Welcome to the University of Southern Mississippi (USM) Family Nurse Practitioner Program. This handbook is intended to augment information found in the Graduate Bulletin, the USM College of Nursing (CON) Student Handbook, the CON website, and course syllabi. Students and faculty should use this handbook as a reference for questions regarding policy, procedure or any other matters related to the Family Nurse Practitioner Program (FNP). Students and faculty are responsible for the content of this handbook and are expected to adhere to the policies contained within.

Every effort has been made to verify the accuracy of the information provided in this handbook. The University of Southern Mississippi reserves the freedom to change, without notice, degree requirements, curriculum, courses, teaching personnel, rules, regulations, tuition, fees, and any other information published herein. This Handbook is reviewed and periodically updated and is not intended to be a contract. This Handbook also is available on the website at: http://www.usm.edu/nursing/nurse-practitioner-student-resources

Further information can be obtained in the following offices:

Office of Student Affairs
118 College Drive #5071
Hattiesburg, MS  39406-0001
http://www.usm.edu/studentaffairs/
601-266-5020

The Graduate School
118 College Drive #5024
Hattiesburg, MS 39406-0001
graduateschool@usm.edu
601-266-5138

College of Nursing
118 College Dr. #5095
Hattiesburg, MS  39406-0001
601-266-5454
http://www.usm.edu/nursing

Family Nurse Practitioner Program
118 College Dr. #5095 Office 231-A
Hattiesburg, MS  39406-0001
601-266-5462
http://www.usm.edu/nursing

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Part 1: Introduction and Overview

Purpose

Welcome to the Family Nurse Practitioner Program (FNP) at The University of Southern Mississippi. The Family Nurse Practitioner Program is a Master of Science in Nursing (MSN) Degree for registered nurses who have a B.S.N. Degree or a Post Graduate Certificate for nurses who are MSN prepared.

The Advanced Practice Registered Nurse (APRN) is a registered nurse who, through additional study and experience is able to provide direct care (consistent with the focus of their course of study) to patients. This setting for the FNP program is primary care across the lifespan, which may be delivered in a variety of clinical settings.

As part of preparation for advanced practice nursing as a Nurse Practitioner (NP), skills in advanced physical assessment, psychosocial assessment, and management of health and illness needs in primary care are mastered. The role of the NP integrates health maintenance, disease prevention, physical assessment, diagnosis, and treatment of common episodic and chronic problems with equal emphasis on health teaching and disease management. The NP practices with a high level of independence and decision making in ambulatory, acute and chronic settings, functioning as a member of a health care team in collaboration with physicians and other health care professionals.

The FNP program emphasizes advanced clinical practice with a sound theoretical and scientific basis. The foundation of appropriate therapy is provided and is specific to the focus of study. An understanding of the economic factors affecting health care delivery and the ethical basis of health services provides important perspectives for NPs. The ability to evaluate, and selectively apply clinical research that enables the NP to maintain currency in scientific advances that improve patient care is taught.

Students who successfully complete this program are qualified to take the American Nurses Credentialing Center (ANCC) and/or the American Academy of Nurse Practitioners’ (AANP) certification examinations for the Family Nurse Practitioner.

FNP Program Outcomes and Competencies

The competencies set forth in this handbook are essential behaviors of all NPs (National Organization of Nurse Practitioner Faculties, 2012). These competencies are demonstrated upon graduation and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care 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.

Nurse Practitioner Core Competencies (NONPF, 2012) www.nonpf.org

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 health care teams, and policy makers) to improve health care.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

**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 health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
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.
6. Analyzes clinical guidelines for individualized application into practice.

**Technology and Information Literacy Competencies**
1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users’ needs
   a. Assesses the patient and caregiver’s educational needs to provide effective, personalized health care.
   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 health care delivery.
2. Effects health care 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 health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum 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 health care 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 health care.
   d. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.

Population Focused Competencies: Family/Across the Lifespan (NONPF, 2013)

Each entry-level NP is expected to meet both the NP core competencies and the population-focused competencies in the area of educational preparation.
Leadership Competencies
1. Works with individuals of other professions maintain a climate of mutual respect and shared values.
2. Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.
3. Engages in continuous professional and interprofessional development to enhance team performance.
4. Assumes leadership in interprofessional groups to facilitate the development, implementation and evaluation of care provided in complex systems.

Independent Practice
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 using collateral information, as needed.
2. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations).
3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
4. Identifies and plans interventions to promote health with families at risk.
5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
6. Distinguishes between normal and abnormal change across the lifespan.
7. Assesses decision-making ability and consults and refers, appropriately.
8. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.
9. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.
10. Formulates comprehensive differential diagnoses.
11. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living.
12. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.
14. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, comorbidities, psychosocial, and financial issues.
16. Plans and orders palliative care and end-of-life care, as appropriate.
17. Performs primary care procedures.
18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.
19. Facilitates family decision-making about health.
20. Analyzes the impact of aging and age-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.
21. Demonstrates knowledge of the similarities and differences in roles of various health professionals proving mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse.
22. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).
23. Applies principles of selfefficacy/empowerment in promoting behavior change.
24. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
25. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families.

Requirements for FNP Program

The MSN curriculum is designed as a four semester full-time plan of study. The BSN-DNP curriculum is designed to be completed in seven (7) semesters of full time study. It is expected that the student will complete all requirements in the prescribed timeline after admission to the program. However, due to personal preference, students may choose a part-time plan of study for the MSN to be completed over 36-48 months of part-time study.

In addition to the USM graduation criteria, to be eligible for graduation from the Family Nurse Practitioner Program, the following criteria must be met:

1. See Graduate Bulletin for information regarding continuation in graduate nursing courses.
2. Satisfactory completion of clinical experiences as required by the FNP Program.
3. Satisfactory achievement of program terminal objectives.
4. Satisfactory completion of all academic and clinical assignments including, but not limited to, SOAP notes, management plans, evaluations, etc.
5. All clinical records must be completed and submitted to the FNP Program (Medatrax)
7. Successful completion of the Comprehensive Written Exam with a minimum grade of 70% given in the last semester of the program.
8. Successful completion of the Final Student Program Evaluation.
2: FNP Program Policies

Graduate School Bulletin and College of Nursing
Handbook Agreement
Curriculum
FNP Program General Policies
Admit Fall 2017 Plan of Study

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<thead>
<tr>
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<tr>
<td><strong>FALL 2017</strong></td>
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<td>Advanced Pathophysiology</td>
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<td>Advanced Health Assessment</td>
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<td>NSG 605</td>
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<td>NSG 670</td>
<td>Diagnostic Procedures for Primary Care</td>
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<tr>
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<tr>
<td>NSG 667</td>
<td>Family Nurse Practitioner Diagnosis &amp; Management I</td>
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<tr>
<td>NSG 667L</td>
<td>Family Nurse Practitioner I Practicum (180 clinical hours)</td>
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<tr>
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<td>Students will need a preceptor who is an FNP (with 2 yrs experience) or MD or DO who works in primary care and provide care to clients across the life span (birth to death)</td>
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<tr>
<td>NSG 615</td>
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<td>Students will need a preceptor who is an FNP (with 2 yrs experience) or MD or DO who works in primary care and provide care to clients across the life span (birth to death).</td>
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<td>NSG 668</td>
<td>FNP Diagnosis &amp; Management: Women, Children (First 8 weeks)</td>
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<tr>
<td>NSG 664L</td>
<td>FNP Internship (270 clinical hours)</td>
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<td>Students will need a preceptor who is an FNP (with 2 yrs experience) or MD or DO who works in primary care and provide care to clients across the life span (birth to death) in addition to a preceptor (FNP, WHNP, CNM, DO, MD) who provides maternity care. Students need to complete 60-80 hours of the 270 hours with a women’s health provider. Includes campus visit for OSCE final Check offs.</td>
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<tr>
<td>NSG 671</td>
<td>Transition to Practice (Last 8 weeks)</td>
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## Course Sequencing Part-time MSN - FNP

