the legal issue cannot be resolved, and the site cannot be used by the student.

It is important to get the complete and correct information requested to Shannon Clark, Program Assistant, <a href="mailto:sclark6@uccs.edu">sclark6@uccs.edu</a> earlier than the semester before your practicum experience will start whenever possible. Once you have contacted a potential preceptor and she/he has agreed to be your preceptor:

- a. Complete the Clinical Site Information Sheet that was sent at the beginning of the semester. These forms sometimes change so it is imperative to use the one that was sent at the beginning of the semester.
- b. The Clinical site Sheet is completed by the student and does **not** need to be signed by the preceptor or office manager of the site.
- c. A Clinical Site Information Sheet is required for **each** site and **each** preceptor includes the exact number of hours to be done at the site. Ranges of hours will not be approved. This **must be done** every semester for **each** clinical site. If multiple preceptors are used at the same site, the number of hours with each preceptor needs to be included.
- d. Forms need to be completely filled out with correct information in every area.
- e. Forms with incorrect or incomplete information will be returned to the student for the correction of errors thus delaying the process of getting the clinical experience set up.
- f. Completed Clinical Site Information Sheets should be submitted to Shannon Clark at sclark6@uccs.edu or by fax (719)255-4496.
- g. Any questions regarding clinical agreements should be directed to Shannon Clark, the Graduate Program Assistant.
- h. Each clinical site must be approved by the Clinical Practicum Coordinator. Questions regarding suitability of sites should be directed to the Clinical Practicum Coordinator.
- 2. Important information regarding Clinical Education Agreements:
  - a. The Clinical Site Information Sheet is used to create the Clinical Education Agreement and must be completed before the Practicum Education can be started.
  - The student may <u>not</u> begin any clinical hours until the Agreement and the signed preceptor letter are returned to the College of Nursing.
  - c. The student will be notified by Shannon Clark by email when the clinical agreement process has been initiated and again when it is completed.
  - d. Students are notified by Shannon Clark by email when clinical hours can be started.
  - e. Students **cannot** do clinical hours prior to the start of the semester nor during time between semesters due to professional liability and Workmen's Compensation requirements.
  - f. Students may only do clinical hours when registered for a course during fall, spring or summer semesters.
  - g. Students are responsible for verifying their start status with their site <u>before</u> beginning any clinical hours.
  - h. Any clinical hours done without the proper signed preceptor letter, site clearance, and compliance items posted will not count as part of the required hours for the course. Also, any clinical hours greater than 16 hours done with a preceptor other that the preceptor listed on the processed clinical site sheet will not count for the required hours if no clinical site sheet for that preceptor has been submitted. Students may **NOT** do any clinical hours **while** paperwork is being processed.

i. The information from the Clinical Site Sheet is provided to the Clinical Practicum Coordinator.

## Section D. Documentation of Clinical Experiences

- a. Students are expected to keep a log of clinical activity. The intent of the log is to have a record of the types of patients, ages of patients and management plans for patients seen.
- b. Medatrax is the electronic tracking system that is used by the College for a clinical log. Information about signing up for Medatrax is included in the course syllabi for those classes requiring Medatrax use.
- c. Student must log all patients using the patient icon in Medatrax. Failure to correctly enter the Medatrax system will necessitate an incomplete grade in a course until the information is correctly entered in Medatrax.
- d. Students will log their clinical hours within Medatrax, documenting diagnosis codes (ICD-10), treatments, medications ordered and briefly the overall plan of care.
- e. The documentation in the clinical log needs to include a brief note to include presenting symptoms, diagnosis, diagnostics, and plan of care.
- f. Samples of the necessary documentation are shown in the Medatrax power point sent to student prior to their first clinical course and in the Canvas course "Graduate Practicum Resources".
- g. Demographic information will be requested by the system.
- h. Reports can be prepared by Medatrax for a student profile summarizing the types and ages of patients that have been seen. However, diagnosis codes must be included in the clinical log to run this report. There is a fee for the profile by Medatrax.
- i. In addition to the clinical log, Medatrax is used to complete all evaluations by the student, preceptors, and site visitors.

