

DNP Program

School of Nursing

Pediatric Nurse Practitioner Student Handbook

2022-2024



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OHSU is an equal opportunity, affirmative action institution.

DISCLAIMER:

The PNP Program Director and Faculty reserve the right to make changes as necessary. Please note that when changes are made, students will be notified as soon as possible

To assure that you have the most current information, please contact the PNP Graduate Program Associate, Aimee L.L. Garcia, MLA at garciaai@ohsu.edu or 503-494-1040.

The PNP Program Student Guidebook was developed to provide you with information specific to PNP Program.

The guidebook serves as a supplement to OHSU and School of Nursing documents, including:

The OHSU School of Nursing Catalog and Student Handbook

[2018-2019](#)

[2019-2020](#)

[2020-2021](#)

[2021-2022](#)

[2022-2024](#)

and

[OHSU Code of Conduct](#)






*The School of Nursing Catalog and Student Handbook is updated yearly.

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| | | | | |
|--|---|---|----------------|-----------------------|
|  A portrait photograph of Helen Turner, a woman with short, curly, light-colored hair, wearing a blue turtleneck sweater. She is smiling slightly and looking towards the camera. | <p>Helen Turner, DNP, PCNS</p> <p>PNP Faculty</p> | <p>turnerh@ohsu.edu</p> | <p>SON 622</p> | <p>(503) 494-3772</p> |
|--|---|---|----------------|-----------------------|

OVERVIEW OF PNP PROGRAM AND TRACKS

PROGRAM DESCRIPTION

The Pediatric Nurse Practitioner (PNP) Program is designed to prepare advanced practice registered nurses to deliver primary and acute care to children (birth - 21 years of age) across practice settings and institutional boundaries.

The overall objective of the PNP Program is to provide the foundation and scaffolding for students to become competent and caring pediatric nurse practitioners, scholars, and leaders. The program includes both didactic and clinical courses, beginning with foundational coursework and advancing to specialized clinical applications. In addition to providing direct care to children, graduates are prepared as lifelong learners, leaders, and advocates for children and their families.

PORTLAND-BASED PROGRAM

The PNP program is Portland-based, using a combination of face-to-face and hybrid classroom/clinical learning opportunities delivered in a combination of quarter-long and executive model intensives (concentrated blocks of time on campus, including weekends). This flexibility allows working and/or distance students to participate more easily. Students work closely with faculty and are required to participate in 1:1 annual review with the PNP Program Director. The expectation is that students come ready and open to learning with/from faculty, clinical preceptors, peers, and the children and families they are privileged to care for.

TRACKS

The PNP program at OHSU is a dual track where graduates are prepared in both primary and acute care. A PNP may be certified in primary care (PC), acute care (AC), and both in the DNP Program. The scope of practice for the PNP-PC or PNP-AC is not setting specific, but instead is based on the child's health-related needs:

Primary Care Specialty

The PNP-PC practices wherever pediatric patients are in need of primary care. The focus for the PNP-PC is an ongoing relationship with the child and family in the delivery of comprehensive health care and coordination of health services. Accordingly, course work concentrates on foundational knowledge of child growth and development, health promotion and disease prevention behaviors and interventions, and common acute/chronic illnesses and/or conditions.

Acute Care Specialty

The PNP-AC practices in acute care settings including pediatric intensive care units, emergency rooms as well as any setting wherever pediatric patients are acutely ill, physiologically unstable, technologically dependent, and/or vulnerable to complications. The focus for the PNP-AC is the delivery of restorative care, characterized by rapidly changing clinical conditions.

COURSEWORK

Students will begin with foundational coursework in advanced pathophysiology, advanced pharmacology, and advanced health assessment. The curriculum builds on this foundation adding advanced didactic pediatric coursework and exposing students to varied clinical rotations through pediatric primary, acute, specialty, and chronic care content and clinical sites. The entire first layer of curriculum is identical for everyone. As each student progresses, clinical immersion in pediatric primary and acute care experiences are individually mapped to ensure students graduate, not only with a broad exposure to both roles, but also some deep learning opportunities.

Table 1. Required Clinical Rotations*

| Primary Care | Acute Care |
|--|---|
| Pediatric Primary Care x 2 (240 hours) | Pediatric Hospitalist (100 hours) |
| Adolescent Health (80-120 hours) | Pediatric Intensive Care Unit (120 hours) |
| Mother-Baby Unit (80 hours) | Pediatric Hematology-Oncology (100 hours) |
| Pediatric Emergency Room (100 hours) | Pediatric Cardiology or Pulmonary (80) |
| 140-180 subspecialty hours within acute, chronic or primary care | |
| Total: 1000 hours | |

**For clinical rotation you will be assigned to a PNP, FNP, PA, MD, DO and/ or a combination for all type of pediatric providers*

Table 2. Required Benchmarks for Primary Care and Acute Care Pediatric Nurse Practitioner

