Family Nurse Practitioner Preceptor Manual

Academic Year 2013-2014
Table of Contents

Introduction ........................................................................................................................................ 3
Background about the Family Nurse Practitioner (FNP) Program .................................................. 3
   The Master in Nursing (MN) ............................................................................................................ 4
   The Doctor of Nursing Practice (DNP) ........................................................................................... 4
   Post Master’s FNP Certificate for licensed Advanced Practice Nurses ........................................... 4
Important Phone Numbers ................................................................................................................. 5
Emergency Contact ........................................................................................................................... 5
Benefits of Precepting Students ......................................................................................................... 6
Accepting a student into your practice ............................................................................................... 6
Expectations and Strategies for Preceptors ....................................................................................... 7
Preceptor Strategies: ......................................................................................................................... 7
Expectations of Students ..................................................................................................................... 8
Expectations of SON Clinical Faculty .............................................................................................. 8
Expectations of the Clinical Coordinator ........................................................................................ 8
Evaluation of Students: ...................................................................................................................... 9
APPENDICES ...................................................................................................................................... 10
Appendix A: Program Information ................................................................................................. 11
Appendix B: Tools for the Preceptor ............................................................................................ 20
Appendix C: School of Nursing Policies and Procedures ............................................................. 25
Appendix D: OSBN Regulations ..................................................................................................... 34
Introduction

Thank you for agreeing to precept a graduate student in the Family Nurse Practitioner program at Oregon Health & Science University School of Nursing. Your participation in the educational process is of critical importance and greatly appreciated. The number of clinical hours will vary with each quarter unless specified as otherwise by you and/or your clinical agency. Please feel free to discuss with the student the best way to coordinate and scheduling clinical hours, and do not hesitate to contact the clinical supervisor if necessary. We particularly appreciate your management of this component of the experience.

Your role is generally that of a teacher and mentor assisting the student with their clinical learning, being a resource, and providing assistance when necessary. This manual will provide information and guidance for you and your student as well as contact information for members of the FNP program.

The Oregon Health & Science University School of Nursing Family Nurse Practitioner program increases students’ skills, abilities, and responsibilities in a gradual process with the end goal of becoming a capable independent practitioner with prescriptive authority. Initial shadowing of preceptors assists the student in learning the routine of your particular setting. Whether in roles of prescribing, diagnosis or management, students will benefit from the process of increasing their independence based on your assessment of student readiness.

All notes and prescriptions must be co-signed by you, as students do not yet have licensure at the advanced practice level, or prescriptive privileges. You or an equally qualified designee must be present at all times when the student is in the agency.

In addition to the supervision you provide, faculty will also provide regular supervision at the School of Nursing in the form of clinical seminar. This is done in order to integrate theory courses that students are taking with their clinical experience.

Thank you for your commitment to our profession, students and OHSU!

Background about the Family Nurse Practitioner (FNP) Program

The Family Nurse Practitioner (FNP) program focuses on the promotion of health for individuals, families and groups across the life span. The FNP curriculum can be completed in the context of a master’s degree (MN) or a Doctor of Nursing Practice (DNP). Options exist for participation in a statewide educational program for the FNP.

FNP students take coursework in the assessment, diagnosis and treatment of children, adolescents and adults, including the elderly. Additional coursework emphasizes health promotion of populations, the development and current role of the FNP in the health care system, human development, and the community health care system. Students get a strong background in advanced pathophysiology, pharmacology, physical assessment, diagnosis, and disease management.
The care concepts of ethics, social determinants of health, equity in health care, epidemiology, informatics, and evidenced-based care are emphasized and integrated into the first year of the program. In the second year, systems-level concepts are addressed and integrated, including health care policy, systems, economics, and practice evaluation with an emphasis on leadership and interdisciplinary collaboration.

The MN degree requires 600 hours (20 credits) of supervised clinical experience with all age groups; clinical experiences are available in a variety of settings. Faculty advisors assist with obtaining the clinical setting that best suits each student’s needs and interests.

Graduates from the master’s (MN) degree program are eligible for licensure as family nurse practitioners (FNP) by the Oregon State Board of Nursing and are eligible for national certification as a Family Nurse Practitioner by American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners (AANP).

The FNP program is based upon the competencies for FNP developed by the National Organization of Nurse Practitioner Faculties (NONPF) (Appendix A). At the completion of the OHSU School of Nursing Family Nurse Practitioner Program, the graduate will demonstrate the following broad competencies:

- Demonstrate critical thinking with diagnostic, management and reasoning skills in the process of clinical decision-making within the scope of FNP practice
- Demonstrate professional behaviors in oral and written forms and establish collaborative relationships
- Assess and intervene to promote wellness and prevent disease
- Integrate contextual variables in assessment and provision of care

The Master in Nursing (MN)
The FNP program prepares registered nurses to practice in primary health care settings that provide continuous, comprehensive care. The program emphasizes care that is interdisciplinary, collaborative, and culturally appropriate. The faculty believes that excellence in practice is built upon a foundation of relevant scientific evidence. FNP students gain a solid foundation in clinical practice addressing the health care needs of individuals and families across the lifespan.

The Doctor of Nursing Practice (DNP)
After passing interim benchmarks at the completion of the master’s curriculum, students continuing for a third year to complete the doctor of nursing practice (DNP) will utilize the care and systems concepts in a specific area of FNP practice that will serve as a focus for a clinical practicum and a clinical inquiry project. The clinical practicum and inquiry project are designed in conjunction with a doctoral prepared academic advisor.

Post Master’s FNP Certificate for licensed Advanced Practice Nurses
A post-master’s certificate option (PMCO) is offered, space available, for APNs who want to pursue the FNP role. PMCO students who wish to pursue the new specialty focus plus the DNP will follow the FNP-DNP program of study.
Important Phone Numbers

Faculty and Academic Advisors:

Cynthia Perry PhD, FNP-BC  503-494-3826  
Associate Professor  perrici@ohsu.edu  
Director FNP Program  SN 587

Pam Avila, MSN, FNP-BC  503-494-3890  
Clinical Instructor  avilap@ohsu.edu  
SN 565

Teresa Turnbull, DNP, FNP-C, DCC  503-494-3256  
Clinical Assistant Professor  Turnbull@ohsu.edu  
SN 584

Kim Jones, PhD, FNP-BC  503-494-3837  
Associate Professor  joneskim@ohsu.edu  
SN 231

Mandy Mckimmy, DNP, FNP-BC  503-494-5315  
Clinical Assistant Professor  Mckimmy@ohsu.edu  
SN 586

Sarah Wickenhagen, DNP, FNP-BC  503-418 2327  
Clinical Instructor  wickenha@ohsu.edu  
SN 586

Carrie McLaughlin, MSN, FNP-BC  503-346-0544  
Clinical Instructor  Mclaugca@ohsu.edu  
Clinical Coordinator  SON 617

Program Administrative Staff:

Michelle Cruz, BS  503-494-3378  
Program Coordinator  cruzmi@ohsu.edu  
SN 559

Emergency Contact: please contact the student’s clinical supervision faculty in the case of an emergency while the student is in the agency. If you are unable to reach the clinical faculty please contact Michelle Cruz, the program associate, at 503-494-3378.

