Welcome to the University of Southern Mississippi (USM) 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 a nurse practitioner program (MSN, DNP, PGC). 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.

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

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

USM is a public institution that receives federal funding; it is required to comply with the Americans’ with Disabilities Act and Section 504 of the Rehabilitation Act of 1973. This can be found on the title page of the Graduate Bulletin (http://catalog.usm.edu/index.php)
Section 1: Introduction and Overview

Welcome to the School of Leadership and Advanced Nursing Practice at The University of Southern Mississippi. Both the Family Nurse Practitioner (FNP) and the Psychiatric Mental Health Nurse Practitioner (PMHNP) Programs are degree at a Master of Science in Nursing (MSN) Degree or Doctor of Nursing Practice for registered nurses who have a B.S.N. Degree or a Post Graduate Certificate for nurses who are previously graduate 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 NP programs are 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 and behavioral 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 and PMHNP programs emphasize 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) for PMHNP and FNP and/or the American Academy of Nurse Practitioners’ (AANP) certification examinations for the FNP.

Program Outcomes and Competencies

The competencies set forth in this handbook are essential behaviors of all NPs as outlined by the National Organization of Nurse Practitioner Faculties (2017). 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, 2017) [www.nonpf.org](http://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.

Each entry-level NP is expected to meet both the NP core competencies and the population-focused competencies in the area of educational preparation.

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

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-and 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.
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.


Leadership Competencies
1. Participates in community and population-focused programs that promote mental health and prevent or reduce risk of mental health problems and psychiatric disorders.
3. Collaborates with interprofessional colleagues about advocacy and policy issues at the local, state, and national related to reducing health disparities and improving clinical outcomes for populations with mental health problems and psychiatric disorders.

Quality Competencies
1. Evaluates the appropriate uses of seclusion and restraints in care processes

Policy Competencies
1. Employs opportunities to influence health policy to reduce the impact of stigma on services for prevention and treatment of mental health problems and psychiatric disorders.

Independent Practice Competencies
1. Develops an age-appropriate treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines.
2. Includes differential diagnosis for mental health problems and psychiatric disorders.
4. Conducts individual and group psychotherapy.
5. Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence based psychotherapy to both brief and long term individual practice.
6. Applies recovery oriented principles and trauma focused care to individuals.
7. Demonstrates best practices of family approaches to care.
8. Plans care to minimize the development of complications and promote function and quality of life.
9. Treats acute and chronic psychiatric disorders and mental health problems.
10. Safely prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders.
11. Ensures patient safety through the appropriate prescription and management of pharmacologic and non-pharmacologic interventions.
12. Explain the risks and benefits of treatment to the patient and their family.
13. Identifies the role of PMHNP in risk-mitigation strategies in the areas of opiate use and substance abuse clients.
14. Seeks consultation when appropriate to enhance one’s own practice.
16. Provides consultation to healthcare providers and others to enhance quality and cost-effective services.
17. Guides the patient in evaluating the appropriate use of complementary and alternative therapies.
18. Uses individualized outcome measure to evaluate psychiatric care.
19. Manages psychiatric emergencies across all settings.
20. Refers patient appropriately.
21. Facilitates the transition of patients across levels of care.
22. Uses outcomes to evaluate care.
23. Attends to the patient-nurse practitioner relationship as a vehicle for therapeutic change.
24. Maintains a therapeutic relationship overtime with individuals, groups, and families to promote positive clinical outcomes.
25. Therapeutically concludes the nurse-patient relationship transitioning the patient to other levels of care, when appropriate.
26. Demonstrates ability to address sexual/physical abuse, substance abuse, sexuality, and spiritual conflict across the lifespan.
27. Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth.
28. Apply principles of self-efficacy/empowerment and other self-management theories in promoting relationship development and behavior change.
29. Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.
30. Teaches patients, families and groups about treatment options with respect to developmental, physiological, cognitive, cultural ability and readiness.
31. Provides psychoeducation to individuals, families, and groups regarding mental health problems and psychiatric disorders.
32. Modifies treatment approaches based on the ability and readiness to learn.
33. Considers motivation and readiness to improve self-care and healthy behavior when teaching individuals, families and groups of patients.
34. Demonstrates knowledge of appropriate use of seclusion and restraints.
35. Documents appropriate use of seclusion and restraints.

Requirements for NP Programs

The MSN curriculum is designed to be completed in five semesters of full-time 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.

