Doctor of Nursing Practice
Family Nurse Practitioner
Clinical Education Handbook

January 5, 2015
PREFACE

The purpose of the RMUoHP DNP-FNP Clinical Education Handbook is to inform all those directly involved with the clinical education process (academic faculty, clinical education faculty, mentors and students) about the curriculum, expectations, rules, regulations and policies governing and related to the clinical component of the BSN-DNP program. The handbook serves to clearly disseminate information and guidelines for use in decision-making and to provide a common frame of reference. The Handbook is intended to supplement, not replace, the RMUoHP University Handbook, the University Catalog, the RMUoHP DNP Program Student Handbook, and any clinical affiliate’s published policy/procedures.

The student is expected to abide by the policies established by this program, the rules and policies of each clinical affiliate, and the standards established by professional nursing organizations.

Please read this handbook carefully. Questions related to the content of this handbook should be directed to the Family Nurse Practitioner Program Clinical Coordinator.

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Rocky Mountain University of Health Professions is accredited by the Northwest Commission on Colleges and Universities (8060 165th Avenue NE Ste 100, Redmond, WA 98052-3981), an institutional accrediting body recognized by the Secretary of the US Department of Education.

The Commission on Collegiate Nursing Education (CCNE) has accepted the application for the initial accreditation of the Doctor of Nursing Practice (DNP) program at Rocky Mountain University of Health Professions. New applicant status signifies an affiliation with CCNE; it is not a status of accreditation.
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RMUoHP Doctor of Nursing Practice (BSN-DNP) Program Overview

University Mission and Vision Statements

The mission of Rocky Mountain University of Health Professions (RMUoHP) is to educate current and future healthcare professionals for outcomes-oriented, evidence-based practice. The University demonstrates mission fulfillment through the quality of its education and success of its students in academic programs that develop leaders skilled in clinical inquiry and prepared to effect healthcare change. The vision of RMUoHP is to advance the quality, delivery, and efficacy of healthcare.

University Core Values

Eight core values have been identified that support the University mission and vision.

- **Clinical Inquiry**: The University advocates clinical inquiry that challenges practice standards, expands evidence-based practice, increases clinical research, develops healthcare change agents, and encourages experiential learning.
- **Student-Centeredness**: The University provides a student-centered environment through relevant and participatory courses and a supportive University community.
- **Integrity**: The University demonstrates integrity in its interactions with all its constituents.
- **Diversity**: The University cultivates diversity through academic freedom, varied educational experiences, and broad recruitment of students and faculty.
- **Leadership**: The University fosters skills essential to leadership roles in healthcare, academia, research and the community.
- **Sustainability**: The University operates with respect for the natural environment.
- **Viability**: The University generates and manages its resources in a manner that will ensure the long-term success and operation of the institution.
- **Service**: The University promotes service to community, healthcare, and education.

Doctor of Nursing Practice (DNP) Program

The Doctor of Nursing Practice (DNP) program at RMUoHP is designed to prepare graduates for advanced clinical practice and leadership roles. Graduates will possess the skills necessary to assume a broad range of roles in both direct and indirect healthcare settings. Consistent with the recommendation in the 2002 Institute of Medicine report on Health Professions Education, graduates will become proficient at delivering patient-centered care, work as part of interdisciplinary teams, practice evidence-based care, focus on quality improvements and effectively utilize information technology.

Professional Nursing Association Standards

The DNP-FNP program is designed to reflect current professional guidelines and standards. Documents used to develop and inform the curriculum include, but are not limited to:

American Association of Colleges of Nursing (2006.) The DNP Toolkit.
American Association of Colleges of Nursing (2012). Graduate Level QSEN Competencies: Knowledge, Skills, and Attitudes.
Institute of Medicine (2013). Establishing Transdisciplinary Professionalism for Improving Health Outcomes.

BSN-DNP Program Outcomes

The BSN-DNP Program is committed to the development of the nursing professional who can:  
- Design and implement integrated care delivery models based on clinical evidence and best practice literature.
- Demonstrate analytical methodologies for the evaluation of clinical practice and evaluation the application of scientific evidence.
- Initiate evidence-based practice and policy strategies that optimize access to care and clinical outcomes.
- Apply ethical theories and legal standards to decision-making regarding healthcare issues for individuals and or populations.
- Collaborate with interprofessional teams necessary to improve clinical care for individuals and or populations of clients.
- Introduce and manage technologies that improve communication, foster collaboration, and support integrated approaches to care management.

The course sequencing and prerequisites were designed to promote development of competencies. The program is designed to prepare nurses to deliver primary health care to families in a variety of settings. Students follow patients through the life cycle utilizing obstetric, pediatric, gynecologic, as well as adult and geriatric primary care diagnostic and management skills. The clinical experiences are
supported by preceding or concurrent didactic content. Successful graduates of this program will be eligible to apply to sit for national certification examinations and apply for licensure as an advanced practice registered nurse (APRN), nurse practitioner, with a population focus of family.

The 86-credit curriculum of the post-baccalaureate BSN-DNP program uses the limited-residency model of the University’s other post-professional programs. Nationally recognized standards and competencies were used to develop the curriculum which integrates online learning with carefully selected experiences in areas close to where students reside. A required scholarly project, with a focus on applying best current evidence to transform systems, culminates the student’s application of doctoral level thinking.

Course Descriptions

**DNP 630 Advanced Practice Roles (3 credits)** This course will provide emphasis on the exploration of the advanced practice role as it relates to quality and delivery of health care in rapidly changing health care systems. Historical as well as current issues, which affect professional development including regulation of practice and professional responsibilities, will be included.

**DNP 632 Evidence Based Practice I (3 credits)** This course is the first of a three part series that includes an introduction to the concepts of evidence based practice as a major focus in healthcare. This course underscores the synthesis of the best research evidence with clinical expertise and client values to direct practice decisions for the best health outcomes.

**DNP 634 Theoretical Foundations & Scholarly Inquiry (3 credits)** This course explores the theoretical foundations of practice, the conceptual models to implementation research, and strategies to implement evidence based approaches to practice. Learning focuses on the application of theory-directed design, implementation, and evaluation while applying evidence to transform healthcare systems.

**DNP 636 Informatics in Healthcare (3 credits)** This course is designed as a survey course for the advanced practice nurse to explore major existing and emerging technologies and their potential impact. Systems are addressed that support patient centered, safe, effective, timely, efficient and equitable care. An emphasis is placed on the role that information technology supports these systems and on development and use of technologies in 21st century healthcare. Electronic medical records (EMRs), patient safety systems and web-based patient and professional education are among the topics explored.

