Adult-Gerontology Acute Care Nurse Practitioner Preceptor Manual

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Introduction

Thank you for agreeing to precept a graduate student in the Adult-Gerontology Acute Care 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 schedule clinical hours, and do not hesitate to contact the clinical faculty 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 AG ACNP program.

The Oregon Health & Science University School of Nursing Adult-Gerontology Acute Care 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. 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, even though the Post Master Certificate students are licensed as Advanced Practice Provider, they are AG ACNP students. 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 Adult-Gerontology Acute Care Nurse Practitioner (AG ACNP) Program

The Adult-Gerontology Acute Care Nurse Practitioner (AG ACNP) program prepares advanced practice registered nurses (APRNs) to manage the entire adult population, including the frail elderly who are physiologically unstable, technologically dependent and/or are very susceptible to complications. The skills gained will allow APRNs to provide a spectrum of care ranging from disease prevention to acute and critical care management to stabilize the patient's condition, prevent complications, restore maximum health and/or provide palliative and end of life care. AG ACNP students will complete courses in assessment, diagnosis and treatment of acutely ill and adults including the frail elderly.

Students will be provided a strong background in pharmacology, diagnostic reasoning and

decision making skills. Additional course work will emphasize geriatric syndromes, health promotion in vulnerable adult and older adult populations, and the development of the AG ACNP role.

The Post Master Certification option (PMCO) requires 560 hours of supervised clinical experiences and will focus management of the entire adult age spectrum particularly those with acute care needs. Students will study alongside world class faculty with expertise in acute care. Students will be paired with preceptors in a variety of settings as they develop skills in acute care management, inter- and intra-collaboration, leadership, quality improvement, evidence-based research and health policy.

The **MN degree** requires 620 hours of supervised clinical experience with young adults to the frail elderly in a variety of clinical settings. Faculty advisers will assist with finding the clinical setting that best meets each student's learning interests and needs. Clinical placements include a variety of acute care and critical care settings areas including the emergency department, acute and intensive care units. 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.

Graduates from the master's (MN) degree program are eligible for licensure as Adult-Gerontology Acute Care Nurse Practitioners (AG ACNP) by the Oregon State Board of Nursing and are eligible for national certification as an Adult-Gerontology Acute Care Nurse Practitioner by American Nurses Credentialing Center (ANCC) or the American Association of Critical Care Nurses (AACN).

The AG ACNP program is based upon the competencies for AG ACNP developed by the American Association of Colleges of Nursing (AACN) and the National Organization of Nurse Practitioner Faculties (NONPF) (Appendix A). At the completion of the OHSU School of Nursing Adult-Gerontology Acute Care Nurse Practitioner Program, the graduate will demonstrate the following broad competencies:

1. Demonstrate safe care of young adult to the older adult, including the frail elderly with unstable chronic, complex acute and critical conditions with an emphasis on continual quality improvement.
2. Provide individualized, culturally sensitive management young adult to the older adult, including the frail elderly with unstable chronic, complex acute and critical conditions.
3. Apply critical thinking skills to ensure high quality patient care.
4. Use effective communication skills and technologies to provide collaborative care of young adult to the older adult, including the frail elderly with unstable chronic, complex acute and critical conditions.
5. Integrate professional leadership skills in the delivery of young adult to the older adult, including the frail elderly with unstable chronic, complex acute and critical conditions

6.   Synthesize and translate relevant, current scientific knowledge and evidence-based research findings into practice.
7.   Employ advocacy strategies to influence health care policy.

The Master in Nursing (MN)

The AG ACNP program prepares registered nurses to practice differing and unique developmental, life-stage needs that impact a patient's care across the entire adult age spectrum. 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. AG ACNP students gain a solid foundation in clinical practice addressing the health care needs of acutely ill and injured adults.

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 AG ACNP 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 AG ACNP Certificate for licensed Advanced Practice Nurses

A post-master's certificate option (PMCO) is offered, space available, for APNs who want to pursue the AG ACNP role. PMCO students who wish to pursue the new specialty focus plus the DNP will follow the AG ACNP-DNP program of study.

Important Phone Numbers

Faculty and Academic Advisors:

Joshua Squiers PhD AG ACNP-BC ACNP-BC   TBA
Program Director

Kristi Vaughn DNP ACNP-BC FNP-BC   503-494-2691
Assistant Professor   vaughnk@ohsu.edu

John Gonzalez DNP ACNP-BC ANP-B   TBA
Clinical Assistant Professor   gonzajo@ohsu.edu

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. AG ACNPs 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 AG ACNP program to request your assistance with clinical teaching at your practice site. They will ask questions about type of practice, patient volume and services offered. They 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: (ACNP, MD/DO),
- One year experience in practice
- Minimum of 3 months experience at current site
- Minimum of 1 year clinical experience (OSBN requirement)
- 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 AG ACNP faculty strive 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 as an AG ACNP. 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. FNP, GNP, 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-%20Published%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 student 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 Faculty 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 an Adult-Gerontology Acute Care 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 faculty. The clinical faculty 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 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 faculty if you have any questions or concerns during the term.

Expectations of the Clinical Coordinator

The **Clinical Coordinator** 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.

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. You will be sent a copy of the online evaluation form through typhon. Once you have completed the student evaluation form please discuss your assessment with the student. The clinical 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 AG ACNP 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 faculty to work out a remediation plan.