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<tr>
<td>SPRING 1</td>
<td>NSG 605</td>
<td>Evidence Based Practice</td>
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<td>Health Promotion</td>
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<td>FALL 2</td>
<td>NSG 803</td>
<td>Advanced Health Assessment (must be taken the semester immediately prior to beginning NSG 667/667L)</td>
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<td>SPRING 2</td>
<td>NSG 670</td>
<td>Diagnostic Procedures for Primary Care</td>
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<td>NSG 667</td>
<td>Family Nurse Practitioner Diagnosis &amp; Management I</td>
</tr>
<tr>
<td></td>
<td>NSG 667L</td>
<td>Family Nurse Practitioner I Practicum (180 clinical hours)</td>
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<td>Students will need a preceptor who is an FNP (with 2 yrs of experience) or MD or DO who works in primary care and provide care to clients across the life span (birth to death)</td>
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<td>FALL 3</td>
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<td>FNP Diagnosis &amp; Management: Women, Children (First 8 weeks)</td>
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<td>NSG 664L</td>
<td>FNP Internship (270 clinical hours)</td>
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<td>Students will need a preceptor who is an FNP (with 2 yrs of experience) or MD or DO who works in primary care and provide care to clients across the life span (birth to death) in addition to a preceptor (FNP, WHNP, CNM, DO, MD) who provides maternity care. Students need to complete 60-80 hours of the 270 hours with a women’s health provider. Includes campus visit for OSCE final Check offs.</td>
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<tr>
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<td>NSG 671</td>
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### Course Sequencing Post-Graduate Certificate FNP

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<td>***NSG 608</td>
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<td>Includes one visit to campus for face to face class (January)</td>
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<td>NSG 667</td>
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<td>Students will need a preceptor who is an FNP (with 2 yrs of experience) or MD or DO who works in primary care and provide care to clients across the life span (birth to death).</td>
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<tr>
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<td>FNP Diagnosis &amp; Management: Women, Children (First 8 weeks)</td>
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<td>NSG 664L</td>
<td>FNP Internship (270 clinical hours)</td>
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<td>Students will need a preceptor who is an FNP (with 2 yrs of experience) or MD or DO who works in primary care and provide care to clients across the life span (birth to death) in addition to a preceptor (FNP, WHNP, CNM, DO, MD) who provides maternity care. Students need to complete 60-80 hours of the 270 hours with a women’s health provider. Includes campus visit for OSCE final Check offs.</td>
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<td>***NSG 671</td>
<td>Transition to Practice (Last 8 weeks)</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Semester Total</td>
<td>9</td>
</tr>
</tbody>
</table>

*If graduate level course(s) Pharmocotherapeutics and/or Pathophysiology satisfactorily completed and noted on official transcript, these courses will be considered to transfer in upon approval of the program director.

**Advanced Health Assessment must be taken at USM unless POST GRADUATE NP.

***If currently certified as an NP, Role I and Role II are not required.
General Policies

Advising

Students will be assigned to an FNP faculty advisor at the time of admission. The FNP faculty advisors will mentor students throughout their academic experiences in the program.

Communication with Faculty

All faculty members have office telephones as well as e-mail addresses by which students may reach them. Refer to the USM Directory for phone numbers and email addresses (www.usm.edu). FNP students will receive a list of faculty contact information upon matriculation into the program. If faculty members are not in their offices, students may leave a message with faculty voice mail or with the Administrative Assistant in the Department of Advanced Practice 601-266-5462.

Comprehensive Examination

In the last semester prior to graduation, all students are required to pass the Comprehensive Examination with a minimum score of 70% to demonstrate mastery of the content necessary to enter practice as safe, competent nurse practitioner and to fulfill degree requirements. This exam will encompass subject matter that has been taught throughout the entire curriculum. A student will be afforded a second opportunity to successfully complete an equivalent Comprehensive Exam. Failure to achieve at least 70% on the second attempt will result in dismissal from the Program.

The comprehensive exam is a 100 question comprehensive exam that measures the nurse practitioner student's readiness to take ANCC and AANP national certification exams. Although this exam serves as the comprehensive exam for MSN FNP students, all FNP students are required to take the examination as this exam assesses mastery of content that will be tested on the national certification exam.

Disaster/Inclement Weather

If the clinical site is open during inclement weather or during a disaster, the USM students are expected to report for scheduled clinical duty if they are able to safely travel to the clinical site, even if the University is closed.

Discipline

The USM FNP program follows the discipline policy of the CoN and the USM Graduate School with the exception of whom will initially counsel the student.

Counseling Regarding Academic Performance

The student will be counseled by the FNP Director. At this time, the student will be advised of the problem and possible steps to correct the problem. A written action plan for improvement will be formulated. The student has the right to be heard. If the problem is not corrected by counseling with the Director, the student will be asked to meet with the Chair for Advanced Practice. At this meeting, continued violation of the above stated problem will be discussed and a written action plan with goals and objectives will be formulated. Consequences for the repeated violation include clinical probation, removal from the clinical site, counseling, and/or termination from the program. If the student is terminated, he/she will be notified by registered mail.
Disciplinary Reasons

The following are considered reasons to warrant disciplinary action or dismissal; HOWEVER, this list in no way implies or represents all reasons for discipline:

- Violation of rules and regulations of any clinical site
- Abusive and profane language
- Breach of confidentiality
- Surrender of nursing license
- Poor attitude or disloyalty
- Carelessness and neglect
- Dishonesty or falsification of documents and papers
- Insubordination
- Poor performance in the classroom or clinical area
- Felony conviction
- Plagiarism
- Refusing to perform as the instructor requests
- Failing to turn in unsatisfactory clinical evaluations
- Unprofessional behavior around staff members, classmates, patients, or their families
- Talking back to, cussing at, gossiping about, or demeaning any instructor, co-worker, or hospital employee
- USE OR BEING UNDER THE INFLUENCE, OF ALCOHOL WHILE IN THE CLINICAL OR CLASSROOM AREA - DRUG USE AT ANY TIME
- In addition, any clinical affiliate may refuse to allow a student access to use of its facilities for violation of affiliate rules.

Disciplinary Rights of the Student

The student has the right to:

- Know expectations and the disciplinary process.
- Consistent response to any infraction.
- Question any facts and present a defense.
- Progressive and fair discipline.
- Consideration as an individual.
- Appeal disciplinary action.

Dress Code

In the clinical sites, and when in the presence of patients, students are expected to dress in a manner that meets the accepted standards of professional workers in the field of health care. Students must wear their USM name badges while in the clinical area identifying themselves as students.

Each student is required to have a ¾ length white lab coat bearing the official USM College of Nursing patch on the shoulder of the right sleeve. The lab coat is to be worn over clothing in the clinical setting. Once the student leaves the clinical facility the lab coat should be removed.

Students must comply with USM and clinical site policy regarding the wearing of jewelry. Body art (tattoo) is never to be displayed. All forms of tattoos are to be covered at all times. Hair is maintained to acceptable levels. Facial hair is expected to be groomed.

