UNIVERSITY OF MARY WASHINGTON -- NEW COURSE PROPOSAL

COLLEGE (check one):	Arts and Sciences	X	Business	Education
Proposal Submitted By:		Dat	te Prepared:	
Richard Finkelstein (CAS Dea	an) & Pam McCullough (Nursing)		October 28,	2016
Course Title:	Advanced-Practice Family Num	rsin	g: Practicum I	
Dept/Discipline and Course No:	NURS 650			
Prerequisites:	NURS 520, 530, 540, 550, 560, 5	80, 5	590, 610, 620	
Co-Requisites:	NURS 630, 640			

*Course number must be approved by the Office of the Registrar before the proposal is submitted.

Number of credits: 2 Will this course meet for at least 700 contact minutes for each credit			X	NO	
	hour proposed? If no, provide a credit hour justification.				1
Will this be a <i>new</i> , <i>repeatable</i> "special topics" course?		NO	X	YES	
(Do you want students to be able to take this new course more than once if the topic changes?)					

Date of first offering of this <i>new</i> course:	Summe	r 2020		
Proposed frequency of offering of the course:	Annual	ly		
List the faculty who will likely teach the course:	Nursing	g Adjun	ct	
Are ANY new resources required?	NO	X	YES	Document in attached impact statement

This new course will be (check all that apply):					
Required in the major	Required in the minor	General Elective			
Elective in the major Elective in the minor **General Education					
**^	the new course is enpressed a concrete prope	sal must be sent to the General Education Committee			

*AFTER the new course is approved, a separate proposal <u>must be</u> sent to the General Education Committee.

Catalog Description (50 words or less, if possible):

This course provides the nurse practitioner student with foundational clinical experiences for adult and/or women's health patients as seen in primary care. The focus of the course is to develop and apply critical thinking skills to formulated differential diagnoses, diagnoses, treatments and evaluation plans. The course provides 120 patient contact hours. In the MSN program, only one of the three clinical practicum courses may be repeated.

COURSE HISTORY:	SE HISTORY: Was this course taught previously as a topics or experimental course? YES NO X			
Course Number and	Enrollment			
CHECK HERE if the proposed course is to be equated with the earlier topics or experimental offerings. If equated, students				
who took the earlier "topics" course will only be able to take the new course as a repeat (C- grade or lower).				
NOTE: If the proposed course has not been previously offered as a topics or experimental course, explain in the attached rationale				
statement why the course should be adopted even though it has not been tried out.				

REQUIRED ATTACHMENTS:

- 1. Rationale Statement: Explain what purposes it will serve.
- 2. Credit Hour Justification (if required): Explain how this course will comply with the UMW Credit Hours Policy (D.5.1)
- 3. Impact Statement: Provide details about the library, space, staffing, budget and technology impacts created by adding this new course. Include supporting statements from the Library, IT Department, etc. Any change that impacts another department must have a written statement (such as a copy of an email) from the Chair(s) agreeing to the change.
- 4. Sample Syllabus

Department Chair Approval: And Smc Culler	Date: <u>10/28/16</u>	
CCC Chair Approval:	Date: 11/19/16	
UCC Chair Approval:	Date:	

REQUIRED ATTACHMENTS

Rationale

With changes in healthcare payments to hospitals and other providers generated by passage of the Affordable Care Act (ACA), and with recognized best practices in mind, there is a strong need for educational opportunities that will help nurses gain a Master's of Science in Nursing (Family Nurse Practitioner track) to improve access to healthcare. Reimbursements of hospitals and clinics for patient care now provide significant incentives and penalties that promote decreased admissions and readmissions. To conform to this new environment, hospitals recognize that they need to increase primary care services, to include health promotion and disease prevention in the community. These goals require an increase in the presence of primary care providers locally, state-wide and nationwide. However, there is currently a recognized shortage of primary care providers because primary care practices receive lower reimbursement rates than specialty practices. Within the Fredericksburg area alone, Mary Washington Healthcare (MWHC) estimates that at least 90 additional family practice providers are needed to manage care in the community.

In the spring of 2016 MWHC approached UMW seeking collaboration in building an MSN program for Advanced-Practice Family Nurse Practitioners. UMW and MWHC created a planning group which has met regularly for five months. The planning committee developed a request for funding from the Mary Washington Hospital Foundation, which included startup costs and guaranteed tuition costs for MWHC's qualified, BSN-prepared registered nurses (RNs). In total, the UMW MSN-FNP Program will be supported with \$1.4 million of funds from the MWH Foundation.

CCNE, the accreditation body of the UMW BSN Completion Program, requires the educational component of the MSN-FNP track be developed by a nationally-certified Family Nurse Practitioner. The MWH Foundation provided funding for the consultation services of Dr. Micah Alderman Scott to develop this course proposal. She is a PhD, FNP-BC, Assistant Professor, and Interim FNP Program Coordinator at the University of North Carolina's School of Nursing. Dr. Scott's previous position was the FNP Program Coordinator at Old Dominion University.

This course has been created at the request of the Dean of the Colleges of Arts and Sciences and the Provost as part of the proposed MSN-FNP program. The MSN-FNP curriculum will include 18 courses (one existing course and 17 new courses). The seven-semester curriculum will consist of 46 credits. This course is **#11** of 17 newly proposed courses for the program. Combined, the 18 MSN-FNP courses meet the requirements of:

- The Essentials of Master's Education in Nursing (American Association of Colleges of Nursing [AACN], 2011);
- Criteria for Evaluation of Nurse Practitioner Programs, 5th Ed.(National Task Force on Quality NP Education (2016); and
- Family/Across the Lifespan Population-Focused Nurse Practitioner Competencies (AACN, Population–Focused Competencies Task Force, 2013).

Credit Hour Justification

This course will be offered during the **summer** semester and has **120 patient contact** hours over 10 weeks. Students are expected to have a minimum of two hours of outside-of-class responsibility (homework, assigned projects, class preparation, writing assignments, etc.) for each credit hour (60 hours of patient contact hours).

Impact Statement

The proposed MSN program will enroll 15 students each January. The students will progress in a cohort manner, through a 46-credit curriculum over 27 months. The program will generate significant additional tuition revenue, which will cover the cost of an adjunct nursing faculty member. The President and the Provost have stated a commitment to cover costs necessary to bring the new degree program to UMW. Additional space is not needed for this online course. Additional library resources are estimated to be \$40,000 for the MSN-FNP program as a whole. This specific course does not add to that cost. The Executive Director of the Division of Teaching and Learning Technologies (Jesse Stommel) has met with the BSN-C Program Director and proposed additional online learning resources for faculty and students. At the date of this proposal, both Rosemary Arneson and Jesse Stommel are completing an impact assessment to determine the additional funding required by their departments.

Sample Syllabus (See Attached)



COURSE SYLLABUS

Course No:	NURS	650 *
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Course Title: Advanced-Practice Family Nursing: Practicum I*

Dates: TBA

Semester: Summer 2020

Course Format: **Online**

Total Credits: 2

Clinical Hours: 120*

Prerequisites: NURS 520, 530, 540, 550, 560, 580, 590, 610, 620

Co-Requisites: NURS 630, 640

Instructor: TBA

Preferred Communication: TBA

Virtual Office Hours: TBA

*In the MSN-FNP Program, a student may repeat only one of the three clinical practicum courses, and may do so only once.

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STUDENT LEARNING OBJECTIVES

Each student learning outcome corresponds to an AACN NP Competency. This course is designed to result in the following student learning outcomes (SLOs):

Student Learning Outcome	Method of Measurement	Corresponding AACN Competencies
Student Learning Outcome # 1 Apply knowledge from health, psychological, and social sciences in the advanced nursing management of adults and women with common illnesses in the primary care setting.	This SLO will be measure via the SOAP assignments, site visit evaluation, and preceptor evaluation.	This SLO corresponds to AACN NP Competency 1.2.
Student Learning Outcome #2 Accurately assess adult patients with common health problems.	This SLO will be measured via the SOAP assignments, site visit evaluation, and preceptor evaluation.	This SLO corresponds to AACN NP Competency # 4.3, 9, and 9.3b-c,e.
Student Learning Outcome #3 Develop differential diagnoses basic on health assessment including medical and social history, presenting symptoms, physical findings, and diagnostic information.	This SLO will be measured via the SOAP assignments, site visit evaluation, and preceptor evaluation.	This SLO corresponds to AACN NP Competency # 4.3, 9, and 9.3b-c,e.
Student Learning Outcome #4 Identify of health promotion strategies for each patient.	This SLO will be measured via the SOAP assignments, site visit evaluation, and preceptor evaluation.	This SLO corresponds to AACN NP Competency # 5.2b, 4.3 and 9.3.
Student Learning Outcome #5 Address cultural issues with the patient.	This SLO will be measured via the SOAP assignments, site visit evaluation, and preceptor evaluation.	This SLO corresponds to AACN NP Competency #9, 9.4, and 9.4a-d.
Student Outcome #6 Demonstrate effective professional oral and written communication skills.	This SLO will be measured via the SOAP assignments, site visit evaluation, and preceptor evaluation.	This SLO corresponds to AACN NP Competency #9.2.
Student Learning Outcome #7 Apply family and nursing theories to enhance the patient's health.	This SLO will be measured via the SOAP assignments, site visit evaluation, and preceptor evaluation.	This SLO corresponds to AACN Competency #1 and 1.4.

WELCOME TO THE COURSE

Course Description

This course provides the nurse practitioner student with foundational clinical experiences for adult and/or Women's health patients as seen in primary care. The focus of the course is to develop and apply critical thinking skills to formulated differential diagnoses, diagnoses, treatments and evaluation plans. The course provides 120 patient contact hours and is not repeatable.