## ARTICLE IV: CLINICAL PRACTICUM EVALUATION

Students will be evaluated by several different individuals during their clinical practicum rotations. Preceptors will be evaluating the student's performance and progress. Site visitors who are University Faculty will also help to assess how the student is progressing in their knowledge, experience, critical thinking, and clinical management. The grade for the clinical practicum is based on these evaluations and on other assignments related to the role of the APRN by the Faculty. (See Appendix A). Students not performing at the expected level of competence based on which clinical rotation or not meeting the clinical expectations of the course will fail the course and it will need to be repeated. Repeating the course also includes repeating the clinical hours. If this failure is the second failure for the student, the student will be dismissed from the program.

## Section A: Medatrax

- 1. All evaluations will be completed through the Medatrax system.
- 2. The Clinical Practicum Coordinator, Denise Ostovich, will load all evaluations in Medatrax each semester based on information provided on the Clinical Site Information Sheets submitted by

- the student. Therefore, it is imperative that the Clinical Site Sheet has the correct contact information for preceptors.
- Any questions regarding Medatrax should be directed to Denise Ostovich at mostovic@uccs.edu (719) 255-4473.

## Section B: Preceptor Evaluations

- 1. Preceptors who have been with a student for more than 24 clinical hours will be asked to fill out an evaluation form evaluating the student at the end of the rotation. This evaluation will be factored into the student's final grade.
- 2. Preceptors may be contacted by the Clinical Practicum Coordinator at any time to discuss a student's performance.
- 3. Telephone calls or email contact will be made with preceptors who are working with students who are in practicum experiences once a semester.
- 4. It is the student's responsibility to ensure that all clinical/practicum paperwork, including the preceptor evaluation, student self-evaluation, student evaluation of preceptor and site and clinical log are completed by the dates listed in the syllabus for each clinical course. Students are sent updates towards the end of each semester, documenting which evaluations are missing.
- 5. Students may contact Denise Ostovich at <a href="mostovic@uccs.edu">mostovic@uccs.edu</a> at any time to discuss the evaluation process.

#### Section C: Site Visitor Evaluation

- 1. Site visitors complete an evaluation by phone on the student when a site visit is made. This evaluation is factored into the student's final grade.
- 2. Students should expect one site visit per clinical course. Site visitors may request a copy of your clinical goal/objectives before they arrange a visit with your preceptor.
- 3. Additional site visits are at the discretion of the lead faculty, Clinical Practicum Coordinator and/or site visitor.

## Section D. Students not completing required clinical hours

Sometimes circumstances beyond the student's control prevents a student from completing clinical hours. In this circumstance the student must notify the Lead Faculty and Denise Ostovich explaining the circumstance that interfered with the completion of clinical hours and request to take an incomplete.

It is the student's responsibility to notify the Lead Faculty for the incomplete class and Denise Ostovich when the hours have been completed. Once Denise Ostovich has verified through Medatrax the hours have been met she will notify the Lead Faculty for the incomplete to change the earned grade in the class.

After the hours have been completed and the grade has been changed, the transcript will show the earned letter grade and will also note that the course was originally graded as "I" (incomplete). This will remain on the original transcript and cannot be removed by the College.

## Section E. Students not meeting the minimum requirements

 Occasionally it is apparent that although a student is passing the didactic portion of their clinical class, the performance in the clinical area does not meet the requirements for the level of student performance or their clinical judgment is impaired as documented by the preceptor and/or site visitor evaluation. Since the clinical hours are imbedded in the clinical course the students would then fail the clinical course and need to repeat the clinical course and the clinical hours. In turn, if a student is passing their clinical course, but failing the didactic portion, they must repeat the clinical course and clinical hours also.

## ARTICLE V: GRADUATION NON DEGREE STUDENTS

## Section A. Post Masters Students

Only students that are obtaining a degree will be included in graduation ceremonies per University Policy. Post Masters certificate students will receive a certificate printed on diploma quality paper after the completion of the program.