If you are expecting the student at the agency and the student fails to show up, please contact the program associate, Michelle Cruz, as soon as possible at 503-494-3378.
Benefits of Precepting Students
We understand that having a student takes extra time and organization, and increases your own responsibilities within your practice. Nonetheless, we hope that you will discover many benefits to working with our students both professionally and personally. Some preceptors find they are able to be more productive as their students develop assessment and diagnostic skills. Many of our preceptors have found that working with students challenges them to expand their own base of knowledge and discover new ideas. Students often bring information about recent research and a desire to gather information that you have not had time to seek out given your busy clinical practice. Additionally, you will gain teaching and mentoring skills, and enjoy the satisfaction of watching your students grow and develop into safe, effective, and successful practitioners.

Preceptor hours can contribute to the renewal of state licensure and national certification. You will receive a certificate at the end of each term with the hours you have spent precepting for this purpose. FNPs may request an attestation of precepting hours to use for ANCC recertification (see ANCC website).

OHSU also offers access to the OHSU library resources to affiliate faculty. Please contact our administrative coordinator at cruzmi@ohsu.edu if you are interested in becoming affiliate faculty.

Accepting a student into your practice
Initial contact is made by the designated Clinical Coordinator for the FNP program to request your assistance with clinical teaching at your practice site. She will ask questions about type of practice, patient volume and services offered. She will also need contact information for the representative at your site who has authority to sign contracts. The OHSU staff person responsible for contracts will prepare an agreement between your site and OHSU School of Nursing. For accreditation purposes, the School of Nursing will need a copy of your current resume, and verification of a current Oregon license. We will need to update these documents periodically. Specific requirements to precept include:

- Education for professional practice: (FNP, MD/DO),
- One year experience in practice
- Minimum of 3 months experience at current site
- Hold current unencumbered license and certification applicable to state of practice
- Preceptor may not be a work supervisor if student is placed in place of employment

We seek strong preceptors and appreciate not only your willingness to work with our students but to document these criteria for our program.

The FNP faculty strives to select students that are a good match with you and your site. We will provide you with this handbook, the time frame for commitment, and information about the student. We will work with you to coordinate days and hours for the clinical placement. The student will then contact you for orientation.
Expectations and Strategies for Preceptors

Please conduct an orientation to your site and practice for the new student. A sample orientation checklist is in Appendix B. A solid orientation should provide them with understanding of the practice, facility, people, record keeping procedures and expectations for the student within your facility. For the returning student, an orientation at the beginning of each term should include discussing the goals for that term and a plan for meeting those goals. Student evaluations, provided by the School of Nursing, must be completed at the end of each term.

Preceptors, or an equally qualified designee, must be physically present at the clinical site when the student is there. The preceptor, or equally qualified designee, must sign all student notes and entries into the patient health record and must sign all prescriptions, as the students are not yet licensed in advanced clinical practice and do not have prescriptive authority. The student’s time cannot be advertised as a low-cost option for patients, nor can the patient be billed for the student’s services. The preceptor’s actual time in consultation with the patient can be billed. For example, coding should be appropriate to the amount of time the preceptor has spent face to face with the patient following the student’s management appointment.

Students who are already licensed in another advanced practice specialty (i.e., midwifery, APRN) must be supervised as unlicensed students.

All Oregon State Board of Nursing guidelines and policies regarding preceptorship and the students scope of practice must be followed (Appendix D and at http://www.oregon.gov/OSBN/).

Preceptor Strategies:

One validated clinical tool for preceptors is The One Minute Preceptor (OMP). This is used in our advanced practice nursing programs at OHSU and across the country in both nursing and medical schools. This approach balances the need for students to learn, provides effective teaching and allows for keeping up the pace needed in clinical practice. It allows preceptors to both teach and be a clinician. The five basic skills are outlined below and more detail is included in Appendix B, where other helpful articles may be found.

1. The student presents the case and makes a COMMITMENT to a diagnosis
2. Preceptor PROBES FOR EVIDENCE for supporting reasoning or students rational for diagnosis
3. Preceptor chooses a SINGLE TEACHING POINT and/or reinforces a general rule
4. Preceptor provides POSITIVE FEEDBACK
5. Preceptor CORRECTS MISTAKES

A preceptor training video can be found here: https://sakai.ohsu.edu/access/content/user/howec@ohsu.edu/Preceptors%20CD%20-Published%20Version/index.htm
Expectations of Students
Students are expected to always arrive on time or early in order to prepare for the start of patient visits. They should be professionally attired, as appropriate and standard to the agency, and wear an OHSU nametag at all times. Students should have reference materials and any equipment identified as necessary for the site. While students may have templates for intakes and progress notes, site forms are used according to preceptor and agency specifications. It is expected that students coordinate with the preceptor about any schedule changes or absences and obtain approval for them.

Students track their hours in clinical based on “direct”, face-to-face with patient, and “indirect” patient time (e.g. patient staffing and documentation) in an OHSU system called Typhon. Students may need some extra time to keep notes of care provided for recording into Typhon. They will need to document prescriptions and medication management carefully. Please be assured that no confidential patient information is entered into this system. Students will work with their Clinical Supervisor to arrange a site visit with preceptors to facilitate learning needs and goals. Consultation and site visits for each student takes place every term. Students in multiple sites for a single term may not always be visited at every site. We will minimize the disruption to your schedule for this site visit.

Students must be familiar with the Oregon Nurse Practice Act (www.oregon.gov/OSBN) as a basis for the legal practice in the role of the student and in the future role as a family nurse practitioner. Students will collaborate and seek guidance from the preceptor, or equally qualified designee, for the management of all patients and, again, will obtain the preceptor’s, or equally qualified designee’s, collaboration and signature on all notes and prescriptions. PMCO students licensed in another advanced practice specialty must follow this expectation for all clinical experiences in their new specialty.

Students will plan and implement continuous self-evaluation of personal and course objectives and discuss unmet needs and goals with the preceptor.

Expectations of SON Clinical Faculty
Each term students are assigned to a Clinical Supervision faculty and seminar. The clinical supervision faculty of record for that student will make contact with you each term about the student’s goals and to receive feedback on progress during the term. The role of the clinical supervision faculty is to support you and the student during the term in order to make the clinical experience positive for all; please do not hesitate to call the clinical supervision faculty if you have any questions or concerns during the term.

Expectations of the Clinical Coordinator
The Clinical Coordinator, Carrie McLaughlin, is responsible for placing students at your agency and will periodically check with you about preceptorship at your location. She will also make sure contracts are current and coordinate any other general agency/site issues. Her email is mclaugca@ohsu.edu
The Clinical Contracts & Placement Coordinator, Kathi Rise can help you or your agency administrator with agency contracts. Contact risek@ohsu.edu

Evaluation of Students:
Students are evaluated by their preceptors near the end of each term. The student will provide you with this form. Once you have completed this form please discuss your assessment with the student. The student will return it to the clinical supervision faculty of record. The clinical supervision faculty will use your input to help determine the final grade for the term.

The evaluation tool was developed to assess core critical skills each term based on the FNP competencies as outline by the National Organization of Nurse Practitioner Faculties (NONPF) (Appendix A). We expect students to master all skills for each term, demonstrate them, and incorporate them as they develop new skills.