Method of Instruction

Attendance and participation in patient care for eight (8) hours each week with an advanced practitioner in a primary care setting is the primary learning method for this practicum. You will also attend a standardized patient scenario and teaching session for patient simulation interaction. Additional learning methods include three SOAP notes (two SOAP notes and one Super SOAP), feedback forms, verbal case presentation, and faculty site visit to evaluate the student's progress in the primary care setting.

Required Textbook(s)

Although there is no required textbook for this course, there are numerous resources available to students. You may want to review assorted websites for these resources or ask your preceptor. We will also discuss this information in class.

Recommended Textbook(s)

- Publication Manual of the American Psychological Association (6th ed.) by the American Psychological Association (2010) ISBN: 978-1433805615
- *Differential Diagnosis for the Advanced Practice Nurse* by J. Rhoades (2015) ISBN: 978-0826110275

Required Software

- General software: MS Office or Open Office, Adobe Acrobat Reader, and Windows Media Player
- APA software: Perla or ReferencePoint
- Exam software: Respondus

<u>Equipment</u>

You will need a stethoscope with a reversible bell and diaphragm. If you will be purchasing a new one, be sure to check and ensure the earpieces are **comfortable** for your individual ear shape. Prices range from approximately \$30 to over \$150 for a good quality model. You may want to purchase an oto-opthalmascope or additional equipment at your discretion. Please check with your preceptor regarding the use of clinical equipment in your assigned site.

Professional Appearance and Behavior

Students should wear a white lab coat with a name tag unless otherwise advised by the preceptor. Please review the MSN student handbook (this hasn't been created yet) for specifics on student professional appearance. Students shall maintain a neat, clean appearance and may be sent from the clinical site for failure to do so. Students shall not wear jeans or scrubs in clinical settings unless the preceptor requires this attire. Students are expected to demonstrate a professional behavior in the clinical setting.

Name Tags

Each MSN student should purchase a nametag with the following information:

Jane Doe, RN, BSN University of Mary Washington Graduate Student

Laboratory Experience

MSN students, in consultation with the faculty coordinator/mentor and clinical preceptor, will be placed in a clinical experience of approximately eight hours per week for 14 weeks (a total of 112 hours). The focus of this experience will be to further enhance the use of the nursing process in incorporating newly acquired health assessment skills into advanced nursing practice.

<u>CPR</u>

MSN students must be currently certified in Basic Life Support. In the fall of each year students are responsible for submitting CPR cards. If a CPR card is renewed during the course of the year, it is the student's responsibility to provide a copy of the new certification to the UMW nursing program's administrative assistant.

<u>Licensure</u>

MSN students are required to have a current, valid Virginia nursing license. You must immediately notify the UMW nursing program's director of any change in your licensure status.

Physical Examination

MSN students must have an annual physical examination (see graduate handbook for additional requirements) (this hasn't been created yet). The student must submit evidence of an annual PE, current CPR and a copy of the RN license. If you did not complete these requirements in the fall of this academic year, you cannot participate in clinicals until these requirements are met.

Risks Inherent in Clinical Practice

MSN students should read the risk material provided in the MSN Student Handbook. Each student must sign the *Acknowledgement of Risks Associated with Clinical Practice in the Laboratory/Clinical Setting* (appendix XXX). If you have not signed this risk form, it is your responsibility to submit a signed form to the UMW nursing program office prior to your first clinical day.

Preceptor Agreements

Preceptor agreements are due on or before XXX. As students move to other sites, they must submit the preceptor evaluation form to XXX within the first week of the clinical site. An signed agreement is required when a student spends more than eight hours with a preceptor.

Practicum Expectations

The student is to devote eight hours on-site in an assigned, faculty-approved primary care or specialty care setting. It is expected that each student be capable of eliciting a complete health history and performing a physical examination prior to entering this practicum course. Students are responsible for charting in the office on each person they see. If the practice is not able to provide the student with EMR charting, the student is expected to keep a notebook of SOAP notes on the patients they see in clinical. A student is never to record a patient's name or SSN or other identifying information in the SOAP notebook.

Maintaining communication with the clinical faculty or mentor is of the utmost importance. In addition, students should assume that the clinical preceptor may not clearly understand the student's role and should discuss their role and expectations with the clinical preceptor before starting (see attached <u>Preceptor Questions and Answers</u>). If a student is experiencing difficulty in meeting his/her clinical goals, the student must advise the clinical preceptor and the clinical faculty as soon as possible.

You are required to provide your clinical schedule for the semester to your mentor at the beginning of the semester. If you must miss a clinical due to illness or emergency, each clinical hour missed must be made up over the course of the semester. **PLEASE NOTIFY CLINICAL FACULTY AND PRECEPTOR IF AN ABSENCE IS NECESSARY.**

Home visits may be made if deemed necessary to the planned care of a patient and/or family, or to some other clinical objective. Patient and family approval should be obtained prior to home visits. The clinical faculty will be notified prior to home visits if any are planned.

Preceptor Evaluations

The final preceptor evaluation will be completed and at the end of the semester. The preceptor evaluation must be submitted on/before the established due date. Evaluations received after the due date will be reviewed; however, the student will receive a grade of zero (0) for the evaluation.

Students are responsible for sending the preceptor agreement to XXX. It is *not* the responsibility of the preceptor to mail the evaluation. Preceptor evaluations must be submitted via US Mail, campus mail, or email. <u>Preceptor</u> evaluations cannot be faxed. Preceptor evaluations will not to be accepted after the due date. If mailed, the envelope must be postmarked on or before the due date to be accepted for a grade.

Patient Confidentiality

UMW MSN faculty take patient confidentiality seriously in all aspects of the program. Students are expected to follow HIPPA guidelines when caring for patients, and this includes classroom discussions and written assignments. Any documentation which is submitted with either *clinical logs or SOAP notes* that compromises patient confidentiality or contains patient identifying information will be <u>severely penalized</u>. The first offense will result in a decrease in the student's final grade of five (5) points. Additional offenses will decrease the final grade of the student by 10 points for each offense. This includes patient names which have been 'blacked out' but are still legible once mailed, e-mailed or faxed to the instructor. <u>Depending on the circumstances of the confidentiality breach, a student may be dismissed from the MSN program</u>.

Expectations

The course is managed through Canvas, which is the learning management system (LMS) used by UMW. All course content is available on the course's Canvas page. Students are expected to log into the Canvas course page every day to ensure prompt communication with the instructor and peers.

Students are expected to use the course Canvas page to upload all assignments to ensure correct grading, because grading is done through the LMS. For assignment deadlines, the week starts on Monday at 12:00am ET and ends Sunday at 11:59pm ET.

Students are expected to do their own, original work on each assignment. A plagiarized assignment will result in a zero (0) for the assignment. The student will be referred to the Honor Counsel.

Attendance and Make-Up Policy

This is a practicum course. There are no broadcast classes for this course. You are required to provide your clinical schedule for the semester to your mentor at the beginning of the semester. If you must miss a clinical due to illness or emergency, each clinical hour missed must be made up over the course of the spring semester. **PLEASE NOTIFY CLINICAL FACULTY MENTOR AND PRECEPTOR IF AN ABSENCE IS NECESSARY.**

Attendance to any practicum group meetings arranged by the clinical mentor is mandatory. Meetings will be announced in advance. It is expected that students will carefully review the course syllabus to be familiar with all requirements and expectations for your participation and successful completion of the course.

Communication with the Faculty

It is your responsibility to keep the faculty mentors for your assigned section up-to-date on your progress, problems, concerns and questions. You may contact the faculty by way of the message function in Canvas, UMW e-mail or by phone (voicemail, leave a reliable phone number and time that is good to contact you). The faculty phone numbers are provided in this syllabus. Please use the phone numbers sparingly and never after 10p.m. If you left a message and the faculty member has not returned your call or email within 72 hours, then contact the UMW nursing program (Missy Hall, administrative assistant, at 540.286.8084). The course faculty will notify you if they are going to be out-of-town or unavailable for a period of time. Check your UMW email and Canvas on a daily basis for any messages or group announcements.

Submission of Assignments

You are expected to complete assignments on-time. All assignments must be turned in by deadline listed in the syllabus and/or posted on the Canvas course site. If you have difficulties or questions when completing the assignment, *contact the course coordinator/faculty BEFORE THE DEADLINE for guidance*. Extensions may be requested, and will be considered and granted on a case-by-case basis at the discretion of the course faculty. **Any assignment submitted after the deadline without prior approval for an extension shall be graded at the discretion of the faculty; and if graded, the late assignment can receive a score no higher than 83%**.

Writing Requirements

Nurses of all levels of education must be able to convey information in an articulate, succinct and confident manner in a variety of clinical and academic settings. Discipline-specific writing promotes critical thinking, which develops the skills of analysis and organization. Whether concerned with accurate documentation of patient information; providing a succinct yet complete shift report; writing term papers for future classes; or composing grant proposals or professional journal articles, good writing skills are <u>critical</u> to your success as an advanced practice nurse.

Students with difficulty in technical writing may be referred to the Writing Center for support and guidance. Specific resources are available to students for whom English is a second language. If you are referred to these resources by course faculty it is your responsibility as a student to utilize these resources.

Each assignment should be typed in a font no smaller than 12 point (see APA 6th edition regarding fonts and typefaces). The assignments should be formatted in APA style and presented professionally with an appropriate cover page, reference list and appendices as needed. Errors in spelling, grammar, sentence structure, punctuation and format will result in a significant point deduction from the total assignment grade. **Please be sure that your title for the electronic files includes your last name and the name of the assignment (i.e. Smith-Critique1.doc)**

Proofread your papers before turning them in. If you have difficulty proofreading, then have someone else proof your paper. It is expected that all assignments will meet the standard for graduate level work. The course coordinator, and clinical faculty mentors, reserves the right to refuse to grade any assignment that does not meet the expected standard for professional preparation and appearance. This may result in a zero for the assignment and a failure for the course.

Grading criteria will be provided for course assignments. Use them to ensure that you have addressed all required components for an assignment. A completed scoring will be returned with each assignment that will show you how your work was evaluated. If you have questions or comments about a grade please contact the course coordinator.