In addition to the USM graduation criteria, to be eligible for graduation from one of the 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 specific Program (outlines in each clinical course syllabus).
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 (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.
9. Current Health Care Provider CPR, and unencumbered MS RN license on file at all times with Student Services.
Section 2: NP Program Policies

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). If faculty members are not in their offices, students may leave a message with faculty voice mail or with the Administrative Assistant in the School of Leadership and Advanced Nursing 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 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 and or Clinical Performance

After speaking with the course faculty, the student will be counseled by the Program Coordinator. 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 Program Coordinator, the student will be asked to meet with the Director of the School of Leadership and Advanced Nursing 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 perform satisfactorily on clinical evaluations
- Unprofessional behavior around preceptors, staff members, classmates, patients, or their families
- Talking back to, cussing at, gossiping about, or demeaning any instructor, preceptor or agency personnel (social media included).
- 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.

**Termination**

NP 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.
Grading - Clinical Practicum Courses

A separate grade is awarded for theory and clinical courses. The procedure for evaluation and grading is described in the course syllabi.

Remediation - Clinical

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, and additional clinical hours. This list is not meant to be exhaustive.

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 in Student Services. If the student has not provided evidence of current licensure or certification to the Student Services in the CON, clinical privileges will be immediately suspended. All clinical time missed as a result of such a suspension shall be made up at the Program Coordinator’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. Students who successfully complete the PMHNP Program meet requirements to take the American Nurses Credentialing Center (ANCC) certifying examination for the Family Psychiatric Mental Health 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 Program Coordinator. Information regarding the exams may be found at:
http://www.nursecredentialing.org/Certification/NurseSpecialties/FamilyNP.aspx or
http://www.aanpcertification.org/ptistore/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.

**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 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.

**Time Commitment**

Students may expect to spend between 20-30 hours per week in preparation for didactic and clinical 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.

Resources related to additional expenses include:
- USM Department of Parking Management at [http://www.usm.edu/parking/](http://www.usm.edu/parking/) Online students may purchase a day pass for $2. This must be purchased online at least 24 hours prior to the campus visit.
- 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
- Subscription to online programs associated with courses (Medatrax, iHuman, Shadow Health, etc)

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 NP 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 NP Program, College of Nursing, or the University of Southern Mississippi.
Section 3: Guidelines for APRN Clinical Experiences

Clinical Hours

There are three clinical practicum courses in the nurse practitioner programs. The first two clinical courses require 180 hours of clinical time per semester and the final clinical course, the internship requires 270 hours of clinical time during the semester. Completing the OSCE Competency exams during courses may count as two clinical hours each. Weekly calculations of clinical hours is dependent on the number of weeks in each semester. Students must calculate the number of days per week required to complete all the clinical hours prior to the end of the semester.

Students enrolled in the DNP program will complete an additional clinical hours associated with the DNP final project. Please see the DNP Handbook for specifics regarding these clinical hours.

Clinical Sites and Preceptors

Selection Criteria for Clinical Sites

The NP student may complete clinical experiences in the community where they reside. However, all clinical experiences must meet the criteria below and may require travel outside the home town/city. 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. Students must complete required clinical hours over the course of the semester.

1. FNP students are to be in primary care clinics. In the last semester, students may obtain hours in specialty clinics. Up to 100 hours of the 270 hours may be in specialty clinics. This includes pediatrics, women’s health, etc. The specialty experiences should be based on student learning objectives and students are encouraged to discuss with faculty ahead of time.
2. PMHNPNP students should locate a preceptor in a behavioral care setting. Students will need both inpatient and community experiences to meet course requirements.
3. Patient volume is adequate to ensure sufficient patient per day per student to acquire the skills needed to meet core competencies, programs goals and course objectives.
4. Space is available for student (examination room, area for documentation).

Clinical Preceptors

All NP students engage in clinical practice under the guidance of a qualified preceptor. The clinical preceptor must be:

1. Formally educated for professional practice
   a. Graduate Prepared APRN – The APRN must have a minimum of 1 year of clinical experience as an APRN in the specialty.
   b. Physician (MD or DO)
2. Hold an unencumbered and current license to practice in the state of Mississippi, unless placed in a Veterans Administration clinical site.
3. National board certified APRN

Securing a Clinical Preceptor

Students are responsible for contacting and securing qualified clinical preceptors. At least two semesters...
prior to a clinical course, the process of identifying an acceptable preceptor should begin. Students who encounter difficulty locating a clinical preceptor should contact the Program Coordinator for their emphasis area (FNP or PMHNP) for suggestions and assistance. However, it is the student’s ultimate responsibility to obtain an acceptable clinical site and preceptor.

It is intended that students stay with the same clinical preceptor and site throughout the progression of their clinical courses. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations, which is determined by the midterm and final clinical evaluations, the clinical faculty and student will discuss the need to identify another clinic site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site.