*If you are concerned that a student is not meeting one or more of the clinical expectations please contact the clinical supervision faculty to work out a remediation plan.*

Clinical grades for students are based on your evaluation in combination with the evaluation of their performance in weekly clinical supervision, as determined by their Clinical Supervisor. Please contact the Clinical Supervisor any time during the course of the term if you have concerns about student progress; feedback does not have to wait for the end of the term evaluation.
APPENDICES
Appendix A: Program Information

- Program Purpose and Competencies
- Program of Study (FNP-DNP)
- Expectations for FNP Students by Quarter
# Program of Study

## Required courses:

### Common Core (16 credits)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurs 700</td>
<td>Concepts for Comprehensive Care in Advanced Practice Nursing</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 701</td>
<td>Context and Systems of Care</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 713</td>
<td>Evaluating Evidence for Advance Practice Nursing</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 714</td>
<td>Practice Evaluation</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 733</td>
<td>Health Systems, Organizations &amp; Change</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 735</td>
<td>Applied Health Care Economics &amp; Finance</td>
<td>2</td>
</tr>
</tbody>
</table>

### Advanced Practice Core (13 credits)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurs 515A</td>
<td>Advanced Physiology &amp; Pathophysiology I</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 515B</td>
<td>Advanced Physiology &amp; Pathophysiology II</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 517</td>
<td>Health Assessment</td>
<td>4</td>
</tr>
<tr>
<td>Nurs 519A</td>
<td>Applied Pharmacology I</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 519B</td>
<td>Applied Pharmacology II</td>
<td>2</td>
</tr>
</tbody>
</table>

### FNP-MN Specialty Core (49 credits)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurs 509R</td>
<td>Practicum in Family Primary Care Management I</td>
<td>2</td>
</tr>
<tr>
<td>Nurs 509S</td>
<td>Practicum in Family Primary Care Management II</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 509T</td>
<td>Practicum in Family Primary Care Management III</td>
<td>6</td>
</tr>
<tr>
<td>Nurs 509U</td>
<td>Practicum in Family Primary Care Management IV</td>
<td>8</td>
</tr>
<tr>
<td>Nurs 509V</td>
<td>Procedures for FNPs in Primary Care</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 509W</td>
<td>Antepartum and Postpartum Management for FNPs</td>
<td>1</td>
</tr>
<tr>
<td>Nurs 514</td>
<td>Health Promotion and Health Protection</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 518</td>
<td>Reproductive Health Care Management</td>
<td>4</td>
</tr>
<tr>
<td>Nurs 520</td>
<td>Family and Primary Care Management I</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 521A</td>
<td>Family and Primary Care Management II</td>
<td>4</td>
</tr>
<tr>
<td>Nurs 521B</td>
<td>Family and Primary Care Management III</td>
<td>5</td>
</tr>
<tr>
<td>Nurs 521C</td>
<td>Family and Primary Care Management IV</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 523</td>
<td>Antepartum/Postpartum Management for FNPs</td>
<td>3</td>
</tr>
</tbody>
</table>

**Total Credits/MN Awarded:** 72

## MN-DNP Core (28 credits)

<table>
<thead>
<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurs 702</td>
<td>Concepts for Doctoral Nursing Practice</td>
<td>1</td>
</tr>
<tr>
<td>Nurs 703</td>
<td>Clinical Inquiry</td>
<td>6</td>
</tr>
<tr>
<td>Nurs 715</td>
<td>Methods for Clinical Inquiry</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 716</td>
<td>Clinical Seminar</td>
<td>3</td>
</tr>
<tr>
<td>Nurs 790</td>
<td>Clinical Residency</td>
<td>18</td>
</tr>
</tbody>
</table>

*Electives: 6

**Total Credits/DNP Awarded:** 115
Expectations for FNP Students by Quarter

First Clinical Quarter (Spring) 509 R

DIDACTIC: Students have had advanced practice assessment and physical diagnosis, pharmacology, pathophysiology, and an introduction to ethics, health disparities, the role of the advanced nurse practitioner and epidemiology. Additionally, they have had women’s health, male genitourinary basic pathology and exam, health and wellness promotion and their first Family and Primary Care Management course, which includes simple disorders such as upper respiratory infection and urinary tract infection. They will be in concurrent clinical seminar to synthesize theoretical and evidence-based perspectives with clinical aspects of patient care using material from student experiences.

CLINICAL: 40 hours. Students are expected to practice gathering history, learning the difference between subjective and objective data. They are composing SO notes (as opposed to SOAP notes), and orienting to Typhon, the computer database where they will log their time, de-identified client information such as demographics, diagnosis, CPT codes. They are not expected to be making assessments or plans for care, rather, they will observe the preceptors in this role and learn the flow of putting information together.

The Specific Clinical Expectations are:

1. Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting
2. Establish rapport with staff
3. Observes NP interactions with patient and staff with attentiveness and asks thoughtful questions as appropriate
4. Establishes rapport with patients and families
5. Elicit history from patients
6. Analyzes organizational structure, functions and resources to improve the delivery of care
7. Evaluates the impact of health care delivery on patients, providers, other stakeholders and the environment
8. Utilizes clinical resources during rotation
Expectations for FNP Students by Quarter

Second Clinical Quarter (Summer) 509 W

DIDACTIC: The students have had two 10 week didactic courses in women’s health: Reproductive Health, and Care of the Antepartum/Postpartum Woman. This clinical rotation is to help them apply theory to clinical practice.

CLINICAL: 40 hours. The students are expected to gather an accurate history, perform basic assessments e.g. fetal heart tones, fundus height, and present their assessment to the preceptors. They are not expected to manage pregnant women. If they are seeing women for family planning, they are competent to perform pelvic and breast exams. They should be able to make basic assessments and management e.g. oral contraceptives, urinary tract infections, vaginal infections. They should also be able to make health and wellness recommendations such as diet, exercise and smoking cessation.
Expectations for FNP Students by Quarter

Third Clinical Quarter (Fall) 509 S

**DIDACTIC:** The students are taking their second Family and Primary Care Management course and a second pharmacology course. The management course is increasing in complexity, but still rather basic at this point. Weekly seminars will facilitate the reflection, synthesis, and integration of program course work and clinical experiences.

**CLINICAL: 80 hours.** Students should be able to gather an accurate history, perform a problem focused exam, be able to make an assessment with at least 3 differential diagnoses and present a reasonable plan to manage the patient’s complaint. This is their first clinical course where they are putting all the pieces together, so they may need up to 45 minutes to put it all together. One strategy to avoid falling behind in your own schedule is to go over your patient schedule before you start the day and find about 4 simple patients that the student can focus on. The student will still need quite a bit of support, teaching and reinforcement. They are feeling very insecure and unsure of themselves.

