

School of Nursing

DNP Program

FNP Program



Family Nurse Practitioner Preceptor Manual

Academic Year
2017-2018

A Passion
for Nursing
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Introduction

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

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

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

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

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

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

Background about the Family Nurse Practitioner (FNP) Program

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

FNP students take coursework in the assessment, diagnosis and treatment of children, adolescents and adults, including the elderly. Additional coursework emphasizes health promotion of populations, the development and current role of the FNP in the health care system, human development, and the community health care system. Students get a strong background in advanced pathophysiology, pharmacology, physical assessment, diagnosis, and disease management.

The care concepts of ethics, social determinants of health, equity in health care, epidemiology, informatics, and evidenced-based care are emphasized and integrated into the first year of the program. In the second year, systems-level concepts are addressed and integrated, including health care policy, systems, economics, and practice evaluation with an emphasis on leadership and interdisciplinary collaboration.

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

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

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

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

The Master in Nursing (MN)

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

The Doctor of Nursing Practice (DNP)

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

Post Master's FNP Certificate for licensed Advanced Practice Nurses

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

Important Phone Numbers

Faculty and Academic Advisors:

Cynthia Perry PhD, FNP-BC Associate Professor Director FNP Program	503-494-3826 perryci@ohsu.edu SN 587
Teresa Turnbull, DNP, FNP-C, DCC Clinical Assistant Professor	503-494-3256 turnbult@ohsu.edu SN 584
Mandy McKimmy, DNP, FNP-BC Assistant Professor	503-494-5315 mckimmy@ohsu.edu SN 586
Charles Boardman, DNP, FNP Clinical Assistant Professor	boardmac@ohsu.edu SN 561
Connie Silverman, DNP, FNP Clinical Instructor	503-418-1705 horakc@ohsu.edu SN 561
Rebecca Martinez, DNP, FNP Clinical Assistant Professor	martinre@ohsu.edu SN 560

Program Administrative Staff:

Kimberly Poole Clinical Site Coordinator & Program Associate	503-494-3604 poolek@ohsu.edu SN 559
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Emergency Contact: please contact the student's clinical supervision faculty, per an email sent to you be each identifying themselves and their student(s), in the case of an emergency while the student is in the agency. If you are unable to reach the clinical faculty please contact Kimberly Poole, Clinical Site Coordinator-Program Associate, poolek@ohsu.edu, or 503-494-3604

If you are expecting the student at the agency and the student fails to show up, please contact Kimberly Poole, poolek@ohsu.edu as soon as possible or 503-494-3604

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 letter at the end of each term with the hours you have spent precepting for this purpose. FNP's 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 – Clinical Site Coordinator-Program Associate at poolek@ohsu.edu if you are interested in becoming affiliate faculty.

Accepting a student into your practice

Initial contact is made by the designated Clinical Site Coordinator for the FNP program to request your assistance with clinical teaching at your practice site. You will be asked questions about type of practice, patient volume and services offered. You will also need to provide 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: (Advanced Practice Nurse, MD/DO),
- One year experience in practice
- Minimum of 3 months experience at current site
- Hold current unencumbered license and certification applicable to state of practice
- Preceptor may not be a work supervisor if student is placed in place of employment

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

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

Expectations and Strategies for Preceptors

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

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

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

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

Preceptor Strategies:

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

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

A preceptor training video can be found here:

<https://sakai.ohsu.edu/access/content/user/howec@ohsu.edu/Preceptors%20CD%20-%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 nametag at all times. Students should have reference materials and any equipment identified as necessary for the site. While students may have templates for intakes and progress notes, site forms are used according to preceptor and agency specifications. It is expected that students coordinate with the preceptor about any schedule changes or absences and obtain approval for them.

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

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

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

Expectations of SON Clinical Faculty

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

Expectations of the Clinical Coordinator

The **Clinical Site Coordinator**, Kimberly Poole, is responsible for placing students at your agency and will periodically check with you about preceptorship at your location. She will also make sure contracts are current and coordinate any other general agency/site issues. Her email is poolek@ohsu.edu.

The **Clinical Contracts & Placement Coordinator**, Kathi Rise can help you or your agency administrator with agency contracts. Contact risek@ohsu.edu

Evaluation of Students:

The SON Clinical Faculty will make one site visit per term at the student's primary site.

Our program also utilizes Objective Structured Clinical Examinations (OSCE) as another method of evaluation.

Additionally, students are evaluated by their preceptors near the end of each term. The form will be available in our online tracking system, Typhon, an email will be sent to you to complete. Once you have completed this form please discuss your assessment with the student. The clinical supervision faculty will use your input to help determine the final grade for the term.