**DNP 640 Statistics in Health Sciences (3 credits)** This course will provide an understanding of qualitative and quantitative statistics. The course will emphasize the conceptual application of statistics as it relates to health care however some discussion of the mathematical underpinning necessary for understanding will be included. Relevant topics to provide the student with skills to read and interpret medical literature will be included.
DNP 642 Research Translation (3 credits) This course will prepare the advanced clinician to integrate research into practice. An emphasis will be placed on how research questions are formed, finding and appraising evidence, and how research can be transformed to develop new clinically relevant knowledge. Models and processes of evidence-based practice will be included to promote strategies for best practice and quality improvement of healthcare.

DNP 644 Organizational Behavior & Management (3 credits) This course will focus on various organizations within health care. Student will explore theories and concepts of organization, leadership and business to develop and support initiatives to improve health care at the practice and systems level.

DNP 646 Health Care Policy/Law/Ethics (3 credits) The course will explore the principal ways US healthcare is structured and how law and policy affects the healthcare environment. With an understanding of law and policy the course highlights the development of effective strategies for managing the ethical dilemmas inherent in organizing evidence-based healthcare delivery at the individual, organizational and systems level.

DNP 650 Epidemiology and Population Health (3 credits) This course will provide an introduction to epidemiology that will prepare the advanced practice nurse with an understanding of epidemiological concepts as they relate to health and healthcare. Concepts that pertain to clinical practice and population health as well as implications for screening, prevention and disease control will be included.

DNP 652 Health Care Economics (3 credits) The course will explore the principal ways US healthcare is structured and financed at the national, state, and local levels. Current and emerging issues and principles of business finance related to clinical care delivery will be analyzed using case studies and participative learning experiences. Implications for advanced practice leaders will be explored.

DNP 654 Advanced Health Assessment (3 credits) This course will focus on advanced physical assessment, communication and diagnostic reasoning skills for the advanced practice nurse to care for individuals and families across the lifespan. Skills obtained in this course will be used to analyze health and alterations in health for individuals and families and prepare the student for independent practice.

DNP 656 Advanced Pathophysiology (3 credits) This course is a system-focused pathophysiology course that includes advanced concepts of functioning as it relates the family nurse practitioner’s ability to manage illness across the lifespan. Special attention will be given to advanced concepts that correlate with clinical decisions related to diagnosis and therapeutic management. Genetic, environmental and lifestyle factors will also be included as they relate to the epidemiology of disease.

DNP 660 Quality Improvement in Healthcare (3 credits) This course will focus on theory, methods and tools necessary for advanced practice leaders to facilitate quality improvement in healthcare. Analysis of economic, social and political issues that affect quality in today’s healthcare setting will be included.

DNP 662 Leadership (3 credits) This course examines the emerging literature on evidence-based management, and the use of evidence in decision-making, resource management, and strategic planning. Issues of power, innovation, interprofessional collaboration, change, and leadership/healthcare delivery models are addressed. Self-reflection, self-mastery, professional integrity
and credibility, interprofessional collaboration, and other leadership-related concepts are themes that underpin the course.

DNP 664 Advanced Pharmacology I (3 credits) This course is designed to provide the comprehensive pharmacokinetic and pharmacodynamic understanding required by advanced practice nurses to safely and appropriately utilize pharmacotherapeutics. Students acquire the knowledge needed for the promotion of health and treatment of illnesses encountered in various settings, diverse populations, and across the lifespan.

DNP 668 Specialty Focus I (Adult I) (5 credits: 3 didactic credit hours = 45 clock hours, 2 clinical credit hours = 120 clinical clock hours) Students will apply knowledge of advanced health assessment, pathophysiology, pharmacotherapeutics, and non-pharmacotherapeutics in recognition and management of acute and chronic primary care conditions most often seen in the adult (25 to 65 years of age) population. Genetic, age, gender, and cultural influences will be considered as differential diagnosis and treatment plans are proposed. Laboratory findings, diagnostic studies and primary care procedures associated with the common conditions will be explored.

DNP 700 Specialty Focus II (Adult II) (5 credits: 3 didactic credit hours = 45 clock hours, 2 clinical credit hours = 120 clinical clock hours) Students will continue to apply knowledge of advanced health assessment, pathophysiology, pharmacotherapeutics, and non-pharmacotherapeutics in recognition and management of acute and chronic primary care conditions most often seen in women’s and men’s health and in the older adult (65 plus years of age) population. Genetic, age, gender, and cultural influences will be considered as differential diagnosis and treatment plans are proposed. Laboratory findings, diagnostic studies and primary care procedures will be integrated. The physical and social aspects of aging, as well as palliative and end-of-life care, will be explored.

DNP 702 Advanced Pharmacology II (2 credits) This course builds on the synthesis of knowledge gained from Advanced Pharmacology I. Students focus on prescribing and monitoring pharmaceutical and alternative therapeutic agents in select conditions commonly encountered by the advanced practice nurse. This course integrates evidence-based prescribing, as well as ethical and legal aspects of pharmacotherapeutics.

DNP 704 Evidence Based Practice II (3 credits) This course is the second course in a series of evidenced based practice where the student will evaluate and apply the concepts of evidence based practice as a major focus in healthcare. This course underscores the synthesis of the best research evidence with clinical expertise and client values to direct practice decisions for the best health outcomes.

DNP 708 Health Promotion and Preventive Care (3 credits) This course will direct the student in the examination of published guidelines designed to integrate and institute evidence based clinical prevention and health services for individuals, aggregates, and populations across the life span.

DNP 720 Specialty Focus III (Pediatrics) (5 credits: 3 didactic credit hours = 45 clock hours, 2 clinical credit hours = 120 clinical clock hours) Students will continue to apply knowledge of advanced health assessment, pathophysiology, pharmacotherapeutics, and non-pharmacotherapeutics in recognition
and management of acute and chronic primary care conditions most often seen in the pediatric (0 to 24 years of age) population. Genetic, age, gender, and cultural influences will be considered as differential diagnosis and treatment plans are proposed. Laboratory findings, diagnostic studies and primary care procedures associated with the common conditions will be explored. Developmental milestones, variations in laboratory findings and prescriptive approaches will be explored. Strategies and interventions in education, family support, and facilitated family communication will be included.

**DNP 722 Evidence Based Practice III (3 credits)** This course is third in a series of evidenced based concepts where with student will integrate evidence based practice as a major focus in healthcare. This course underscores the synthesis of the best research evidence with clinical expertise and client values to direct practice decisions for the best health outcomes.

**DPT 730 Scholarly Project I (3 credits)** This course is the first of a 2-course series designed to assist students in the development of an evidence-based capstone project. The scholarly project is the culminating learning experience in the DNP program. Learning focuses on project planning including emphasis on project management, gathering evidence, developing vision/goals/outcomes for the project, and applying theories/frameworks to structure the overall process.

**DNP 732 Clinical Internship I (4 credits: 1 didactic credit hours = 15 clock hours, 3 clinical credit hours = 180 clinical clock hours)** This course is the first of a two series clinical practicum that prepares students for advanced nursing practice as family nurse practitioners. Students will further their skill development in the primary care of individuals and families across the lifespan with acute and chronic conditions.