All students are expected to be in a proper state of hygiene for the clinical area.
Grading- Clinical Practicum Courses

A separate grade is awarded for theory and clinical courses. The procedure for clinical grades is described in the Clinical Practicum syllabi.

Licensure and Certification

All students must maintain a current, unencumbered MS Registered Nursing license, and current CPR certification at all times while attending the USM Nurse Practitioner Program. A copy will be placed in the student’s file. If the student has not provided evidence of current licensure or certification to the FNP Director, clinical privileges will be immediately suspended. All clinical time missed as a result of such a suspension shall be made up, at the Program Director's discretion.

National Certification Exam

Students who successfully complete the FNP Program meet requirements to take the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP) certifying examination for the Family Nurse Practitioner. The current cost of the exam is $395.00 and $315.00 respectively and is subject to change. Members of professional nursing associations may be eligible for a substantial discount (see links below for details). Students are responsible for scheduling the test and paying all associated fees. The student will not be administered the National Certification Exam until a recommendation for eligibility to take the exam is made by the FNP Director. Information regarding the exams may be found at: http://www.nursecredentialing.org/Certification/NurseSpecialties/FamilyNP.aspx or http://www.aanpcertification.org/padstore/control/index

Professional Nursing Association Membership

Membership in professional nursing association(s) is encouraged. The membership fees will be borne by the student. The Mississippi Nurses Association website offers a Nurse Practitioner Group List Serve and NP students are welcomed. The list serve is an excellent way to network with other practitioners throughout the state. The American Association of Nurse Practitioners offers a student discounted membership. In addition to the many benefits of membership in one of these professional organizations is a discount on certification examination. The Mississippi Association of Nurse Practitioners provides leadership and a voice for NPs across the state.

Remediation

If a clinical competency deficit is detected in a student, a remediation plan will be implemented that will include, but is not limited to high fidelity simulation retraining. The student will be given a clinical scenario, including patient health information, and will be required to provide a written care plan regarding the patient. The student will be evaluated using a formative clinical evaluation tool and will be required to achieve “functions at expected level” in all categories or he/she will be placed on clinical probation. Additional means of remediation might include: assigned readings, module completion, care plan development, additional clinical hours, and case-based scenario discussion of diagnosis and management of primary care concepts. This list is not meant to be exhaustive.
Responsibilities and Rights

Student Responsibilities and Rights:

The student has the responsibility to:
- Demonstrate a professional manner at all times.
- Take responsibility for his/her own actions.
- Be prepared prior to entering the clinical or didactic area.

The student has the right to:
- Expect quality education.
- Expect to be treated fairly and as an adult.
- Be represented in the educational process.
- Be regarded as a professional member of the health-care team.
- Receive fair and objective evaluations.
- Exercise due process of appeal.
- Not be discriminated against because of age, sex, sexual orientation, religion, race, color, national origin, Vietnam-era veteran status, or disability status.
- Decline to do any case he/she finds morally or ethically objectionable.

Faculty Responsibilities and Rights:

Clinical and Didactic faculty have the responsibility to:
- Maintain current professional knowledge and skills.
- Ensure excellence of the educational curriculum.
- Discuss care plans with students under their supervision.
- Demonstrate communication skills.
- Praise positive performance.
- Relate didactic knowledge to clinical experiences.
- Treat learners in a professional manner and as adults.
- Maintain appropriate confidentiality.
- Be a model of professionalism in all interactions with faculty, learners, patients, colleagues.
- Evaluate student performance.
- Instruct students.
- Encourage independence.
- Inspire confidence.
- Respect all faculty, learners, patients, colleagues, and staff as individuals without regard to age, sex, sexual orientation, religion, race, color, national origin, Vietnam-era veteran status, or disability status; and oppose observed disrespect or bias.
- Nurture learner commitment to achieve personal, family and professional balance.
- Recognize and acknowledge expressions of professional attitudes and behaviors as well as the achievement of quantifiable academic excellence.
- Respond vigorously to unprofessional behavior and indications of abuse or exploitation of faculty, learners, patients, colleagues, or staff.
- Create a safe environment in which faculty, learners, and staff can communicate any concerns about the program.

Clinical and Didactic faculty have the right to:
- Expect support from the program and University administration.
• Be treated as a professional.
• Be heard in all matters concerning discipline and evaluation.
• Be represented in the educational process.

Clinical Agency Responsibilities and Rights:

The clinical agency has the responsibility to:
• Provide a clinical environment that is conducive to learning.
• Provide a clinical environment that is free of harassment.

The clinical agency has the right to:
• Expect professionalism from all students and faculty who are “guests” at its clinical sites.
• Restrict any student from participating in clinical education for cause.

Student Services

USM provides a variety of services to enhance student support in the Family NP program. The FNP faculty strongly encourages students to visit these websites. Student services include (but are not limited to):

• Affirmative Action & Equal Employment  http://www.usm.edu/aa-eeo/
• Business Services  https://www.usm.edu/business-services
• Career Services  http://www.usm.edu/career-services
• Counseling Center  http://www.usm.edu/counseling/
• Disability Accommodations  http://www.usm.edu/oda/
• Health Services  http://www.usm.edu/student-health-services
• Student Employment  http://www.usm.edu/student-employment
• Student Success Center:  http://www.usm.edu/success
• The Writing Center:  http://www.usm.edu/writingcenter/
• The Speaking Center:  http://www.usm.edu/speakingcenter/
• Learning Enhancement Center (support for online courses):  https://lec.usm.edu/student-help/

Termination

FNP students may be terminated from the program for deficiencies in the clinical aspect of practice and/or if they do not demonstrate improvement as documented by the faculty’s clinical evaluation of the NP student. Grounds for termination include but are not limited to:

• Level of incompetence representing a threat to patient safety.
• Falsification of documents or records.
• Working while under the influence of alcohol, marijuana, or any controlled substances not prescribed by a physician, in conjunction with the policies of each of the clinical sites.
• Refusal to submit to required drug testing.
• Insubordination or failure to follow direct (reasonable) orders from clinical faculty.
• Theft of program, university, or clinical agency property.
• Failure in any course in the curriculum.

NP students have the right to appeal all decisions through the USM due process policies.


**Time Commitment**

Students may expect to spend between 20-30 hours per week in preparation for didactic and clinical in activities related to the Program. Students are required to log a comprehensive account of their clinical experiences that includes time commitment dedicated to each component of the curriculum in Medatrax. The Program Director and the faculty will monitor the time logs to ensure that the students are in compliance. Students enrolled in the DNP program will have an additional 500 clinical hours associated with the DNP capstone project.

Students will observe official USM Holidays with regards to didactic coursework.

A new laptop purchase is not necessary if the student owns a laptop that meets the technology requirements of Southern Miss. The minimum computer requirements can be accessed at [http://www.usm.edu/itech/recommendations.php](http://www.usm.edu/itech/recommendations.php)

Resources related to additional expenses include:
- USM Department of Parking Management at [http://www.usm.edu/parking/](http://www.usm.edu/parking/)
- Mississippi Board of Nursing Licensure
- National Board of Exam and National Certification Exam fees
- Textbooks will be on file at Barnes and Nobles on the Southern Miss main campus, but the student may purchase the books from their vendor of choice

The following is a list of additional out of pocket expense (estimates) that will be incurred by the student.

All expenses related to travel, lodging, food, etc. to attend various clinical rotation sites is the responsibility of the student and not that of the FNP Program, College of Nursing, or the University of Southern Mississippi.