Students

| Quarter | Primary Care | Acute Care |
|-----------------------------|--------------|-------------|
| Fall 2 nd year | OSCA | |
| Spring 2 nd year | Aquifer #1 | |
| Fall 3 rd year | | |
| Winter 3 rd year | Barclay #1 | OSCE |
| Spring 3 rd year | Barclay # 2 | Aquifer # 2 |

| | | |
|--|---|--|
| 3 rd year Recommendations for preparation | National PNCB Review Course for Primary Care | Stat Pearl Review National PNCB Review Course for Acute Care |
|--|---|--|

BENCHMARKS: OBJECTIVE STRUCTURE COMPETENCY ASSESSMENT (OSCA) & EVALUATION (OSCE)

Passing each benchmark is required prior to entering a clinical agency as a student PNP. All students **MUST** pass the OSCA Benchmark prior to the first clinical rotation in the PNP program. Clinical agencies are expecting this skill prior to student practicum. The OSCA is focused on assessing the knowledge and skill related to assessment, diagnosis, interviewing and communication. Demonstration of respect, support, tolerance of differences and professional behaviors are expected while the OSCE is used as a summative evaluation of student clinical competencies prior to graduation.

No-pass on first attempt: Remediation with faculty if no pass on first attempt. Student must pass prior to clinical rotation start date, which may delay clinical rotation start date.

Second no-pass: Determination by the faculty will be made about PNP program progression.

Yes-progression decision = Issue is slight or easily remediated and not related to deficit in knowledge and skill, or interpersonal interactions. Student may progress in the program, after completing and passing the benchmark.

No-progression decision = Students will be dismissed from the program for not meeting this benchmark. A faculty decision to allow progression with conditions despite two failures would depend on the deficiency identified, but current progression would stop.

IMPORTANCE OF COMPREHENSIVE BENCHMARK EXAMINATIONS

***ALL** Students are required to sit for a COMPREHENSIVE EXAM* at the beginning of Spring quarter in your second year and Spring in your third year. The passing score is exam dependent, but 80% or higher is desired. Those students who do not pass the exams will meet with the Program Director to submit a remediation plan, which will need to be completed prior to taking the exam again. Students are not eligible to sit for national certification until they are successful.*

***You will not be cleared to sit for the national certification exam until you pass the Aquifer Exam at the 75% level.**

PEDIATRIC NURSE PRACTITIONER (PNP) PROGRAM COMPETENCY & ASSOCIATED STUDENT LEARNING OUTCOME

Upon graduation, it is expected that PNP graduates will be able to:

1. Demonstrate readiness to enter clinical practice via specialty competences with the appropriate scientific knowledge, and considerations for its application to practice.
2. Apply ethical principles along with the standards of professional conduct to clinical care, research, and education.
3. Evaluate emerging healthcare systems and policy that influence delivery of cost-effective patient care.
4. Generate entry level practice scholarship through the completion of a clinical practice improvement project based on the principles of improvement science.
5. Model interprofessional communication and collaboration to improve individual and/or population health outcomes.
6. Identify and address gaps in professional knowledge through ongoing reflection to support the principle of life-long learning.
7. Demonstrate safe care of children and their families in primary and acute care settings.
8. Provide individualized, culturally sensitive management using quality improvement strategies where applicable.
9. Use effective communication skills and technologies to provide collaborative care.
10. Integrate professional leadership skills in delivery of care.
11. Synthesize and translate relevant, current and scientific knowledge and evidence-based research findings into practice.
12. Employ advocacy strategies to influence healthcare policy.

GUIDELINES FOR EVALUATION OF PNP STUDENT PROFESSIONALISM

The OHSU-SON PNP program is a graduate program educating professional nurses to an advanced practice role in health care. Professional behavior is important for all students entering the program and throughout the program, and is expected in all encounters at OHSU. Because the term “professionalism” may be confusing and defined differently by different people, the PNP program has specific expectations detailed for clinical and academic encounters so students understand what is expected for successful learning in graduate school. This document serves to clarify those expectations essential to the educational mission and values of OHSU, the SON and the PNP Program. We want to not only clarify the components of professionalism, but help students understand and incorporate these values and additionally to recognize students for exemplary professionalism.

Faculty believe behaviors demonstrated in academic interactions reflect behaviors in the clinical setting and for that reason, we must all attend to maintaining a respectful and positive environment for learning in all settings. Because the term professionalism may be unclear, and most people believe they are demonstrating professionalism when they review the components, we are providing the following table to give examples of when one might not be demonstrating professional behavior. We hope these examples make it clearer and are helpful as you learn your new role.

Professional academic expectations include but are not limited to: (see also OHSU Code of Conduct, SON Code of Conduct, Student Nurses Rights and Responsibilities, OHSU Technical Standards). *Adapted from Marshall University SOM

1. Possesses **integrity** (SON value) and maintains high personal standards, represents the SON and the PNP program positively
2. Demonstrates **collegiality** (considerate, compassionate, respect for all)
3. Demonstrates a **positive attitude toward learning** (participates, shows enthusiasm, uses constructive criticism to improve and strives for excellence)
4. Shows evidence of **interest in learning** over drive to earn high grades
5. Demonstrates **initiative and self-motivation** by showing up prepared to learn with a willingness to contribute to the learning of others
6. **Reliability**—dependable, can be counted on to be punctual, complete assignments
7. **Accountability**—answerable for own actions, reports mistakes, accurately reports actions or required activities, follows stated expectations
8. **Responsibility**—meets obligations, contacts appropriate personnel when issues arise that affect student’s attendance. Keeps faculty apprised of clinical schedule during term. Maintains presence—monitors and responds to email within 24 hours. Balances independence with responsible interdependency.
9. **Balanced confidence**—Demonstrates balance between humility and confidence in one’s ability; knows limitations; willingness to seek help

10. Demonstrates **maturity** in response to challenges. **Manages stress and maintains emotional balance**
11. Displays **honesty** in all situations. Honors the Code of Conduct and OHSU values.