**DNP 742 Clinical Internship II (5 credits: 1.5 didactic credit hours = 22.5 clock hours, 3.5 clinical credit hours = 210 clinical clock hours)** This course is the second of a two series clinical practicum that prepares students for advanced nursing practice as family nurse practitioners. Students will further their skill development in the primary care of individuals, families, groups and populations across the lifespan with acute and chronic conditions. Students will be guided through the application processes for recognition and certification as a family nurse practitioner and provided additional role orientation relating to employment contracts and business issues.

**DNP 740 Scholarly Project II (3 credits)** This course is the second of a 2-course series designed to integrate all previous course work and experiences into the implementation and evaluation of the culminating DNP scholarly project.
Grading Policies

RMUoHP Grading Scale

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<thead>
<tr>
<th>Letter</th>
<th>Percentage</th>
<th>Grade Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>100-93</td>
<td>4.00</td>
</tr>
<tr>
<td>A-</td>
<td>92-90</td>
<td>3.70</td>
</tr>
<tr>
<td>B+</td>
<td>89-87</td>
<td>3.30</td>
</tr>
<tr>
<td>B</td>
<td>86-83</td>
<td>3.00</td>
</tr>
<tr>
<td>B-</td>
<td>82-80</td>
<td>2.70</td>
</tr>
<tr>
<td>C+</td>
<td>79-77(^a)</td>
<td>2.30</td>
</tr>
<tr>
<td>C</td>
<td>76-73(^a)</td>
<td>2.00</td>
</tr>
<tr>
<td>F</td>
<td>72- &amp; below(^a)</td>
<td>0.00</td>
</tr>
<tr>
<td>P</td>
<td>Pass</td>
<td>***</td>
</tr>
<tr>
<td>I</td>
<td>Incomplete</td>
<td>***</td>
</tr>
<tr>
<td>IP</td>
<td>In Progress</td>
<td>***</td>
</tr>
<tr>
<td>AE</td>
<td>Academic Extension</td>
<td>***</td>
</tr>
<tr>
<td>W</td>
<td>Withdrawal</td>
<td>***</td>
</tr>
<tr>
<td>TC</td>
<td>Transfer Credit</td>
<td>***</td>
</tr>
<tr>
<td>NS</td>
<td>Grade Not Submitted</td>
<td>***</td>
</tr>
<tr>
<td>R</td>
<td>Repeat Course</td>
<td>***</td>
</tr>
<tr>
<td>AC</td>
<td>Audit Course</td>
<td>***</td>
</tr>
<tr>
<td>AW</td>
<td>Administrative Withdrawal</td>
<td>0.00</td>
</tr>
<tr>
<td>AF</td>
<td>Administrative Failure</td>
<td>0.00</td>
</tr>
</tbody>
</table>

\(^a\)Indicate non-passing grades.

***No numeric value computed in GPA.

Students must accumulate a minimum of 800/1000 points AND SUCCESSFULLY COMPLETE THE REQUIRED CLINICAL HOURS in order to successfully complete a clinical course. If a student earns fewer than 800 points OR fails to complete all required clinical hours in the course, the course and all clinical hours must be repeated in order to progress in the program. In the clinical components of DNP courses, students are assigned a grade of PASS or FAIL based on mentor and faculty evaluations and submitted required work.
Clinical Preparation

Clinical rotations are critical components of an advanced practice nursing program. The school, faculty, mentor and student must work cooperatively to provide appropriate learning opportunities. The following responsibilities are based on professional guidelines from the National Organization of Nurse Practitioner Faculties (2011), the National Task Force for Quality Nurse Practitioner Education (2012) and professional journal reviews. For the purpose of clinical rotations for RMUoHP BSN-DNP students, the following responsibilities are assigned:

Responsibilities of the University
1. The University will initiate an education affiliation agreement between the mentor organization and the University. The agreement will be signed by the person authorized to sign documents at the Clinical Site and the University Provost or her designee.
2. The University will provide the course work that establishes the foundation for clinical practice.
3. The University will maintain contact with each mentor to evaluate the student and assist the student and mentor in accomplishing the course objectives.
4. The University will provide all materials required for evaluation of the student’s performance in the mentor’s clinical setting.
5. The University will provide the mentor with a summative clinical hours statement at the end of each term. This summary should be retained for use in the recertification process.

Responsibilities of the Faculty
1. The Clinical Coordinator is responsible for evaluating appropriateness of clinical site and ensuring completion of site evaluation forms.
2. The Clinical Coordinator is responsible for assuring all documents are completed related to the Mentor Profile and Acknowledgement and the Affiliation Agreement.
3. The Course Faculty is responsible for scheduling phone conversations with student mentors to gain mentor input on student performance. These conversations should occur minimally at the beginning of each clinical course, midterm, and in the final week of clinical for each course.
4. The Course Faculty is responsible for reviewing the Verification of Clinical Hours form that is submitted on a weekly basis by student.
5. The Course Faculty is responsible for counseling the student if clinical hours are not completed as scheduled.
6. The Course Faculty is to ensure all evaluation processes are completed in a timely manner. (student evaluation of mentor, mentor evaluation of student, student self-assessment, student evaluation of course, student evaluation of faculty.)

Responsibilities of Mentor
1. The Mentor will provide a setting that enables student to gain clinical experience relevant to program objectives.
2. The Mentor will function as a role model providing clinical teaching and supervision for the student in the practice of assessment and management specific to patient care needs.
3. The Mentor will cosign all official records or documents with entries by the APN student.
4. The Mentor will participate with the faculty member in conversations to discuss the student’s progress and learning needs.
5. The Mentor will provide input regarding clinical evaluation of the student by completing and submitting the Mentor Evaluation of the Student Form to the course faculty within 72 hours after the last student clinical day.
6. The Mentor is expected to notify faculty immediately when the performance of the student is in question.

Responsibilities of Student

1. The Student is responsible for demonstrating professional and ethical behaviors in all communication and interactions with faculty, mentors, patients, families, and all persons in the healthcare environment.
2. The Student is responsible for completing and submitting all forms relating to the clinical experiences.
3. The Student is responsible for providing a copy of the course objectives to each mentor during the length of the program.
4. The Student shall develop a mutually agreeable schedule with the mentor that provides for 8 – 16 hours/week depending on the total number of clinical hours required for each course.
5. The Student will demonstrate the ability to manage progressively complex patient care situations (differential diagnosis, treatment plans, and patient teaching) in accordance with his/her academic progression.
6. The Student participates in conferences with the mentor and faculty to discuss progress and identify learning needs.
7. The Student enters data from clinical experiences within 72 hours of contact and responds to faculty comments within 72 hours.
8. The Student will participate in the course, faculty, student, and mentor evaluation processes.