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

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

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

APPENDICES

Appendix A: Program Information

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

Program of Study

Required courses:		Credits
Common Core (6credits)		
Nurs 700/508	Concepts for Comprehensive Care in Advanced Practice Nursing	3
Nurs 713/524	Evaluating Evidence for Advanced Nursing Practice	3
Advanced Practice Core (15 credits)		
Nurs 515A	Advanced Physiology & Pathophysiology I	3
Nurs 515B	Advanced Physiology & Pathophysiology II	3
Nurs 517	Advanced Health and Physical Assessment	4
Nurs 519	Principles of Pharmacology and Prescribing for APRNs	4
FNP-MN Specialty Core (59 credits)		
Nurs 509R	Practicum in Primary Care Management I	3
Nurs 509S	Practicum in Primary Care Management II	4
Nurs 509T	Practicum in Primary Care Management III	4
Nurs 509U	Practicum in Primary Care Management IV	4
Nurs 509V	Procedures for APNs in Primary Care (a-c series)	3
Nurs 509W	Practicum in Primary Care Management V	5
Nurs 513	Concepts of Advanced Nursing Knowledge and Leadership	3
Nurs 514	Health Promotion and Health Protection	3
Nurs 516	Advanced Pharmacology for Primary Care	2
Nurs 517	Health Assessment/Physical Diagnosis for APN	4
Nurs 518	Reproductive Health Care Management	4
Nurs 520	Diagnostic Reasoning	3
Nurs 521A	Family Primary Care Management I	4
Nurs 521B	Family Primary Care Management II	3
Nurs 521C	Family Primary Care Management III	3
Nurs 521D	Family Primary Care Management IV	3
Nurs 567A	Advanced Practice Nursing Peds Primary Care I	4
Total Credits/MN Awarded		79
MN-DNP Core (42 credits)		
Nurs 701	Policy and Population Based Care	3
Nurs 702	Concepts for Doctoral Nursing Practice	1
Nurs 703	DNP Project	6
Nurs 713	Evaluating Evidence for Advanced Practice Nursing	3
Nurs 714	Practice Evaluation	3
Nurs 715	Methods for Clinical Inquiry	3
Nurs 733	Health Systems: Organization	3
Nurs 735	Principles of Health Care Economics and Finance in Quality Care	2
Nurs 740	Urgent and Emergent Rural Primary Care Management for NPs	3
Nurs 790	DNP Clinical Practicum	18
Total Credits/DNP Awarded		121

Expectations for FNP Students by Quarter

First Clinical Quarter (Spring) 509 R

Course description: Nursing 509R is the first of a five quarter series of precepted clinical practicum and seminar courses that will provide the experiential base for independent practice as a family nurse practitioner. During this series the student will build their competencies from beginner to entry professional level. In conjunction with the Nursing 521 series of courses, it builds the knowledge foundation covering clinical care management. The seminars will facilitate the reflection, synthesis and integration of program coursework and clinical experience.

Specific objectives (80 Clinical Hours):

At the completion of this course the student will:

- Employ communication skills to collaborate with peers, co-workers, and patients
- Identify necessary data from existing records, patient interviews, and physical exams
- Describe how to analyze the data in forming differential diagnoses
- Identify relevant diagnostics in forming differential diagnoses
- Select a beginning plan of care to include health promotion, pharmacotherapeutics, and other therapies
- Discuss data and decision-making in an appropriate manner
- State the plan to the patient, the family, and the preceptor in an organized manner
- Recognize varying levels of the treatment plan's success

Expectations for FNP Students by Quarter

Second Clinical Quarter (Summer) 509 S

Course description: Nursing 509S is the second of a five quarter series of clinical practicum and seminar courses that will provide the experiential base for independent practice as a family nurse practitioner. During this series the student will build their competencies from beginner to entry professional level. In conjunction with the Nursing 521 series of courses, it builds the knowledge foundation covering clinical care management. The seminars will facilitate the reflection, synthesis and integration of program coursework and clinical experience.

Specific objectives (120 Clinical Hours):

At the completion of this course the student will:

- Apply appropriate communication skills with peers, co-workers, and patients
- Select necessary data from existing records, patient interviews, and physical exams for common complaints
- Use the data effectively in formulating the differential diagnoses
- Select further diagnostics needed to evaluate common complaints
- Identify a plan of care to include health promotion, prescribing pharmacotherapeutics, and other therapies for common complaints
- Summarize data and decision-making in a comprehensive manner
- Communicate the plan to the patient, the family, and the preceptor effectively
- Distinguish between varying outcomes of the plan

Expectations for FNP Students by Quarter

Third Clinical Quarter (Fall) 509 T

Course description: Nursing 509T is the third of a five quarter series of clinical practicum and seminar courses that will provide the experiential base for independent practice as a family nurse practitioner. During this series the student will build their competencies from beginner to entry professional level. In conjunction with the Nursing 521 series of courses, it builds the knowledge foundation covering clinical care management. The seminars will facilitate the reflection, synthesis and integration of program coursework and clinical experience.