It is the responsibility of the student to provide housing, travel, food, etc. associated with basic living expenses and not that of the FNP Program, College of Nursing, or the University of Southern Mississippi.
Part 3: Evaluation

Didactic
Clinical
Student Evaluation
Evaluation Tool Guidelines
Evaluation

Didactic Curriculum Evaluation
At the end of each semester, students will complete the standard USM course and faculty evaluation through SOAR (university online system). Students are required to evaluate the faculty and the quality of each course in which they are enrolled, and are encouraged to comment on strengths and areas of improvement regarding the courses and faculty. After the conclusion of the semester, the results of the course evaluations will be made available to faculty members who have taught in the course. Each semester the course coordinator will complete a Course Evaluation Summary that includes information from the student course evaluations, faculty evaluations, and the clinical site and preceptor evaluations. Faculty will review the Course Evaluation Summaries and submit recommendations for change to the Graduate Curriculum Committee when indicated.

Clinical Site/Clinical Preceptor Evaluation
At the end of each clinical site rotation, students will be required to complete a clinical site and clinical preceptor evaluation for each preceptor worked with during that rotation. These evaluations will be completed in Medatrax and then sent electronically to the Program Director who will compile and review the data. Clinical site/preceptor summaries will be sent to the clinical site coordinator to provide feedback and facilitate improvement when indicated.

Student Evaluation

Didactic
Students are evaluated on theoretical knowledge through formal examinations in didactic courses, presentations and formal papers. See individual course syllabi for grading scale.

Clinical
Students’ clinical knowledge and competency will be evaluated by formative and summative clinical evaluations provided by the preceptors. During the initial clinical portion of the program students should obtain formative clinical evaluations from the preceptor who provides feedback on clinical performance. At the end of the rotation the preceptors will be provided an electronic summative evaluation that is to be completed for students with whom they precepted that semester.

The FNP faculty will assign the final clinical grade to student based upon the criteria in the syllabus.

Students who do not receive an overall “meeting expectations” on their evaluations will be counseled and a plan for remediation/review will be initiated when indicated. Students are required to meet with their Clinical Faculty and the Program Director to discuss an action plan for review and remediation.

Exit Survey
Students will complete an exit survey (EBI) in the last semester to provide feedback to the FNP on the administrative, didactic and clinical components of the program. The purpose of the exit survey is to glean useful information that is instrumental in assessing program quality, achievement of stated outcomes, and instituting programmatic changes for improvement.

Evaluation Tool Guidelines

Course/Faculty Evaluation Tool
Students are required to evaluate the faculty and the quality of each course in which they are enrolled. At the conclusion of each semester, students will complete the standardized USM course and faculty
evaluation through Southern’s Online Accessible Records (SOAR). Supplemental questions specifically related to the course/faculty evaluations will also be included in SOAR. They are encouraged to comment on strengths and areas of improvement regarding the courses and faculty. Shortly after the conclusion of the semester, these course evaluations will be made available to faculty members who have taught in the course.

**Clinical Site Evaluation Tool**
At the end of each clinical site rotation, students will be required to complete a clinical site and clinical preceptor evaluation for each preceptor worked with during that rotation. These evaluations will be completed in Medatrax and sent electronically to the Director who will compile and review the data. Clinical site/preceptor summaries will be sent to the clinical site coordinator to provide feedback and facilitate improvement.
Part 4: Clinical Guidelines

Clinical Site Information
Purpose of the Clinical Practicum
Clinical Guidelines
Responsibilities Within Clinical Practica

Responsibility of the College of Nursing
1. The CoN will initiate an education affiliation agreement between the preceptor and the CoN. The preceptor, the clinical facility, and the CoN designee will sign the agreement.
2. The CoN will provide the course work and laboratory experiences that establishes the foundation for clinical practice.
3. The CoN may provide faculty site visits to preceptor sites to evaluate the student and to assist the student and preceptor, as needed, in accomplishing the clinical learning objectives.
4. The CoN will provide the materials required for evaluation of the student's performance in the preceptor's clinical setting.

Responsibility of the Faculty
1. Responsible for identifying and evaluating clinical sites for appropriateness of learning experiences and ensuring completion of site evaluation forms.
2. Responsible for making student/faculty assignments and assigning students to appropriate clinical sites.
3. Responsible for assuring all document completion related to the preceptorship, including the Preceptor Letter of Agreement, preceptor profile (or resume/CV), and Agency Letter of Agreement.
4. Responsible for explaining the expectations of the preceptor and student relationship.
5. Responsible for arranging meetings with the preceptor, student and faculty during the semester for evaluation purposes.
6. Responsible for facilitating appropriate learning experiences based on learning objectives and course content. Faculty will review the student’s clinical log data at each visit.
7. Responsible for providing immediate consultation and/or support of the preceptor and student when needs or problems occur.
8. Responsible for seeking preceptor input regarding the student’s performance.
9. Responsible for collaborating with the student in completing the Student and Faculty Preceptor Evaluation form.
10. Using clinical objectives for the specific semester, Clinical Faculty will document the student’s progress and specify satisfactory/unsatisfactory completion of clinical experience. All relevant documents must be completed by the end of the semester.

Responsibility of the Preceptor
1. The Preceptor will provide a setting in which the student will assess, diagnose, manage, and teach patients and gain experience in clinical practice based on the clinical practicum course objectives.
2. The Preceptor must be physically present in the clinical practice site.
3. The Preceptor will function as a role model to provide clinical teaching and supervision for the student in the practice of work up and management specific to patient’s and student’s needs.
4. The Preceptor will cosign all records and orders written by the NP student unless otherwise restricted.
5. The Preceptor will evaluate the student’s progress using the Medatrax web materials. An email will be sent to the preceptor as a reminder to complete the online evaluation.
6. The Preceptor will make contact during the semester with the student and faculty to discuss the student’s progress and learning needs if the need arises.
7. The Preceptor will provide input regarding clinical evaluation of the student and will complete the clinical evaluation form at midterm and the end of the semester for the
student(s) precepted.
8. The Preceptor is expected to notify faculty immediately when unsatisfactory performance of the student is in question.

9. **Responsibility of the Student**
   1. The student functions under the Nurse Practice Act statutes and regulations for expanded nursing roles for the State of Mississippi. The Student Blanket Nursing Liability Insurance covers students of The University of Southern Mississippi College of Nursing.
   2. The student will obtain a preceptor based on the clinical objectives and guidelines for each clinical course. The student will request a preceptor following the CoN preceptor request guidelines through Medatrax.
   3. The Student is responsible for providing the preceptor with the Preceptor, Faculty, and Student Handbook, including clinical objectives, appropriate evaluations tools and collection of legal and contractual documents (*Preceptor Letter of Agreement, preceptor profile (or resume), and prior to beginning the clinical experience*).
   4. The Student will establish a mutually agreeable schedule for clinical time with the preceptor and provide the schedule to the clinical faculty assigned to supervise the practicum course.
   5. The student will provide information regarding their professional background to preceptor and review personal objectives with preceptor.
   6. The student will conduct oneself professionally.
   7. The student will come to the clinical experience prepared to perform in accordance with assigned learning activities and in accordance with course objectives. Preceptors and faculty are to be notified in advance of any changes in the student’s schedule.
   8. The Student will demonstrate ability to manage progressively complex patient care situations (including differential diagnosis, treatment plans, and patient teaching) in accordance with his/her academic progression.
   9. The Student will follow policies and procedures established in the practicum site and will keep the preceptor informed about cases and learning activities.
   10. The Student will assume responsibility for the clinical practicum experience and participates in conferences with the preceptor and faculty to discuss progress, problems, and learning needs.
   11. The student will accept guidance, criticism, and evaluation from those in a supervisory role in a professional manner.
   12. The Student will maintain accurate records of clinical time and experiences in Medatrax. This document will be completed each day the student is in the clinical site. The Student will submit the original copy of the Clinical Log form at designated intervals to the faculty.
   13. The Student will assist faculty in completing the following forms: Student Evaluation of Preceptor.