Prior to beginning ANY clinical hours in the BSN-DNP program, students must:
1. Identify mentor(s) for each clinical course that meet established criteria and submit Form A: Mentor Profile and Acknowledgement to the Clinical Coordinator for approval.
2. Identify clinical site(s) for each clinical course that meet established criteria (Form B: Clinical Site Approval Form) and submit the form to the Clinical Coordinator for approval.

In summary: Two (2) forms must be completed and submitted to the Clinical Coordinator for approval and signature PRIOR TO beginning any clinical course. In order to have the best opportunities for achieving program objectives, students should PLAN AHEAD and identify potential mentors and clinical sites 6-8 weeks prior to the beginning of the clinical courses in order to ensure completion of all required paperwork. Students without approved and completed forms on the first day of a clinical course will not be allowed to participate in the course that term.

Student compliance with the Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) guidelines is required. Students will complete online training programs at the beginning of the first clinical course and should retain certificates of completion as clinical agencies may require students to provide copies of certificates of completion prior to beginning clinical hours.
Mentor Selection

The National Taskforce Criteria (2012) allows graduate nursing programs to “use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the programs objectives.” (p.18). Students in the BSN-DNP program should seek clinical opportunities in sites providing access to patients “across the lifespan” and of “ethnic and cultural diversity” when possible. Students must complete a minimum of 51% (383 hours) of the required clinical program hours with a nurse practitioner who meets the mentor selection criteria.

In the case of absence of the approved mentor, students may complete a maximum of 15% of the total number of required clinical course hours with a qualified mentor (MD, DO, APRN, PA) without submitting additional agreements. The student must notify the Clinical Coordinator via telephone or e-mail when this situation occurs. Students must submit all required weekly information including signature of the temporary mentor on the Verification of Clinical Hours form.

Many students live in rural areas with limited access to potential qualified mentors outside their place of employment. Additionally, many are employed within the only health care system or organization in the area. Several students have requested permission to do their required clinical hours in their place of employment. It is the consensus of the faculty to allow students to complete clinical hours in their place of employment providing that:

- the required clinical hours for RMUoHP are not compensated as "employment hours" and
- the mentor supervising the student is not the same HCP that supervises the student as an employee and
- review of eLOGS indicate the clinical site is providing appropriate learning opportunities within the scope of practice of a FNP.

Mentor Selection Criteria

The mentor selection criteria for the RMUoHP DNP-FNP program are based on guidelines from the National Organization of Nurse Practitioner Faculties, the National Task Force on Quality Nurse Practitioner Education, and peer-reviewed professional nursing journals. Student mentors must:

1. Have a current, unencumbered license.
2. Have earned national certification in their specialty area by a recognized credentialing agency.
3. Have a minimum of two years current experience in their specialty area.

In order to promote acquisition of the expected roles and skills of a successful nurse practitioner, students should select mentors who are:

1. Board certified nurse practitioner (family, adult, pediatric, neonatal, women’s health, geriatric).
2. MD board certified in Family Medicine or Internal Medicine.
3. DO board certified in Family Medicine or Internal Medicine.
4. Certified Nurse Midwife with a Master’s degree or higher.
5. Physician Assistant with a Master’s degree or higher.

Doctors of Podiatric Medicine, Clinical Nurse Specialists, and Chiropractors are NOT approved mentors for the RMUoHP DNP-FNP program. Family members or close family or personal friends are NOT allowed to serve as mentors for the students in the DNP-FNP program. Students will be notified by the nursing department when the mentor is approved. If a mentor serves more than one student, only one
student at a time should be in the clinical area providing direct patient care. Mentors must sign an acknowledgement each semester they are willing to serve as each course has different clinical objectives.

**Clinical Site Selection**

In order to meet program objectives, students are expected to complete clinical rotations in a variety of clinical sites providing primary care for patient populations across the lifespan. Clinical site selection is critical to the student’s success in this program. The diagnoses, task-based proficiencies, and population focus for each clinical course are described in the course syllabi and should guide the student in determining appropriate clinical sites. Students will be notified by electronic mail when the clinical site has been approved.

**Clinical Hour Requirements**

Students are required to successfully complete a total of 750 clinical hours over 5 semesters. The National Task Force Criteria (2012) defines clinical hours as “hours in which direct clinical care is provided to individuals, families, and populations in population-focused areas of NP practice.” Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served.

Clinical hours for each course must be completed during the semester in which the student is enrolled in the course. No clinical hours may be completed before the first day of the semester or after the last day of the semester. Hours may not be accrued between semesters. Students are expected to begin clinical experiences within one week of the start of the semester and engage in clinical experiences weekly throughout the duration of the course. Students may not “bank” hours from previous courses nor accumulate hours during a course to finish clinical experiences more than three weeks prior to the conclusion of the course. Students desiring to complete clinical hours during recognized school holidays must obtain permission from the Course Faculty prior to scheduling those clinical hours.

**Verification of Clinical Hours**

Students are to complete the Verification of Clinical Hours form (included) at the completion of each clinical day. Required information includes date, start time at the clinical site, time that contact with mentor is concluded (finish time), the total number of contact hours for the day, and the cumulative semester clinical hours. The student should obtain the signature of the mentor at the conclusion of each clinical day to verify the number of clinical hours claimed. When the mentor signature had been obtained, students are to scan the form and submit via WebStudy weekly. Failure to submit the information with mentor signature may result in loss of clinical hour credit. Forms will be stored electronically for rapid retrieval and evaluation. Specific instructions for submitting the Verification of Clinical Hours form are included with the form in this handbook.

**Clinical Evaluation Processes**

Students, mentors and faculty are required to participate in the evaluation of the student performance in all clinical courses (DNP 668, DNP 700, DNP 720, DNP 732, DNP 742). The clinical evaluation form
varies from course to course as each clinical course addresses specific learning objectives. Students are provided a copy of the Mentor Clinical Evaluation of Student form and the Student Evaluation of Mentor form as part of the syllabus for each course. Faculty will contact the approved mentor at the beginning of each course to clarify clinical objectives and review the process for completion and submission of the clinical evaluation form. Follow-up conversations between faculty, mentors and students will occur at midterm and at any other time deemed necessary by the faculty or mentor. Instructions for completing the Midterm and Final Mentor Clinical Evaluation of Student and the Student Evaluation of Mentor are included as appendices to this clinical guide.

### Dress Code for Clinical

Students need to follow the dress code of the clinical site. If the mentor wears a lab coat, the student should wear professional dress (no blue jeans, no flip flops, no dangling earrings, no breast showing, skirts must be just above the knee no shorter, no high heels, etc.) and a white lab coat. If the mentor wears scrubs, the student should wear scrubs. There is no need for students to order a specific type or length of lab coat.