The Specific Clinical Expectations are:

1. Exhibit professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting
2. Establish rapport with staff
3. Establishes rapport with patients and families
4. Elicit history from patients
5. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care
6. Performs physical examination appropriate to history and complaint
7. Uses advanced health assessment skill to differentiate between normal, variations of normal and abnormal findings
8. Develop differential diagnosis
9. Organizes and presents information verbally in a succinct and logical manner
10. Interacts with patient/family and NP appropriately while preceptor reevaluates patient
11. Formulates clinical impression in conjunction with preceptor
12. Actively participates in developing a plan of care with preceptor
13. Provides appropriate teaching/counseling to patient/families
14. Coaches the patient and caregiver for positive behavioral change
15. Documents clinical data in medical record a timely manner and appropriate to level of participation in patient’s care
16. Is able to see 4-5 low complexity patients per day and complete documentation by the end of the term
17. Follows outcome data for patients as available
18. Utilizes clinical resources during rotation
Expectations for FNP Students by Quarter

Fourth Clinical Quarter (Winter) 509 T

**DIDACTIC:** The Students are taking their third Family and Primary Care Management course, which is increasing in complexity of disease management. This course focuses on management of chronic health problems and more complicated acute health problems of children, adults including the elderly, and families encountered in primary care settings. An evidence-based approach, guided by theoretical considerations, current research, national guidelines, and clinical expertise will provide the framework for the course. Weekly seminars will facilitate the reflection, synthesis, and integration of program course work and clinical experiences.

**CLINICAL: 160 hours.** The expectations for this third practicum will be the continued refinement of history, physical exam, and differential diagnosis skills related to acute and chronic health problems of children, adults, and families. Emphasis will be placed on the development of clients’ management plans. Students should be able to gather an accurate history, perform a focused physical exam, present an assessment with at least 3 differential diagnoses and have a reasonable management plan. They may still need 30 minutes to see a patient that you could see in 15 minutes, but by the end of the quarter they should be taking less time than when they began the quarter. They may still need to have you demonstrate some exam techniques and will need help evaluating laboratory and radiological data. They should be competent at straightforward exams such as sports physicals as well as be able to initiate and teach health promotion.

The Specific Clinical Expectations are:

1. Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting
2. Establish rapport with staff
3. Establishes rapport with patients and families
4. Elicit history from patients
5. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care
6. Performs physical examination appropriate to history and complaint
7. Uses advanced health assessment skill to differentiate between normal, variations of normal and abnormal findings
8. Develop differential diagnosis
9. Formulate a clinical impression
10. Organizes and presents information verbally in a succinct and logical manner
11. Interacts with patient/ family and NP appropriately while preceptor reevaluates patient
12. Formulates a treatment plan in conjunction with preceptor
13. Integrates ethical principles in decision making
14. Incorporates the patient’s cultural and spiritual preferences, values and beliefs into health care
15. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care
16. Provides appropriate teaching/counseling to patient/families
17. Coaches the patient and caregiver for positive behavioral change
18. Employs screening and diagnostic strategies in the development of diagnoses
19. Correctly interprets test results as available
20. Documents clinical data in medical record in a timely manner and appropriate to level of participation in patient’s care
21. Minimizes risk to patients and providers at the individual and systems level
22. Follows outcome data for patients as available
23. Collaborates in planning for transitions across the continuum of care
24. Utilizes clinical resources during rotation
25. Is able to see 3-4 low complexity and 1-2 moderate patients per day and complete documentation by the end of the term
Expectations for FNP Students by Quarter
Fifth & Final Clinical Quarter (Spring) 509 U

DIDACTIC: The students are in their final quarter. They are taking the fourth Family and Primary Care Management Course, which now encompass multiple complex diseases processes and management of chronic and complex health problems of children, adults including the elderly, and families encountered in primary care settings. An evidence-based approach, guided by theoretical considerations, current research, national guidelines, and clinical expertise will provide the framework for the course. They continue to meet in periodic seminars that facilitate the reflection, synthesis, and integration of program course work and clinical experiences.

CLINICAL: 240 hours. Students are expected to continue to refine history, physical exam, differential diagnosis, and management skills related to acute and common chronic problems of children, adults, and families and further develop these skills with more complicated client presentations.

The Specific Clinical Expectations are:

1. Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting
2. Establish rapport with staff
3. Works to establish a relationship with the patient characterized by mutual respect, empathy and collaboration
4. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect
5. Elicit history from patients
6. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized health care
7. Performs physical examination appropriate to history and complaint
8. Uses advanced health assessment skill to differentiate between normal, variations of normal and abnormal findings
9. Develop differential diagnosis
10. Formulate a clinical impression and treatment plan
11. Incorporates the patient’s cultural and spiritual preferences, values and beliefs into health care
12. Integrates ethical principles in decision making
13. Organizes and presents information verbally in a succinct and logical manner
14. Interacts with patient/ family and NP appropriately while preceptor reevaluates patient
15. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care
16. Provides appropriate teaching/ counseling to patient/ families
17. Coaches the patient and caregiver for positive behavioral change
18. Evaluates the ethical consequences of decisions
19. Employs screening and diagnostic strategies in the development of diagnoses
20. Correctly interprets test results as available
21. Documents clinical data in medical record in a timely manner and appropriate to level of participation in patient’s care
22. Minimizes risk to patients and providers at the individual and systems level
23. Follows outcome data for patients as available
24. Utilizes clinical resources during rotation
25. Demonstrates the highest level of accountability for professional practice
26. Manages the health/illness status of patients and families over time
27. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of life care
28. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care
29. Is able to see 4 low complexity and 3-4 moderate to high complexity patients per day and complete documentation by the end of the term
Appendix B: Tools for the Preceptor

- Orientation checklist, setting expectations
- One Minute Preceptor
- “One to One Teaching and Feedback” article
- Evaluation Tools
Orientation Checklist

General Orientation

Introduction to practice agency

☐ Student workspace(s), reference materials
☐ Dress code, name tag
☐ Building access, parking
☐ Phone system, computers, printers
☐ Staff introductions and roles
☐ Providers and roles
☐ How to contact agency and preceptor
☐ Agency population served, community issues

Overview of Rotation

☐ Dates of rotation
☐ Expectations for attendance, absences, make up days
☐ Clarifying clinical supervisor role and site visits

Introduction to student

☐ Past experience and school rotations completed
☐ Skills mastered, skills to work on

Clarifying Expectations

Expectations of School

☐ Course and program objectives related to student term
☐ Preceptor evaluation forms with specific criteria
☐ Confirm need for preceptor presence on site, co-signature & prescribing regulations.

Student Objectives

☐ Share specific knowledge and skills to work on, set goals for rotation
☐ Identify areas of weakness, needing extra supervision

Preceptor Expectations

☐ Confirm hours & days student is in office
☐ Identify days of preceptor absences and plan alternative days/experiences
☐ Issues related to agency values and expected behaviors
☐ Review any issues that may be related to agency and/or populations served
☐ Length of patient encounters and time for documentation
☐ Documentation, expectations and forms
☐ Set expectations for requesting supervision and guidance, e.g. case presentation
☐ Process for feedback, expectations for student self-reflection
☐ Emergency procedures, safety policy
The One Minute Preceptor – 5 Microskills

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's presentation. Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

1. **Get a Commitment**: Asking students how they interpret the data is the first step in diagnosing student learning needs. Asking for their interpretation first helps the student feel more responsibility for the patient’s care while enjoying a collaborative role.
   
   Examples: *What do you think is going on with this patient? What other information do you need? What would you like to accomplish in this visit?*

2. **Probe for Evidence**: Students problem solve logically based on their knowledge and data base. Asking them to reveal their thought process allows you to find out what they know and identify any gaps.
   