Specific objectives (120 Clinical Hours):

At the conclusion of this course the student will:

- Choose appropriate communication skills while working with peers, patients, co-workers, and family members
- Apply necessary data from existing records, patient interviews, and physical exams for more complex complaints
- Analyze the data in formulating the differential diagnoses
- Identify further diagnostics needed for more complex complaints
- Prepare a plan of care to include health promotion, prescribing pharmacotherapeutics, and other therapies for more complex complaints
- Summarize data and decision-making in an efficient, comprehensive manner
- Communicate the plan to the patient, the family, and the preceptor clearly and concisely
- Change the plan over multiple visits to reflect actual results

Expectations for FNP Students by Quarter

Fourth Clinical Quarter (Winter) 509 U

Course description: : Nursing 509U is the third of a five quarter series of clinical practicum and seminar courses that will provide the experiential base for independent practice as a family nurse practitioner. During this series the student will build their competencies from beginner to entry professional level. In conjunction with the Nursing 521 series of courses, it builds the knowledge foundation covering clinical care management. The seminars will facilitate the reflection, synthesis and integration of program coursework and clinical experience.

Specific objectives (120 Clinical Hours):

At the conclusion of this course the student will:

- Assemble a care team that includes peers, consultants, other health team members, and care givers
- Summarize necessary data from existing records, patient interviews, and physical exams for multiple complex complaints
- Combine data from different sources in the preparation of differential diagnoses
- Identify further data needs including labs, procedures and consults
- Devise a plan of care to include health promotion, prescribing pharmacotherapeutics, and other therapies for multiple complex complaints
- Explain data and decision-making for collaboration with others
- Model communication skills to build consensus and delegate the plan's implementation to the patient, the family, and the preceptor
- Assemble the plan using multiple team members' contributions
- Evaluate the plan's results from the viewpoint of patient values and goals

Expectations for FNP Students by Quarter

Fifth & Final Clinical Quarter (Spring) 509 W

Course description: : Nursing 509W is the fifth of a five quarter series of clinical practicum and seminar courses that will provide the experiential base for independent practice as a family nurse practitioner. During this series the student will build their competencies from beginner to entry professional level. In conjunction with the Nursing 521 series of courses, it builds the knowledge foundation covering clinical care management. The seminars will facilitate the reflection, synthesis and integration of program coursework and clinical experience.

Specific objectives (160 Clinical Hours):

At the conclusion of this course the student will demonstrate the ability to:

- Create an effective care team that includes peers, consultants, other health team members, and care givers
- Interpret data from existing records, patient interviews, and physical exams for multiple complex complaints over time
- Evaluate differences in data from varying sources before identifying further data needs
- Justify a plan of care to include health promotion, prescribing pharmacotherapeutics, and other therapies for multiple complex complaints
- Explain data and decision-making using multiple tools as needed for collaboration with others
- Select from a range of sophisticated communication skills to build consensus and delegate the treatment plan's implementation to the patient, the family, and the preceptor
- Appraise the treatment plan's performance across the healthcare team, including transitions of care

Appendix B: Tools for the Preceptor

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

Orientation Checklist

General Orientation

Introduction to practice agency

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

Overview of Rotation

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

Introduction to student

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

Clarifying Expectations

Expectations of School

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

Student Objectives

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

Preceptor Expectations

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

The One Minute Preceptor – 5 Microskills

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

1. **Get a Commitment**: Asking students how they interpret the data is the first step in diagnosing student learning needs. Asking for their interpretation first helps the student feel more responsibility for the patient's care while enjoying a collaborative role.

Examples: What do you think is going on with this patient? What other information do you need? What would you like to accomplish in this visit?

2. **Probe for Evidence**: Students problem solve logically based on their knowledge and data base. Asking them to reveal their thought process allows you to find out what they know and identify any gaps.

Examples: What were the findings that lead you to our conclusion? What else did you consider? What kept you from that choice?

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

3. **Teach General Rules**: Instruction is more transferable if it is offered as a general rule or a guiding metaphor. Students value approaches that are stated as more general approaches for a class of problems or as key features.

Examples: Patients who hear voices are not always psychotic; it helps to probe for the circumstances and find out how the patient interprets his symptoms.

Pitfalls: answering the question "it's not psychosis it is..." or giving an idiosyncratic, unsupported personal opinion.

4. **Provide Positive Feedback**: Reinforce competencies so that they become established

Examples: You didn't jump into solving her problem but kept an open mind until the patient revealed the deeper issue concerning her mood" or "your sensitivity to the patient's finances will certainly enhance your relationship and perhaps increase her medication adherence"

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

5. **Correct Mistakes**: Mistakes left unattended have a good chance of being repeated. By allowing the student the first chance to discuss what was wrong and what could be done

differently in the future, you are in a better position to assess both their knowledge and standards for care.