Clinical grades for students are based on your evaluation in combination with the evaluation of clinical seminars and assignments as determined by their clinical faculty. Please contact the clinical faculty 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 (AG ACNP MN, DNP, PMCO)**
- **Expectations for AG ACNP Students by Quarter**

OHSU Competencies

The AG ACNP competencies are in alignment with OHSU's Vision 2020 strategic goals and Inter-professional Initiative (IPI) competencies. By educating highly trained and skilled providers, graduates of the AG ACNP program will meet Oregon workforce needs though the delivery acute and critical care to adults and older adults. The AG ACNP program of study will incorporate the ten IPI competencies (the specific course competencies are correlated with the IPI competencies below).

1. PROFESSIONAL KNOWLEDGE AND SKILLS: AG ACNP students will demonstrate competence in the core knowledge, skills, and practices defined by the AG ACNP program, the Oregon State Board of Nursing and American Association of Colleges of Nursing. (2011). (NURS 516A-4; 516B-1; 509GB-2, 509GE-3).

2. REASONING AND JUDGMENT: AG ACNP students will demonstrate the ability to access, evaluate, and apply relevant science knowledge to support evidence-based health care, disease prevention, health promotion, and discovery (NURS 516A-2; 516B-3, 4; 516D-2,3; 509GA-2-3; 509GE-2).

3. EVIDENCE-BASED PRACTICE AND RESEARCH: AG ACNP students will learn to synthesize and translate relevant, current scientific knowledge and evidence-based research findings into practice (NURS 516A-1; 516B-1; 516C-1; 516D-1)

4. LIFELONG LEARNING: AG ANCP students will recognize gaps in knowledge and experience through informed self-assessment and reflective practices, and take actions to address those gaps (NURS 516C-3).

5. COMMUNICATION: AG ACNP students will use effective communication skills and technologies to provide collaborative care of culturally diverse adult to the older adults (NURS 519A-1, 4; 516B-2; 509GA-4-5; 509GB-3; 509GC-1-2; 509GD-3).

6. PROFESSIONALISM AND ETHICS: AG ACNP students will apply ethical principles when confronted with controversial issues such as end of life, health care access, and resource allocation (NURS 516 series).

7. INTERPROFESSIONAL TEAMWORK: AG ACNP students will work in a team-based inter-professional environment where communication and collaboration skills are developed to ensure safe, efficient, effective, and equitable care (NURS 516A-3; 516C-3; 509GD-2).

8. SAFETY AND QUALITY IMPROVEMENT: AG ACNP students will demonstrate the ability to identify situations that compromise safety, and participate in risk reduction and continuous quality improvement activities. (NURS 519A-2, 3; 509GA-1; 509GB-1; 509GC-3, 4; 509GD-1).

9. SYSTEMS: AG ACNP students will employ advocacy strategies to influence health care policy. Students will be encouraged to collaborate with others in developing

policy and care delivery solutions to improve the health of Oregonians (NURS 516C-2; 516D-4; 509GD-2, 3, 4).

10. PATIENT/CLIENT-CENTERED CARE: AG ACNP students will collaborate with diverse individuals and families to provide quality care that is respectful of and responsive to their preferences, needs, attitudes, beliefs, and values (NURS 519A-1,4; 516B-2; 509GA-4-5, 509GB-3, 509GC-1-2).

**American Association of Colleges of Nursing (AACN)/
National Organization Nurse Practitioner Faculty (NONPF)
Adult-Gerontology Acute Care Nurse Practitioner Competencies (2012)**

The patient population of the AG ACNP practice includes the entire spectrum of adults including young adults, adults and older adults. The AG ACNP provides care to patients who are characterized as "physiologically unstable, technologically dependent, and/or are highly vulnerable to complications" (AACN Scope and Standards, 2006, p 9). These patients may be encountered across the continuum of care settings and require frequent monitoring and intervention. The role encompasses the provision of a spectrum of care ranging from disease prevention to acute and critical care management to "stabilize the patient's condition, prevent complications, restore maximum health and/or provide palliative care" (AACN, p. 10). It is assumed that preparation of the graduate with these competencies unless otherwise specified includes preparation across the entire adult-older adult age spectrum. It also is assumed that the graduate is prepared to implement the full scope of the AG ACNP role. The AG ACNP is a provider of direct health care services. Within this role, the AG ACNP synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate disease prevention, and management focus of the AG ACNP.

I. HEALTH PROMOTION, HEALTH PROTECTION, DISEASE PREVENTION, AND TREATMENT

A. Assessment of Health Status:
These competencies describe the role of the Adult-Gerontology Acute Care Nurse Practitioner in terms of assessing the individual's health status, including assessment of the health promotion, health protection, and disease prevention needs of the acute, critical, and chronically ill or injured patient. Activities include risk stratification, disease specific screening activities, diagnosis, treatment and follow-up of acute illness, and appropriate referral to specialty care.