   Examples: *What were the findings that lead you to our conclusion? What else did you consider? What kept you from that choice?*

   Pitfalls: This is not list making or grilling about the problem (what are the signs and symptoms of schizophrenia?). It is not passing judgment (no it’s not that, don’t you have any other ideas?). It is not asking for more data (what do you know about the patient’s family?).

3. **Teach General Rules**: Instruction is more transferable if it is offered as a general rule or a guiding metaphor. Students value approaches that are stated as more general approaches for a class of problems or as key features.
   
   Examples: *Patients who hear voices are not always psychotic; it helps to probe for the circumstances and find out how the patient interprets his symptoms.)*

   Pitfalls: answering the question “it’s not psychosis it is…” or giving an idiosyncratic, unsupported personal opinion.

4. **Provide Positive Feedback**: Reinforce competencies so that they become established
   
   Examples: *You didn’t jump into solving her problem but kept an open mind until the patient revealed the deeper issue concerning her mood” or “your sensitivity to the patient’s finances will certainly enhance your relationship and perhaps increase her medication adherence”*

   Pitfalls: General praise such as “that was great” or “You did that really well”

5. **Correct Mistakes**: Mistakes left unattended have a good chance of being repeated. By allowing the student the first chance to discuss what was wrong and what could be done
differently in the future, you are in a better position to assess both their knowledge and standards for care.

*Examples:* You may be right about the child’s symptoms, but until you talk to the parents, you cannot be sure.

*Pitfalls:* vague, judgmental statements “you did what?”

You can find out more about the One-Minute Preceptor and other precepting skills at: [http://www.practicalprof.ab.ca/teaching_nuts_bolts/one_minute_preceptor.html](http://www.practicalprof.ab.ca/teaching_nuts_bolts/one_minute_preceptor.html)
“One to One Teaching and Feedback” article

Gordon, J. (2003). ABC of learning and teaching in medicine: One to one teaching and feedback. *BMJ, 326*, March 8, available online at:

[http://www.bmj.com/content/326/7388/543.full.pdf](http://www.bmj.com/content/326/7388/543.full.pdf)
509R/ Spring 2014: Preceptor Evaluation of Student
Completed by the Preceptors, regarding the Students (ALL), answered on a As needed basis.
Before beginning an evaluation, the preceptors will be asked to select which student they are evaluating.

40 clinical hours

Preceptor Evaluation of Student

Please evaluate the student on each of the clinical expectations below using the following scale:

<table>
<thead>
<tr>
<th>Scale</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Did NOT observe</td>
</tr>
<tr>
<td>1</td>
<td>does not meet</td>
</tr>
<tr>
<td>2</td>
<td>meets occasionally</td>
</tr>
<tr>
<td>3</td>
<td>meets consistently</td>
</tr>
</tbody>
</table>

Evaluation of Student:

- Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting
- Establish rapport with staff
- Observes NP Interactions with patient and staff with attentiveness and asks thoughtful questions as appropriate
- Establishes rapport with patients and families
- Elicit history from patients
- Analyzes organizational structure, functions and resources to improve the delivery of care
- Evaluates the impact of health care delivery on patients, providers, other stakeholders and the environment
- Utilizes clinical resources during rotation

Submit Evaluation

https://www3.typhongroup.net/eval/create/preview.asp?survey=21741&facility=7202

10/4/2013
509S/ Fall 2013: Preceptor Evaluation of Student
Completed by the Preceptors, regarding the Students (ALL), answered on a As needed basis.
Before beginning an evaluation, the preceptors will be asked to select which student they are evaluating.

**1 80 clinical hours**

**Preceptor Evaluation of Student**

Please evaluate the student on each of the clinical expectations below using the following scale:

0=did not observe  1= does not meet  2= meets occasionally  3=meets consistently

**2 Evaluation of Student:**

<table>
<thead>
<tr>
<th>0=Did NOT observe</th>
<th>1=does not meet</th>
<th>2=meets occasionally</th>
<th>3=meets consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Establish rapport with staff</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Establishes rapport with patients and families</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elicit history from patients</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses the patient's and caregiver's educational needs to provide effective, personalized health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs physical examination appropriate to history and complaint</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Uses advanced health assessment skill to differentiate between normal, variations of normal and abnormal findings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Develop differential diagnosis</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Organizes and presents information verbally in a succinct and logical manner</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interacts with patient/ family and NP appropriately while preceptor reevaluates patient</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Formulates clinical impression in conjunction with preceptor</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Actively participates in developing a plan of care with preceptor</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Provides appropriate teaching/ counseling to patient/ families</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Task</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Coaches the patient and caregiver for positive behavioral change</td>
<td></td>
</tr>
<tr>
<td>Documents clinical data in medical record a timely manner and appropriate to level of participation in patient’s care</td>
<td></td>
</tr>
<tr>
<td>Is able to see 4-5 low complexity patients and complete documentation by the end of the term</td>
<td></td>
</tr>
<tr>
<td>Follows outcome data for patients as available</td>
<td></td>
</tr>
<tr>
<td>Utilizes clinical resources during rotation</td>
<td></td>
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</tbody>
</table>

Submit Evaluation
### 200 clinical hours

**Preceptor Evaluation of Student**

Please evaluate the student on each of the clinical expectations below using the following scale:

<table>
<thead>
<tr>
<th>0 = did not observe</th>
<th>1 = does not meet</th>
<th>2 = meets occasionally</th>
<th>3 = meets consistently</th>
</tr>
</thead>
</table>

**Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting**

**Establish rapport with staff**

**Establishes rapport with patients and families**

**Elicit history from patients**

**Assesses the patient's and caregiver's educational needs to provide effective, personalized health care**

**Performs physical examination appropriate to history and complaint**

**Uses advanced health assessment skill to differentiate between normal, variations of normal and abnormal findings**

**Develop differential diagnosis**

**Formulate a clinical impression**

**Organizes and presents information verbally in a succinct and logical manner**

**Interacts with patient/family and NP appropriately while preceptor reevaluates patient**

**Formulates a treatment plan in conjunction with preceptor**

**Integrates ethical principles in decision making**

**Incorporates the patient's cultural and spiritual preferences, values and beliefs into health care**

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https://www3.typhongroup.net/eval/create/preview.asp?survey=21743&facility=7202

10/4/2013
Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care
Provides appropriate teaching/counseling to patient/families
Coaches the patient and caregiver for positive behavioral change
Employs screening and diagnostic strategies in the development of diagnoses
Correctly interprets test results as available
Documents clinical data in medical record in a timely manner and appropriate to level of participation in patient's care
Minimizes risk to patients and providers at the individual and systems level

Continued:

<table>
<thead>
<tr>
<th>0 = Did NOT meet</th>
<th>1 = does not meet</th>
<th>2 = meets occasionally</th>
<th>3 = meets consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Follows outcome data for patients as available</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Collaborates in planning for transitions across the continuum of care</td>
<td></td>
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<tr>
<td>Utilizes clinical resources during rotation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to see 3-4 low complexity and 1-2 moderate patients per day and complete documentation by the end of the term</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Submit Evaluation
509U/ Spring 2014: Preceptor Evaluation of Student
Completed by the Preceptors, regarding the Students (ALL), answered on a As needed basis. Before beginning an evaluation, the preceptors will be asked to select which student they are evaluating.