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

Pitfalls: vague, judgmental statements "you did what?"

You can find out more about the One-Minute Preceptor and other precepting skills at:
http://www.practicalprof.ab.ca/teaching_nuts_bolts/one_minute_preceptor.html

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

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

THE STUDENT'S RESPONSIBILITY FOR REPORTING INCIDENTS

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

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

OHSU School of Nursing Code of Conduct

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

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

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

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

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

The Code will be applied without regard to age, ability, ethnicity, sex, race, disability, religion, political affiliation, sexual orientation, or any other basis protected by state, local, or federal law. Each case is considered individually, and informal resolution of student conduct complaints will

be sought whenever possible. When Conduct issues are brought to the attention of the Student Conduct Officer, that person will investigate the matter to determine whether there are reasonable grounds to believe that the complaint is well founded. If reasonable grounds are not found, the SON Student Conduct Officer will dismiss the charges. If reasonable grounds are found or if the student accepts responsibility for the conduct, the student is informed of the matter charged, with reference to the specific section of this Code allegedly violated. The student is given the option to have the case heard and a disciplinary decision made by the SON Student Conduct Officer or to have a hearing before the full committee. Once informed of this option, the student has 7 calendar days to submit a written request for a hearing. Failure to file a timely request for a hearing shall result in the loss of this option.

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

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

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

1. Conviction of a felony, a class A misdemeanor or of a crime involving moral turpitude (which shall include, but not be limited to, sex or drug related crimes) while attending the University or prior thereto if the conviction was not disclosed (if the application process required disclosure) in applying to the University for admittance;
2. Obstruction or disruption of teaching, research, patient care, administration, disciplinary procedures, or other institutional activities, including the institution's public service functions or other authorized activities;
3. Obstruction or disruption interfering with freedom of movement, either pedestrian or vehicular, on institutionally- owned or controlled property;
4. Possession or use of firearms, explosives, dangerous chemicals, or other dangerous weapons or instrumentalities on institutionally-owned or controlled property, unless expressly authorized by law, Board or University policies (absence of criminal penalties is not considered express authorization);
5. Detention or physical abuse of any person or conduct that may threaten harm to or endanger

any person on any institutionally-owned or controlled property;

6. Malicious damage, misuse, or theft of institutional property, or the property of any other person where such property is located on institutionally-owned or controlled property, or, regardless of location, is in the care, custody, or control of the University;
7. Refusal while on institutionally-owned or controlled property to comply with an order of the President or appropriate authorized official to leave such premises because of conduct proscribed by OHSU policies or procedures or when such conduct constitutes a risk to personal safety, property, or disruption of patient care, educational, research, outreach or other University activities on such premises;
8. Unauthorized entry to or use of institutional facilities, including buildings, offices and grounds;
9. Illegal use, possession, sale or distribution of drugs on institutionally owned or controlled property (absence of criminal penalties is not considered express authorization);
10. Inciting others to engage in any of the conduct or to perform any of the acts prohibited herein. Inciting means that advocacy of proscribed conduct that calls on the person or persons addressed for imminent action and, coupled with a reasonable apprehension of imminent danger to the functions and purposes of the University, including the safety of persons, and the protection of its property;
11. Conduct prior to enrollment at OHSU which was not disclosed and which could have resulted in a decision not to admit the person; or
12. Misrepresentation or false statements made in an application process

Additional conduct prohibited by the School of Nursing

1. Violating state or federal laws or regulations or SON or OHSU policies, (including the OHSU Code of Conduct),
2. Violating professional standards as described in the OHSU Code of Conduct and the SON Catalog /Student Handbook
3. Engaging in academic dishonesty, cheating, or fraud, including but not limited to: a) plagiarism, from the work of others, including work by other students or from published materials without appropriate citation, b) the buying and selling of course assignment and research papers, c) performing academic assignments (including tests and examinations) for other persons, d) unauthorized disclosure and receipt of academic information, e) allowing students to copy answers from exams or assignments, f) using disallowed materials or methods for exams or assignments, g) working with others when the assignment indicates the work is to be independent, and h) falsification of research data;
4. Knowingly producing false evidence or false statements, making charges in bad faith against any other person, or making false statements about one's own behavior related to education or professional matters;

5. Falsifying or misusing University, SON, or clinical records, permits, or documents;
6. Exhibiting behavior disruptive to the learning process or to the academic or community environment;
7. Failing to report observed unethical or proscribed behavior;
8. Taking food, medications, patient belongings or materials from clinical settings without approval or authorization;
9. Not questioning a medical order when in doubt.

For the complete policy, please see SON Policy, **20-04.22**,

http://www.ohsu.edu/xd/education/schools/school-of-nursing/faculty-staff/admin_policies.cfm

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