Note: Draft papers will not be reviewed unless otherwise indicated. This maintains a sense of fairness for all students. If you have any questions related to draft papers, contact the course coordinator or section professor.

Course Outline

The course schedule is established between the preceptor and the FNP student. Practicum hours should occur at least each week for eight hours over the semester, for a total of 112 practicum hours. However, students may do more than eight hours per week if that is the arrangement he/she has made with the preceptor. NO MORE than 120 practicum hours shall be completed in the semester. 120 clinical hours must be completed by XXX. You must also:

- Keep track of each patient and hours in NPST (patients must be entered within 72 hours of clinical)
- Utilize standardized patient scenario and teaching session for patient simulation interaction and to build on primary care and women's health interventions
- Complete two SOAP notes and one Super SOAP note
- After receiving feedback from the two SOAP notes, return the Faculty Feedback Form with changes noted from the track changes on the SOAP notes
- Prepare a case study to present to faculty member during site visit
- Discuss with faculty member a patient during a site visit

WEEK (DATE RANGE)	NOTE	Content
XXX - XXX		Mandatory Attendance at Orientation: NP televised and
		videostreamed orientation
		Review syllabus and do NPST tutorial
XXX – XXX		Signed preceptor agreements are due by XXX
XXX – XXX		Clinical schedules are due by XXX
XXX – XXX		 SOAP #1 is due via Canvas by XXX (this SOAP note is from patient seen at your practice)
XXX – XXX		 Preceptor signed log sheet #1 due by XXX (for clinical dates between XXX and XXX)
XXX – XXX		 60 hours of clinical should be completed by end of this week
		• SOAP #2 due by XXX (this SOAP note is from patient seen at your practice)
		 Faculty feedback form to be returned with graded SOAP #1 (with "track changes") by XXX
XXX – XXX	SPRING BREAK	No class, but clinicals can be done during this week
XXX – XXX	Standardized	 Preceptor signed log sheet #2 by XXX
	Patients	(for clinical dates between <mark>XXX</mark> and <mark>XXX</mark>)
XXX – XXX		 Research article for Super SOAP due XXX
		• Faculty feedback form (3-F) to be returned with graded SOAP #2 (with
		"track changes")by <mark>XXX</mark> .
XXX – XXX		 Preceptor signed log sheet #3 due by XXX (for clinical dates between XXX and XXX)
XXX – XXX		• Super SOAP #3 due by XXX (this Super SOAP is from patient seen at XXXX)
XXX – XXX		• Final preceptor evals by XXX
XXX – XXX		Clinical hours must be complete by midnight on XXX
		All classes end for semester
XXX – XXX		 Preceptor signed log sheet #4 due by XXX

Student Deliverables for this Course

Your final course grade will be comprised of the following components:

DUE	DELIVERABLE	MAX . SCORE
X	SOAP #1	5%
X	SOAP #2	10%
TBD*	Standardized Patient (SP)	5%
TBA	Super SOAP	20%
TBA	Site Visit and Case Study	30%
TBA	Preceptor Evaluation	30%
		100.00%

*ESP date is TBD – will be before Super SOAP due date.

Assignments

Practicum performance and evaluation requirements to pass this course:

NURS 650 Advanced-Practice Family Nursing: Practicum I SEM/YEAR + Initial

- 1. Complete all 120 hours by XXX.
- 2. The course grade will be calculated in two steps:
 - **a.** First, by taking the average of the faculty site visit evaluation and the final preceptor evaluation grades. This average of these evaluations must be an 83% to pass the course.
 - **b.** Once the above average is confirmed and the 112 clinical hours have been completed by the deadline, the remainder of the assignment scores will be calculated into the final grade.
- 3. Submission of all required forms: preceptor agreements; and updated PE, CPR and RN license if applicable by the end of the first week of clinical (if one or more of these documents is not submitted within the first week, the student will be removal from the clinical site).
- 4. Satisfactory NPST content, including accurate patient information regarding the patients seen by the student including the date the patient was seen and all accurate diagnosis and pertinent clinical activities.
- 5. NPST data should be current and available for the faculty to review on SOAP note due dates. Faculty will review NPST hours and hours documented on the SOAP grade sheet. These hours should be current and progressive during the semester to meet the practicum hour requirements. **See syllabi attachments for appropriate documentation.**
- 6. Time logs (template attached) must be signed by the preceptor every clinical day. Clinical days and absences (including illnesses, vacations and conferences) are to be documented on the time log. Time log dates and times will be verified with NPST data. This log is to be scanned and submitted via Canvas. The due dates are the same for the NPST data.

Time logs and NPST shift hours must be equal. Students must be accurate in entering their clinical hours in the shift hours when entering data into NPST. The following timeframe will be used to monitor students' progression of clinical hours and to ensure that students will complete all 112 required clinical hours by **XXX**.

- a. Students must complete 32 or more hours by XXX. Failure to complete these hours will result in a clinical warning (see MSN Graduate Student Handbook).
- b. Students must complete 60 or more hours by midterm, XXX. Failure to complete these hours will result in a clinical warning. If a student who fails to complete these 64 hours also received a clinical warning for failure to complete the 32 hours as stated above, he/she will be placed on clinical probation. Students on clinical probation in their final semester are not considered to be in good standing.
- c. Students must complete 90 or more hours by XXX. Failure to complete these hours will result in a clinical warning. Students that received a clinical warning for failure to complete the hours as stated in "A" will be placed on clinical probation. Students on clinical probation in their final semester and are not considered to be in good standing.
- d. Students must complete 120 hours by XXX. Failure to complete these hours will result in course failure.

If a preceptor will be out for a week or more, you should ask if another provider in the practice is available during that period so you can keep up with your hours. If this is not an option, ask your preceptor about doing additional hours before or after the preceptor's expected absence.

In the event a preceptor will be out and your hours will be less than expected for grading, you must contact your faculty in advance about this situation. You must also inform your faculty of the arrangements that have been made for you to complete the hours. Failure to inform your faculty of this situation or informing faculty after the situation will result in a clinical warning.

Time log dates and time will be verified with NPST data. This log is to be scanned and submitted to the link on Bb. The due dates are the same for the NPST data.

Clinical dates from XXX through XXX are due by XXX. Clinical dates from XXX through XXX are due by XXX. Clinical dates from XXX through XXX are due by XXX. Clinical dates from XXX through XXX are due by XXX.

7. NPST ORIGINAL "NPST Daily/Weekly Spreadsheet"

NPST data must be entered within 72 hours of seeing the patient. NPST spreadsheets will be verified four times during the semester.

- 8. Satisfactory clinical activity for the level of a first semester clinical MSN student.
- 9. Each student must provide the clinical faculty with a timeframe in which they will be with each preceptor. **This information is due by XXX**.
- 10. Half of the 112 clinical hours must be completed by **XXX**. A clinical probation committee will review the student's progression if they have not completed 56 practicum hours by the end of Week **XXX**. Upon review, the student may be placed on clinical probation.
- 11. Completion of **112** hours of clinical practice at a site approved by the course coordinator. All clinical hours must be completed by XXX.
- 12. Satisfactory final preceptor evaluations and site visit.
- 13. Submission of completed **site and preceptor evaluation forms** (completed by students) and **student evaluation forms** and **agency survey of UMW MSN Program** (completed by preceptors) are due with the Super SOAP #3.
- 14. Satisfactory participation in scheduled practicum meetings as arranged.
- 15. Satisfactory SOAP notes submitted on-time and with appropriate content (see attached SOAP Grade Sheet). A total of three SOAP notes are required for the course. Additional SOAP notes may be required if those submitted are unsatisfactory. No SOAP note will be accepted after its deadline. The current SOAP grade sheet <u>must be</u> submitted with the SOAP note. 5 points may be deducted from the SOAP if the grade sheet is not provided or completed with the student's name and NPST hours. For example: SOAP notes on patients seen in January will not be accepted in March or similar circumstances.
- 16. Faculty will make at least one site visit with the student and preceptor to evaluate the student's progress in the setting. A student receiving an 83% or less on a site visit will be evaluated for placement on clinical probation. NPST data and SOAP note will be verified during the visit.
- 17. Site visits must be completed between **XXX and XXX**. Students must contact their faculty to arrange the site visit during this timeframe.
- 18. The final preceptor evaluation is due by **XXX**. Evaluations won't be accepted after the due date. Students will receive a zero grade for a late evaluation.

19. Each student must complete a preceptor evaluation and a clinical site evaluation form (attached).

Guidelines for NPST:

These guidelines are in addition to the guidelines given on the http://www.typhongroup.com/odu

Each NP student is to maintain a hardcopy of all patient encounters; this can be done with the use of the NPST software.

The main purpose of this is to document clinical time to satisfy course and certification board requirement. Additionally the software provides a summary of patient demographics, diagnostic code and treatment plans. The NP student will be responsible for safekeeping a hardcopy of patient encounters in the event evidence of documentation is required. Keep a hard copy and a computer file copy of NPST data.