**Securing a Clinical Preceptor**

It is the students’ responsibility to arrange for a nurse practitioner or physician to precept the practicum experience. Nurse practitioners must be minimally prepared at the Master’s level and have two years of clinical experience as a nurse practitioner. Students must see patients across the life span during each semester. If at any time, a preceptor doesn’t see patients across the life span, the student is expected to locate an additional preceptor for these experiences.
Clinical practice experience with an approved NP or MD/DO preceptor is to be completed during the semester. The clinical experience must be completed over the course of the entire semester. In order for a student to benefit from ongoing evaluation and feedback, **this experience must be spread out over the duration of the course.**

Students are not permitted to use fast track/ER/urgent care practice settings without prior permission of the faculty. The faculty must ensure the preceptor is functioning as a primary care provider rather than an acute care provider. Students may not do clinical hours in the same facility where they are employed.

Students must complete required clinical hours over the course of the semester. Preceptor licensure in MS for nurse practitioners will be verified via [www.msbn.state.ms.us/licenseverification.htm](http://www.msbn.state.ms.us/licenseverification.htm). For verification of physician preceptor licensure, a copy of the medical license must be submitted with the signed preceptor agreement.

**Procedure for Obtaining Clinical Site and Preceptor**

It is the students’ responsibility to initiate the paper work to obtain a clinical site and preceptor. Once a student has identified a clinical preceptor, it is the students’ responsibility to contact a prospective preceptor for a meeting. The student should download a copy of the Preceptor Handbook for the prospective preceptor to review prior to initiation of a contract. It is the student’s responsibility to initiate the preceptor agreement. **The Request for Preceptor/ Clinical Site** form should be completed and submitted via Medatrax. All areas of the form must be completed in their entirety. Failure to complete entire form will cause the request to be denied.

All graduate students will complete **The Request for Clinical Education Association Agreement** (also referred to as affiliation agreement) form for all agencies where they plan to complete clinical practicum. Students will submit the completed forms via the clinical data tracking system, Medatrax, by the deadline date for the upcoming semester. Deadlines for submitting the affiliation agreement are:

- a. February 1 –Summer semester
- b. April 1- Fall semester
- c. October 1- Spring Semester

Once submitted, the departmental administrative assistant (AA) will review the completed affiliation agreement. If a contract with USM and the agency is not in place, the departmental AA will initiate a contract with the requested clinical agency. As contracts are approved, and preceptors are approved the student will be notified via Medatrax email.

When the student is seeking approval for a preceptor/clinical site through Medatrax, the student will upload the request form, the signed preceptor agreement, preceptor curriculum vitae (CV), and a copy of the verification of preceptor license and certification obtained through the Mississippi Board of Nursing Nurse Verification website at the following link: [https://www.ms.gov/msbn/InquiryInformation.do](https://www.ms.gov/msbn/InquiryInformation.do)

**Suggested Clinical Progression per Clinical Course**

<table>
<thead>
<tr>
<th>Clinical Activity</th>
<th>Time line</th>
<th>Suggested Progression</th>
</tr>
</thead>
</table>
| NSG 669L | First 8-12 hours | Orientation to site and site evaluation
| NSG 664L | Internship | Student to observe preceptor for practice style and student and preceptor set goals and timelines for the experience.

| Next 6-10 hours | Student performs observed history and physical (h/p) with graduate progression to unobserved h/p based on patient complexity. Student reports findings, differential diagnosis and proposes treatment plan. Preceptor refines plan and offers rationale. Student documents in patient chart and writes prescriptions, policy permitting.
| Remainder of clinical experience | Student independently (unobserved) performs history and physical exam. Reports finding and proposed treatment plan. Preceptor refines plan and offers rationale. Student documents in patient chart and writes prescriptions, policy permitting. Preceptor and student finalizes visit with patient. At the end of the session, recap the student actions and address any areas of concern.

**Documentation Required at the Completion of a Clinical Course**

Medatrax. All students are required to submit clinical documentation via the Medatrax online tracking system. Students may be required to submit documents via the Blackboard course. With any clinical documentation required to be submitted by the course and not submitted, the student will receive an Incomplete for the clinical courses. The required documents are:

1. Medatrax Patient Log
2. Student Clinical Time Log
3. Student Evaluation by Preceptor
4. Preceptor – Site Evaluation by Student

Medatrax is the clinical documentation program you will use to document all patients seen during your clinical rotations. You will need to document your time spent in the clinical rotations. You are expected to keep a current patient and time log. Please do not fall behind in entering patient information, as it will be most overwhelming for you to catch up at a later date. Please try to enter all patient information at the end of the day. You may not count data entry into Medatrax as clinical hours. A brief description of the Medatrax functions students are expected to use are listed below:

Time log – provide evidence that you have completed the required number of hours for the semester. The time log contains information about when and where your clinical hours were completed.
Patient log – provides patient data information including date of service, location of service, patient’s initials, age, race, gender, diagnosis, and any procedures performed on each and every patient seen during clinical rotations.

**Clinical Role Information**
Learning what an FNP can and cannot do is part of what you must learn while you are in school: and being in graduate school means that you are expected to take responsibility for your own learning. For example a Nurse Midwife may deliver a baby – an FNP does not. Listed below is a general list of procedures that are OK or NOT OK for you to do while in the FNP program.

<table>
<thead>
<tr>
<th>May Perform with supervision</th>
<th>May NOT Perform</th>
<th>COMMENTS</th>
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</thead>
<tbody>
<tr>
<td>Simple suturing – with proper administration of local anesthetic</td>
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<tr>
<td>I&amp;D Abscess – with proper administration of local anesthetic</td>
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<tr>
<td>I&amp;D cyst- with proper administration of local anesthetic</td>
<td></td>
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<tr>
<td>Biopsy of superficial lesions</td>
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<tr>
<td>Incising, draining, and irrigating superficial lesions</td>
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<tr>
<td>Packing wounds</td>
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<td></td>
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<td>Removing in-grown toenails</td>
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<td>Nail trephination</td>
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<td>Releasing subungal hematoma</td>
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<td>Debriding minor burns</td>
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<tr>
<td>Dilating eye</td>
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<tr>
<td>Performing fluorescein staining</td>
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<td></td>
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<tr>
<td>Exam of eye for foreign body</td>
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<tr>
<td>Slit lamp exam</td>
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<tr>
<td>Cerumen impaction curettage</td>
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<tr>
<td>Control of epistaxis</td>
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<tr>
<td>Performing UV exam of skin and secretions (Woods lamp)</td>
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<tr>
<td>Treatment of skin lesions, foot callus, skin tag, plantar lesions</td>
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<tr>
<td>Simple foreign body removal (skin/foot)</td>
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<tr>
<td>Culture collection</td>
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<tr>
<td>Microscopic examination of Specimens</td>
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<tr>
<td>Pap Smears</td>
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<td>OBGYN</td>
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<td>Pap smears</td>
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<td>Bi-Manual Exams</td>
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<tr>
<td>Wet Prep and Microscopic exam</td>
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<tr>
<td>KOH slides with Microscopic exam</td>
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<tr>
<td>Collection of cultures</td>
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<tr>
<td>*IUD insertions</td>
<td></td>
<td>Requires additional training</td>
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<tr>
<td>Aspirations of a breast mass</td>
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<tr>
<td>Biopsy of a breast mass</td>
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<tr>
<td>*Colposcopy</td>
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**Clinical Course Overview And Objectives**

**NSG 667L: Family Nurse Practitioner Practicum I – 180 Clock Hours**
This practicum course focuses on synthesis of theory into evidence based advanced nursing practice related to primary care management of culturally diverse individuals with commonly occurring acute and chronic health problems. Role emphasis is on provision of quality, safe, cost-effective patient centered
care, patient advocacy, and patient education within the legal and ethical model of providing primary care.