    1. Assesses the complex acute, critical, and chronically-ill patient for urgent and emergent conditions, using both physiologically and technologically derived data, to evaluate for physiologic instability and risk for potential life-threatening conditions.
    2. Obtains relevant comprehensive and problem-focused health histories for complex acute, critical, and chronically-ill patients using collateral sources as necessary.
    3. Evaluates signs and symptoms, including age appropriate changes, noting pertinent positives and negatives.
    4. Prioritizes data collection, according to the patient's age, immediate condition or needs, as a continuous process in acknowledgement of the dynamic nature of complex acute, critical, and chronic illness or injury.
    5. Accurately documents relevant comprehensive and problem-focused health histories.
    6. Performs and accurately documents a pertinent, comprehensive, and focused physical, mental health and cognitive assessment, demonstrating knowledge about developmental, age related, and gender specific variations.
    7. Assesses the impact of an acute, critical, and /or chronic illness or injury and the health promotion needs, social support and physical and mental health status using age, gender, and culturally appropriate standardized assessment instruments or processes in relationship to:

      a. Functional or activity level
      b. Mobility
      c. Cognition
      d. Decision-making capacity
      e. Pain
      f. Skin integrity
      g. Nutrition
      h. Sleep and rest patterns
      i. Sexuality
      j. Spirituality
      k. Immunization status
      l. Neglect and abuse
      m. Substance use and abuse
      n. Quality of life
      o. Family and social relationships
      p. Genetic risks
      q. Health risk behaviors
      r. Safety
      s. Advance care planning preferences and end of life care

8. Distinguishes cultural, spiritual, ethnic, gender, sexual orientation, and age cohort differences in presentation, progression, and treatment response of common acute, critical, and chronic health problems.

9. Provides for the promotion of health and protection from disease by assessing for risks associated with care of complex acute, critical, and chronically-ill patients, such as:

      a. Physiologic risk, including, but not limited to, immobility, impaired nutrition, fluid and electrolyte imbalance, and adverse effects of diagnostic/therapeutic interventions.

      b. Psychological risk, including, but not limited to, pain, impaired sleep and communication, crisis related to threat to life, finances, and altered family and social network dynamics.

      c. Healthcare system risks associated with care of complex patients, including but not limited to multiple caregivers, continuity of care, coordination of the plan of care across levels and settings of care, complex medical regimens, low or poor health literacy, and communication with family or between multiple care providers.

10. Assesses the impact of family, community, and environment, including economic, work, institutional, school, social, and living environments, on an individual's health status and quality of life.

11. Screens for acute and chronic mental health and behavioral problems and disorders, adapting for the cognitively impaired.

12. Obtains health information from collateral sources, including electronic health records and databases, and other healthcare providers and family members, as needed, e.g., with cognitively impaired, sensory impaired, or non-self-disclosing patients, applying ethical and legal standards of care.

13. Assesses individuals with complex health issues and co-morbidities, including the interaction with aging and acute and chronic physical and mental health problems.

14. Analyzes the relationship among development, normal physiology, and specific system alterations that can be produced by aging and/or disease processes.
15. Assesses the individual's and support system's ability to cope with and manage developmental (life stage) transitions.
16. Determines the individual's ability to participate in care, care decisions, work, school, physical, and social activities.
17. Assesses the effect of complex acute, critical and chronic illness, disability, and/or injury on the individual's:
      a. Functional status
      b. Independence
      c. Physical, mental, and cognitive status
      d. Social roles and relationships
      e. Sexual function and well-being
      f. Economic or financial status
      g. Risk for addictive behavior
      h. Risk for abuse and neglect
18. Conducts a pharmacologic assessment addressing pharmacogenetic risks, complex medical regimens, drug interactions and other adverse events; over-the-counter; complementary alternatives; and the patient's and caregiver's ability to self-manage medications safely and correctly.
19. Assesses for syndromes and constellations of symptoms that may be manifestations of other common health problems, e.g., risk-taking behaviors, stress, self-injury, incontinence, falls, dementia, delirium or depression.
20. Determines the need for transition to a different level of care or care environment based on an assessment of an individual's acuity, frailty, stability, resources, and need for assistance, supervision or monitoring.
21. Assesses genetic risk factors related to the patient's acute and chronic health conditions.
22. Participates in the determination of patient's comprehension and decision-making capacity.

B. Diagnosis of Health Status

The AG ACNP is engaged in the diagnosis of health status in patients with physiologic instability or the potential to experience rapid physiologic deterioration or life-threatening instability. This diagnostic process includes critical thinking, differential diagnosis, and the identification, prioritization, interpretation and synthesis of data from a variety of sources. These competencies describe the role of the AG ACNP related to diagnosis of health status.
    1. Identifies across the entire adult age spectrum both typical and atypical presentations of complex acute, critical and chronic illnesses including urgent and emergent physical and mental health conditions
    2. Develops differential diagnoses by priority for new or recurring complex acute, critical, and chronic physical, mental health and behavioral disorders and problems.
    3. Identifies the presence of co-morbidities, age-related changes, and their impact on presenting health problems, potential for rapid physiologic and mental health deterioration or life-threatening instability and the risk for iatrogenesis.

4. Plans diagnostic strategies and appropriate uses of diagnostic tools to screen for and prevent sequelae of acute and critical illnesses and iatrogenic conditions with consideration of the risks, benefits, and costs to individuals based on goals of care.

5. Manages the evaluation of acute, critical and chronically ill patients through ordering, interpretation, performance, and supervision of diagnostic testing and clinical procedures taking into account the individual's age, gender, genetic risks, and health status.

6. Performs specific diagnostic strategies and technical skills to monitor and sustain physiological function and ensure patient safety, including but not limited to EKG interpretation, x-ray interpretation, respiratory support, hemodynamic monitoring, line and tube insertion, lumbar puncture, and wound debridement.

7. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.

8. Diagnoses complex acute, critical, and chronic physical illnesses and common mental health problems, recognizing disease progression, multisystem health problems, associated complications, and iatrogenic conditions.