Additional guidelines for student to utilize for NPST data

- 1. First and foremost, you will be accounting only for the patients that you actually see face-to-face. Taking credit for a patient not seen face-to-face is considered to be fabrication. Remember, it's **NOT** the number of patients seen by you that counts, but the number of *practicum hours* you complete.
- 2. Dinner/lunch/breakfast meetings, NP conferences, EVMS sessions and CEU conferences don't count toward your clinical hours. If a facility requires you to attend an in-service on office practices, you may count this as consult time in the system.
- 3. "Shift/on-call time" totals will be used by faculty to verify and compare hours with the time log sheets.
- 4. "Patient time" is the time the student spends with the patient from the minute the student reviews the patient's chart and enters the exam room until the time the student signs the chart.
- 5. "Consult time" is the time the student spent discussing any and all patients they have seen with the preceptor. "Consult time" is also time the student spends researching medical topics during the student's time at the practice, but not at home. This may also include the time the student spends with the preceptor discussing labs, clinical topics, treatments, diagnostics, etc. **Consult hours must not exceed patient care hours. If this situation occurs, the student will be given a clinical warning.**
- 6. "Conference time" is a time that NPST has in the system that can't be removed. <u>Don't record any time in</u> this category.
- 7. "Hospital rounds" are just as stated. If a student's preceptor makes rounds, then the student counts this time towards practicum hours. Students must submit data on each patient seen with the preceptor as well.
- 8. "Nursing home rounds": Same as above.
- 9. Travel time to the practice, to standardized patient sessions or to hospital does not count towards practicum hours.
- 10. Disregard "Conference Time" and #3. Don't use these fields to enter data.
- 11. Keep this information to refer for NPST data entry.
- 12. If you have questions about your data check with faculty.
- 13. Keep data entry current!

Any fabrication of patient information entered into NPST will be considered an UMW Honor Code violation and will be treated as such. The student will be placed on Clinical Probation while awaiting completion of the Honor Council proceedings.

SOAP Note Content:

SOAP notes are to be submitted on patients seen in clinical practice or at EVMS. Fabrication of patient information is considered a violation of the UMW Honor Code and will be handled as a violation (the student will be placed on clinical probation while awaiting completion of the Honor Council proceedings).

A student receiving an 83% or less on a SOAP note will be evaluated for placement on clinical probation.

In order to ensure variety in clinical documentation, each SOAP note will be unique and **without** repetition of diagnosis and treatment. For example, only one note can address a patient diagnosed and treated for a UTI. Please ask if your mentor if you have any questions about this content. **The only exception is the** EVMS **patient scenarios**.

APA (sixth edition) guidelines are to be used correctly for SOAP note content. In particular, all content should be cited and referenced appropriately including direct quotes, paraphrasing, or any other content that requires the use of APA style. Margins for the SOAP note and bullet formatting which is often used in clinical practice is not a requirement for SOAP assignments. However, citations and references must have appropriate formatting. Please refer to your APA manual (sixth edition) for direction. If you are still unsure as to appropriate citation, please contact your clinical faculty

SOAP Note Assignments:

Each SOAP note will have its own, specific grade sheet. Students must review the content for each grade sheet to ensure all content is present in their submitted assignment.

SOAP 1, 2 and 3 must include the following content:

- A complete SUBJECTIVE note to include chief complaint, history of present illness, any other acute illnesses, PMH, FH, SH, Meds, allergies, LMP and ROS. All presenting illnesses will be described thoroughly.
- A complete and organized OBJECTIVE portion of the patient visit.
- All relevant diagnoses under ASSESSMENT in addition to any differential dx which might apply. Rationale with sources are required for the assessment and differential diagnoses.
- Plan:
 - Prescriptions with dosage, route, duration, amount prescribed; if refills, provide
 - \circ Diagnostic testing
 - $\circ \ \ \text{Problem oriented teaching}$
 - \circ Health promotion
 - Follow-up plans

SOAP 2 and 3 must include the following content:

- Nursing theory and application
- Select a nursing theory and apply this to your patient's plan and evaluation.
- Family life stage: students should identify the stage and describe evidence that the family is meetings it's developmental goals; cursory descriptions will be returned for additional information
- Cultural diversity considered for the patient:
 - List two culturally diverse considerations you gave or would give to this patient
 - Explain why you gave the selected consideration for the patient
 - Discuss one of the considerations you chose (cultural diversity is a general term that can include gender, religious beliefs, culture, race, economic status, age and many others)
 - $\circ~$ You can consult your text from previous courses or other resources for ideas and information

- Evaluation of care:
 - Your interpretation of the visit in considering the standard of care that was given to the patient (<u>this</u> <u>includes comparing the standard of care with sources you used</u>; therefore, a citation is expected with <u>your documentation of the evaluation</u>)
 - Example of acceptable sources from the literature would be JNC-7, ADA, Sanford Guide, and other standard of care sources; it can also include your thoughts about the visit, patient, or interaction with your preceptor, or what you learned from the encounter
 - This is a good place to document what you should have done differently or on the next interaction with the patient

Each SOAP note must have a reference list of the sources used. The reference list must be in APA format. All sources must be <u>within five years</u> of publication date. Please see the SOAP grade sheet for additional grading information. **SOAP notes must be typed. Handwritten SOAP notes will not be accepted. The student must document the number of hours on the SOAP grade sheet**.

Super SOAP:

The super SOAP will be the final SOAP due near the end of the semester (see assignment schedule). It will include a SOAP note similar to the two previously completed for the course and an evaluation of a research article. This SOAP note is completed on one of the EVMS patients. The purpose of this assignment is to better prepare students for the comprehensive final examination due at the end of the MSN program. Please review the grading rubric for the Super SOAP. Questions should be directed to your clinical faculty who will be grading this assignment. The research article will be posted one week prior to the SOAP due date

Faculty Feedback Forms

The purpose of this assignment is for the student to improve writing skills, critical thinking skills and clinical practice by addressing feedback provided in student SOAP 1 and 2 assignments.

Guidelines:

After receiving SOAP 1 and 2:

- 1. Review all faculty feedback and comments including APA and clinical content.
- 2. Review the APA, grammar and writing style comments.
- 3. On the faculty feedback form, note the faculty comments and what you did to address the issue; include address the issue.
- 4. Submit the faculty feedback form via Canvas within two weeks of receiving your graded SOAP note.

The student will receive one (1) or one-half (0.5) points to the SOAP score per the Faculty Feedback Form.

Criteria for evaluation of the site visit verbal case presentation

This assignment assists in refining your case presentation skills and clinical problem solving strategies. The verbal case presentation is done during the faculty site visit. Please review the site visit evaluation form.

- 1. Subjective Data: chief complaint, HPI (highlighting relevant positives and significant negatives), other active illness, medications, allergies, relevant family history and LMP.
- 2. Objective Data: Note what you examined and what your positive findings were. Lab studies completed during visit should be included here.
- 3. Assessment: Highlight what your differential diagnoses were and how you ruled each one in or out.
- 4. Plan: Medications, Teaching, Labs/diagnostics ordered, Health promotion done, plan for follow-up.
- 5. Evaluation: What would you do differently next time? What did you learn from this patient?

6. Cultural diversity: Identify one cultural diversity issue to consider in the patient's care.

See the case study grade sheet. A student receiving an 83% or less on a on the case presentation will be evaluated for placement on clinical probation. Please see clinical probation information in the MSN Student Handbook.

EVMS scenarios:

One EVMS session will occur during the semester. Students will see two patients during the session. An average of the scenarios will be calculated for the course grade. Additionally, SOAP notes documenting the scenarios will be due at a designated date to the student's clinical faculty. The date of the EVMS session will be provided as soon as it is scheduled with EVMS. Please make arrangements now to be off-work and available on that day.

Attached Forms (at end of syllabus)

- Honor Code Agreement
- Bloodborne Pathogens Risk Acknowledgement
- Case Study Grading Sheet
- Practicum Site Visit Checklist
- NPST Data and Patient Record
- Time Log
- Sample Time Log
- Sample Daily/Weekly Spreadsheet
- Student's Evaluation of Preceptor
- Student's Evaluation of Site
- Returning PE Form
- Agency Survey of MSN Program
- Preceptor Agreement
- Student Incident Report

Course Grading Policy

The following grading scale is used to determine a letter grade for the course associated with a point value. <u>Students</u> working toward an MSN must complete each MSN course with a grade of 83.00 (B) or higher, and grades are not rounded up. This is a clinical course. Clinical courses are not repeatable.

Score Range	Letter Grade	Quality Points	Description
93.0 - 100	А	4.00	Excellent
90.0 - 92.9	A -	3.67	
87.0 - 89.9	B+	3.33	
<mark>83.0 – 86.9</mark>	B	<mark>3.00</mark>	<mark>Good</mark>
80.0 - 82.9	В-	2.67	
77.0 – 79.9	C +	2.33	
73.0 - 76.9	С	2.00	Average
70.0 – 72.9	С-	1.67	
67.0 - 69.9	D +	1.33	Poor
60.0 - 66.9	D	1.00	Very Poor
Below 60.0	F	0.00	Fail
Incomplete	Ι	0.00	Incomplete
Withdrawal	W	0.00	Withdrawal

ONLINE EDUCATION AND LIBERAL ARTS VALUES AT UMW

One of the hallmarks of online courses at UMW is that they embody the values of a quality liberal arts curriculum. These values are *community*, *interactivity*, *active learning*, *reflection and self-directed learning*.

Value 1: Community

Within a liberal arts institution, we believe that learning needs to occur as a social activity and that students should develop a strong sense of belonging to a networked learning community. Learning communities serve many important purposes: They support and sustain the work of individual learners, help to frame the work of individuals within larger intellectual conversations, and offer a possibility of building something greater through collaboration.

Value 2: Interactivity

One of the signal characteristics of the quality learning experience is small class size and what it enables: a high degree of interaction between student and instructor, as well as between the student and other students. Sometimes characterized as "high-touch," this interaction leads to highly personalized instruction in which students are treated as individuals rather than part of a collective who sink or swim largely on their own efforts.

Value 3: Active Learning

Another characteristic of quality education is an emphasis on active (rather than passive) learning, including intensive use of writing and speech, as both tools of analysis and communication. Active learning leads to a focus on critical thinking rather than merely memorization. Another example is activities that engender genuine inquiry by students in real issues/problems, problems that matter to people outside the classroom, as well as exploring and being challenged by diverse perspectives.

Value 4: Reflection

Part of the justification for the study of humanities in liberal education is that such study addresses the human yearning for meaning. However, such reflection is not limited to humanities. The question, "What does it mean?" is an important means of transforming learning from passive to active, from memorization to a deeper understanding.