## Appendix A

D	a	te							

Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences University of Colorado Colorado Springs

**Preceptor Assessment of Student** 

Graduate Nursing Student – PMH Nurse Practitioner Option

## **1st Clinical Course**

Stude	nt Name:			
Prece	otor Name:	Clinical Site:		
Key: (B 84%	1= Unsatisfactory at NI (-89%)	P role (C< 80%)	<b>2= Novice</b> at NP role (B- 80%-84%)	3= Competent at NP role
`	4= Proficient at NP role  served	e (A- 90%-94%)	<b>5= Mastery</b> of NP Role (A 95%-100%)	%) NA/O= Not applicable,

COMPETENCY			EVA	LUAT	ION	COMMENTS	
Patient Management (Domain 1)	1	2	3	4	5	NA/O	
<ul> <li>Obtains age-appropriate history for comprehensive focused exam to include psychiatric history and history of present illness</li> </ul>							
<ul> <li>Performs psychiatric evaluation appropriate to chief complaint.</li> </ul>							
<ul> <li>Begins to develop differential diagnoses for presenting problem while prioritizing care</li> </ul>							
<ul> <li>Considers evidence-based non-pharmacologic and pharmacologic interventions for presenting problem</li> </ul>							
<ul> <li>Begins to demonstrate critical thinking in clinical decision-making and adjust intervention as needed based on outcomes</li> </ul>							
<ul> <li>Communicates effectively using professional terminology, format and technology</li> </ul>							
Documents visit thoroughly and accurately							
NP-Patient Relationship (Domain 2)	1	2	3	4	5	NA/O	
Prioritizes care and negotiates plan of care with patient							
Maintains professional boundaries and patient confidentiality							
Patient Education (Domain 3)	1	2	3	4	5	NA/O	
Assesses patient's educational needs							
Provides age and education-appropriate information about condition management and health promotion							
Professional role (Domain 4)	1	2	3	4	5	NA/O	
Begins to incorporate the roles of provider and educator in the NP role and articulates role to public and other health care professionals							
Interacts collaboratively with team members							

COMPETENCY			EVA	LUAT	ION	COMMENTS	
Appropriately seeks assistance from preceptor							
Participates in clinical discussions and contributes relevant knowledge of recent research							
Culturally sensitive care (Domain 7)	1	2	3	4	5	NA/O	
Demonstrates respect for patients and delivers culturally sensitive care							
<ul> <li>Recognizes spiritual and emotional needs of patient</li> </ul>							
hours completed by this student in my clin	ical s	ettin	g				
Additional Comments:							

Preceptor Signature (Type your name) \_\_\_\_\_

Date

Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences University of Colorado Colorado Springs

## **Preceptor Visit Assessment**

Graduate Nursing Student – PMH Nurse Practitioner Option

2nd Clinical Course

Studen	t Name:		
Precep	tor Name:	Clinical Site:	
Key: (B 84%-	1= Unsatisfactory at NP role (C< 80%) 89%)	<b>2= Novice</b> at NP role (B- 80%-84%)	3= Competent at NP role
Not obs	<b>4= Proficient</b> at NP role (A- 90%-94%) served	<b>5= Mastery</b> of NP Role (A 95%-100%)	6) NA/O= Not applicable,

COMPETENCY			EVA	LUAT	ION		COMMENTS
Patient Management (Domain 1)	1	2	3	4	5	NA/O	
<ul> <li>Obtains age-appropriate history for comprehensive or focused exam to include psychiatric history and history of present illness.</li> </ul>							
<ul> <li>Performs psychiatric evaluation based on standards of care appropriate to chief complaint.</li> </ul>							
<ul> <li>Orders and correctly interprets cost-effective diagnostic and health screening tests.</li> </ul>							
<ul> <li>Develops and analyzes appropriate differential diagnoses for presenting problem while prioritizing care</li> </ul>							
<ul> <li>Begins to independently suggest evidence-based non-pharmacologic and pharmacologic interventions for acute and chronic conditions.</li> </ul>							
<ul> <li>Demonstrates critical thinking in clinical decision- making and adjusts interventions as needed based on outcomes</li> </ul>							
<ul> <li>Communicates effectively with preceptor using professional terminology, format and technology</li> </ul>							
NP-Patient Relationship (Domain 2)	1	2	3	4	5	NA/O	
<ul> <li>Prioritizes care and negotiates plan of care with patient</li> </ul>							
Maintains professional boundaries and patient confidentiality							
Patient Education (Domain 3)	1	2	3	4	5	NA/O	
Assesses patient's educational needs							
<ul> <li>Provides age and education-appropriate information about condition management and health promotion</li> </ul>							
Professional role (Domain 4)	1	2	3	4	5	NA/O	
<ul> <li>Incorporates the roles of provider, educator, consultant, administrator and researcher in NP role as appropriate and articulates role to public and other health care professionals</li> </ul>							