9. Reformulates diagnoses based on new or additional assessment data and the dynamic nature of complex acute, critical, and chronic illness.

10. Diagnoses common behavioral and mental health and substance use or addictive disorder/disease, such as anxiety, depression, PTSD, and alcohol and drug use, in the presence of complex acute, critical, and chronic illness.

C. Plan of Care and Implementation of Treatment

The objectives of planning and implementing therapeutic interventions are to return the individual to stability and optimize the individual's health. These competencies describe the Adult-Gerontology Acute Care Nurse Practitioner role in stabilizing the individual, minimizing physical and psychological complications, maximizing the individual's health potential, and assisting with palliative/end-of-life care management.

1. Formulates a plan of care to address complex acute, critical, and chronic physical and mental health care needs.

   a. Integrates knowledge of rapidly changing pathophysiology of acute and critical illness in the planning of care and implementation of treatment and referrals.

   b. Prescribes appropriate pharmacologic and nonpharmacologic treatment modalities considering age and genetic profile.

   c. Utilizes evidence-based practice in planning and implementing care.

   d. Addresses cultural, spiritual, ethnic, gender, and age cohort differences in planning and implementing care.

2. Plans and implements interventions to support the patient to regain and maintain age-specific physiologic and psychological stability consistent with the patient's goals of care.

3. Promotes safety and risk reduction through the use of interventions such as:

   a. devices to promote mobility and prevent falls

   b. cognitive and sensory enhancements

   c. restraint-free care

   d. judicious use of catheters and lines

   e. monitoring and other technological devices.

4. Reduces patient risk by designing and implementing interventions to prevent:

a. decline in physical or mental function
b. impaired quality of life
c. social isolation
d. disability
e. increased cost

5. Manages care through ordering, and performing interventions to monitor, sustain, or restore physiological and psychological function including the patient with a rapidly deteriorating physiologic condition.

6. Implements interventions to support the patient with a rapidly deteriorating physiologic condition based on Advanced Cardiac Life Support and Fundamentals of Critical Care Support.

7. Implements health promotion, health maintenance, health protection, and disease prevention initiatives that are age, gender, cultural, and health status appropriate.

8. Provides anticipatory guidance and counseling to individuals and their families based on identified health promotion needs and goals; complex acute, critical and chronic care needs; social support; and health and cognitive status.

9. Performs therapeutic interventions to stabilize acute and critical health problems, including but not limited to suturing; wound debridement; lumbar puncture; airway, line and tube insertion and management.

10. Manages complex, acute, critical, and chronic physical problems.

11. Initiates treatment for common acute and critical mental health problems.

12. Implements care to prevent and manage geriatric syndromes such as falls, loss of functional abilities, dehydration, delirium, depression, dementia, malnutrition, incontinence, and constipation.

13. Analyzes the indications, contraindications, risk of complications, and cost-benefits of therapeutic interventions.

14. Individualizes the plan of care to reflect the dynamic nature of the patient's condition, age, developmental and life transitions, patient's and family's needs.

15. Uses pharmacologic and non-pharmacologic management strategies to ameliorate physical and behavioral symptoms in individuals who have psychiatric/substance misuse disorders.

16. Prescribes medications maintaining awareness of and monitoring for adverse drug outcomes and complex medical regimens, especially in high-risk and vulnerable populations.

17. Manages pain and sedation for patients with complex acute, critical and chronic illness.
  a. Prescribes pharmacologic and nonpharmacologic interventions.
  b. Monitors and evaluates the patient's pain and sedation response considering possible concomitant use of alcohol, recreational drugs, OTC, and other complementary products.
  c. Modifies the plan of care according to patient reaction and treatment goals.

18. Initiates appropriate referrals and consultations.

19. Performs consultations based on one's knowledge and expertise.

20. Modifies the plan of care after evaluating the patient's response to therapeutic interventions and dynamic changes in condition.

21. Monitors and evaluates the safety and efficacy of pharmacologic, behavioral, and other therapeutic interventions.
22. Orders and implements palliative and end-of-life care in collaboration with the patient, family, and members of the healthcare team.
23. Provides leadership to coordinate the planning, delivery, and evaluation of care by the healthcare team
24. Develops a transition plan for long-term management of healthcare problems with the individual, family, and healthcare team.
25. Evaluates effectiveness and adequacy of individual's and/or caregiver's support systems.
26. Facilitates the patient's transition within healthcare settings and across levels of care, including admitting, transferring, and discharging patients.
27. Prescribes and monitors treatments and therapeutic devices as indicated, including but not limited to: oxygen, bi-level PAP, prosthetics, splints, and adaptive equipment.
28. Prescribes and monitors the effect of therapies including but not limited to physical therapy, occupational therapy, speech therapy, home health, palliative care, and nutritional therapy.
29. Evaluates risks for adverse outcomes due to treatment, including under or over treatment.
30. Implements interventions to support the individual with a rapidly deteriorating physiologic condition, including the application of basic and advanced life support and other invasive interventions or procedures to regain physiologic stability.