Course Objectives:
Upon completion of this course, the student will be able to:
1. Demonstrate integration of concepts, theories and research from nursing and related fields in the implementation of health promotion, disease prevention and management of care with individuals from culturally diverse backgrounds.
2. Demonstrate proficiency in the use of diagnostic reasoning skills in the clinical assessment, differential diagnoses, comprehensive diagnostic, therapeutic and educative plans of care for acute and chronic health problems to include follow up, referral and consultation.
3. Present comprehensive plans of care using decision making skills and relevant research findings to determine evidence based primary care management of commonly occurring acute and chronic health problems to include quality management and cost containment practices.
4. Demonstrate the use of legal and ethical considerations in the primary care management of individuals.
5. Integrates appropriate technologies to improve health care.

NSG 669L: Family Nurse Practitioner II Practicum – 180 Clock Hours
This practicum course focuses on synthesis of theory into evidence based advanced nursing practice related to primary care management of culturally diverse individuals with commonly occurring complex health problems, typically requiring collaboration and referral. Role emphasis is on provision of quality, safe, cost-effective patient centered care, patient advocacy, and patient education within the legal and ethical model of providing primary care.

Course Objectives:
Upon completion of this course, the student will be able to:
1. Demonstrate concepts, theories and research from nursing and related fields in the implementation of health promotion, disease prevention and management of care individuals with complex health problems from culturally diverse backgrounds.
2. Demonstrate diagnostic reasoning skills in the clinical assessment, differential diagnoses, comprehensive diagnostic, therapeutic and educative plans of care for acute and chronic complex health problems to include follow up, referral and consultation.
3. Demonstrate diagnostic reasoning skills in the clinical assessment, differential diagnoses, comprehensive diagnostic, therapeutic and educative plans of care in a community-based setting to include follow up, referral and consultation.
4. Present management plans that include decision making skills and relevant research findings to determine evidence based primary care management of commonly occurring acute and chronic complex health problems to include quality management and cost containment practices within the legal and ethical realm of primary care management.
5. Integrates appropriate technologies for knowledge management to improve health care.

NSG 664L: Family Nurse Practitioner Internship – 270 Clock Hours
This clinical immersion course focuses on synthesis of theory into evidence based advanced nursing practice related to primary care management of culturally diverse individuals, families and communities. Role emphasis is on provision of quality, safe, cost-effective patient centered care, patient advocacy, and
patient education within the legal and ethical model of providing care to include leadership, quality improvement, resource utilization and reimbursement issues that prepares the graduate for national certification and state licensure.

Course Objectives:
Upon completion of this course, the student will be able to:

1. Demonstrate concepts, theories and research from nursing and related fields in the implementation of health promotion, disease prevention and management of primary care of individuals and from culturally diverse backgrounds, utilizing an evidence-based approach.
2. Demonstrate diagnostic reasoning skills in the clinical assessment, differential diagnoses, comprehensive diagnostic, and therapeutic and educative plans of care for complex health problems to include follow up, referral and consultation.
3. Demonstrate decision making skills and relevant research findings to determine evidence based primary care management of complex health problems to include quality management and cost containment practices.
4. Demonstrate legal and ethical considerations in the primary care management of individuals.
5. Demonstrate the role of the primary care provider as it relates to all aspects of leadership, professionalism, quality improvement, resource utilization and reimbursement issues in the provision of primary care.
6. Provides leadership in the dissemination of evidence to diverse audiences within primary care practice and the community.
7. Integrates appropriate technologies to improve health care.

Clinical Assignments and Responsibilities

- The title “SFNP” (Student Family Nurse Practitioner) is the designated title of students enrolled in the USM FNP program. Students must represent themselves as such and are prohibited from representing themselves as certified nurse practitioners.

- All students must maintain a current unencumbered MS RN license; CPR certifications, and evidence of liability insurance throughout the program.

- Students must be supervised by either a Certified Nurse Practitioner (FNP) or a licensed physician in a ratio of student to preceptor of 1:1 or 1:2. In addition, during the Women’s Health rotation, students may be supervised by a Certified Nurse Midwife (CNM) or a Women’s Health Nurse Practitioner (WHNP).

- Any unusual clinical occurrence must be reported to the Program Director within 24 hours and an incident report that must be filled out and turned into the Program Director.

- If an instructor/preceptor feels that a student is not prepared for the day’s assignment he/she may either ask the student to observe for the day (not count the clinical hours as direct clinical hours) or may dismiss the student from the clinical area. If the student is dismissed from the clinical area, he/she must immediately report to the program director for further instruction. The preceptor/clinical coordinator should notify the FNP program director of this act immediately.

- Students are required to comply with the Health Insurance Portability and Accountability Act (HIPAA) and follow HIPAA procedures set forth by the clinical site.

- Students will receive informal formative and summative clinical evaluations regarding
their clinical performance according to their level in the program.

- Students are required to document their clinical experiences in Medatrax on a daily basis. Students are responsible for maintaining a Medatrax account for their duration in the FNP program and paying all associated fees directly to Medatrax.

- Failure to maintain accurate records or fulfill care plan requirements may result in the student being placed on probation. Ultimately, the student will be asked to withdraw from the Program if the problem is not rectified.

Clinical Hours for the FNP Program
All FNP students are required to document the completion of a minimum of 630 clinical hours. It is anticipated that the students will average between 8 and 20 patients per day each. Students must document their patients, along with required information using the Medatrax system. The FNP faculty will monitor student patient requirements through this system.

Clinical Evaluation
Students will receive informal formative clinical performance evaluations based on their level in the program. Students are responsible for obtaining a summative clinical evaluation from the preceptor via the Medatrax monitoring system. The student should discuss the evaluation with the preceptor each day in order to improve patient care and student learning outcomes. Students must meet the clinical competencies for each semester to progress to the next semester.

Clinical Probation
Students who do not maintain a minimum grade of “C” in the clinical practicum will be placed on clinical probation. The student will meet with the Program Director or her designee to discuss the clinical deficiencies leading to the clinical probation. The student will be required to develop an action plan outlining how he/she will correct the clinical deficiencies. The student must meet with his/her faculty advisor weekly while on clinical probation to discuss progress toward correction of clinical deficiencies.