For clarification and examples of professional and potentially unprofessional behaviors:

| Professional Behaviors | Examples that could be considered Unprofessional Behavior |
|--|--|
| 1. Possesses integrity and maintains high personal standards, represents the SON and the PNP program positively. | Minimal performance reflecting mediocrity. Criticism, “gossiping” to others, including preceptors, staff, students about program, agency, preceptors. Does not represent OHSU-SON values. Fails to meet commitments. |
| 2. Demonstrates collegiality (considerate, compassionate, respect for all) | Rude or disrespectful behavior to faculty, staff, agency personnel, classmates, and/or standardized patients. Intolerance of differences. Harassment, threats, bullying, ostracism. |
| 3. Demonstrates a positive attitude toward learning (participates, shows enthusiasm, uses constructive criticism to improve and strives for excellence) | Defensive with feedback. Challenges authority of a faculty member or clinician in a way that crosses the line between assertive inquiry and an aggressive, accusatory manner. Demonstrates a negative attitude towards program expectations (frequent complaining, inciting other to complain or demonstrate negative behaviors to others) |
| 4. Shows evidence of interest in learning over drive to earn high grades | Inappropriate drive for higher grades that results in disruption, lack of respect, and disregard of feedback |
| 5. Demonstrates initiative and self-motivation by showing up prepared to learn with a willingness to contribute to the learning of others | Demonstrates passivity or lack of interest in learning. Unprepared for class, assignments not completed or poorly done. Minimal participation in discussions or responds mainly to meet participation criteria versus engagement. |
| 6. Reliability —dependable, can be counted on to be punctual, to complete assignments | Repeated episodes of tardiness to class that disrupts learning; failure to turn in assignments in a timely fashion. Frequent class or clinical absences. |
| 7. Accountability ---answerable for own actions, reports mistakes, accurately reports actions or activities, follows stated expectations | Blames others for poor grades, decisions, or performance. Allows work to interfere with participation in academic experiences. Fails to comply with expected behaviors, that are clear, in written policy, or after feedback |
| 8. Responsibility -- meets obligations, contacts appropriate personnel when issues arise that affect student’s attendance. Maintains presence—monitors and responds to email within 24 hours during the term. Balances independence with responsible interdependency. | Makes appointments with faculty and fails to show up; gives false excuse for missing, clinical, class or a test. Does not keep required schedules up to date. Consistently forgets to register on time or registers for wrong class or credits. Fails to adequately notify faculty of absence. Ignores email requests, delayed response. Acts without consultation or thoughtful deliberation. |
| 9. Balanced confidence ---Demonstrates balance between humility and confidence in one’s ability; knows limitations, willingness to seek help. | Displays self-importance or superior attitude in encounters with others; overconfidence drives mistakes; unable to judge when to ask for help. Lack of confidence, or overly dependent on faculty, preceptors or fellow students. |

| | |
|--|--|
| 10. Demonstrates maturity in response to challenges. Manages stress and maintains emotional balance. | Cannot tolerate when things are not done as they think they should. Stress or crisis consistently cited over multiple terms as reason for missing deadlines. Anger outbursts, retaliation. Gossiping or slandering professional others or students |
| 11. Displays honesty in all situations. Honors the code of conduct* and OHSU values. | Dishonest or complicit in dishonesty; plagiarism. Falsifies clinical hours or attendance at activities. |

MAINTAINING PROFESSIONALISM

Professional expectations are a part of the NP professional (licensed) role and moreover, accreditation standards identify professionalism as a required outcome in preparation for the APRN role.

Professionalism is also critical to safe, effective learning environments. We take professionalism so seriously that we take pride in issuing **exemplary professionalism notes** to students who exemplify professionalism in their actions. To thank the student, these notes are placed in the student’s file. As part of the learning process, we also want to remind students when an action or behavior could be viewed as not demonstrating professionalism or provide a stronger statement about violations of professionalism.

A breach or violation of professionalism expectations disrupts learning and the success of students overall. It may also impact the academic environment (students, faculty and others). In a clinical setting, it can jeopardize patient safety and agency placements. Each agency and preceptor is critical to the program’s success and for that reason, we guard and honor our relationships with our clinical partners.

Difficulties with professional behaviors (from the professionalism table or OHSU or SON Codes) may result in a **professionalism note** informing the student of the noticed or reported behavior. Often these are meant as reminders to help the learner revisit and rethink the situation. Students may or may not need to meet with the faculty, advisor or others to discuss and problem solve. It will be specified if a meeting is required. If a meeting is required, meeting notes would be placed in the student file and shared with the student as with any meeting note between student and faculty. The advisor and program director are made aware of any professionalism note.