### Identification Badges

RMUoHP provides each student an identification badge during the initial Immersion Week. Students should wear the identification badge at all times when completing clinical hours. Replacement badges may be obtained by contacting the Clinical Coordinator.

### Student Health Requirements

1. It is the student responsibility to meet the requirements set forth by the clinical site. The student is responsible for the cost of additional immunizations required.
2. The student must submit records of up to date screening for tuberculosis.
3. The student must submit records of immunizations completed.

### Universal Precautions

1. Student are to review the following prior to the start of clinical experiences: [OSHA Bloodborne pathogens training video: safe work place](https://www.youtube.com/watch?v=7huPHJtsLV8&list=PLKVM0uxuw6NSIXfjk0djKdE66KV8AUVt&index=4) (24min)
2. Students are expected to follow all universal precaution policies within the clinical site experiences.

### Student Exposure to Blood or Body Fluid Procedure

RMUoHP is not responsible for any charges incurred as a result of care or follow-up from an exposure to blood or body fluid.

1. Upon occurrence of an exposure to blood or body fluid (such as a needle stick or puncture injury with contaminated instruments), student must contact the Clinical Coordinator or supervising faculty immediately
2. The student must follow the procedures required by the clinical site in which the student is completing clinical.
Drug Testing Procedure

If a clinical site in which the student is completing clinical experiences requires drug testing, the student is responsible for any cost associated with this requirement.

Liability Insurance

Liability insurance is mandatory for all students. At RMUoHP, a group policy of liability insurance is provided to cover students in clinical coursework.

Confidentiality Agreement

The RMUoHP FNP program places students in clinical sites working directly with other disciplines and clients; therefore will have access to sensitive information. Clinical sites may require students to complete Health Insurance Portability and Accountability Act training and sign confidentiality agreements. The student is responsible for meeting these clinical site requirements.

Licensure Requirements

1. Student must hold a current, unencumbered nursing license in their state of resident throughout the program.
2. The verification of student license must be kept in the student file.
3. The student is responsible for any additional licensure needs required for clinical placements (if student completes clinical in a state which is not primary state).

Certification Responsibilities

Students may be required to submit proof of certification to accepting clinical sites prior to start of experiences. The student is responsible for locating, registering and financing the certifications as required.

Criminal Background Check

1. The student is to complete required criminal background checks per university policy prior to establishing clinical placements.
2. The student may be required to complete additional background checks per clinical site. The student is responsible for the process and cost of any addition requirements.
Students in the Family Nurse Practitioner concentration are expected to develop progressively advanced skills with completion of each of the age-focused clinical rotations. Mentors and students engage in the clinical experiences with the understanding of the following:

1. Nurse Practitioner (NP) student involvement in clinical rotations will be under the direction of the approved mentor with the faculty available by telephone.

2. NP student is in an advanced practice nursing educational program accredited by the Northwest Commission of Colleges and Universities (NWCCU). The NP student is not currently licensed as an Advanced Practice Registered Nurse (APRN) and therefore may only practice under the guidance of an approved mentor.

3. NP student will be participating in patient care activities, but only under the direction and guidance of the approved mentor.

4. Approved mentor is responsible for any services provided by the NP student while acting in the designated student role.

5. NP student shall not be independently responsible for documentation of care. Student shall sign any documentation with first initial, last name, RN, and FNP student (e.g., S. Smith, RN, FNP student).

6. NP student should develop skills in the more common procedures associated with primary care. The NP student may perform the following procedures under the guidance of a mentor:
   - Airway management (does not include intubation)
   - Skin and wound management: e.g., minor puncture wounds, animal and human bites, minor burns, soft tissue foreign body removal, simple wound closure
   - Management of nail and nailbed conditions: e.g., ingrown toenails, subungual hematoma, paronychia
   - Incision and drainage procedures: e.g., subcutaneous abscess, pilonidal cysts, Bartholin cysts, obtaining specimens for culture and sensitivity
   - Examination and treatment of common eye conditions: e.g., foreign body removal, chemical substance irrigation, contact lens removal
   - Examination and treatment of common nose conditions: e.g., epistaxis control, foreign body removal
- Examination and treatment of common ear conditions: e.g., cerumen removal, foreign body removal, auricular hematoma

- Examination and treatment of common musculoskeletal conditions: e.g., arthrocentesis, therapeutic joint injections, joint dislocations, extremity splinting and casting

- Examination and treatment of common urologic conditions: e.g., urinalysis, cultures, catheterization

- Examination and treatment of common reproductive conditions: e.g., pap smear, vaginal/rectal cultures, vaginal microscopy

Upon completion of the educational program, NP student demonstrates ability of the following:

A. Integrate scientific findings from nursing and other sciences when designing and implementing outcome measures in diverse settings and age groups.

B. Demonstrate leadership skills that emphasize ethical and critical decision making, financial responsibility, effective working relationships, and a systems perspective.

C. Articulate and apply methods, tools, performance measures, and standards when applying quality principles within an organization.

D. Synthesize and apply theories, models, and research findings to nursing practice, education and management to guide an organization or healthcare system towards successful outcomes.

E. Apply patient-care technologies and informatics to coordinate and enhance care and communication.

F. Analyze ethical, legal and social factors influencing development and implementation of health policy and healthcare delivery.

G. Demonstrate critical thinking and decision making when planning, implementing and evaluating primary care interventions to culturally and age diverse populations.

H. Analyze the impact of ethical and legal principles on the planning and delivery of primary care.

I. Critique evidence-based practice protocols for application in primary care.

J. Articulate a personal philosophy and framework acknowledging professional accrediting agency competencies relating to the role and scope of practice of the family nurse practitioner.

K. Implement the role of the family nurse practitioner in selected clinical settings.

Specific questions relating to each clinical course should be directed to the faculty member for the course. Enrolled students are expected to provide copies of course objectives to mentors.
Clinical Documentation System – eLOGS (www.eLOGS.org)

Students are required to use the eLOGS NP Student Clinical Experience Documentation and Tracking System to record clinical hours and patient encounters. The system is web-based and may be accessed without downloading software. Orientation to the system will be included in the first clinical course. Students are required to enter data within 72 hours of each clinical experience. Faculty will review weekly and provide comment in order to direct student learning and future clinical experiences. Students should respond to questions from faculty within 72 hours of receipt. Failure to record clinical activities in the eLOGS systems as directed may result in loss of course credit.

The eLOGS Quick Start Guide can be found in WebStudy under the Materials section of the applicable courses and the FNP Program Homeroom.

Electronic Professional Portfolio

Over the course of the curriculum, students will develop an electronic professional portfolio that will be evaluated each term for evidence of progression in accomplishment of the course and program outcomes. Scoring of various elements of the portfolio will be detailed in course syllabi.