During the clinical probation, the student must obtain daily formative clinical evaluations and develop daily written management plans (regardless of level in program). The length of clinical probation will be one month. At the end of the clinical probationary period the student’s clinical performance will be evaluated. If the student fails to earn a minimum grade of “C” at the end of the clinical probation or if the student fails to correct his/her clinical deficiencies, he/she will be dismissed from the program. Clinical probation may not be repeated. If a student fails to earn a minimum grade of “C” in the clinical practicum, and if he/she has already been on clinical probation one time, he/she will be dismissed from the program.
Appendices

Technical Standards Contract
FNP Student Contract
Request for Clinical Affiliation Agreement
Request for Preceptor Form
Preceptor Agreement
Nurse Practitioner Program Technical Standards
It is the policy of the USM FNP Program that no person shall be denied admission to the college, or awarding of a degree from the college on the basis of any disability, pursuant to the Americans with Disabilities Act (ADA) of 1990 and section 504 of the Rehabilitation Act of 1973, provided that the person demonstrates ability to meet the minimum standards set forth herein. USM Nurse Practitioner Program will reasonably accommodate individuals with disabilities, provided that the standards required by the college of all graduates and the integrity of the college’s curriculum are upheld. Mastery of essential skills is required of all students.

These standards are developed as criteria to achieve the degree in preparation for practice as a Nurse Practitioner. The faculty is equally cognizant of its responsibilities to patients who will be a part of the educational process and to future patients who will entrust their welfare and lives to graduates of our college. The safety of the patient, on whom the nurse anesthesia education process is largely focused, has been given a primary consideration in developing these standards. The faculty therefore, must carefully consider the personal and emotional characteristics, motivation, industry, maturity, resourcefulness, and personal health of the aspiring health care professional. Technological compensation can be made for disabilities in certain of these areas, but a candidate must be able to perform certain basic functions in a reasonably independent manner. The use of a trained intermediary to observe or interpret information or to perform procedures is deemed to compromise the essential function of the health care professional and may jeopardize the safety of the patient.

The USM College of Nursing set as guidelines the following Technical Standards that are to be met with or without reasonable accommodations.

1. **The ability to see, hear, touch, smell, maintain equilibrium, and distinguish colors (sensory perception)**
   - Obtain, use and interpret information from diagnostic maneuvers, (e.g. palpation, auscultation, percussion, etc.) and other diagnostic representation of physiological phenomena during the course of conducting a comprehensive physical (mental) assessment of a client consistently, quickly and accurately.
   - Acquire information from written documents and computer information systems (including literature searches and data retrieval), identify information presented in images from paper, videos, transparencies, slides, graphic images and digital and analog representations
   - Observe demonstrations and conduct return performances
   - Observe the client accurately at a distance and close at hand, noting non-verbal as well as verbal signs
   - Obtain accurate readings from diagnostic instruments
   - Become aware of environmental alarms (e.g. fire alarms, monitors, smoke) quickly and consistently.
2. Communication ability (oral, writing, etc.) with accuracy, consistency, clarity and efficiency
   • Acquire information from written documents and computer information systems (including literature searches and data retrieval), identify information presented in images from paper, videos, transparencies and slides
   • Accurately elicit information via speech, hearing and observation, including a medical history and other information required to adequately and effectively evaluate a client’s condition
   • Communicate (oral and written) effectively and efficiently with faculty, clients, families and all members of the health care team about a client’s condition as called for under the circumstances
   • Communicate quickly, effectively and efficiently with oral and written English with all members of the health care team

3. Manual dexterity, gross and fine motor movements
   • Directly perform procedures and interventions (e.g. Basic Life Support techniques, physical assessment) sufficient to provide safe and effective nursing care according to prescribed therapeutic regimens
   • Practice in a safe manner and respond appropriately to emergencies and urgencies
   • Practice standard precautions against contamination and cross contamination with infectious pathogens (e.g. wearing personal protective equipment; working with sharp objects and hazardous chemical; treating clients with infectious diseases)
   • Execute motor movement reasonably required to provide general care and emergency treatment to clients including moving and lifting.

4. Ability to learn, think critically, analyze, assess, solve problems, reach judgment (Conceptualization, integration and quantification)
   • Acquire information from demonstrations and experiences in the basic and applied sciences, including but not limited to information conveyed through lecture, group seminar, small group activities and physical demonstrations
   • Synthesize information to develop a plan of care
   • Problem solve and think critically to judge which theory and/or strategy of assessment and intervention is most appropriate
   • Utilize intellectual ability, exercise proper judgment, and timely and accurately complete responsibilities attendant to the delivery of care to clients
   • Measure, calculate, analyze, and use numerical recognition quickly to problem solve in certain situations.

5. Emotional stability and ability to accept responsibility and accountability (Behavioral, social skills, abilities and aptitude)
   • Develop effective and appropriate relationships with clients, colleagues, coworkers and relevant others
   • Adapt and function effectively under the various circumstances and rigors (including stress) which are inherent in the clinical practice of nursing
   • Convey a sense of sensitivity, compassion and empathy with clients
   • Integrity, honesty, concern for others, good interpersonal skill, interest and motivation are representative of emotional health
• Accept responsibility, accountability and ownership for own actions or role as an emotionally mature member of healthcare team

6. Ethical Standards: The candidate must demonstrate professional demeanor and behavior, and must perform in an ethical manner in all dealing with peers, faculty, staff and patients.

* Items with bullets represent examples for each Technical Standard category and are not intended to be an exhausted list.

Decisions related to retention in the nursing program will be made on a case by case basis since a part of the decision rests on the nature of the “reasonable accommodations” which will need to be made in order for the student to be successful once admitted. The student must meet the essential Technical Standards so that he or she will be able to perform in a reasonably independent manner. Once confirmed in the program, students must pass all courses at an acceptable level and master all essential clinical competencies regardless of the disability and reasonable accommodation. Students will be assessed continuously for their ability to meet technical standards.

Procedures for obtaining accommodation:

1. Provide documented evidence of physical clearance by licensed primary care provider as requested on the CoN history and physical,
2. Complete all referrals as indicated by the primary care provider on the history and physical and,
3. Submit to the CoN any additional reports obtained from referrals; and,
4. Submit to the CoN and the immediate instructor any instruction for emergent treatment and contact information for significant others

References:
Mississippi Board of Nursing: Nursing Practice Law and Rules and Regulations (9/1/01)
American Association of Colleges of Nursing: Education Center – Guidelines for Accommodating Students with Disabilities in Schools of Nursing
SUNY Upstate Medical University at Syracuse: CON’s Technical Standards
University of Michigan Medical School: Technical Standards
University of Massachusetts Medical School: Technical Standards for UMMS

Grand Valley State University: Technical Standards for the Master in Physician Assistant Studies
Family Nurse Practitioner Program Student Contract

I have received a copy of the University of Southern Mississippi (USM) Family Nurse Practitioner (FNP) Handbook. I have had an opportunity to review and discuss its contents, and I agree, as a student enrolled in the FNP program, to adhere to the policies and guidelines set forth.

Furthermore, I acknowledge that I have read the Technical Standards and understand that these standards must be met prior to beginning the clinical courses of the program and maintained throughout the course of my training.

If any information I submitted to the program proves to be untrue, I understand that this may lead to my immediate termination from the program.

Upon graduation, I agree to provide my employer information to the USM CON. I understand that approximately 6 months to 1 year after my graduation, my employer will be sent an evaluation tool to evaluate my performance as a newly graduated FNP. I understand that the results will be kept confidential and will be used to evaluate the strengths and weaknesses of the USM FNP program. I agree to have this evaluation completed by my employer.

I give permission for the faculty in the USM FNP program to provide reference information upon my request. I understand that the nature and scope of the reference documentation may include information sought by employers, scholarship and award committees, and any future college/university where I may seek admission.

I agree to repay any financial assistance provided to me by public or private entities.