Value 5: Self-Directed Learning

The successful learner is expected to take ownership of his or her learning experiences. While faculty play a critical role in framing, guiding and, sometimes, directing the path of these experiences, ultimately the learner must be able to rely on his or her own self to make intellectual choices. These skills lay the foundation for lifelong, adaptive learning as well as cultivating intellectual curiosity, creativity, flexibility and self-discipline.

UMW STUDENT RESOURCES

<u>Libraries</u>

Students are encouraged to use the library resources throughout the course of their study. The Stafford campus includes the Stafford Library in building 121. In addition, the Fredericksburg campus offers the Simpson Library. Both libraries have open conversation areas and comfortable seating which provide a welcoming environment for individual and group study, and networked computers with access to the internet, the University network and Microsoft Office software. The library staff are available to provide assistance to groups and individuals.

Writing Center

Students are encouraged to use the Writing Center, located within the Hurley Convergence Center (HCC) on the Fredericksburg campus. Operating within the Honor Code, the Center offers free tutorial assistance to students regardless of major or concentration, both for course assignments and for personal writing needs.

The Writing Center personnel work with student writers at every skill level to improve writing performance. Staffed by faculty directors, assistants and well-trained student tutors, the Center provides advice in getting started on papers, developing ideas, achieving unity and coherence, reviewing troublesome parts of papers, learning writing styles such as APA, understanding and correcting recurring grammatical and punctuation errors, and overcoming writer's block. They also provide access to various writing guides.

Speaking Center

The Speaking Center is located on the Fredericksburg campus, and supports the speaking-intensive program by providing free consultations to students interested in developing oral communication skills. The Center houses a collection of instructional resources (books, handouts, videotapes, equipment) which address a variety of topics ranging from public speaking anxiety to constructing effective visual aids. Consultants are available to videotape practice presentations and to provide feedback.

The Center strictly adheres to the Honor Code: Consultants will not compose any portion of a presentation for a student, nor will they do research for a student's presentation. Consultants are also prepared to offer advice on special types of oral communication activities such as speeches, group presentations, debates and interviews.

<u>IT Support</u>

In addition to resources available at its website (<u>http://technology.umw.edu/about-us/</u>), the IT office provides help through the Help Desk. The Help Desk serves as the clearinghouse for all tech-related issues. (Please do not ask the MSN instructors or staff for technical assistance...we're not IT experts.) For any type of technology-related issues, students must contact the Help Desk by telephone at (540) 654-2255 or by email at <u>helpdesk@umw.edu</u> or via their webpage (<u>http://technology.umw.edu/helpdesk/getting_help/</u>).

COMPUTER SPECIFICATIONS

For technical assistance, incoming students should visit the Help Desk's webpage for new students at http://technology.umw.edu/new/students/. The below hardware and software specifications are recommended for online courses:

Processor	1.2 GHz or greater
RAM	250 MB or greater (512 MB suggested)
Display	Color video display card
	Color monitor with 1280x1024 resolution or greater
Sound	Sound card, speakers & microphone (or a microphone/speaker headset)
Operating System	Windows 98, ME, 2000, XP or Vista
	(Mac OS 9.2 or higher for all Macintosh computers)

For online courses, the student must have:

- Speaker and microphone on the computer (or a microphone/speaker headset)
- Broadband internet connection (check with your service provider for what speeds are available in your area (examples: Cable, DSL, fiber optic, satellite, etc.)
- Internet Explorer 6.0 or later (later versions of Netscape also work) or Firefox
- General software: MS Office or Open Office, Adobe Acrobat Reader, and Windows Media Player
- APA software: Perla or ReferencePoint
- Exam software: Respondus

ONLINE ETIQUETTE

The following guidance is paraphrased from one found on the Kent State University website (<u>http://www.kent.edu/dl/technology/etiquette.cfm</u>): Taking an online course and corresponding via the WWW presents one with the task of overcoming the lack of non-verbals in communication. When taking a course online, it's important to remember some etiquette that will smooth communication between the students and instructors.

- 1. Avoid language that may come across as strong or offensive. Language can be easily misinterpreted in written communication. If a point must be stressed, review the statement to ensure that an outsider reading it would not be offended, and then post the statement. Humor and sarcasm may easily be misinterpreted as well, so try to be as matter-of-fact and professional as possible.
- 2. Keep writing to a point and stay on-topic. Online courses require a lot of reading. When writing, keep sentences poignant and brief so readers do not get lost in wordy paragraphs and miss the point of the statement. Also, don't introduce new topics; it may just confuse the readers.
- 3. Read first, write later. To prevent repeating commentary that has already been stated, or asking questions that have already been answered, it is important to read all posts and comments within the course discussion before commenting yourself.
- 4. Review, review, review...and then send. There's no taking back a comment once it has been sent, so it's important to double-check all writing to ensure it clearly conveys the exact intended message.
- 5. An online classroom is still a classroom. Though the course may be online, appropriate classroom behavior is still necessary. Respect for fellow students and instructors is as important as ever.
- 6. The language of the internet: Though still a fairly young type of communication, certain aspects of online communication are becoming conventional. For example, do not write using all capital letters, because it appears as shouting. Also, the use of emoticons can be helpful when used to convey nonverbal feelings, but overuse should be avoided. Examples of emoticons: ⓒ, ♥
- 7. Consider the privacy of others. Ask permission before giving out a classmate's email address or other information.
- 8. If possible, keep attachments small. If it's necessary to send photos, change the size to 100k or smaller.
- 9. No inappropriate material is permitted. Do not forward virus warnings, chain letters, jokes, etc., to classmates or instructors. The sharing of pornographic material is forbidden."

USING THE BIG BLUE BUTTON IN CANVAS FOR CONFERENCING IN AN ONLINE COURSE

What are Conferences in Canvas?

The *Conferences* feature is primarily used for virtual lectures, virtual office hours and student groups. It can also be used to demonstrate technologies or troubleshoot technology issues online. Conferences can accommodate up to 50 people.

Pages
Files
Syllabus
Outcomes
Quizzes
Conferences
Collaborations

The *Conferences* feature makes it easy to conduct synchronous (real-time) lectures for all of the students in the course. It also allows the instructor to broadcast real-time audio and video. Additionally, it allows the instructor to demo on applications on the computer desktop, to share presentation slides, or demo any online resources. Currently, Canvas integrates via the **Big Blue Button**.

NOTE: The **Big Blue Button** can accommodate up to 50 users in a conference at any given moment. A conference will remain active on the **Big Blue Button** as long as at least one person is logged into the conference room. When the last person exits, the conference will automatically conclude and all files and chats will be removed.

Quick Meeting	I'll show you some exa In Progress	End Join 🍄 🔹
Group Project Discussion	This is an open discussion f	Start 🔅 -
Course Conference	We will be discussing all m	Start 🌣
Concluded Conferences		
	Come ask any questions that co 01/15/2016	

When would I use Conferences?

The instructor can use *Conferences* to:

• Connect with course students for online office hours, live presentations or special study sessions

- Practice presenting online (students can set up practice presentations in their student groups)
- Broadcast a live event or lecture to students who can't be on-site
- Record the conferences so students can view them at a later date (Note: recordings are automatically deleted 14 days after the conference ends)

How do I use the *Conferences* Index Page (see graphic below)?

Conferences are grouped in two parts: New Conferences [1] and Concluded Conferences [2]. Both always display the name [3] and description [4] of the conference. Note: Students can only view conferences to which they have been invited.

Quick Meeting	I'll show you some exa In Progress	End	Join	¢	·
Group Project Discussion	This is an open discussion f		Start	¢	-
Course Conference	We will be discussing all m		Start	¢	-
Concluded Conferences	2				

New Conferences (see graphic below)

New Conferences are either ready to start [1] or in progress [2] where invited participants can join. Note: Students cannot join a conference until the instructor has started it.

		2
Quick Meeting	I'll show you some exa In Progress	End Join 🌣 👻
aroup Project Discussion	This is an open discussion f	Start &
Course Conference	We will be discussing all m	Start 🌣 👻

Concluded Conferences (see graphic below)

Once a conference has ended, it will be displayed in Concluded Conferences and show the date of the conference [1].

For recorded conferences, Canvas will display the length of the conference [2], which is indicated in hours:minutes (e.g., 0:10 is 10 minutes).

When a conference is rendered for playback, the conference displays the **View** button [3]. Depending on the length of the conference, this process may take several hours. Note: Recordings are automatically deleted 14 days after the conference ends.

	•	
Group Project Discussion	Let's discuss a few ideas 01/15/2016	1)Recording
c ^a	0	:10 2 View 2
Quick Meeting	I'll show you some examples for the assi 01/15/2016	¢ -
Weekly Question	Come ask any questions that come up fr 01/15/2016	ö -

UNIVERSITY NOTICES

University Closures

If the University is closed on a regularly scheduled day, MSN courses *will continue as scheduled* online.

Disability Directive

The Office of Disability Services has been designated by the University as the primary office to guide, counsel and assist students with disabilities. If you already receive services through the disability office and require accommodations for this class, make an appointment with me (the instructor) as soon as possible to discuss your approved accommodation needs. Please bring your accommodation letter to our appointment. Any information you share will be held in the strictest confidence unless you have granted me permission to do otherwise.

If you have not contacted the Office of Disability Services and need accommodations, such as note-taking assistance, extended time for tests, and so on, a referral can be made. The disability office will require appropriate documentation of disability. For details, please contact them at (540) 654-1266.

To protect student privacy and confidentiality, students do not have to inform their instructor directly of the nature of a disability. Once the student has been approved by the disability office for accommodations, the student will receive a letter detailing the exact nature of the accommodations. Copies of the letter should be given by the student to each instructor. The instructor is not told the nature of the disability; we are informed only of the needed classroom accommodation.