Professional Guidelines to Direct Clinical Objectives and Activities

The Nurse Practitioner Core Competencies (NP Core Competencies) integrate and build upon existing Master’s and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioner. The competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing healthcare environment. Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to independent clinical practice. The NP Core Competencies are acquired through mentored patient care experiences with emphasis on independent and interprofessional practice; analytic skills for evaluating and providing evidence-based, patient centered care across settings; and advanced knowledge of the health care delivery system. Upon completion of the NP program, the NP graduate should possess the nine (9) core competencies regardless of population focus (NONPF, 2011).

Students are expected to be familiar with and integrate the following professional guidelines into the planning and implementation of their clinical experiences throughout the curriculum. Development and documentation of weekly objectives should reflect accomplishment of selected Nurse Practitioner Core Competencies (NONPF) and Family Nurse Practitioner Competencies (NTF).

Nurse Practitioner Core Competencies

Scientific Foundation Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.
**Leadership Competencies**
1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated healthcare teams, and policy makers) to improve healthcare.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective healthcare.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.

**Quality Competencies**
1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on healthcare.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of healthcare.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

**Practice Inquiry Competencies**
1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.

**Technology and Information Literacy Competencies**
1. Integrates appropriate technologies for knowledge management to improve healthcare.
2. Translates technical and scientific health information appropriate for various users’ needs.
   a. Assesses the patient’s and caregiver’s educational needs to provide effective, personalized healthcare.
   b. Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision-making.
4. Contributes to the design of clinical information systems that promote safe, quality, and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

**Policy Competencies**
1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.
Health Delivery System Competencies
1. Applies knowledge of organizational practices and complex systems to improve healthcare delivery.
2. Effects healthcare change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of healthcare systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of healthcare delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.

Ethics Competencies
1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies
1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
   a. Provides the full spectrum of healthcare services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
   b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
   c. Employs screening and diagnostic strategies in the development of diagnoses.
   d. Prescribes medications within scope of practice.
   e. Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
   a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
   b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
   c. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into healthcare.
   d. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.

Glossary of Terms (NTF, 2012)

Care processes: Actions or changes that occur during the delivery of healthcare.

Clinical investigative skills: Those skills needed to conduct inquiry of practice questions/therapies, evaluate discovered evidence, and then translate it into practice.
**Cultural diversity:** Common beliefs, values, practices, and behaviors shared by multiple subgroups or individuals.

**Culture of excellence:** The environment developed through the internalization of core values and a shared commitment in which the highest standards of personal integrity, professionalism, and clinical expertise are upheld.

**Evidence-based practice:** The "conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients. Individual clinical expertise is integrated with the best available external evidence from systematic research.” (Modified from Sackett, 1996).

**Globalization:** The interrelated influence of actions, resources, cultures, and economies across nations.

**Health policy:** The set of decisions pertaining to health whether made at local, state, national, and global levels that influences health resource allocation.

**Independent practice:** Recognizes independent licensure of nurse practitioners who provide autonomous care and promote implementation of the full scope of practice.

**Independently:** Having the educational preparation and authority to make clinical decisions without the need or requirement for supervision by others.

**Information literacy:** The use of digital technology, communications tools, and/or networks to access, manage, integrate, evaluate, create, and effectively communicate information.

**Interprofessional practice:** Occurs when multiple health workers from different professional backgrounds work together with patients, families, and communities to deliver the highest quality of care.

**Interprofessional education:** When two or more professions learn about, from and with each other to enable effective collaboration and improve health outcomes.

**Knowledge management:** Strategies that identify, create, represent, distribute, and enable the efficient use of all types of information.

**Licensed independent practitioner:** An individual with a recognized scientific knowledge base that is permitted by law to provide care and services without direction or supervision.

**Quality care:** The degree to which health services to individuals and populations increase the desired health outcomes consistent with professional knowledge and standards. Quality care also means avoiding underuse, overuse, and misuse of healthcare services.

**Patient centered care:** Care based on a partnership between the patient and healthcare provider that is focused on the patient’s values, preferences, and needs.

**Peer review:** Evaluation of the processes and/or outcomes of care by professionals with similar knowledge, skills, and abilities.
Family Nurse Practitioner Competencies

These are entry-level competencies for the family nurse practitioner that supplement the core competencies for all nurse practitioners. The population in primary care family practice includes newborns, infants, children, adolescents, adults, pregnant and postpartum women, and older adults. The focus of care is the family unit, as well as the individuals belonging to the family; however, the family chooses to define itself. The family nurse practitioner is a specialist in family nursing, in the context of community, with broad knowledge and experience with people of all ages. Family nurse practitioners demonstrate a commitment to family-centered care. Family nurse practitioners practice primarily in ambulatory care settings (NTF, 2012).

Upon graduation or entry into practice, the family nurse practitioner should demonstrate competence in the categories described below:

I. Health Promotion, Health Protection, Disease Prevention, and Treatment

The family nurse practitioner is a provider of direct healthcare services. Within this role, the family nurse practitioner synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. These competencies incorporate the health promotion, health protection, disease prevention, and treatment focus of family nurse practitioner practice.

A. Assessment of Health Status

These competencies describe the role of the family nurse practitioner in assessing all aspects of the patient’s health status, including for purposes of health promotion, health protection, and disease prevention. The family nurse practitioner employs evidence-based clinical practice guidelines to guide screening activities, identifies health promotion needs, and provides anticipatory guidance and counseling addressing environmental, lifestyle, and developmental issues.

1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle.
2. Assesses (a) the influence of the family or psychosocial factors on patient illness, (b) conditions related to developmental delays and learning disabilities in all ages, (c) women’s and men’s reproductive health, including, but not limited to, sexual health, pregnancy, and postpartum care, and (d) problems of substance abuse and violence.
3. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening and physical system evaluations).
4. Performs screening evaluations for mental status and mental health.
5. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
6. Demonstrates proficiency in family assessment.
7. Demonstrates proficiency in functional assessment of family members (e.g., elderly, disabled).
8. Assesses specific family health needs within the context of community assessment.
9. Identifies and plans interventions to promote health with families at risk.
10. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
11. Distinguishes between normal and abnormal change with aging.
B. Diagnosis of Health Status
The family nurse practitioner is engaged in the diagnosis of health status. This diagnostic process includes critical thinking, differential diagnosis, and the integration and interpretation of various forms of data. These competencies describe this role of the family nurse practitioner.

1. Identifies signs and symptoms of acute physical and mental illnesses across the life span.
2. Identifies signs and symptoms of chronic physical and mental illness across the life span.
3. Orders, performs, and interprets age, gender, and condition-specific diagnostic tests and screening procedures.
4. Analyzes and synthesizes collected data for patients of all ages.
5. Formulates comprehensive differential diagnoses, considering epidemiology, environmental and community characteristics, and life stage development, including the presentation seen with increasing age, family, and behavioral risk factors.