COMPETENCY	EVALUATION	COMMENTS
Interacts collaboratively with team members		
Appropriately seeks assistance from preceptor		
Participates in clinical discussions and contributes relevant knowledge of recent research		
Negotiating health care systems (Domain 5)		
Practices within authorized scope of practice		
Culturally sensitive care (Domain 7)	1 2 3 4 5 NA/O	
Demonstrates respect for patients and delivers culturally sensitive care		
Provides care that meets spiritual and emotional needs of patient		
Additional Comments:		
Preceptor Signature (Type your name)		

Date:			
Date.	 	 	 

Helen and Arthur E. Johnson Beth-El College of Nursing and Health Sciences University of Colorado Colorado Springs

## **Preceptor Assessment of Student**

Graduate Nursing Student, PMH Nurse Practitioner Option

3rd Clinical Course

Stude	nt Name:			
Prece	ptor Name:	Clinical Site:		
Key: (B 84%	<b>1= Unsatisfactory</b> at NP (5-89%)	role (C< 80%)	<b>2= Novice</b> at NP role (B- 80%-84%)	3= Competent at NP role
Not ok	<b>4= Proficient</b> at NP role oserved	(A- 90%-94%)	<b>5= Mastery</b> of NP Role (A 95%-100%)	6) NA/O= Not applicable,

COMPETENCY			EVA	LUAT	ION		COMMENTS
Patient Management (Domain 1)	1	2	3	4	5	NA/O	
<ul> <li>Obtains age-appropriate history for comprehensive or focused exam to include psychiatric history and history of present illness.</li> </ul>							
<ul> <li>Performs psychiatric evaluation based on standards of care appropriate to chief complaint</li> </ul>							
<ul> <li>Orders correct standardized assessment tools appropriate to chief complaint and accurately interprets results.</li> </ul>							
<ul> <li>Independently develops and analyzes appropriate differential diagnoses for presenting problem while prioritizing care</li> </ul>							
<ul> <li>Independently suggests evidence-based non pharmacologic and pharmacologic interventions for presenting problem</li> </ul>							
<ul> <li>Demonstrates critical thinking in clinical decision- making and adjusts interventions as needed based on outcomes</li> </ul>							
<ul> <li>Communicates effectively with preceptor using professional terminology, format and technology</li> </ul>							
NP-Patient Relationship (Domain 2)	1	2	3	4	5	NA/O	
Prioritizes care and negotiates plan of care with patient							
<ul> <li>Begins to assists patient in adapting to acute/chronic conditions by developing an understanding of the patient's lifestyle, personal beliefs and priorities.</li> </ul>							
Facilitates decision-making linked to patient's concerns							

COMPETENCY			EVA	LUAT	ION		COMMENTS
Maintains professional boundaries and patient confidentiality							
Patient Education (Domain 3)	1	2	3	4	5	NA/O	
Provides age and education-appropriate information about condition management and health promotion							
Provides effective learning environment for patient based on assessment of patient's knowledge base, readiness to learn, patient's developmental and emotional level and motivation							
Uses community assessment information to evaluate client needs, initiate referrals, and coordinate care when applicable							
Assesses patient's response to teaching strategies and modifies approach based on outcomes							
Professional role (Domain 4)	1	2	3	4	5	NA/O	
Incorporates the roles of provider, educator, consultant, administrator and researcher in NP role as appropriate and articulates role to public and other health care professionals							
Interacts collaboratively with team members							
Negotiating health care systems (Domain 5)	1	2	3	4	5	NA/O	
Manages patient care and refers to specialty services as appropriate within the existing heath care delivery system.							
Practices within authorized scope of practice							
Incorporates professional and legal standards into practice							
Culturally sensitive care (Domain 7)	1	2	3	4	5	NA/O	
Demonstrates respect for patients and delivers culturally sensitive care							
Provides care that meets spiritual and emotional needs of patient							