Sexual Assault Prevention

Sexual harassment in education includes any unwanted and unwelcomed sexual behavior which significantly interferes with an individual's access to educational opportunities. The University of Mary Washington is committed to preventing and addressing harassment, regardless of whether the harassment is perpetrated by peers, teachers or other school officials. Confidential support services are provided by:

Avina Ross Sexual Assault Prevention Specialist <u>aross@umw.edu</u> (540) 654-1166

Honor Code

Students are required to read the Honor Constitution and sign the Honor Code statement (attached at end of syllabus). The Honor Code and the Honor Pledge embody the trust placed in UMW students and the reciprocal responsibility students have to behave ethically in their academic pursuits. Additionally, students are responsible for adhering to the policies outlined in the Code of Student Conduct and the Graduate Student Handbook. Violations of the Code of Student Conduct will not be tolerated. Violations of this code include (but are not limited to) cheating on tests/assignments. For complete details on our expectations of you as a UMW student, please visit the following websites and carefully review the guidelines/policies:

- Honor Constitution: <u>http://students.umw.edu/staffordhonorcouncil/</u>
- Code of Student Conduct: <u>http://students.umw.edu/judicialaffairs/the-judicial-system/code-of-conduct/</u>
- Graduate Student Handbook: link needed

Some examples of Honor Code violations are:

- Lying, cheating*, plagiarism
- Team collaboration on a project, except when specifically authorized by the instructor (you are expected to do your own work, unaided by anyone else)

- Use of commercial sources or other students for "ready-made papers" (your work must clearly be of your own original effort) don't believe that by changing a few words you can disguise the source…you can't if you use someone else's work you will be found out because the difference in tone, style and comprehensiveness of the writing will be readily apparent to the instructors
- Failing to cite reference materials used within your paper/work (this includes not only printed material but also materials taken in part or in whole from internet sources)
- Use of "crib sheets," etc., during an examination although some instructors allow the use of reference materials during exams, such use will always be clearly specified in the course syllabus (if such permission is not clearly set out in the syllabus, then you are not authorized to use reference materials during exams; also, if you exceed the clearly specified scope of authorization, then you are guilty of cheating)
- *Examples of cheating: Taking an exam for someone else; reproducing/copying or discussing exam content; faking an illness to avoid an exam; copying from another student's exam or assignment; giving another student answers during an exam; reviewing previous copies of an exam without the permission of the instructor; purchasing term papers; copying materials without footnoting or citing; padding items on a bibliography; turning in a dry lab report; failing to report grade errors; collaborating on or discussing homework and/or taking home exams/papers; plagiarism; altering or forging an official university document; swapping of computer programming disks/USBs.

Course Evaluations

This course requires that the student complete a course evaluation. Approximately three weeks before the semester ends, students will receive an email notice containing directions for accessing and completing the online evaluation. Submission of the evaluation is anonymous, and every effort should be made to provide feedback on the quality of the instruction received and the effectiveness of the faculty. Student feedback is critical to the ongoing health of the MSN program, and is greatly appreciated.

Course Summaries

A student course summary form will be used by faculty to obtain feedback from you on the components of the course and its delivery; it is an evaluation not of the *faculty*, but of the *course*. A link to complete this anonymous online summary will be posted in the Canvas course site, where instructions for completion/submission will be provided.

ACADEMIC CALENDAR

Insert academic calendar here



STUDENT HONOR CODE

I, as a student of the University of Mary Washington, do hereby accept the Honor System. I have read and understand the Honor Constitution and agree to abide by its provisions. Accordingly, I resolve to refrain from giving or receiving academic material in a manner not authorized by the instructor, from illegally appropriating the property of others, and from deliberately falsifying facts. I acknowledge that in support of the Honor System, it is my responsibility to report any violation of the Honor Code of which I am aware. I realize that in the event of a violation of the Honor Code, a plea of ignorance will not be acceptable and that such a violation could result in my permanent dismissal from the University of Mary Washington. I further pledge that I shall endeavor at all times to create a spirit of honor, both by upholding the Honor System myself and helping others to do so.

Student's Name:

Student's Signature:

Date: _____



BLOODBORNE PATHOGEN RISK ACKNOLWEDGEMENT

All MSN students are required to access and read all materials listed on the Occupational Safety and Health Administration (OSHA) website under "Blood Borne Pathogens" (http://www.osha.gov/SLTC/bloodbornepathogens/). These materials include information regarding:

- 1. Needlestick injuries and legislation
- 2. Occupational exposure and prevention
- 3. Information for healthcare workers about blood borne pathogens
- 4. Procedures following exposure to blood borne pathogens
- 5. Exposure control in home care
- 6. Precautions for emergency responders
- 7. Post-exposure evaluation and follow-up

After reviewing these publications, please read and sign the following statement:

By my signature below, I acknowledge that I have read the OSHA publications regarding the risk to healthcare workers associated with exposure to bloodborne pathogens. I further acknowledge that I have been informed of this risk through these publications and affirm my understanding of the materials. I have also been informed of procedures for post-exposure management. I will report any exposure to body fluids during a course-related experience to MSN faculty. I understand that I may ask faculty for additional information if I have any questions.

Printed Name: _____

Signature: _____ Date: _____



PRACTICUM SITE VISIT CHECKLIST (NURS 650 Course)

Student Name:		Date:
		(please print)
Preceptor Name:		
1		(please print)
Arrival Time:		Departure Time:
Practicum Activities: □ Yes □ No		Student presents case/assessment/plan to preceptor
	□ Yes □ No	Preceptor and student check patient together
	□Yes □No	Student is allowed to explain plan to patient
	🗆 Yes 🛛 No	Student writes prescriptions
	🗆 Yes 🛛 No	Student spends of time with primary preceptor
	□Yes □No	Student is performing hospital rounds at:
	□Yes □No	Student is satisfied with clinical setting

Student Clinical Performance: Student was observed with patient in the following activities:

Focused History/Complete History	Points	Comments
All pertinent information elicited	10 points	
Minimal omission of pertinent information	8 points	
Unable to elicit pertinent information	6 points	
Focused physical/Complete Physical		
Included all systems associated with history	10 pts	
Omitted 1-2 systems associated with history	8 pts	
Unable to identify and organize the physical exam associated with the history	6 pts	
Assessment		
Able to elicit assessment and all pertinent differential diagnoses	10 pts	
Able to elicit assessment and some pertinent differential diagnoses	8 pts	
Unable to elicit assessment and/or pertinent differential diagnoses	6 pts	
Plan	Points	Comments
Develops appropriate plans for the patient	10 pts	
Incomplete development of plans for the patient	8 pts	
Unable to develop a plan for the patient	6 pts	

PRACTICUM SITE VISIT CHECKLIST, CONTINUED (NURS 650 Course)

Student Name: _____

(please print)

Preceptor Name: _____

(please print)

Patient Education		
Content is pertinent and at an appropriate level of understanding for the patient	10 pts	
Content is omitted that is pertinent for the patient	8 pts	
No patient education completed during the visit	6 pts	
Case Presentation to the Preceptor		
Pertinent and organized	15 pts	
Omits pertinent data, but organized in presentation	10 pts	
Presentation is unorganized and omits pertinent data	6 pts	
Practicum Activities	Circle One	
Student initially sees patients alone (4-10/day)	Yes No	
Professional interpersonal skills with patients, preceptor, and staff	Yes No	
Professional demeanor	Yes No	
Able to satisfactorily perform procedures	Yes No	
Points (65 possible points)		

Faculty Perception of Student's Clinical Performance (please circle one):

0 1 2	3	4	5	6	7	8	9	10	Scoring: 0 = Unsatisfactory 5 = Meets expectations
									10 = Exceeds Expectations

TOTAL SITE VISIT POINTS: _____

 PRECEPTOR:
 □ Yes
 □ No
 Preceptor is student's per st

Preceptor is satisfied with student's performance Preceptor is reminded to Complete final evaluation



NPST DATA AND PATIENT RECORD (NURS 650 Course)

Sti	ude	nt Name:		
Fa	cult	y Name:		
NF	PST	data was congruent with patient medical record: 🛛 🛛 Yes 🗖 No		
וח				
PI	ease	e explain any incongruence in the data:		,
				<u>Circle One</u>
	1.	Subjective Data	Excellent	5 Points
		Included: CC, HPI (pertinent to positive and negative), PMH, medications,	Satisfactory	3 Points
		allergies, FH, LMP, ROS	Unsatisfactory	0 Points
	2.	Objective Data	Excellent	5 Points
		What was examined and pos fdgs, lab done	Satisfactory	3 Points
			Unsatisfactory	0 Points
	3.	Assessment	Excellent	5 Points
		Includes different diagnoses and how each was ruled in/out	Satisfactory	3 Points
			Unsatisfactory	0 Points
	4.	Plan	Excellent	5 Points
		Includes medications, teaching, labs/diagnostics, health promotion,	Satisfactory	3 Points
		follow-up	Unsatisfactory	0 Points
	5.	Family Life Stage and Cultural Diversity	Excellent	5 Points
			Satisfactory	3 Points
			Unsatisfactory	0 Points
Co	mn	nonts /Actions Takon		
	,11111	nents/Actions Taken:		
То	tal S	Score:		
Sti	ude	nt Signature: Date:	·	
Fa	cult	zy Signature: Date:		



Please submit a new log for each calendar month.