Approval of Clinical Site and Preceptor

Once a provider (NP or Physician) has been identified and has agreed to serve as a clinical preceptor, the Request For Preceptor and Clinical Site form, which includes an abbreviated CV, must be completed in its entirety and signed by the preceptor. The form can be found in the appendices at the back of this Handbook.

In addition to the Request for Preceptor and Clinical Site form, the student should secure a copy of the preceptor’s license to practice (APRN Preceptor licensure in MS for nurse practitioners will be verified by the student via www.msbn.state.ms.us/licenseverification.htm), and a copy of the APRN Certification document to be uploaded. See Instructions for Uploading Documents into Medatrax.

Once completed, all documentation must be uploaded into Medatrax. The Program Coordinator or other assigned faculty will approve all clinical sites and clinical preceptors. The Administrative Assistant assigned to assist with Medatrax will verify that an affiliation Agreement for the approved site is on file in the CON.

Deadlines for submitting the affiliation agreement are:
   a. February 1 –Summer semester
   b. April 1- Fall semester
   c. October 1- Spring Semester

Affiliation Agreement

The CON must have a facility contract with the clinical site prior to the student beginning clinical experiences. A Clinical Affiliation Agreement must be obtained for each clinical site the student plans to utilize. It is the responsibility of the student to complete the Request for Preceptor and Clinical Site form so that the CON can work directly with the facility to obtain the signed legal contract. The Clinical Affiliation Agreement between the CON and the facility ensures liability coverage for students. Failure to complete the form accurately and entirely can slow this process and may prevent the student from beginning the clinical experience on time. If a current agreement is not already in place, the legal contract will be sent directly to the preceptor’s agency from the Dean’s office in the CON. Completing new facility agreements are extremely time consuming. At least two months should be allowed for an
agreement to be finalized. Once an affiliation agreement has been finalized, students will be notified via Medatrax.

**Initial Contact with the Preceptor**

Once the preceptor is approved, students should contact the preceptor again prior to the start of clinical. Students are encouraged to call their preceptor’s office as the initial contact to make an appointment to meet with them in person. This is a great way for students to learn about their preceptor. If a student does not contact a preceptor in a timely manner and the preceptor can no longer serve in that role because contact was not made, the student will be responsible for finding a replacement. This is considered unprofessional behavior. Students are expected to share their syllabus, these clinical guidelines, and the USM College of Nursing website address for the preceptor’s reference and use. All students must remember that clinical preceptors are not getting paid to precept students. Preceptors are providing mentoring and teaching as part of their professional role. It is important to express appreciation and write a thank you note at the end of the semester.

**Clinical Preceptor Responsibilities**

Clinical preceptors are in the clinical site with the students and oversee their clinical practice
   1. Complete the *Request for Preceptor and Clinical Site* prior to student beginning clinical experience. Student will submit to the Program Coordinator via Medatrax.
   2. Provide copy of license and specialty certification to the student to submit to the Program Coordinator via Medatrax.
   3. 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.
   4. Be physically present in the clinical practice site when the student is.
      5. 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.
      6. Cosign all records and orders written by the NP student unless otherwise restricted.
      7. 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.
      8. Make contact during the semester with the student and faculty to discuss the student's progress and learning needs if the need arises.
      9. 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. The CON faculty will assign the final grade to the student.
      10. The Preceptor is expected to notify faculty immediately when unsatisfactory performance of the student is in question.
     11. Students will provide clinical preceptors with a copy of their clinical time log at each clinical day for a signature. The student’s time log entries into Medatrax must match the clinical time log, the midterm and final evaluations.

During the clinical experiences, students are in the learner role and will not assume primary responsibility for client care. Students’ primary responsibility is for acquisition of advanced clinical knowledge and skills. If questions or problems arise during a clinical experience, students should contact their assigned clinical faculty.
FNP students are expected to see a minimum of 4-6 patients per 8-hour clinical day initially in the first clinical course working up to 8-10 patients per 8-hour day by midterm of their second clinical course. In subsequent clinical courses, students will be expected to see 10-12 patients in an 8-hour period.

PMHNP students will see fewer patients, 2-4 in the first clinical working toward 3-5 in the second clinical, and then to 4-6 in the final clinical course.

Faculty understands that patient numbers may vary depending on the clinical site. Students must see a mixture of patient populations as well as ages. Students are required to complete and evaluate their personal Medatrax graphical (pie) chart detailing the demographics of patients they have seen at mid-term and final when evaluations are due. Clinical faculty will review Medatrax graphical charts documented at mid-term and final to ensure learning objectives are met, but students are ultimately responsible for making sure they are exposed to a mixture of ages and patients. The Medatrax graphical chart will assist the student in assessing what further clinical experiences are needed.