When corrective action is needed, depending on the issue, an *improvement plan may be developed by the advisor or Program Director (PD) and shared with student. For more serious violations, continued behaviors in violation after a warning, or a code of conduct violation, a meeting with the faculty, advisor, or PD is mandatory. OHSU policy will be followed related to actions resulting from a serious violation. A **Code of Conduct violation** will be forwarded to the Senior Associate Dean for Student Affairs for further direction and may result in dismissal.

***Improvement Plans in PNP:** will result from a meeting with the advisor or PD. Improvement plans will cite: Issue, Goal, Suggestions for Improvement, and Measures. The measures indicate when that goal is considered to be met, but some issues must be addressed over time and may not have a

distinct stop point. In that case, those specific goals of the improvement plan will remain in effect even once other goals are met. The student will be given a copy of the plan and a copy is sent to the student's file.

FOCUS:

ACADEMIC ADVISING

- Role development, professional mentorship, academic advising
- Towards end of program it is on career advising
- Attendance at group advising is required, Program Director (PD) leads

CLINICAL ADVISING

- Faculty assists student to develop goals for clinical learning in program
- Faculty advocates for student in selection of placements by clinical Faculty group
- Faculty watch each term for problems or issues in clinical placement, attainment of hours and skills.
- Meet when issues arise with didactic and clinical concerns or with behaviors in or out of classroom. Faculty may keep notes, share with student, and student file as indicated.
- When indicated, faculty develop Improvement Plan with PD and meet with student to present.
- Faculty monitors improvement plan outcomes along with PD

PLAN:

1. Decide with advisor how you want advising session set-up (e.g., office or e-office hours, in person, scheduled or drop-in)
2. Meet in first term (find out past experience and clinical interests to help direct clinical placements). Go over “master plan” and review program of study. Discuss potential course waivers or credit transfers and fill out appropriate forms for them.
3. Meet each term to discuss progression (review plan for academic warnings, especially in core courses). Discuss accommodations if desired. NOTE: Accommodations must be provided to with at least a 10-day notice to course faculty. Other topics: LOAs, withdrawals, dismissals. Track clinical progress.
4. Meet in Fall Term of 3rd year and discuss plans for employment, licensing, certification etc. Also make sure all IPE and elective credits have been taken and incompletes resolved. Check Degree Works and work with faculty to correct any mistakes with Registrar. Identify any deficits in clinical progression and advise on correction.
5. Meet early in the Final Term to discuss #4 again. Perform final Degree Works audit and Typhon check. Check Typhon for: total clinical hours, total case hours, total pharmacology hours.
6. For DNP core coursework, check DNP portfolio prior to graduation or ideally after each benchmark (interims, project, and final)

ADVISING FORMS, NOTES AND EXPECTATIONS:

- Advising will use Program of Study (POS) to review progression and where benchmarks fall.
- Course planning, interest areas, experience and progress towards graduation are areas for discussion.
- Faculty will keep notes from advising sessions. When academic or behavioral issues are discussed, faculty will follow up with summarizing email to student and a note is placed student file
- Advising and anecdotal notes including professionalism notes will be kept in the file.
- Expectations/program norms: your advisor cannot do counseling (they can make a referral), be aware and avoid comments that may be perceived as splitting (often prefaced by “I want to tell you this confidentially”). Faculty will set boundaries if student wants to “dump” on faculty, program, clinical preceptors. Complaints and issues must be professionally presented and will then be addressed.

PROGRAM COMMUNICATION & ADVISING

- Quarterly Newsletter
 - A quarterly PNP newsletter is published. Please let Aimee Garcia know of any honors, awards or celebrations to be included.
- Quarterly Advising
 - It is strongly advised all students come to the quarterly advising to learn about courses for the next quarter and to address any issues.
- Student annual review
 - Each year, students are to meet with the program director or advisor to discuss their progression within the program.
- Certification exam preparation study groups
 - Students are encouraged to meet in study groups during the last year to study in preparation for boards.

CHILDREN'S BOOK CLUB

One of the unique opportunities for all PNP students is to participate in a Children's Book Club. Each quarter we pick one children's book, which all PNP students and faculty read. We then meet to discuss it. This opportunity not only introduces students to children's literature and the importance of childhood literacy, but it also helps students to discover a new way of relating to children and teens. Students learn about books for different ages, book awards to pay attention to, books with an historical and/or ethnic/cultural focus, and we even look at books that have been banned in the past. The program is committed to our PNP students being actively involved in childhood literacy as it is one of the key predictors of that child's future health. And, equally important, we have fun along the way.