280 clinical hours

Preceptor Evaluation of Student

Please evaluate the student on each of the clinical expectations below using the following scale:

<table>
<thead>
<tr>
<th>0</th>
<th>1</th>
<th>2</th>
<th>3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Did NOT observe</td>
<td>does not meet</td>
<td>meets occasionally</td>
<td>meets consistently</td>
</tr>
</tbody>
</table>

Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting

Establish rapport with staff

Works to establish a relationship with the patient characterized by mutual respect, empathy and collaboration

Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect

Elicit history from patients

Assesses the patient's and caregiver's educational needs to provide effective, personalized health care

Performs physical examination appropriate to history and complaint

Uses advanced health assessment skill to differentiate between normal, variations of normal and abnormal findings

Develop differential diagnosis

Formulate a clinical impression and treatment plan

Incorporates the patient's cultural and spiritual preferences, values and beliefs into health care

Integrates ethical principles in decision making

Organizes and presents information verbally in a succinct and logical manner

Interacts with patient/ family and NP appropriately while preceptor reevaluates patient

Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care

Provides appropriate teaching/ counseling to patient/ families

Coaches the patient and caregiver for positive behavioral change

Evaluates the ethical consequences of decisions

Employs screening and diagnostic strategies in the development of diagnoses

Correctly interprets test results as available

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**Continued:**

<table>
<thead>
<tr>
<th>0= Did NOT meet</th>
<th>1= does not meet</th>
<th>2= meets occasionally</th>
<th>3= meets consistently</th>
</tr>
</thead>
<tbody>
<tr>
<td>Documents clinical data in medical record in a timely manner and appropriate to level of participation in patient’s care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Minimizes risk to patients and providers at the individual and systems level.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Follows outcome data for patients as available.</td>
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<tr>
<td>Utilizes clinical resources during rotation.</td>
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<tr>
<td>Demonstrates the highest level of accountability for professional practice.</td>
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<tr>
<td>Manages the health/ illness status of patients and families over time.</td>
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<tr>
<td>27. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of life care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Is able to see 4 low complexity and 3-4 moderate to high complexity patients per day and complete documentation by the end of the term.</td>
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</table>

Appendix C: School of Nursing Policies and Procedures
School of Nursing Policies and Procedures:

OHSU School of Nursing Dress Code and Body Piercing

It is expected that students will exercise good taste and maintain a neat and well-groomed appearance congruent with a professional culture. When attending class in a health care setting or working in the clinical area, students are expected to conform to the professional norm of that area. Each campus determines its own student uniform. With faculty approval, students may periodically update their uniform requirements. It is expected that the uniform selected will be professional, identifiable as a nursing uniform, and consistent in appearance. Identification badges must be worn at all times while on campus or in the health care clinical setting. Additional information on OHSU’s dress code can be found at: www.ohsu.edu/son/student/orientation_uniforms.html

Each course that includes a clinical component will specify appropriate clothing requirements and those requirements can be found in the syllabus for each course. Requests for exceptions to the dress code should be made to the clinical faculty who will take into account the clinical setting and the reason for the request. For example, earrings are the only jewelry allowed for body piercing. Faculty will consider the piercing site and size of jewelry in determining whether or not to allow an exception.

Blood and Body Fluids Exposure Incident Reporting

Procedure: Student Incidents during Clinical/Practicum Experiences

1. If a student is injured while participating in a clinical experience or practicum:
   a. Students should report the injury immediately to the clinical preceptor and clinical instructor.
   b. If the injury occurs outside of OHSU, the clinical instructor will follow the protocol at the agency, including verification of completion of the facility’s incident report forms.
   c. If the injury requires medical treatment and occurs between 8 AM and 4:30 PM Monday through Friday, the student should contact or go directly to the Student Health Service (SHS; if available) or their primary care provider. The phone number for the SHS is 503-494-8665 (substitute contact information for regional campuses).
   d. If the injury requires treatment and occurs outside of the hours that the SHS is open, students may:
      i. Go to the Student Health Service the following day if follow-up care is needed.
      ii. Contact the on-call SHS physician at 494-8311 for triage (substitute contact information for regional campuses).
      iii. Go to the OHSU ED if the injury is an emergency.
      iv. Contact their primary care provider for treatment.
v. ** Please note that students must use their personal health insurance for any treatment, and that injuries sustained at OHSU as a student are not covered by Workers’ Compensation.

e. ** If the injury occurs at OHSU and whether or not medical treatment is necessary, students are required to report any work related incident, injury, exposure or condition via the Worker & Student Injury Reporting System (WSIRS) [http://www.ohsu.edu/xd/about/services/risk-management/workers-compensation/wsirs.cfm](http://www.ohsu.edu/xd/about/services/risk-management/workers-compensation/wsirs.cfm) within 24 hours.

f. The clinical instructor is responsible for notifying the clinical coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.

2. If a student experiences a blood or body fluid exposure such as a needle stick, scrape, cut, splash, or other exposure while participating in a clinical experience or practicum:

a. Students should report the exposure immediately to the preceptor, clinical instructor, and unit manager.

b. If the exposure occurs at OHSU:
   i. The student and clinical instructor should follow the procedure for blood/body fluid exposures and clean the wound thoroughly.
   ii. The student should contact or go directly to the OHSU Student Health Service.
   iii. If after hours, the student should go the OHSU ED within 6 hours of the exposure (regardless of student’s insurer). The student should be sure to let the ED staff know that they are a student so that the charges are put on the industrial account.
   iv. If the student is initially seen in the ED, he/she should report to the Student Health Service on the next business day for follow-up. There is no charge to the student for blood and body fluid exposure follow-up.
   v. The hospital will provide an assessment of the exposure source at no cost to the source.

c. If the exposure occurs outside of OHSU:
   i. The student and clinical instructor should follow the protocol for blood and body fluids exposure at the agency, including urgent care and completion of incident report forms.
   ii. Initial evaluation of the student and the source patient are usually done at the site according to their policy. If the facility does not the ability to provide immediate care, evaluation should be done by an appropriate professional provider outside of the facility.
   iii. If immediate care is available at the student’s local campus or primary care provider, the student should seek evaluation as soon as possible, preferably in less than 6 hours.
   iv. If immediate care is not available at the clinical agency, contact the SHS (494-8665) or the Student Health Service physician after hours (494-8311). *(Substitute contact information for regional campuses.)*
v. In Portland, the student should report to the OHSU Student Health Service on the next business day for follow-up with the clinical agency/facility. If evaluated at a local campus facility or a primary care provider, the student should follow-up as directed with the clinical agency/facility.

vi. There is no charge to the student for blood and body fluid exposure follow-up with SHS. If treatment requires a referral outside of SHS the student will be responsible to use their personal health insurance and will incur any associated fees according to their insurance policy.

d. **If the exposure occurs at OHSU and whether or not medical treatment is necessary,** students are required to report any work related incident, injury, exposure or condition via the Worker & Student Injury Reporting System (WSIRS)
   [http://www.ohsu.edu/xd/about/services/risk-management/workers-compensation/wsirs.cfm](http://www.ohsu.edu/xd/about/services/risk-management/workers-compensation/wsirs.cfm) within 24 hours.

e. The clinical instructor is responsible for notifying the course coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.