C. Plan of Care and Implementation of Treatment
The objectives of planning and implementing therapeutic interventions are to return the patient to a stable state and to optimize the patient’s health. These competencies describe the family nurse practitioner’s role in stabilizing the patient, minimizing physical and psychological complications, and maximizing the patient’s health potential.

1. Provides health protection, health promotion, and disease prevention interventions/treatment strategies to improve or maintain optimum health for all family members.
2. Treats common acute and chronic physical and mental illnesses and common injuries in people of all ages to minimize the development of complications, and promote function and quality of living.
3. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations such as infants and children, pregnant and lactating women, and older adults.
4. Adapts care to meet the complex needs of older adults arising from age changes and multiple system disease.
5. Identifies acute exacerbations of chronic illness and intervenes appropriately.
6. Evaluates the effectiveness of the plan of care for the family, as well as the individual, and implements changes.
7. Evaluates patient’s and/or other caregiver’s support systems and resources and collaborates with and supports the patient and caregivers.
8. Assists families and individuals in the development of coping systems and lifestyle adaptations.
9. Makes appropriate referrals to other healthcare professionals and community resources for individuals and families.
10. Provides care related to women’s reproductive health, including sexual health, prenatal, and postpartum care.
12. Performs primary care procedures, including, but not limited to, suturing, minor lesion removal, splinting, microscopy, and pap tests.
13. Recognizes the impact of individual and family life transitions, such as parenthood and retirement, on the health of family members.
14. Uses knowledge of family theories and development to individualize care provided to individuals and families.
15. Facilitates transitions between healthcare settings to provide continuity of care for individuals and family members.
16. Intervenes with multigenerational families who have members with differing health concerns.
17. Assists patient and family members to cope with end of life issues.
18. Applies research that is family-centered and contributes to positive change in the health of and healthcare delivery to families.

II. Nurse Practitioner-Patient Relationship
Competencies in this area demonstrate the personal, collegial, and collaborative approach, which enhances the family nurse practitioner’s effectiveness of patient care. The competencies speak to the critical importance of interpersonal transactions as they relate to therapeutic patient outcomes.
   1. Maintains a sustaining partnership with individuals and families.
   2. Assists individuals and families with ethical issues in balancing differing needs, age-related transitions, illness, or health among family members.
   3. Facilitates family decision-making about health.

III. Teaching-Coaching Function
These competencies describe the family nurse practitioner’s ability to impart knowledge and associated psychomotor skills to patients. The coaching function involves the skills of interpreting and individualizing therapies through the activities of advocacy, modeling, and tutoring.
   1. Demonstrates knowledge and skill in addressing sensitive topics with family members such as sexuality, finances, mental health, terminal illness, and substance abuse.
   2. Elicits information about the family’s and patient’s goals, perceptions, and resources when considering health care choices.
   3. Assesses educational needs and teaches individuals and families accordingly.
   4. Provides anticipatory guidance, teaching, counseling, and education for self-care for the identified patient and family.

IV. Professional Role
These competencies describe the varied role of the family nurse practitioner, specifically related to advancing the profession and enhancing direct care and management. The family nurse practitioner demonstrates a commitment to the implementation, preservation, and evolution of the family nurse practitioner role. As well, the family nurse practitioner implements critical thinking and builds collaborative, interdisciplinary relationships to provide optimal care to the patient.
   1. Demonstrates in practice a commitment to care of the whole family.
   2. Recognizes the importance of participating in community and professional organizations that influence the health of families and supports the role of the family nurse practitioner.
   3. Interprets the family nurse practitioner role in primary and specialty health care to other healthcare providers and the public.
   4. Serves as a resource in the design and development of family community-based health services.

V. Managing and Negotiating Healthcare Delivery Systems
These competencies describe the family nurse practitioner’s role in handling situations successfully to achieve improved health outcomes for patient, communities, and systems through overseeing and directing the delivery of clinical services within an integrated system of healthcare.
1. Maintains current knowledge regarding state and federal regulations and programs for family healthcare.

VI. Monitoring and Ensuring the Quality of Healthcare Practice
These competencies describe the family nurse practitioner’s role in ensuring quality of care through consultation, collaboration, continuing education, certification, and evaluation. The monitoring function of the role is also addressed relative to monitoring one’s own practice as well as engaging in interdisciplinary peer and systems review. Covered in the core competencies.

VII. Cultural Competence
These competencies describe the family nurse practitioner’s role in providing culturally competent care, delivering patient care with respect to cultural and spiritual beliefs, and making health care resources available to patients from diverse cultures. Covered in the core competencies.

In addition to the requirements in the nursing course syllabi, students are expected to be familiar with and comply with all academic policies in the most current RMUoHP Student Handbook.
**FORM A: MENTOR PROFILE AND ACKNOWLEDGEMENT**

**Directions:** Student provides form to the Mentor. Mentor completes form and attaches resume if available. Student scans completed form and e-mails to the Clinical Coordinator.

<table>
<thead>
<tr>
<th>Mentor Name:</th>
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<tbody>
<tr>
<td>Mentor Credentials:</td>
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<td>Clinical Site Name:</td>
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<td>Mentor Email:</td>
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**Mentor Education: Please place an X by all earned degrees**

<table>
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<tr>
<th>Bachelor of Science</th>
<th>PhD Nursing</th>
<th>DNSc</th>
<th>DO</th>
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<tbody>
<tr>
<td>Master of Science – Nursing</td>
<td>PhD – Other</td>
<td>EdD</td>
<td>Physician Assistant</td>
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<tr>
<td>Master of Science (Other)</td>
<td>DNP</td>
<td>MD</td>
<td>Nurse Practitioner</td>
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<th>Mentor License #:</th>
<th>State:</th>
<th>Expiration Date:</th>
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**Clinical Site characteristics – Place an X by all site and patient characteristics that apply to the site.**

<table>
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<tr>
<th>Infant – 2 years</th>
<th>2 years – 5 years</th>
<th>5 years – 13 years</th>
<th>14 years – 18 years</th>
<th>19 years – 30 years</th>
<th>31 years – 44 years</th>
<th>45 years – 64 years</th>
<th>65 years – 84 years</th>
<th>85 years and older</th>
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<td>Male</td>
<td>Female</td>
<td>Private Office</td>
<td>NP Managed Clinic</td>
<td>Hospital owned clinic</td>
<td>Federally funded clinic</td>
<td>Community clinic</td>
<td>Other</td>
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<td>Uninsured</td>
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<td>Income based sliding scale</td>
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I acknowledge that I have agreed to serve as a Mentor for the RMUoHP DNP-FNP Program. I have reviewed the course description and objectives, and I accept the role of the Mentor as outlined in the Clinical Education Handbook.