2014-15

Fall--*The Fourteenth Goldfish* (2014) by Jennifer L. Holm
Winter--*A Separate Peace* (2003) by John Knowles
Spring--*The Fault in our Stars* (2012) by John Green
Summer—*Wildwood* (2011) by Colin Meloy & Carson Ellis

2015-16

Fall—*Wonder* (2012) by R.J. Palacio
Winter--*The Jumbies* (2015) by Tracey Baptiste
Spring--*Eleanor & Park* (2013) by Rainbow Rowell
Summer--*One Crazy Summer* (2011) by Ines Bautista-Yao

2016-17

Fall - *Rain Reign* (2014) by Ann M. Martin
Winter - *The Wild Robot* (2016) by Peter Brown
Spring - *The Thing About Jellyfish* (2015) by Ali Benjamin
Summer - *Wolf Hollow* (2016) by Lauren Wolk

2017-18

Fall – *Listen Slowly* (2015) by Thanhà Lại
Winter – *Thirteen Reasons Why* (2007) by Jay Spring
– *The Hate You Give* (2017) by Angie Thomas
Summer – *Aristotle & Dante Discover the Secrets of the Universe* (2012) by Benjamin Alire Sáenz

2018-19

Fall – *Piecing Me Together* (2017) by Renee Watson
Winter – *Roller Girl* by (2015) by Victoria Jamieson
Spring – *Little & Lion* (2015) by Brandy Colbert
Summer – *Scythe* (2016) by Neal Schusterman

2019-20

Fall--*All the Stars Denied* (2018) by Guadalupe Garcia McCall
Winter—*Hey Kiddo* (2018) by Jarrett J. Krosoczka
Spring—*Lizzie Bright and the Buckminster Boy* (2006) by Gary D. Schmidt
Summer—*Turtles All the Way Down* (2017) by John Green

2020-21

Fall – *The Benefits of Being An Octopus* (2018) by Ann Braden
Winter – *Ms. Bixby's Last Day* (2016) by John David Anderson

Spring – *Guts* (2019) by Raina Telgemeier
Summer – *Out in Left Field* (2018) by Ellen Klages

2021-22

Fall – *Other Words for Home* (2019) by
Jasmine Warga
Winter – *No Fixed Address* (2018) by Susin
Nielsen
Spring – *Ghosts* (2016) by Raina Telgemeier
Summer – *The Last Cuentista* (2021) by
Donna Barba Higuera

2022-2023

Fall – *No Fixed Address* (2018) by Susin Nielsen
Winter – *Daris the Great is Not Okay* (2018) by
Adib Khorram
Spring – *Starfish* (2021) by Lisa Fipps
Summer – *New Kid* (2019) by Jerry Craft

2023-2024

Fall – *Red, White, and WHOLE* (2021) by Rajani
LaRocca
Winter – *Solito* (2022) by Javier Zamora
Spring – *Anybody Here Seen Frenchie?* (2022) by
Leslie Connor
Summer – *When Stars Are Scattered* (2020) by
Victoria Jamieson & Omar Mohamed

PROGRAM OF STUDY

The PNP Program was developed for full-time study. Students opting for part-time study may have to wait until specific courses are offered, as coursework is offered using a specific sequence and only once each year. Part-time programs of study must be approved in advance by the Program Director.

Clinical practicums are challenging to schedule and we cannot routinely make accommodations for students' work or personal schedules.

PEDIATRIC PRIMARY & ACUTE NURSE PRACTITIONER (PNP)/Doctor of Nursing Practice (DNP) 2022-23 Matriculation

| Year 1 | | | | | | | |
|-------------|--|--|----|--|----|--|----|
| Summer 2023 | | Fall 2023 | | Winter 2024 | | Spring 2024 | |
| | | NURS 515A: Advanced Physiology/Pathophysiology I | 3 | NURS 515B: Advanced Physiology/Pathophysiology II | 3 | NURS 519: Principles of Pharmacology & Prescribing for Advanced Practice Registered Nurses | 4 |
| | | NURS 720: Roles, Responsibilities and Concepts for APN | 3 | NURS 517: Advanced Health and Physical Assessment | 4 | NURS 728: Health Policy and Population Health | 3 |
| | | NURS 723: Critical Appraisal of Evidence | 3 | NURS 724: Application of Evidence to Clinical Practice | 3 | PNP 741: Pediatric Assessment and Diagnostics I | 3 |
| | | IPE Foundations | 1 | PNP 740: The Science of Child Development | 3 | | |
| Total | | | 10 | | 13 | | 10 |

| Year 2 | | | | | | | |
|--|---|---|----|---|----|--|---|
| Summer 2024 | | Fall 2024 | | Winter 2025 | | Spring 2025 | |
| NURS 725: Improvement Science | 3 | NURS 726: Health Care Economics and Finance | 3 | NURS 727: Leadership & Health Systems | 3 | NURS 703A DNP Project Planning | 2 |
| NURS 721: Ethics for APN | 3 | PNP 743: Evaluation and Management: Common Pediatric Conditions | | NMID 750: Reproductive Health Care Management. OR: PNP 744 <i>PNP Selective Adolescent Health</i> | 3 | PNP 746: Evaluation and Management: Chronic/Specialty Care | 3 |
| PNP 742: Evaluation and Management: Pediatric Primary Care | 4 | PNP 790: PNP Clinical Practicum – Primary Care I | 3 | PNP 747: Pediatric Psychopharmacology and Interventions | 2 | PNP 792: PNP Clinical Practicum – Chronic/Specialty Care | 3 |
| PNP 745: Pediatric Pharmacology | 2 | PNP 760 Pediatric Clinical Simulated Experiences I | 1 | PNP 791 PNP Clinical Practicum - Primary Care II | 3 | | |
| NMID 755: Management of the Newborn | 2 | | | | | | |
| Total | | | 11 | | 11 | | 8 |