Student Name: _____

Date	Time In	Time Out	Total Time (Round to nearest 15-minute increment)	Preceptor

Running Total of Clinical Hours (number of total hours completed to this point):



SAMPLE TIME LOG (NURS 650 Course)

Below is a sample of the time log that mentors will review with the SOAP assignments (mid-term and final time confirmation):

Date	Shift/ On- Call Time	Patient Time	Consult Time	Conference Time Don't enter time in this column	#1	#2	#3	Total Logged Time	Difference (+/-)
Nurs 665: Advanced Practi] 1/08/2008	0	0	0	0	0	0	0	0	0
[Nurs 665: Advanced Practi] 1/16/2008	390	195	195	0	0	0	0	390	0
Nurs 665: Advanced Practi] 1/23/2008	420	180	240	0	0	0	0	420	0
[Nurs 665: Advanced Practi] 1/29/2008	240	180	60	0	0	0	0	240	0
Nurs 665: Advanced Practi] 1/30/2008	180	90	90	0	0	0	0	180	0
[Nurs 665: Advanced Practi] 2/4/2008	345	240	105	0	0	0	0	345	0
[Nurs 665: Advanced Practi] 2/5/2008	195	165	30	0	0	0	0	195	0
Nurs 665: Advanced Practi] 2/7/2008	0	0	0	0	0	0	0	0	0
Nurs 665: Advanced Practi] 2/11/2008	390	390	0	0	0	0	0	390	0
[Nurs 665: Advanced Practi] 2/12/2008	150	150	0	0	0	0	0	150	0
Nurs 665: Advanced Practi] 2/20/2008	420	390	30	0	0	0	0	420	0
Nurs 665: Advanced Practi] 2/25/2008	240	240	0	0	0	0	0	240	0
Nurs 665: Advanced Practi] 2/26/2008	210	180	30	0	0	0	0	210	0
Nurs 665: Advanced Practi] 3/3/2008	300	300	0	0	0	0	0	300	0
[Nurs 665: Advanced Practi] 3/4/2008	180	180	0	0	0	0	0	180	0
Nurs 665: Advanced Practi] 3/7/2008	240	240	0	0	0	0	0	240	0
Nurs 665: Advanced Practi] 3/10/2008	300	240	60	0	0	0	0	300	0
Nurs 665: Advanced Practi] 3/13/2008	270	270	0	0	0	0	0	270	0
Nurs 665: Advanced Practi] 3/17/2008	480	480	0	0	0	0	0	480	0
Nurs 665: Advanced Practi,] 3/22/2008	720	720	0	0	0	0	0	720	0
Nurs 665: Advanced Practi] 3/26/2008	600	600	0	0	0	0	0	600	0
Nurs 665: Advanced Practi] 4/2/2008	450	450	0	0	0	0	0	450	0
Totals (Minutes)	6720				0	0	0		
Totals (Hours)	112				0	0	0		
Totals (8hr Days)	14				0	0	0		

DAILY TIME LOG SUMMARY FOR: _____ from first time log to last time log.

Time Log Legend:

Shift/On-Call Time - Total shift or on-call time at the facility, as entered in the daily time logs

Patient Time - Total time with patients for the day from case logs, if available; only days with time logs are included **Consult Time** - Total time consulting with preceptor for the day from case logs, if available; only days with time logs are included

Conference Time (Don't enter time in this column.) - Total conference hours from the conference logs, if available; Only days with time logs are included

#1 - Hospital Rounds; **#2** - Nursing Home Rounds; **#3** - Clinical Issues and Topics Discussions Time

Total Logged Time - Sum of all logged time for the day, includes everything but 'Shift/On-Call Time'

Difference - Total 'Shift/On-Call Time' minus all logged time for the day; zero is optimal (a negative number means more log time than shift/on-call time; a positive number means more shift/on-call time than log time)



SAMPLE DAILY/WEEKLY SPREADSHEET (NURS 650 Course)

Below is a sample of the daily/weekly spreadsheet that you will complete weekly. This sample was for the period of 01/09/2012 through 01/13/2012.

Status Status Save Changes Change all Pending CC/Notes (Partial)	Date Case ID	Site	Age Gender	Time w/ Patient	Consult Time w/ Prec.	Reason for Visit	Student Partic.	Social Prob.	# of New/ Refill Rx	ICD Codes (Up to first four)	CPT Codes (Up to first four)
Pending -	5/30/2008 <u>135</u>		57 years M	30 min	15 min	Follow-up (Routine)	>50%		4	#1 - 401.1 - BENIGN HYPERTENSION #2 - 272.2 - MIXED HYPERLIPIDEMIA #3 - 724.5 - BACKACHE UNSPECIFIED	#1 - 99213 - OFFICE/OP VISIT, EST PT, 2 KEY COMPONENTS: EXPAND PROB HX; EXPAND PROB EXAM;MEE DECISION LOW COMPLEX #2 - 80061 - LIPIC PANEL
CC: f/u HTN - J.B. is a 57 y/c Received three levels of sut						ently suffered	a severe ch	ain-saw	laceration to	left forearm which was tre	ated at SWRMC ER.
Pending	5/35/2008 <u>135</u>	_	37 years F		15 min	Follow-up (Routine)	>50%		0	#1 - 250.00 - DIABETES UNCOMPL TYPE II	#1 - 99213 - OFFICE/OP VISIT, EST PT, 2 KEY COMPONENTS: EXPAND PROB HX; EXPAND PROB EXAM;MEE DECISION LOW COMPLEX
CC: f/u physical - 37 y/o ob		_						smoker			
Pending -	3/30/2008 <u>135</u>		45 years M	45 min	15 min	Follow-up (Routine)	>50%		0	#1 - 724.5 - BACKACHE UNSPECIFIED #2 - 401.1 - BENIGN HYPERTENSION #3 - 272.2 - MIXED HYPERLIPIDEMIA	#1 - 99213 - OFFICE/OP VISIT, EST PT, 2 KEY COMPONENTS: EXPAND PROB HX; EXPAND PROB EXAM;MEE DECISION LOW



STUDENT'S EVALUATION OF PRECEPTOR (NURS 650 Course)

Preceptor Name: _____

Student Name: _____

Student, please answer each question below regarding your preceptor. This will provide summative feedback to the preceptor. Space is provided at bottom for written comments (optional).

1.	Preceptor available to student	□ Yes	🗆 No	□N/A
2.	Preceptor demonstrates understanding of FNP role	□ Yes	□ No	□ N/A
3.	Utilizes student's strengths and knowledge	□ Yes	🗆 No	□ N/A
4.	Serves as a good role model	□ Yes	□ No	□N/A
5.	Demonstrates effective rapport with patients	□ Yes	🗆 No	□ N/A
6.	Assists student in identifying goals and needs for experience	□ Yes	□ No	□ N/A
7.	Provides immediate and adequate feedback with questions and presentations	□ Yes	🗆 No	□ N/A
8.	Considers student's limits according to level of training	□ Yes	□ No	□N/A
9.	Offers constructive comments about chart notes	□ Yes	🗆 No	□ N/A
10.	Leads students through decision making rather than giving own impressions	□ Yes	□ No	□ N/A
11.	Reviews and signs each clinic note	□ Yes	🗆 No	□N/A
12.	Encourages questions	□ Yes	□ No	□ N/A
13.	Discusses alternative management	□ Yes	🗆 No	□ N/A
14.	Thoughtfully reviews differential diagnoses with student	□ Yes	□ No	□ N/A
15.	Allows student opportunities to suggest drug of choice, calculate dosages, suggest lab and x-ray to be ordered	□ Yes	□ No	□ N/A
16.	Communicates clinical knowledge well	□ Yes	□ No	□N/A
17.	Utilizes other members of the health care team	□ Yes	🗆 No	□N/A
18.	Suggests and provides additional learning experiences (i.e., outside of clinic or interesting; ex: rounds, patients being seen in the office)	□ Yes	□ No	□ N/A
19.	Suggests and provides additional learning experiences (i.e., outside of clinic or interesting; ex: rounds, patients being seen in the office)	□ Yes	□ No	□ N/A
20.	Reviews evaluations with student and provides immediate and constructive feedback	□ Yes	□ No	□N/A
Comn	nents (optional):			



STUDENT'S EVALUATION OF SITE (NURS 650 Course)

Site:			
Student Name:			

Preceptor Name: _____

Student, please answer each question below regarding your preceptor. This will provide summative feedback to the preceptor and the site director. Space is provided at bottom for written comments (optional).

1.	Is adequate space provided?		□ Yes	□ No	□ N/A
2.	Is adequate time given to see patients?		□ Yes	□ No	□ N/A
3.	Are there significant numbers of patients	s?	🗆 Yes	🗆 No	□ N/A
4.	Are the types of patients varied as to age	e, type of dx, etc ?	□ Yes	□ No	□ N/A
5.	Are students allowed to select clients acc	cording to their needs?	🗆 Yes	🗆 No	□ N/A
6.	Are students given the opportunity to fol of interest?	□ Yes	□ No	□N/A	
7.	Are reports from lab and X-Ray accessible	le to students?	🗆 Yes	🗆 No	□ N/A
8.	Is support staff appropriately helpful and	d supportive to students?	□ Yes	□ No	□ N/A
9.	Are community resources, other agencie with client welfare?	s, and professional disciplines involved	□ Yes	□ No	□ N/A
10.	Is philosophy of clinic to provide health	□ Yes	□ No	□ N/A	
11.	Is philosophy of clinic to provide disease	🗆 Yes	🗆 No	□N/A	
12.	Is philosophy of the clinic to provide bot	□ Yes	□ No	□ N/A	
13.	Are instructional materials available for (i.e. pamphlets, outside class opportuniti		□ Yes	□ No	□ N/A
14.	How did this site provide a good clinical experience for you?				
15.	List the areas of the site that need improvement for student learning?				
16.	Do you recommend this site for future students?	If not, why?:			s 🗆 No
General	Comments (optional):				



PRECEPTOR FAQ (NURS 650 Course)

Welcome to the University of Mary Washington's MSN(FNP) program. This document will provide answers to the most frequent questions asked by preceptors about the program. If you need further information or would like to discuss these issues, please contact the MSN program director, Dr. XXX XXX, at (XXX) XXX-XXXX or XXX@umw.edu.

Q. Can I receive credit or continuing education hours for precepting an FNP student?

A. All preceptors will receive a letter of appreciation for precepting a student within six to eight weeks from the completion of the semester. Family and Adult Nurse Practitioners will receive a letter and an ANCC Preceptor Verification Form for continuing education credit. MDs may receive AMA PRA Category 2 credit for teaching other health professionals (AMA: the Physicians Recognition and Award and Credit System Reward, 2010). Women's Health NPs, Pediatric NPs and Certified Nurse Midwives may use the letter of appreciation per the certification agency.