<table>
<thead>
<tr>
<th>Mentor Signature</th>
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<tr>
<td>Student Signature</td>
<td>Student Printed Name</td>
<td>Date</td>
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Doctor of Nursing Practice – BSN-DNP Program
Family Nurse Practitioner Program
FORM B: CLINICAL SITE APPROVAL FORM

Directions for completion and submission
1. Student completes student information.
2. Student reviews the Clinical Site requirements to ensure that the site meets all qualifying items.
3. Student obtains the contact information for the person at the Clinical Site with authorization to sign the Affiliation Agreement form.
4. Student returns the completed form to the Clinical Coordinator 60 days prior to clinical start date.
5. Student will be notified by electronic mail when site is approved.

Student Name: _____________________________________________
Student Email: _____________________________________________
Student Phone: _____________________________________________
Course Number: DNP

Clinical Site contact authorized to sign the Affiliation Agreement form
Name: _____________________________________________
Title: _____________________________________________
Email: _____________________________________________
Phone: _____________________________________________
Address: _____________________________________________

Mentor Information
Mentor Name: _____________________________________________
Title: _____________________________________________
Email: _____________________________________________
Phone: _____________________________________________

Nursing Department Only
Clinical Site Confirmation Date: _____________________________
Clinical Site Spokesperson: _____________________________
Approved by: _____________________________________________
Approval Date: _____________________________________________
Doctor of Nursing Practice – BSN-DNP Program  
Family Nurse Practitioner Program  
VERIFICATION OF CLINICAL HOURS FORM

<table>
<thead>
<tr>
<th>STUDENT NAME:</th>
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<td>COURSE:</td>
<td>SEMESTER:</td>
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**INSTRUCTIONS:** Students are to record the date, start and finish time, total contact hours, and cumulative hours at the conclusion of each clinical day. Mentor signature should be obtained daily and the form submitted within the WebStudy course weekly. Failure to submit the mentor-signed Verification of Clinical Hours document within the WebStudy course may result in loss of clinical hour credit. Continue on the same form week to week. Begin a second page only after the first page is completed.

<table>
<thead>
<tr>
<th>DATE</th>
<th>START TIME</th>
<th>FINISH TIME</th>
<th>TOTAL HOURS</th>
<th>CUMULATIVE HOURS</th>
<th>MENTOR SIGNATURE</th>
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INSTRUCTIONS FOR SUBMITTING VERIFICATION OF CLINICAL HOURS

Students are to complete the Verification of Clinical Hours form at the completion of each clinical day. Required information includes date, start time at the clinical site, time that contact with mentor is concluded (finish time), the total number of contact hours for the day, and the cumulative semester clinical hours. The student should obtain the signature of the mentor at the conclusion of each clinical day to verify the number of clinical hours claimed. When the mentor signature had been obtained, students are to complete a 2 step process in order to receive credit for the clinical hours.

**Step 1  Scan and save the signed document as follows:**

Example: SallyJones668091014
This would be the submission for Sally Jones in the DNP 668 course for clinical hours completed on September 15, 2014

It is critical that this format is used by all students to facilitate storage of a large number of documents for rapid retrieval by administration.

**Step 2  Submit Verification of Clinical Hours form within the WebStudy course weekly.**

Failure to submit the mentor-signed Verification of Clinical Hours document within the WebStudy course weekly may result in loss of clinical hour credit.

Questions should be directed to the Family Nurse Practitioner Program Clinical Coordinator.
INSTRUCTIONS FOR SUBMITTING CLINICAL EVALUATION DOCUMENTS

Students, mentors and faculty are required to participate in the evaluation of the student performance in all clinical courses (DNP 668, DNP 700, DNP 720, DNP 732, DNP 742). The Mentor Clinical Evaluation of Student form varies from course to course as each clinical course addresses specific learning objectives. The Student Evaluation of Mentor form does not vary from course to course. Students are provided a copy of the Mentor Clinical Evaluation of Student form and the Student Evaluation of Mentor form as part of the syllabus for each course.

Step 1  First week of class - Student provides all contact information for mentor to course faculty (name; title; name of clinical site; address of clinical site including city, state, and zip code; telephone number of clinical site; email for mentor). Student provides faculty member with dates and hours for each clinical site for the course – faculty will use this schedule to plan conference calls with students and mentors.

Step 2  Faculty contacts mentor to clarify questions and review the process for completion and submission of the Mentor Evaluation of Student form.

Step 3  Midterm – Mentor completes the midterm evaluation, reviews with student and faculty during a scheduled conference call, and a plan to address identified areas for improvement in the remaining weeks is developed.

A. Student signs the completed midterm evaluation, scans the document, and saves the document as follows:

First name, last name, course number, evaluation title (Midtermeval)
Example:  SallyJones668Midtermeval
This would be the submission for Sally Jones in the DNP 668 course midterm clinical evaluation.

It is critical that this format is used by all students to facilitate storage of a large number of documents for rapid retrieval by administration.

B. Student submits to the faculty member the signed completed midterm evaluation within the WebStudy course:

Step 4  End of course – Faculty sends the final course evaluation electronically to the mentor. The mentor completes the evaluation commenting specifically on areas for improvement identified at midterm. Mentor, student and faculty review the evaluation via conference call.

A. Student signs the completed final evaluation, scans the document, and saves the document as follows:
First name, last name, course number, evaluation title (Finaleval)
Example: SallyJones668Finaleval
This would be the submission for Sally Jones in the DNP 668 course final clinical evaluation.

**It is critical that this format is used by all students to facilitate storage of a large number of documents for rapid retrieval by administration.**

B. Student submits to the faculty member the signed completed final evaluation within the WebStudy course

**Step 5  End of course** – Student completes the Student Evaluation of Mentor and Student Evaluation of Clinical Site forms.

A. Student completes and signs the evaluation of mentor(s) for the course, scans the document, and saves the document as follows:

First name, last name, course number, evaluation title (Mentoreval)
Example: SallyJones668Mentoreval
This would be the evaluation of the mentor by Sally Jones for the DNP 668 course.

**It is critical that this format is used by all students to facilitate storage of a large number of documents for rapid retrieval by administration.**

B. Student submits to the faculty member the signed clinical site evaluation within the WebStudy course

C. Student completes and signs the evaluation of clinical site(s) for the course, scans the document, and saves the document as follows:

First name, last name, course number, evaluation title (Clinicalsiteeval)
Example: SallyJones668Clinicalsiteeval
This would be the evaluation of the mentor by Sally Jones for the DNP 668 course.

**It is critical that this format is used by all students to facilitate storage of a large number of documents for rapid retrieval by administration.**

D. Student submits to the faculty member the signed clinical site evaluation within the WebStudy course

Failure to participate in the evaluation processes or to submit within the WebStudy course the required sign forms in a timely manner may result in loss of clinical hour credit.

It is the student's responsibility to ensure that all forms, including those completed by mentor(s), are submitted by the end of the semester in order for grades to be released.

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