All policies and procedures outlined in the Family Nurse Practitioner Handbook are subject to change during the course of the program and it is my responsibility to not only keep abreast of these changes, but recognize them as a requirement for graduation from the program.

Student’s Printed name: ________________________________________________________

Student’s Signature: __________________________________________________________

Date: _______________________________________________________________________

Read the document, print page 36. Print name, sign and date the document. Scan page 36 with name, signature and date and return as email attachment to: Sonia.adams@usm.edu
### Request For Preceptor and Clinical Site

**Preceptor’s Full Name:** ___________________  **Preceptor’s Email:** ___________________
(for correspondence and for verification of preceptor hours)

**Position/Title/License (complete appropriate section):**

| □ | Nurse Practitioner Preceptor | State License: | National Certification: |
|   |                             | License # _______ Expiration: _______ | Certification Focus (ie FNP, PMHNP): |
|   |                             |                               | Certifying Body: AANP____ ANCC____ |
|   |                             |                               | Certification number _______ Expiration _______ |

| □ | Physician Preceptor | Mississippi license _______ Expiration: _______ Specialty (if applicable): |
|   | DO___ MD___          |                               | Copy of current Mississippi medical license is required for verification. |

*Students* must upload appropriate license confirmation into Medatrax

1) Nurse practitioner preceptor: LICENSE VERIFICATION from the MS Board of Nursing website
2) Physician preceptor: obtain a copy of current PHYSICIAN LICENSE

**Preceptor’s Clinical Focus:**

- Primary Comprehensive HealthCare
- Behavioral Care
- Other-specify________

**Preceptor’s Patient Population (check all that apply):**

- Adults
- Adolescents
- Children
- Infants
- Geriatrics

Semester/Year of Agreement for Preceptorship

**Year** _______  **Semester:**

- Fall (August-December)
- Spring (January-May)
- Summer (June-August)

### Preceptor Curriculum Vitae

(Complete form below in place of formal CV OR provide a copy of formal CV which will be uploaded with this application).

**Educational Preparation:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Year Awarded</th>
<th>Main Field of Study</th>
<th>Educational Institution/Organization</th>
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**Work Experience. Location and/or Area of Expertise (please include the last 5 years):**

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<tr>
<th>Practice Location</th>
<th>Experience</th>
<th>Area of Expertise</th>
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<table>
<thead>
<tr>
<th>Official name of clinical site (where student will be completing clinical hours with preceptor)</th>
<th>Clinic Phone</th>
<th>Clinic Fax</th>
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<tr>
<th>Physical Address of clinical site</th>
<th>City</th>
<th>County</th>
<th>Zip</th>
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**Parent agency (if different from above)**

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<tr>
<th>Name of Authorizing Official</th>
<th>Email address of authorizing official</th>
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☐ I have reviewed the preceptor responsibilities and hereby **AGREE** to serve as preceptor for the above referenced student.

☐ The student has permission to fulfill clinical hours at the above referenced clinic location.

**Preceptor Signature**

__________________________________________  **Date**

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Clinical Log

Student name:

Preceptor name:

Clinical Agency:

Instructions: Print or type information above. Use one (or more) form for each preceptor. Preceptor signature is required at the end of each clinical day. Do not include meal breaks (lunch or supper) in # of hours. At the end of clinical time with each preceptor, copy this signed form and give to preceptor. You must keep the original log for your records to be available at instructor/MSN coordinator request. Scan and submit completed logs to Blackboard assignment tab.

<table>
<thead>
<tr>
<th>Date</th>
<th>Time in</th>
<th>Time Out</th>
<th># of Hours (Subtract meal break)</th>
<th>Cumulative Hours</th>
<th>Student presented SOAP Note for preceptor review (√)</th>
<th>Preceptor signature</th>
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I certify that I have completed the cumulative hours on this log in accordance to the requirements outlined in the course syllabus. I further certify my data entry into the Medatrax database that correlates with these clinical experiences are complete and accurate

(Form Revised 01/2014 KMP)

(Student signature)
**Student Competency-Based Clinical Education and Assessment Tool**

**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**

**COLLEGE OF NURSING**

**FAMILY NURSE PRACTITIONER GRADUATE PROGRAM**

Student: __________________________

☐ NSG 667L  ☐ NSG 668L  ☐ NSG 664L  Semester ☐ Summer ☐ Fall ☐ Spring  Year: 20____

☐ Midterm  ☐ Final

Clinical Practicum Preceptor: __________________________  Site: __________________________

Clinical Faculty: __________________________  Date: __________________________

Please circle the indicator that best documents the student’s performance for the bolded objectives using the following rating scale.

- Not applicable (NA): Student action was not evaluated.
- 1. Does not meet objective
- 2. Routinely needs continual guidance to meet objective
- 3. Demonstrates progress towards meeting the objective
- 4. Meets specific objective frequently
- 5. Meets specific objective consistently

Expectations are that students score at least 2-3 for each validating competency in the first semester, 2-3 in second semester, 3-4 in third semester, and 4-5 in the last semester unless a score of NA is appropriate for the clinical practicum setting.

Students must score a 5 for each of the * competencies every semester.

Students who do not meet the scoring criteria for a given semester by the midterm evaluation require an Academic Improvement Plan.

<table>
<thead>
<tr>
<th>CLINICAL PRACTICUM OBJECTIVES &amp; VALIDATING COMPETENCIES</th>
<th>STUDENT Self-Evaluation</th>
<th>PRECEPTOR Evaluation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Competencies:</td>
<td>1 2 3 4 5</td>
<td>1 2 3 4 5</td>
</tr>
<tr>
<td>1. Functions as a licensed independent practitioner.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
</tr>
<tr>
<td>2. Demonstrates the highest level of accountability for professional practice.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
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<tr>
<td>3. Practices independently managing previously diagnosed and undiagnosed patients.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
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<tr>
<td>3.a Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
</tr>
<tr>
<td>3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
</tr>
<tr>
<td>3.c Employs screening and diagnostic strategies in the development of diagnoses.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
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<tr>
<td>3.d Prescribes medications within scope of practice.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
</tr>
<tr>
<td>3.e Manages the health/illness status of patients and families over time.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
</tr>
<tr>
<td>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</td>
<td>NA 1 2 3 4 5</td>
<td>NA 1 2 3 4 5</td>
</tr>
</tbody>
</table>
4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
4.b Creates a climate of patient centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
4.c Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.
4.d Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.

Independent Practice Competencies

5. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle using collateral information, as needed.
6. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations).
7. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
8. Identifies and plans interventions to promote health with families at risk.
9. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
10. Distinguishes between normal and abnormal change across the lifespan.
11. Assesses decision-making ability and consults and refers, appropriately.
12. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.
13. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.
14. Formulates comprehensive differential diagnoses.
15. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living.
16. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.
17. Prescribes therapeutic devices.
18. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, comorbidities, psychosocial, and financial issues.
20. Plans and orders palliative care and end-of-life care, as appropriate.
22. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.
23. Facilitates family decision-making about health.
24. Analyzes the impact of aging and age-related disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.
25. Demonstrates knowledge of the similarities and differences in roles of various health professionals' providing mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse.
26. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).
27. Applies principles of self-efficacy/empowerment in promoting behavior change.
28. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.

29. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families

Student Comments (optional):

Preceptor Comments (optional):

Student Signature: ____________________________

Preceptor Signature: __________________________

Faculty Signature: ____________________________
FNP Program Director Information

Melanie Gilmore PhD, FNP-BC
Phone 601-266-5462
Email: Melanie.gilmore@usm.edu