3. **If a student is involved in a medication error or patient injury:**
   a. Students should report the incident immediately to the preceptor and clinical instructor.
   b. The student, preceptor, and clinical instructor should follow the agency procedures to ensure the safety of the patient/client based on the nature of the incident.
   c. If the incident occurs outside of OHSU, the student and faculty should follow the agency protocol for reporting the incident.
   d. **If the incident occurs at OHSU,** students are required to submit a report on the Patient Safety Net prior to the end of the clinical shift. The report must be initiated by the preceptor or faculty; the student will not be able to log in independently, but must be present to complete the documentation.
   e. The clinical instructor is responsible for notifying the course coordinator and program director or campus associate dean and completing the SON Student Incident Tracking Form.

4. Copies of the SON Student Incident Tracking Form should be sent to the course coordinator, program director or campus associate dean, and the appropriate Senior Associate Dean. A compiled report of incidents will be submitted to Academic Operations annually.

This procedure and related form is located on the SON Webpage at [http://www.ohsu.edu/xd/education/schools/school-of-nursing/faculty-staff/policies_bylaws.cfm](http://www.ohsu.edu/xd/education/schools/school-of-nursing/faculty-staff/policies_bylaws.cfm)

**Invasive Procedures**

Students will not practice invasive procedures on each other while learning skills and techniques.

To protect nursing students from unnecessary exposure to communicable diseases that may be
transmitted through blood and body fluids; with consideration of the benefit-risk ratio for student-to-student and self-administered performance of invasive procedures in learning techniques and skills related to the performance of invasive procedures; and with confidence that the basic principles, techniques, and skills in the performance of invasive procedures can be learned without involvement of human subjects, students will not be required nor permitted to practice invasive procedures on themselves or others in a practice situation, whether on campus or elsewhere.

INCIDENT REPORTING FOR STUDENTS

As a preceptor for the FNP program, it is not your responsibility to complete the OHSU reporting procedures required if a student or patient is injured or if there is a blood borne pathogen exposure. It is the responsibility of the Clinical Coordinator (or the clinical seminar faculty if the clinical coordinator is not available) and we have internal procedures for that. In the event that such an incident occurs:

1. Follow the emergency procedures for your own agency or institution
2. Notify the Clinical Coordinator and/or the clinical seminar faculty immediately (or as soon as reasonably possible)
3. Document the incident in writing
4. Let us know if there is anything we can do to assist.

THE STUDENT’S RESPONSIBILITY FOR REPORTING INCIDENTS

Should an incident occur, the student is likely to be upset and may need a reminder about what her responsibilities are with regard to reporting and follow up. We have reprinted below what students are told to do in their SON catalog so that you can help to guide her response to the incident.

Students must immediately report all body fluid splashes, needle sticks, medical/clinical errors or other incidents that can endanger their health to their clinical faculty and take appropriate follow up action. Students on regional campuses follow up with their primary health care provider. Portland students follow up with their student health center. Portland students using the OHSU Emergency Services without receiving authorization or notifying the Student Health Service may have additional charges. Students’ major medical insurance will be billed for emergency and off-campus services. Follow the protocol of the agency and request information from the agency regarding the contamination risk based on the clients health status. Faculty are to report any incidents through the OHSU Health System Event Reporting System located at: ozone.ohsu.edu/healthsystem/dept/risk/UHC-PSN
OHSU School of Nursing Code of Conduct

OHSU and the School of Nursing seek excellence in instruction, research, clinical, and public services. OHSU and SON recognize and value the diversity of their members and support the right of all people to live and learn in a safe and respectful environment that promotes the free and diverse expression of ideas. These policies and procedures are designed to protect such freedoms and the fundamental rights of others.

These procedures occur under the authority of and may be subject to review and amendment by the SON Dean or the Dean’s designee. The provisions of these rules apply to all matriculated students, non-matriculated students taking SON courses, and University-sponsored or recognized student organizations and activities on University owned or controlled property or any other location. In addition to these rules, students must comply with the OHSU Code of Conduct and all other applicable University policies.

All matters pertaining to Code of Conduct violations are kept confidential to the extent appropriate under the circumstances. All records/materials regarding a case will be kept in locked files in the SON in accordance with the OHSU retention schedule. Disciplinary actions will be noted in the student’s academic file that is retained in the SON for one year past last date of attendance. Dismissals are recorded on the student’s official transcript.

Because after graduation nursing students may be licensed to practice nursing and are required to assume responsibility for the life and welfare of other human beings, every nursing student is expected to demonstrate competence and patterns of behavior that are consistent with professional responsibilities and are deserving of the public’s trust. All students are required to sign an agreement to abide by the guidelines contained in the Student Code of Conduct and Responsibility Code (the “Code”) at the time of admission. A student, group of students, or student organization whose conduct is determined to be inconsistent with the standards as described in this Code is subject to disciplinary action.

Students and faculty are expected to report to the School of Nursing Conduct Officer any unethical or proscribed conduct that violates this Code. A Statement of Violation of the Student Code of Conduct & Responsibility for reporting unethical or proscribed conduct is available on the SON website or can be obtained from the Student Conduct Officer. Any charge should be submitted as soon as possible after the event takes place, preferably within 14 calendar days of the event. Pending decision on a complaint, a student is entitled to all of the rights and privileges of a student in good standing. The Associate Dean for Academic Affairs (in consultation with the University Office of Academic and Student Affairs and the OHSU Legal Department) may suspend the student pending decision on a conduct violation when there is clear and convincing evidence that the individual’s presence at the University constitutes a substantial threat to health, personal safety, or property, or is otherwise in the best interest of the SON, the University, the student, or other students, faculty or staff.

The Code will be applied without regard to age, ability, ethnicity, sex, race, disability, religion, political affiliation, sexual orientation, or any other basis protected by state, local, or federal law. Each case is considered individually, and informal resolution of student conduct complaints will
be sought whenever possible. When Conduct issues are brought to the attention of the Student Conduct Officer, that person will investigate the matter to determine whether there are reasonable grounds to believe that the complaint is well founded. If reasonable grounds are not found, the SON Student Conduct Officer will dismiss the charges. If reasonable grounds are found or if the student accepts responsibility for the conduct, the student is informed of the matter charged, with reference to the specific section of this Code allegedly violated. The student is given the option to have the case heard and a disciplinary decision made by the SON Student Conduct Officer or to have a hearing before the full committee. Once informed of this option, the student has 7 calendar days to submit a written request for a hearing. Failure to file a timely request for a hearing shall result in the loss of this option.

If the student chooses to have the SON Student Conduct Officer hear the case, the student will be given an opportunity to explain the behavior and will be informed of the evidence supporting the charge. In addition, the SON Student Conduct Officer may involve additional relevant individuals and review other information that is pertinent to the allegation(s). The SON Student Conduct Officer will determine, based upon a preponderance of the evidence, whether a Code violation exists. Subsequent to that determination, the student will receive written notice confirming the matter charged and the sanction, if any, as well as the right to appeal the decision.