| Year 3 | | | | | | | |
|---|---|---|---|---|---|------------------------|---|
| Summer 2025 | | Fall 2025 | | Winter 2026 | | Spring 2026 | |
| NURS 703B: DNP Project | 1 | NURS 703B: DNP Project | 1 | NURS 703B: DNP Project | 2 | NURS 703B: DNP Project | 1 |
| NURS 722: Informatics & Technology for Healthcare | 3 | PNP 794: PNP Clinical Practicum – Acute Care II | 3 | PNP 795 PNP Clinical Practicum - Immersion I | 4 | DNP Electives* | 3 |

| | | | | | | | | |
|--|----|--|---|----------------|-----|--|----------------------------------|-----|
| PNP 793: PNP Clinical Practicum – Acute Care I | 3 | PNP 761 Pediatric Clinical Simulated Experiences II | 1 | | | PNP 796 PNP Clinical Practicum - Immersion II | 5 | |
| PNP 748: Evaluation and Management: Pediatric Acute/Complex Care | 4 | PNP 749: Pediatric Assessment and Diagnostics II | 3 | DNP Electives* | 3 | | 6-9 | |
| Total | 11 | | 8 | | 6-9 | | | |
| | | | | | | | <u>DNP Degree Awarded</u> | 111 |

***Students may take DNP electives in either winter or Spring of their final year.**

PNP COURSE EXPECTATIONS

SYLLABI

Each course in the School of Nursing has its own site, located on SAKAI, which is the School of Nursing electronic server. The course site contains the course syllabus and supplemental materials. Course faculty will communicate with students through announcements, postings, and the email associated with the course. A standardized syllabus 'template' is required in the School of Nursing.

Please note that the course SAKAI site opens at the beginning of each quarter, and then will close after each quarter. This means you must remember to download/save the course syllabus and support materials each quarter*. This includes Aquifer case studies to have to review for your national exam.

Students are expected to be familiar with the entire syllabus, which includes a course description, learning objectives, required/recommended texts, key concepts, and a description of the how the student's performance will be evaluated. Any questions/perceived ambiguities must be clarified with Course Faculty at the beginning of the quarter.

Students must meet the course objectives by the end of the quarter. Course faculty develop learning activities that directly link to these objectives. Pay attention!

***NOTE: It is the student's responsibility to keep all syllabi for course work.** You may need the course syllabi in the future if you apply for an out-of-state licensure or for Oregon licensure more than 3-years after graduation.

TYPHON

- Your login will be sent to you from Typhon (be sure to check your junk mail) a few months prior to your first clinical course.
- Once you receive your login information, please visit [Typhon](#).
- For training refer to the information and set up section on your Typhon home page.
- View the tutorials listed below o Video Part I: 1, 2, 3, 6, 7,8, 9, 10, 12, 13, 17, 18, 21 o Video Part 2: Basic Editing
- **IMPORTANT:** You will have **15 days** from the time you see your patient from the time you input your case log into Typhon.
- If you do not see your clinical site or preceptor in Typhon, please send a message to Aimee L.L. Garcia, MLA at garciaai@ohsu.edu with the preceptor name and email address or clinical site name and address and she will add them.
- If you have any further questions or concerns with Typhon feel free to give Aimee a call or send her a message. She will be your first point of contact for Typhon related issues.
- Complete Typhon evaluations soon after receiving them via your OHSU email. OHSU preceptors need yearly faculty review and outside preceptors share with their supervisor at their yearly reviews. When yearly clinical preceptor evaluations are sent to preceptors whether inside or outside of OHSU, all information is de-identified. In addition, you will need to complete a clinical site review to provide

information as the benefits or issues with various clinical sites both inside DCH and outside institutions, practices and agencies.

CLINICAL RECOMMENDATIONS

- Attire
 - In-patient rotations, such as Peds ED, PICU, Hospitalist Ward, any surgery rotation
 - Units tend to be cool, so wear layers, if that is an issue for you; such as leggings under scrub pants and a long-sleeve shirt
 - Wear comfortable shoes as there will be a significant amount of walking & standing
 - Out-patient rotations, such as General Peds Clinic, School-Based Health Center, Hem-Onc, Endocrinology, Cardiology, Cranio-facial, Spina Bifida, Pulmonary, MBU, ENT, CDCR Clinics
 - Bring a professional sweater or OHSU jacket/vest if you tend to be chilly
 - Wear comfortable, closed toe shoes as there will be days of standing or walking
 - Avoid strong scents, fake or painted nails, dangly earrings or other jewelry
- Gear
 - Pen and paper for notes & rounding
 - Have something that fits into your pocket to keep your hands free and avoids having to find a place to put things down
 - Use a spiral notebook for clinical notes to keep organized and easier to enter into Typhon, such as age, race, time spent, Dx codes, involvement, and other specifics
 - Stethoscope: Some units have in each patient room, while others will not.
 - Other: Eye protection/goggles, pen light, bandage scissors, PALS card, watch
 - Snacks & Water: Bring easy to grab as there may or may not be a place to heat food or time to leave for meals
- Preceptors
 - Share specific knowledge and skills to work on during a rotation, communicate goals for each clinical rotation with preceptor
 - Identify and communicate areas of weakness or needing an additional level of supervision to preceptors
- Typhon: Do NOT wait to put things into Typhon. Try to put shift time and cases in each day, if at all possible, but definitely by the end of the week so things are not forgotten. This is where the notebook comes in very handy and helpful.
- Computer: Make sure that your computer battery is fully-charged. There may be times where there is not a computer on the unit available for charting. In addition, there can be downtime, which is GREAT time to update Typhon, look or search for things from rounds, or work on assignments.
- Preceptor: Write a thank you note and/or bring a little treat for your preceptor on the last day of the rotation.
- Lastly, be professional, ask questions, be present and available. **Be self-motivated in furthering your own learning**