II. NURSE PRACTITIONER-PATIENT RELATIONSHIP
Competencies in this area demonstrate the nurse practitioner-patient collaborative approach, which enhances the Adult-Gerontology Acute Care Nurse Practitioner effectiveness of care. The competencies speak to the critical importance of the interpersonal transaction as it relates to therapeutic patient outcomes considering the cognitive, developmental, physical, mental, and behavioral health status of the patient across the adult lifespan.
1. Identifies one's personal biases related to culture, aging, gender, development, and independence that may affect the delivery of quality care.
2. Provides appropriate and effective communication that builds therapeutic relationships with diverse individuals, families, and caregivers facing acute onset or exacerbations of complex chronic physical and/or psychological conditions.
3. Assists individuals, families, and caregivers to support or enhance the patient's right to self-determination, sense of safety, autonomy, worth, and dignity
4. Engages the patient and family's participation in the development and revision of the plan of care.
5. Uses communication skills adapted to the individual's and family's health literacy; and cognitive, developmental, physical, mental, and behavioral health status.
6. Facilitates patient and family decision-making regarding complex acute, critical, and chronic illness treatment decisions, end-of-life care, and organ/tissue donation in a manner that ensures informed decisions.
7. Applies principles of crisis management in assisting the patient and family experiencing complex acute, critical, and chronic physical and mental illness during changes in status.

8. Advocates for the patient's and family's rights regarding healthcare decision-making such as emancipation, conservatorship, guardianship, durable power of attorney, health care proxy, advance directives and informed consent, taking into account ethical and legal standards.

9. Initiates discussion of sensitive issues with the individual, family and other caregivers such as:

      a. suicide prevention, self injury
      b. sexually-related issues
      c. substance use/abuse
      d. risk-taking behavior
      e. driving safety
      f. independence
      g. finances
      h. violence, neglect, abuse, and mistreatment
      i. prognosis
      j care transitions, changes in levels of care
      k. institutionalization
      l. palliation and end-of-life care

III. TEACHING-COACHING FUNCTION

These competencies describe the Adult-Gerontology Acute Care Nurse Practitioner ability to impart knowledge and associated psychomotor and coping skills to individuals, family, and other caregivers. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling and teaching.

1. Collaborates with the individual, family, and caregivers in the development of educational interventions appropriate to the complex acute, critical, and chronically-ill patient's needs, values, developmental and cognitive level, and health literacy.

2. Educates individuals, families, caregivers, and groups regarding strategies to manage the interaction among normal development, aging, and mental and physical disorders.

3. Adapts teaching-learning approaches based on physiological and psychological changes, age, developmental stage, cognitive status, readiness to learn, health literacy, the environment, and available resources.

4. Integrates, as appropriate, self-care activities for complex acute, critical, and chronically ill patients.

5. Teaches patients and families how to navigate the health care system effectively.

6. Educates professional and lay caregivers to provide culturally and spiritually sensitive appropriate care.

7. Demonstrates leadership of the healthcare team through teaching and coaching to advance the plan of care for complex acute, critical, and chronically ill patients.

IV. PROFESSIONAL ROLE

These competencies describe the varied role of the Adult-Gerontology Acute Care Nurse Practitioner, specifically related to advancing the profession and enhancing direct care and management. The AG ACNP demonstrates a commitment to the implementation, and evolution of the AG ACNP role. As well, the AG ACNP implements clinical reasoning and builds collaborative intra- and interprofessional relationships to provide optimal care to patients with

complex acute, critical and chronic illness. The AG ACNP advocates on behalf of the patient population and the profession through active participation in the health policy process.

1. Develops effective collaboration with both formal and informal caregivers and professional staff to achieve optimal care outcomes during complex acute, critical and chronic illness attending to variations across the lifespan.

2. Demonstrates leadership to promote improved health care outcomes for the adult–older adult population in practice, policy, and other venues.

3. Coordinates comprehensive care in and across care settings for patients who have acute and chronic illness needs.

4. Promotes the delivery of evidence-based care for patients with complex acute, critical, and chronic physical and mental illness.

5. Analyzes the impact of participation in professional organizations to:
   a. Influence health policy
   b. Promote access to care for the population(s) served
   c. Advocate on behalf of the population(s) served
   d. Promote the Adult-Gerontology Acute Care NP and other advanced practice nursing roles.

6. Participates in the design and/or implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care.

7. Contributes to knowledge development for improved care of the Adult-Gerontology Acute Care population, by participation in quality improvement, program evaluation, translation of evidence into practice, and/or dissemination of evidence.

8. Serves as a knowledge resource regarding clinical and/or care issues related to the design and development of complex acute, critical, and chronic health services for care of the adult-gerontology population.

9. Describes the current and evolving Adult-Gerontology Acute Care NP role to other healthcare providers and the public.

10. Applies stress management principles when faced with complex, acute or traumatic situations.

11. Advocates for a safe and healthy practice environment.

12. Engages in self reflection, performance appraisal, and peer-review to:
   a. Identify lifelong learning needs
   b. Enhance inter- and intra-professional relationships
   c. Effect continuous quality improvement
   d. Enhance professional development

13. Participates in the design and/or development, and evaluation of current and evolving healthcare services to optimize care and outcomes for the adult-gerontology population.

14. Provides guidance, consultation, mentorship, and educational experiences to students, nurses, and other health professionals.

15. Advocates for implementation of the full scope of the Adult-Gerontology Acute Care NP role.

16. Advances the level of knowledge of AG ACNPs to improve healthcare delivery and patient outcomes through presentations, publications, and/or involvement in professional organizations.

V. MANAGING AND NEGOTIATING HEALTHCARE DELIVERY SYSTEMS

These competencies describe the AG ACNP role in achieving improved health outcomes for individuals, communities, and systems by overseeing and directing the delivery of clinical services within an integrated system of health care. In addition, the Adult-Gerontology Acute Care Nurse Practitioner addresses the development and implementation of system policies affecting services.