\_\_\_\_ hours completed by this student in my clinical setting

Additional Comments:

Preceptor Signature (Type your name)							
Date:							
Helen and Arthur E. Johnson Beth-El					d Hea	lth Scienc	es
University of Colors				_			
Preceptor Asses	sme	nt o	f Stu	den	t		
Graduate Nursing Student –				ition	er Op	tion	
Synthesis Pra	acticu	m Co	urse				
Student Name:							
Preceptor Name: Clinical Site:							
Key: 1= Unsatisfactory at NP role (C< 80%) 2= Novice a	at NP r	ole (B	- 80%-	84%)	3= 0	Competent	at NP role
(B 84%-89%)							
<b>4= Proficient</b> at NP role (A- 90%-94%) <b>5= Mastery</b> of NI	Role	(A 959	%-100 <sup>1</sup>	%) <b>N</b> A	4/0=	Not applica	ble, Not observed
COMPETENCY	EVALUATION COMP			COMMENTS			
Patient Management (Domain 1)	1	2	3	4	5	NA/O	
Manages patient visit effectively by obtaining							
appropriate history to include psychiatric history and history of present illness.							
Performs psychiatric evaluation based on standards of care appropriate to chief complaint							
Orders correct standardized assessment tools appropriate to chief complaint and accurately							

interprets results • Independently develops and analyzes appropriate differential diagnoses for presenting problem while prioritizing care • Independently presents evidence-based non pharmacologic and pharmacologic interventions for presenting problem • Demonstrates critical thinking in clinical decisionmaking and adjusts interventions as needed based on outcomes • Assesses, diagnoses, monitors, coordinates and manages the health/illness status of patients over a period of time when applicable • Communicates effectively with preceptor using professional terminology, format and technology 1 2 3 4 5 NA/O NP-Patient Relationship (Domain 2) • Assists patient in adapting to acute/chronic conditions by developing an understanding of the patient's lifestyle, personal beliefs and priorities. • Facilitates decision-making linked to patient's concerns while prioritizing care • Maintains professional boundaries and patient confidentiality

COMPETENCY	EVALUATION					COMMENTS	
Patient Education (Domain 3)	1	2	3	4	5	NA/O	
<ul> <li>Provides patient with information that is scientifically grounded and appropriate to the health conditions</li> </ul>							
Provides effective learning environment for patient based on assessment of patient's knowledge base, readiness to learn, patient's developmental and emotional level and motivation							
Continues to reassess, negotiate and coach patient based on new data, motivation and response to teaching							
Uses community assessment information to evaluate client needs, initiate referrals, and coordinate care when applicable							
Professional role (Domain 4)	1	2	3	4	5	NA/O	
Applies/develops a theory-based conceptual framework to guide practice							
Develops a base for personal ethics in practice as related to patient issues and scope of practice							
Demonstrates skills in negotiating, consensus building and partnering with health care team members.							
Negotiating health care systems (Domain 5)	1	2	3	4	5	NA/O	
<ul> <li>Understands basic business and management strategies to function as manager for the provision of quality care and efficient use of resources.</li> </ul>							
<ul> <li>Articulates progressive awareness of legislative and policy making activities which influence health services and practice.</li> </ul>							
Quality health care practices (Domain 6)							
Uses practice guidelines and current research to include legal and professional standards to guide practice							
Assumes accountability for practice							
Monitors quality of care via self, peer and quality assurance methods							
Culturally sensitive care (Domain 7)	1	2	3	4	5	NA/O	
Demonstrates respect for patients and delivers culturally sensitive care							
Provides care that meets spiritual and emotional needs of patient							
hours completed by this student in my clinical setting							

Additional Comments:

Preceptor Signature (Type your name	·
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