APPLY FOR CERTIFICATION

After you have graduated, it will be your responsibility to initiate the process of applying for certification. However, these websites are available to you throughout the program and have multiple resources, including practice exams.

The certifying body for Pediatric Nurse Practitioners (PNP) in both Acute and Primary Care are is the Pediatric Nursing Certification board: www.pncb.org

Please note: In 2018 the American Nurses Credentialing Center (ANCC) Commission on Certification has decided to retire the examination for the Pediatric Primary Care NP board certification.

APPENDIX A: OHSU SCHOOL OF NURSING IMPORTANT INFORMATION

STUDENT COMPLIANCE REQUIREMENTS

Required Immunization and Compliance Requirements: All students are required to provide required immunization and compliance materials throughout their progression in their program while at OHSU.

These requirements are outlined in the Student Compliance and Drug Screen Policy number 20-01.15 and can also be found in the [OHSU School of Nursing Catalog and Student Handbook](#).

Any questions about required compliance and immunization requirements can be directed to the Student Affairs Office at 503-494-7725 or at proginfo@ohsu.edu

Please reference this student site for [Compliance Information](#).

NOTE: OHSU School of Nursing Student Compliance items include immunizations and health-related modules. As a gentle reminder, OHSU has a long-standing policy that all nursing students must maintain compliance with immunization requirements plus health-related modules. OHSU follows the CDC guidelines for students who work in a healthcare setting and for students working in non-healthcare settings. You should save this link for future reference. There may be occasions during your nursing education at OHSU when you will need to update your compliance with new modules etc.

TECHNOLOGY REQUIREMENTS

[Student Technology Information](#)

REGISTRATION, ACADEMIC CALENDAR, AND GENERAL FORMS AND INFORMATION

[Registration & Records](#)

[Academic Calendar](#)

[General Forms and Information](#)

GRADING SYSTEMS AND ACADEMIC STANDARDS

Grading System and Academic Standards (pg. 117) information can be found in the [OHSU School of Nursing Catalog and Student Handbook](#)

Academic Alert (formerly academic warning) form and information can be found at [here](#).

INCIDENT REPORTING

Worker & Student Injury Reporting Policy & Form [OHSU School of Nursing Policies & Bylaws](#)

APPENDIX B: PRECEPTOR HANDBOOK

[PNP Preceptor Manual 2019-2021](#)

APPENDIX C: PNP PROFESSIONAL ORGANIZATIONS/RESOURCES

[National Association of Pediatric Nurse Practitioners \(NAPNAP\)](#)

- [Student Resource\(s\)](#)
- [Oregon Chapter](#)

APPENDIX D: SON FACULTY EVALUATION OF STUDENTS

1

Professionalism Competencies

| | No concern | Concerns |
|--|-----------------------|-----------------------|
| Arrives to clinical early or on-time | <input type="radio"/> | <input type="radio"/> |
| Communicates effectively with patients/caregivers | <input type="radio"/> | <input type="radio"/> |
| Collaborates effectively as a member of the interprofessional team | <input type="radio"/> | <input type="radio"/> |
| Demonstrates cultural sensitivity | <input type="radio"/> | <input type="radio"/> |
| Maintains professional behavior (e.g. language, dress) | <input type="radio"/> | <input type="radio"/> |
| Takes initiative in learning (e.g. uses resources without prompting) | <input type="radio"/> | <input type="radio"/> |

2

Comments on professionalism:

Enter a response

3

Note to preceptors: This scale measures students in a developmental framework organized from less to more advanced (i.e. from novice to expert). You may be accustomed to using scales where the "higher" the score, the better, but this is not necessary here. Please answer honestly and openly.