1. Assists individuals, their families, and caregivers to navigate transitions between levels of care and across the healthcare delivery system(s).
2. Works collaboratively with a variety of health professionals to achieve patient care goals, promote stabilization and restoration of health in complex acute, critical, and chronic illness.
3. Promotes collaboration among members of the multidisciplinary healthcare team to facilitate optimal care for patients with complex acute, critical, and chronic illnesses considering variations across the adult lifespan.
4. Uses principles of case management when overseeing and directing healthcare services for complex acute, critical, and chronic illness.
5. Identifies processes, principles and regulations related to payer systems used in the planning and delivery of healthcare services.
6. Describes challenges to optimal care created by the competing priorities of patients, payers, providers and suppliers.
7. Promotes efficient use of resources and provision of safe, high quality care to achieve cost-effective outcomes
8. Analyzes system barriers to care delivery and coordination.
9. Applies knowledge of the type and level of services provided across healthcare and residential settings.
10. Advocates within healthcare systems for access to cost-effective, quality care.
11. Advocates for legislation and policy to promote health and improve care delivery models through collaborative and/or individual efforts.
12. Promotes equity in health and health care for peoples of diverse culture, ethnic, and spiritual backgrounds.
13. Describes institutional, local, and state emergency response plans and one's potential role in each.

VI. MONITORING AND ENSURING THE QUALITY OF HEALTHCARE PRACTICE

These competencies describe the Adult-Gerontology Acute Care Nurse Practitioner role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to examining and improving one's own practice as well as engaging in interdisciplinary peer and colleague review.

1. Monitors one's own practice by:
   a. Applying evidence-based practice protocols and guidelines in providing quality care.
   b. Participating in evaluation of scientific evidence through individual and group efforts.
   c. Evaluating one's own practice against identified benchmarks.
   d. Engaging in peer review.

2. Functions within the national, state and institutional credentialing and scope of practice for AG ACNPs based upon education, certification, and licensure criteria.

3. Improves *practice outcomes within systems* by:

a. Using technology and quality improvement methods to enhance safety and monitor health outcomes.

b. Developing strategies to reduce the impact of biases including ageism and sexism on healthcare policies and systems.

c. Advocating for access to quality, cost-effective health care.

d. Using internal and external agencies and resources

e. Addressing cultural, spiritual, ethnic, and intergenerational influences that potentially create conflict among individuals, families, staff, and caregivers.

f. Contributing to health literacy of the public

Program of Study

Required courses: *Credits*

MN-DNP-Advanced Practice Core (13 credits)

Nurs 515A	Advanced Physiology & Pathophysiology I	3
Nurs 515B	Advanced Physiology & Pathophysiology II	3
Nurs 517	Health Assessment	4
Nurs 519	Applied Pharmacology I	3

MN Advanced Practice Core (9 credits)

Nurs 508	Concepts in Advanced Practice Nursing	3
Nurs 513	Concepts of Advanced Nursing Knowledge & Leadership	3
Nurs 524	Evaluating Evidence	3

DNP Advanced Practice Core (6 credits)

Nurs 700	Concepts for Comprehensive Care in Advanced Nursing Practice	3
Nurs 713	Evaluating Evidence for Advanced Practice Nursing	3

AG ACNP-MN-DNP Specialty Core (48 credits)

Nurs 509GA	Practicum Adult-Gerontology Acute Care I	2
Nurs 509GB	Practicum Adult-Gerontology Acute Care II	4
Nurs 509GC	Practicum Adult-Gerontology Acute Care II	4
Nurs 509GD	Practicum Adult-Gerontology Acute Care IV	4
Nurs 509GE	Adult-Gerontology Acute Care Diagnostics and Procedures	2
Nurs 509GF	Practicum Adult-Gerontology Acute Care Frail Elderly	2
Nurs 519A	Adult-Gerontology Acute Care Advanced Pharmacology	2
Nurs 552	Understanding & Intervening in Common Mental Health Problems of the Elderly	3
Nurs 516A	Adult-Gerontology Acute Care Management I	3
Nurs 516B	Adult-Gerontology Acute Care Management II	5
Nurs 516C	Adult-Gerontology Acute Care Management III	6
Nurs 516D	Adult-Gerontology Acute Care Management IV	6
Nurs 5XX	Adult-Gerontology Acute Care Management Common Urgent Problems	2
CPH 537/637	Principles of Health Behavior	3

Total Credits/MN Awarded   **70**

MN-DNP Core (46 credits)

Nurs 701	Policy and Population Based Care	3
Nurs 702	Concepts for Doctoral Nursing Practice	1
Nurs 703	Clinical Inquiry	6
Nurs 714	Practice Evaluation	3
Nurs 715	Methods for Clinical Inquiry	3
Nurs 733	Health Systems, Organizations & Change	3
Nurs 735	Applied Health Care Economics & Finance	2
Nurs 790	Clinical Residency	18