Students have the right to request access to evidence collected by the SON regarding a possible Code of Conduct violation. Examples of evidence that may be released include the written statements by witnesses or complainants related to the alleged violation, applicable OHSU & SON policies, and formal or electronic correspondence between the SON and the student. Requests for access to the evidence are directed to the SON Conduct Officer or the SON Senior Associate Dean for Academic Affairs.

Conduct prohibited by OHSU (OHSU policy 02-30-010)

1. Conviction of a felony, a class A misdemeanor or of a crime involving moral turpitude (which shall include, but not be limited to, sex or drug related crimes) while attending the University or prior thereto if the conviction was not disclosed (if the application process required disclosure) in applying to the University for admittance;

2. Obstruction or disruption of teaching, research, patient care, administration, disciplinary procedures, or other institutional activities, including the institution’s public service functions or other authorized activities;

3. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally- owned or controlled property;

4. Possession or use of firearms, explosives, dangerous chemicals, or other dangerous weapons or instrumentalities on institutionally-owned or controlled property, unless expressly authorized by law, Board or University policies (absence of criminal penalties is not considered express authorization);

5. Detention or physical abuse of any person or conduct that may threaten harm to or endanger
any person on any institutionally-owned or controlled property;

6. Malicious damage, misuse, or theft of institutional property, or the property of any other person where such property is located on institutionally-owned or controlled property, or, regardless of location, is in the care, custody, or control of the University;

7. Refusal while on institutionally-owned or controlled property to comply with an order of the President or appropriate authorized official to leave such premises because of conduct proscribed by OHSU policies or procedures or when such conduct constitutes a risk to personal safety, property, or disruption of patient care, educational, research, outreach or other University activities on such premises;

8. Unauthorized entry to or use of institutional facilities, including buildings, offices and grounds;

9. Illegal use, possession, sale or distribution of drugs on institutionally owned or controlled property (absence of criminal penalties is not considered express authorization);

10. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct that calls on the person or persons addressed for imminent action and, coupled with a reasonable apprehension of imminent danger to the functions and purposes of the University, including the safety of persons, and the protection of its property;

11. Conduct prior to enrollment at OHSU which was not disclosed and which could have resulted in a decision not to admit the person; or

12. Misrepresentation or false statements made in an application process

Additional conduct prohibited by the School of Nursing

1. Violating state or federal laws or regulations or SON or OHSU policies, (including the OHSU Code of Conduct),

2. Violating professional standards as described in the OHSU Code of Conduct and the SON Catalog /Student Handbook

3. Engaging in academic dishonesty, cheating, or fraud, including but not limited to: a) plagiarism, from the work of others, including work by other students or from published materials without appropriate citation, b) the buying and selling of course assignment and research papers, c) performing academic assignments (including tests and examinations) for other persons, d) unauthorized disclosure and receipt of academic information, e) allowing students to copy answers from exams or assignments, f) using disallowed materials or methods for exams or assignments, g) working with others when the assignment indicates the work is to be independent, and h) falsification of research data;

4. Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one’s own behavior related to education or professional matters;
5. Falsifying or misusing University, SON, or clinical records, permits, or documents;

6. Exhibiting behavior disruptive to the learning process or to the academic or community environment;

7. Failing to report observed unethical or proscribed behavior;

8. Taking food, medications, patient belongings or materials from clinical settings without approval or authorization;

9. Not questioning a medical order when in doubt.

For the complete policy, please see SON Policy, 20-04.22,
[http://www.ohsu.edu/xd/education/schools/school-of-nursing/faculty-staff/admin_policies.cfm](http://www.ohsu.edu/xd/education/schools/school-of-nursing/faculty-staff/admin_policies.cfm)

**OHSU Technical Standards**

Health sciences programs have a societal responsibility to train competent health care providers and scientists who demonstrate critical judgment, extensive knowledge and well-honed technical skills. All candidates for an OHSU degree or certificate must possess essential skills and abilities necessary to complete the curriculum successfully. These include academic (e.g., examination scores, GPA) as well as technical standards. These technical standards are nonacademic criteria, basic to all of OHSU’s educational programs. Each OHSU program may develop more specific technical standards.

OHSU’s technical standards include:

- Acquiring information from experiences and demonstrations conveyed through online coursework, lectures, group seminars, small group activities and others.
- The ability to recognize, understand and interpret required instruction materials including written documents, computer information systems and non-book resources.
- The ability to manipulate the equipment, instruments, apparatus or tools required to collect and interpret data appropriate to the domain of study, practice or research.
- The ability to follow universal precautions against contamination and cross-contamination with infectious pathogens, toxins and other hazardous chemicals.
- Solving problems and thinking critically to develop appropriate products and services (e.g., treatment plans, scientific experiments).
- Synthesizing information to develop and defend conclusions regarding observations and outcomes.
- Using intellectual ability, exercising proper judgment and completing all responsibilities within a timeframe that is appropriate to a given setting.
- Maintaining effective, mature and sensitive relationships under all circumstances (e.g., clients, patients, students, faculty, staff and other professionals).
- Communicating effectively and efficiently with faculty, colleagues and all other persons encountered in any OHSU setting.
- Working in a safe manner and responding appropriately to emergencies and urgencies.
- Demonstrating emotional stability to function effectively under stress and adapting to changing environments inherent in clinical practice, health care and biomedical sciences and engineering.

This information is available in the SON Catalog, page 103
Appendix D: OSBN Regulations
Oregon State Board of Nursing Nurse Practice Act
Division 50
Nurse Practitioners
(Excerpt regarding preceptors)

Definitions
851-050-0000
(5) “Clinical Preceptor” means health care provider qualified by education and clinical competency to provide direct supervision of the clinical practice experience of students in an Oregon nurse practitioner program.

(11) “Direct Supervision” means the clinical preceptor or faculty member physically present at the practice site who retains the responsibility for patient care while overseeing the student and, if necessary, redirecting or intervening in patient care, and is able to intervene if necessary.

Standards for Nurse Practitioner Programs
851-050-0001
(9) Preceptors shall meet clinical and licensure qualifications for the state in which they practice.

(13)
(c) Clinical Preceptors in the Nurse Practitioner program shall meet the following requirements:
   a. Student preceptor ratio shall be appropriate to accomplishment of learning objectives, to provide for patient safety, and to the complexity of the clinical situation;
   b. Oregon licensure or certification appropriate to the health professional area of practice;
   c. Functions and responsibilities for the preceptor shall be clearly documented in a written agreement between the agency, the preceptor, and the clinical program; and
   d. Initial experiences in the clinical practicum and a majority of the clinical experiences shall be under the supervision of clinical preceptors who are licensed advanced practice registered nurses.

(d) Nurse Practitioner Educator responsibilities shall include:
   a. Making arrangements with agency personnel in advance of the clinical experience which provides and verifies the student supervision, preceptor orientation, and faculty defined objectives;
   b. Monitoring student assignments, making periodic site visits to the agency, evaluating students’ performance on a regular basis with input from the student and preceptor, and availability for direct supervision during students’ scheduled clinical time;
   c. Providing direct supervision by a qualified faculty or experienced licensed clinical supervisor as required for patient safety and student skill attainment.

Mandatory Reporting
Link to mandatory reporting requirements in Oregon