Please use the scale below, when evaluating students:

| Not Observed | 1 | 2 | 3 | 4 | 5 |
|--------------|-----------------------------|---|--|--|---|
| Not observed | Student in observation role | Student executes adequately with <i>direct supervision and coaching</i> | Student executes this skill, in simple cases, with <i>indirect supervision</i> | Student executes this skill, in simple and complex cases, with <i>indirect supervision</i> | Student is entrusted to execute this skill <i>without any supervision</i> |

► Response Required

| | Not Observed | 1 | 2 | 3 | 4 | 5 |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Obtains appropriate history based on chief complaint | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Conducts age-appropriate physical assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifies appropriate diagnostic labs and tests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Demonstrates appropriate understanding of child development | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Oral presentation skills | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifies appropriate differential diagnoses | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Forms an appropriate plan based on diagnosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Partners with families in planning care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Charts appropriately | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4

Please select No or Yes for the following items:

▶ Response Required

| | No | Yes |
|---|-----------------------|-----------------------|
| Was the student able to incorporate your suggestions/critiques into their practice as the rotation progressed | <input type="radio"/> | <input type="radio"/> |
| I would want to work with this individual upon their graduation. If no, please explain in comments | <input type="radio"/> | <input type="radio"/> |

5

Comments:

Enter a response

APPENDIX E: PRECEPTOR EVALUATION OF STUDENTS

1

Thank you for generously contributing to the education of our PNP students!

These Evaluation Tools will give the faculty in the PNP program a solid sense of how the student performed in clinicals: what their strengths are and where gaps lie. The Evaluation form will be provided to the students. If you are hesitant for the student to review your evaluation, we will honor your concern, and would like to speak with you further. We are certainly available to discuss concerns, questions, or kudos (see contact info below).

Thank you again!

2

Professional Metric

To complete this section of the evaluation form, please select the name of the student who you will be evaluating from the drop-down menu.

| | Does Not Meet | Meets |
|--|-----------------------|-----------------------|
| Collaborated with preceptor to identify learning needs and formulate learning goals and objectives | <input type="radio"/> | <input type="radio"/> |
| Sought out learning experiences directed towards the learning goals | <input type="radio"/> | <input type="radio"/> |
| Demonstrated novice advanced practice clinical expertise | <input type="radio"/> | <input type="radio"/> |
| Demonstrated cultural sensitivity and ethical behaviors | <input type="radio"/> | <input type="radio"/> |
| Demonstrated appropriate clinical expertise for level of training | <input type="radio"/> | <input type="radio"/> |
| Incorporated suggestions/critiques into practice as the rotation progressed | <input type="radio"/> | <input type="radio"/> |
| Had a professional presence | <input type="radio"/> | <input type="radio"/> |

3

Clinical Skills Metric

The clinical scale measures students in a developmental framework from less to more advanced as in novice to expert. You may be accustomed to using scales where the "higher" the score, the better, but this is not necessary here. Please use the scale below when evaluating students:

| | | | | | | |
|--|-----------------------------|--|---|---|--|---------|
| | Student in observation role | Student executes adequately with direct supervision and coaching | Student executes this skill, in simple cases, with indirect supervision | Student executes this skill, in simple and complex cases, with indirect supervision | Student is entrusted to execute this skill without any supervision | NA |
| | (1) | (2) | (3) | (4) | (5) | (Blank) |

| | 1 | 2 | 3 | 4 | 5 | N/A |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Obtains appropriate history based upon chief complaint | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Performs age-appropriate physical assessment | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifies appropriate diagnostic labs and tests | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Expressed oral and written ideas in a clear, concise manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Identifies appropriate differential diagnosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Formulates an appropriate plan based upon the diagnosis | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Partners with families in planning care | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

4

What would you recommend to improve this student's competency?

Enter a response

5 What were the student's particular strengths?

Enter a response

6 Any additional comments?

Enter a response

7 If you have any concerns or would like to discuss concerns, questions, or kudos, please email Sandra Banta-Wright at bantawrs@ohsu.edu or Aimee Garcia at garciaai@ohsu.edu.

APPENDIX F: STUDENTS EVALUATION OF PRECEPTORS

1 To complete this evaluation form, please select the name of the clinical preceptor who you will be evaluation from the drop-down menu.

Please use the scale below when evaluating preceptors:

| Consistently (5) | Frequently (4) | Usually (3) | Rarely (2) | Never (1) | N/A (no points assigned) |
|---------------------|-------------------|----------------|---------------|--------------|-----------------------------|
|---------------------|-------------------|----------------|---------------|--------------|-----------------------------|

► Response Required

| | 5 | 4 | 3 | 2 | 1 | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Communicates ideas, information, messages, and expectations clearly, concisely, and in a timely manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Adjusts supervision based on my level of expertise that encouraged me to accept greater responsibility in working with patients and their families | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Encourages critical and independent thinking by stimulating my clinical reasoning capabilities by asking probing questions | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Established a collaborative working relationship with me | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Provides constructive feedback to me in a timely, confidential, and non-judgmental professional manner | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Role models culturally sensitive, ethical, and legal professional behaviors | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| | 5 | 4 | 3 | 2 | 1 | N/A |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Reviews, discusses, and facilitates implementation of my plan of care when appropriate | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Exhibits a positive attitude for mentoring student learners | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

2

What did this preceptor do that was especially helpful to you as a learner?

Enter a response

3

Was there anything that prevented or hindered your learning with this preceptor?

Enter a response

4

What could this preceptor do differently to have been a more effective preceptor for you?

Enter a response

Currently, this form is being revised. The form will be inserted upon completion of the revision and you will receive a new copy of the Student Handbook.