DNP Electives   7

Total Credits/DNP Awarded **113**

AG ACNP-PMCO Specialty Core (38 credits)
Nurs 509GA   Practicum Adult-Gerontology Acute Care I   2
Nurs 509GB   Practicum Adult-Gerontology Acute Care II   4
Nurs 509GC   Practicum Adult-Gerontology Acute Care II   4
Nurs 509GD   Practicum Adult-Gerontology Acute Care IV   4
Nurs 509GE   Adult-Gerontology Acute Care Diagnostics and Procedures   2
Nurs 519A   Adult-Gerontology Acute Care Advanced Pharmacology   2
Nurs 516A   Adult-Gerontology Acute Care Management I   3
Nurs 516B   Adult-Gerontology Acute Care Management II   5
Nurs 516C   Adult-Gerontology Acute Care Management III   6
Nurs 516D   Adult-Gerontology Acute Care Management IV   6

Post Master Certificate Awarded

Course Expectations for

Adult-Gerontology Acute Care NP Students by Quarter

First Clinical Quarter (Spring)

DIDACTIC: NURS 516A. Adult-Gerontology Acute Care Management I (3 credits). This course focuses on competency in advanced pathophysiology, assessment, diagnosis, and collaborative management of acute and emergent conditions in the young adult to the older adult, including the frail elderly. Diagnostic reasoning and decision making skills are developed in management of adults and elderly with acute illnesses or injuries. Emphasis is placed on evidence-based guidelines in acute and emergent conditions. The role of the Adult-Gerontology Acute Care Nurse Practitioner is explored.

CLINICAL: 509GA Practicum in Adult-Gerontology Acute Care I (2 credits) 80 hrs. In this first clinical practicum concepts learned in Health Promotion and NURS 516A Adult-Gerontology Acute Care Management I for acute and emergent conditions in adults including the frail elderly are applied. Students perform comprehensive clinical assessment including appropriate preventative teaching and diagnostic and therapeutic testing.

Specific Clinical Expectations are:

1. Exhibits professional behavior by arriving and departing according to schedule and dressing appropriately for clinical setting
2. Establishes rapport with staff, patients, families and care givers
3. Obtains history, performs physical, develops differential diagnosis & management plan
4. Accurately documents relevant comprehensive and problem-focused health histories
5. Analyzes organizational structure, functions and resources to improve the delivery of care
6. Evaluates the impact of health care delivery on patients, providers, other stakeholders and the environment
7. Utilizes clinical resources during rotation

Second Clinical Quarter (Summer)

LAB: NURS 509GE. Adult -Gerontology Acute Care Diagnostics & Procedures (2 credits) .In this course, students apply study the principles of diagnostic and treatment modalities utilized in acute and critical care settings. The course content includes concepts of fluid replacement, hemodynamic monitoring and electromechanical interventions, analysis of relevant laboratory data and interpretation of radiographs and 12 lead ECGs. Simulated procedures include central line insertion, intubation, suturing, and lumbar puncture and application of invasive and diagnostic devices.

CLINICAL: 509GF. Practicum in Adult-Gerontology Acute Care of the Frail Elderly (2 credits) 80 hrs. In this clinical practicum concepts learned in Adult-Gerontology Acute Care Management I

are applied. Emphasis is placed on clinical experiences in acute, sub-acute and/or long term care facilities specializing in the care of the frail elderly. (This course is note in the PMCO POS)

In addition to these specific clinical expectations, the students are expected to build on previous course competencies:

1. Obtains health information from collateral sources, including electronic health records and databases, and other healthcare providers and family members, as needed, e.g., with cognitively impaired, sensory impaired, or non-self-disclosing patients, applying ethical and legal standards of care.
2. Obtains history, performs physical, develops differential diagnosis & management plan focusing on the frail elderly
3. Determines the need for transition to a different level of care or care environment based on an assessment of an individual's acuity, frailty, stability, resources, and need for assistance, supervision or monitoring.
4. Assists individuals, their families, and caregivers to navigate transitions between levels of care and across the healthcare delivery system(s).
5. Provides anticipatory guidance and counseling to individuals and their families based on identified health promotion needs and goals; complex acute, critical and chronic care needs; social support; and health and cognitive status.
6. Implements care to prevent and manage geriatric syndromes such as falls, loss of functional abilities, dehydration, delirium, depression, dementia, malnutrition, incontinence, and constipation

Third Clinical Quarter (Fall)

DIDACTIC: NURS 516B. Adult-Gerontology Acute Care Management II (5 credits). This second management course builds on concepts from Adult-Gerontology Management I and continues to build competency in advanced pathophysiology, assessment, diagnosis, and collaborative management of adults including the frail elderly with unstable chronic, complex acute conditions. Collaborative intra-and inter-professional relationships to promote optimal outcomes in patients with complex acute and chronic illness is stressed.

CLINCAL: NURS 509GB. Practicum in Adult-Gerontology acute care II (4 credits) 160 hrs. This clinical practicum applies concepts learned in NURS 516B Adult-Gerontology Acute Care Management II and builds on clinical experience obtained in NURS 509GA Adult-Gerontology Acute Care Practicum I. Emphasis is placed on unstable, complex acute conditions.

In addition to these specific clinical expectations, the students are expected to build on previous course competencies:

1. Assesses the complex acute, critical, and chronically-ill patient for urgent and emergent conditions, using both physiologically and technologically derived data, to evaluate for physiologic instability and risk for potential life-threatening conditions
2. Prioritizes data collection, according to the patient's age, immediate condition or needs

3. Identifies healthcare system risks associated with care of complex patients, including but not limited to multiple caregivers, continuity of care, coordination of the plan of care across levels and settings of care, complex medical regimens, low or poor health literacy, and communication with family or between multiple care providers.
4. Manages the evaluation of acute, critical and chronically ill patients through ordering, interpretation, performance, and supervision of diagnostic testing and clinical procedures taking into account the individual's age, gender, genetic risks, and health status.
5. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral
6. Diagnoses complex acute, critical, and chronic physical illnesses and common mental health problems, recognizing disease progression, multisystem health problems, associated complications, and iatrogenic conditions.
7. Implements health promotion, health maintenance, health protection, and disease prevention initiatives that are age, gender, cultural, and health status appropriate.