Q. How much time should I spend precepting the student?

A. Each semester, you should allow the student time to become familiar with your office policies, procedures and space. This usually only takes a couple of hours. The first three or four clinical days should be spent having the student "shadow" you with patients to become familiar with your practice style and so that you can become familiar with the level at which the student can function. All students are different and thus vary in their abilities. Some students have many years of clinical experience and can quickly become proficient at seeing patients. Others need more time to adjust to the demands of a primary care setting. Talk to the student to determine how comfortable he/she feels seeing patients. By the end of the third week, the student should be able to see a patient initially, interview them, examine them and develop a tentative plan of care. You should have the student present each of the patients to you and re-examine the patients if necessary and make any necessary changes to the proposed treatment plans. This process may take between five and 15 minutes. If it is taking any longer, the student needs to work on becoming more concise before presenting the patient to you.

Q. Can the student write prescriptions?

A. Yes, the student should be encouraged to write out prescriptions and make medication recommendations. However, the preceptor must sign all prescriptions. Students should not call prescriptions into the pharmacy over the telephone. If your office nurse calls in prescriptions, he/she can call in the student's prescription as long as you have reviewed the student's selection and agree with the drug choice.

Q. How involved should I be in the treatment plan?

A. Students will need more assistance in the beginning, especially the first semester of clinical. Students should also concentrate on health promotion, wellness and preventive care. They can also see established patients who have uncomplicated acute and/or chronic illnesses. They should not see patients who seem unstable. Your level of involvement will depend on a number of factors: the level of comfort you have with the student's skill level, the acceptance of the student role to your patients, prior experience working with FNP students, the type of patient the student is seeing and the level of service provided. For example, a gynecology exam may require more hands-on precepting from you than counseling a known diabetic on diet. Of course, the demands on your time from the practice will also be a factor.

Q. How many patients should the student see per eight hours?

A. In the first semester, the student should see from four to six patients per clinical day. Students are encouraged to look up diagnoses and treatments for their patients while in the office to reinforce their learning. Additionally,

they are to complete chart documentation and are encouraged to take their time initially in order to develop skills. By the end of the second semester, the student should see between five and 10 patients per day. By the end of the third semester, the student should be able to see at least 12 patients per day.

Q. What happens if patients that would be appropriate for the student to see are not available on the particular day the student attends clinical?

A. It is suggested that the preceptors have the students follow them around and concentrate on exposing them to physical findings or clinical situations they might not otherwise see. You can use these situations to teach students directly rather than indirectly by reviewing a case with them.

Q. What hours will the student attend clinical?

A. During this semester, students are required to spend eight hours per week seeing patients. These hours are arranged between you and the student. They can be at any time of the day or on any day of the week that you are available. All clinicals must be completed before the student's graduation.

Q. How are students evaluated?

A. Students are evaluated based on their ability to formulate a patient's diagnosis and plan care within a primary care setting. A written form is required to be completed by the preceptor and discussed with the student during clinical rotation. Grades are assigned, in part, based on your assessment of the student's level of competence for the particular semester they are completing. The form uses a scale with different behavioral characteristics for each point on the scale.

Any student who fails to meet a minimal level of competence should receive both written and verbal feedback from you regarding his/her performance, with specific suggestions for improvement. The instructor for the clinical course should also be notified. If the student's performance does not improve by the end of two clinical days, the preceptor should discuss the situation with the instructor and a clinical site visit should be made. The instructor may recommend that the student be transferred to another clinical site or suggest remedial work. Ultimately, it is the instructor's responsibility to determine if a student has failed a clinical rotation.

Q. Do students have malpractice insurance?

A. Yes, each student is covered by the amount of malpractice required by the Commonwealth of Virginia. The malpractice is provided by UMW. If an incident does occur, the student is required to notify the instructor and complete a form provided in the syllabus.

All students have completed courses in nursing theories, pharmacology, family and advanced physical assessment. Course-work has been completed by the student in acute illnesses, health promotion and wellness, women's health care, nursing research, and pediatric health concepts. The student's final semester will also include a course on chronic illnesses.

Q. How do I talk to faculty?

A. The MSN program has hired several clinical mentors who are Doctoral or Masters prepared nurse practitioners with a number of years of experience in the role. They are responsible for recruiting and assisting students with clinical placements; reading logs, and will visit each student once during the semester. Each of these clinical mentors is part of our adjunct faculty and are therefore responsible for the student's clinical experiences in concert with the faculty at the MSN program. At the beginning of the clinical rotation, ask your student who his/her clinical mentor is and how you can get in contact with that person, if so desired. Any questions which cannot be answered by the clinical faculty should be directed to the MSN program director (contact information provided above).



AGENCY SURVEY OF MSN PROGRAM (NURS 650 Course)

1.	Faculty members	s and/or staff are re	sponsive to r	equests for additi	onal documenta	tion/information.
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
2.	Faculty members	s and/or staff respo	nd to e-mails	in a timely fashio	n.	
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
3.	Faculty members	s and/or staff respo	nd to telepho	one calls in a timel	y fashion.	
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
4.	Faculty members	s and/or staff seek i	nput from ag	ency personnel re	garding student	learning experiences.
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
5.	Faculty members	s and/or staff provid	le required s	tudent documenta	ation in a timely	fashion.
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	□ Disagree	□ Strongly Disagree
6.	Faculty members	s and/or staff keep 1	required stud	lent documentatio	on up to date.	
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
7.	Agency required	student documenta	tion is comp	lete and accurate.		
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	□ Disagree	□ Strongly Disagree
8.	Agency and UMW agency's needs.	MSN Program inte	rface (i.e., sit	e visits, written co	rrespondence)	adequately meets the
	□ Not Applicable	□ Strongly Agree	□ Agree	□ Neutral	Disagree	□ Strongly Disagree
9.	Please provide us	s with any additiona	al comments	that may help us t	o improve our p	orogram.



CLINICAL PRECEPTOR AGREEMENT (NURS 650 Course)

I agree to provide clinical experience and supervision in my facility for the below UMW MSN student. The student's clinical experience at my facility will consist of patient contact, and medical record documentation and confidential medical record evaluation by a UMW faculty member.

Each student has had an annual physical examination which verifies he/she is healthy and able to do clinical work. Each student is covered by the University's standard malpractice policy in the amount required by the Commonwealth of Virginia. The malpractice is for the number of hours per week stated in this contract. Each student has been advised of risks associated with clinical work and has signed forms which indicate his/her understanding of the risks inherent in nursing practice.

I agree to accept the conditions of this clinical contract with the times and days the student and I have agreed upon.

Preceptor Name:	
(please print)	
Name of Facility:	
Facility Address:	
Preceptor Tel:	Preceptor Email:
Preceptor Signature:	
Student Name:	
Total Hours Scheduled w/Preceptor:	
Dates for clinical (from beginning to end):	to
attach your CV/resume to this form. The CV/rephone numbers, SSN, and current Virginia prof	recommend that you become adjunct faculty. To do so, please esume should include complete home and office addresses, fessional license. Ensure the CV lists all credentials and name end all documents to the MSN Program Director via email or formation, it is not necessary to mail it again.
Please check the appropriate statement below:	
	my Virginia professional license to the MSN Program Director. ation for an adjunct clinical appointment to the MSN Program. nical Faculty appointment.



STUDENT INCIDENT REPORT (NURS 650 Course)

Include accidents and/or exposure to hazardous substance or disease.

1.	Student's Name:					
			(please print)			
	Student's Address:					
			(please print)			
	SSN:	Tel:				
2.	Occurrence Date:		Day	of Week:		
3.	Occurrence Time:	am/pm	Rep	ort Date:		
4.	Location of Occurrence:		(nlease print)			
5.	Activity Involved (check all that a		(picase princ)			
	 Lifting Patient Lifting Other Invasive Procedure/Injection Other Patient Care Non-Work Activity Other (describe below) 	 Transpor Transpor Equipme Walking Hazardou Infectiou 	rt Equipmer nt Use/Rep us Substanc s Exposure	air e		
	Explain/describe activity (if neces	• •				
6.	Type of Injury (check all that appl	ly):				
	 No Apparent Injury Laceration/Abrasion Puncture Burn Bruise/Crush Bite/Scratch 	 Foreign Body Strain/Sprain Fracture Amputation Electrical Shock Other (describe below) 				
	Explain/describe injury (if necess	sary):				
7.	Part of Body (check all that apply):				
	Left Right Left Image: Head Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block Image: Block		Left Arm Arm Back Knee Foot Ankle	<u>Right</u>	Left Rig Abdomen I Shoulder I Finger(s) I Toe(s) I Chest I]]]]

8.	Possible Causes	(check all that apply):
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	 Unclear as to Policy/Procedure Patient-Initiated Occurrence Improper Clothing/Equipment Equipment Defect/Malfunction Poor Illumination 	 Unaware of Safety Hazard Foreign Material on Floor Building/Premises Defect Improper Body Handling Other: 	
9.	UMW Supervisor Notified at Time of	Occurrence:	
	□ Yes □ No Supervisor Name:		
10.	Description of Occurrence:		
11.	Witnessed by (please print all names)):	
12.	Measures Taken to Prevent Recurren	ce:	
13.		ary □ First Aid □ Refused Treatment	□ Hospital
14.	Referred to Physician: No Ye		
	(If incident was a blood or body fluid expos	sure, please adhere to bloodborne pathoge	n post-exposure guidelines and document as directed.)
15.	Disposition: Returned to School Returned to Home		ospitalized at:
16.	Time Lost:	l length of absence)	
		SIGNATURES	
Sti	udent Signature:		Date:
Cli	inical Supervisor:		Date:
UN	AW Course Supervisor:		Date:
Co1	mments:		