Fourth Clinical Quarter (Winter)

DIDACTIC. Adult-Gerontology Acute Care Management III (6 credits). This third management course builds on the concepts in Adult-Gerontology Management II and focuses on developing competency in advanced pathophysiology, assessment, diagnosis, and collaborative management of complex co-morbid conditions in adults, including the frail elderly with acute and critical illnesses. Emphasis is placed on care directed to the highest acuity of the disease entities encountered in acute and critical settings. Development of comprehensive management plans is emphasized.

CLINICAL: NURS 509GC. Practicum in Adult-Gerontology Acute Care III (4 credits) 160 hrs. This clinical practicum applies concepts learned in NURS 516C Adult-Gerontology Acute Care Management III and builds on clinical experience obtained in NURS 509GB Adult-Gerontology Acute Care Practicum II. Emphasis is placed on the highest acuity of the disease entities encountered in acute and critical care areas.

In addition to these specific clinical expectations, the students are expected to build on previous course competencies:

1. Provides appropriate and effective communication that builds therapeutic relationships with diverse individuals, families, and caregivers facing acute onset or exacerbations of complex chronic physical and/or psychological conditions.
2. Applies principles of crisis management in assisting the patient and family experiencing complex acute, critical, and chronic physical and mental illness during changes in status.
3. Advocates for the patient's and family's rights regarding healthcare decision-making such as emancipation, conservatorship, guardianship, durable power of attorney, health care proxy, advance directives and informed consent, taking into account ethical and legal standard

4. Demonstrates leadership of the healthcare team through teaching and coaching to advance the plan of care for complex acute, critical, and chronically ill patients.

Fifth & Final Clinical Quarter (Spring)

DIDACTIC: Adult-Gerontology Acute Care Management IV (6 credits). This fourth and final management course integrates concepts from Adult-Gerontology Management III and focuses on continued competency in advanced pathophysiology, assessment, diagnosis, independent and collaborative management of adults, including the frail elderly with unstable chronic, complex acute and critical conditions. Students will assume leadership roles in the design and critique of management plans for complex co-morbid conditions in physiologically unstable, technologically dependent and highly vulnerable adults and older adults.

CLINCAL: NURS 509GD. Practicum in Adult-Gerontology Acute Care IV (4 credits) 160 hrs. This final clinical practicum applies concepts learned in NURS 516 D Adult-Gerontology Acute Care Management IV and builds on clinical experience obtained in 509 GC Adult-Gerontology Acute Care Practicum III. Students, in collaboration with their preceptors, are responsible for independent management of health care needs of physiologically unstable, technologically dependent and highly vulnerable adults and older adults with unstable chronic, complex acute and critical conditions.

In addition to these specific clinical expectations, the students are expected to build on previous course competencies:

1. Provides for the promotion of health and protection from disease by assessing for risks associated with care of complex acute, critical, and chronically-ill patients, such as:
    a. Physiologic risk, including, but not limited to, immobility, impaired nutrition, fluid and electrolyte imbalance, and adverse effects of diagnostic/therapeutic interventions.
    b. Psychological risk, including, but not limited to, pain, impaired sleep and communication, crisis related to threat to life, finances, and altered family and social network dynamics.
2. Integrates knowledge of rapidly changing pathophysiology of acute and critical illness in the planning of care and implementation of treatment and referrals.
3. Implements interventions to support the patient with a rapidly deteriorating physiologic condition based on Advanced Cardiac Life Support and Fundamentals of Critical Care Support.
4. Initiates discussion of sensitive issues with the individual, family and other caregivers such as:
    a. suicide prevention, self-injury
    b. sexually-related issues
    c. substance use/abuse
    d. risk-taking behavior
    e. driving safety
    f. independence
    g. finances

      h. violence, neglect, abuse, and mistreatment
      i.   prognosis
      j.   care transitions, changes in levels of care
      k. institutionalization
      l.   palliation and end-of-life care

5. Improves practice outcomes within systems by:
   a. Using technology and quality improvement methods to enhance safety and monitor health outcomes.
   b. Developing strategies to reduce the impact of biases including ageism and sexism on healthcare policies and systems.
   c. Advocating for access to quality, cost-effective health care.
   d. Using internal and external agencies and resources
   e. Addressing cultural, spiritual, ethnic, and intergenerational influences that potentially create conflict among individuals, families, staff, and caregivers.
   f. Contributing to health literacy of the public

6. Participates in the design and/or implementation, and evaluation of evidence-based, age-appropriate professional standards and guidelines for care.

7. Contributes to knowledge development for improved care of the adult-gerontology acute care population, by participation in quality improvement, program evaluation, translation of evidence into practice, and/or dissemination of evidence.

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 schizrenia?). 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. **<u>Correct Mistakes</u>**: 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.

    <u>Pitfalls</u>: 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

"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

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 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 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 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

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 AG ACNP 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

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 are 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
http://www.oregon.gov/OSBN/pdfs/publications/MandatoryReportingSentinel_12-10.pdf?ga=t