**Student Clinical Responsibilities**

1. The student functions under the Nurse Practice Act statues 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. Ensure the Preceptor has been approved in Medatrax prior to the first day of the clinical experience.  
4. Participate in any required orientation at the facility (hours are not counted toward clinical hours).  
5. Ensure that all documents (Request form, verification of licensure and Copy of APRN certification) is uploaded into Medatrax.  
6. Responsible for providing the preceptor with the Handbook, including clinical objectives, appropriate evaluations tools and collection of documents.  
7. Completing a mutually agreeable schedule for clinical time with the preceptor and provide the schedule to the clinical faculty assigned to supervise the practicum course via Medatrax. It is required that clinical hours be completed consistently throughout the semester. There is to be no longer than two weeks between clinical dates. **NOTE: The student’s clinical calendar is a contract between the preceptor, student, and the CON faculty. Medatrax logs are the students’ clinical work. Editing logs, falsifying entries, or adding hours is a violation of the Code of Ethics and can result in course failure and program dismissal.**  
8. Responsible for integrating personal learning objectives with course objectives.  
9. The student will conduct oneself professionally at all times.  
10. 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.  
11. Demonstrate ability to manage progressively complex patient care situations (including differential diagnosis, treatment plans, and patient teaching) in accordance with his/her academic progression.  
12. Adhere policies and procedures established in the practicum site and will keep the preceptor informed about cases and learning activities.  
13. Assume responsibility for the clinical practicum experience and participates in
conferences with the preceptor and faculty to discuss progress, problems, and learning needs.
14. Accept guidance, criticism, and evaluation from those in a supervisory role in a professional manner.
15. 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.
16. Collect and enter all patient encounter data in Medatrax within 72 hours for the clinical experience. If not entered within 72 hours, the clinic hours for that day will not count and will need to be made up by the student.
17. Complete the Competency Based Self Evaluation Evaluation (Midterm and Final), Evaluation of Preceptor and Evaluation of Clinical site at the end of the semester via Medatrax.
18. Review the Medatrax pie chart of clinical experiences for the semester to evaluate personal learning needs in the clinical setting.

Clinical Faculty Responsibilities

1. Complete at least two phone conference(s) and/or email communication(s), and document communication with clinical preceptor regarding student’s performance and requirements of specific clinical rotation at mid-semester and end of semester, and as needed. Provide this documentation to the faculty course coordinator/program coordinator.
2. Assist student and clinical preceptor to optimize clinical learning environment.
3. Review Medatrax clinical electronic log entries each week throughout the semester and verify scheduled clinical day attendance as posted in Medatrax.
4. Review student Medatrax graphical charts of patients evaluated in clinic at midterm and final in order to ensure students are seeing a mixture of ages and patients.
5. Communicate with student as needed throughout the semester.
6. Provide preferred method of communication and be available to answer questions or concerns regarding the student’s clinical experience.
7. Award student’s final grade upon achievement of clinical competencies
8. Review the student’s evaluation of the clinical preceptor and clinical site and provide information to the faculty course coordinator.
9. Grade any assignments posted in Canvas.
10. Provide written documentation to the preceptor of the semester, year, course, and hours worked with the NP student at the end of the semester as requested.

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.

Evaluation

Student Evaluation of Preceptor and Clinical Site

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 Competency Based Evaluation

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 USM NP 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.

Medatrax

Medatrax is the software system NP students use to track clinical hours and patient encounters. Students will receive a Medatrax username and password from Medatrax via email and will be introduced to the Medatrax system during the orientation before clinical courses begin. In addition, there is an online tutorial via the Medatrax website for students to access. www.np.medatrax.com Medatrax is only to be used for direct patient encounters. Any observation time in the clinic setting will not count toward the total number of clinical hours required for each course. As stated in the National Organization of Nurse Practitioner Faculties (NONPF) guidelines: “Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one of the three population-- focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. 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.”
It is imperative that students keep current with their Medatrax patient encounters. Students are expected to complete the Medatrax within 72 hours of the clinic day just as providers complete patient documentation in the clinic setting. Delay in completion of Medatrax often means information required is lost. Students will receive an Academic Warning if there are no Medatrax entries within the first two weeks of a clinical course. If students do not complete their Medatrax entries within 72 hours after their clinical day, they will have to make up the clinical day. Faculty will determine any adjustments to clinical time according to requirements of each clinical course. Students are expected to complete half of their clinical hours per clinical course by mid-semester and the calendar of clinical days and hours should reflect this.

**Faculty Medatrax Responsibilities:**

Faculty must:
1. Review student Medatrax entries and provide educational feedback. Ensure the student uploads the clinical calendar to Medatrax within first 2 weeks of start of course
2. Review preceptor signed calendar that is uploaded by student into Canvas at the end of each month of the semester for accuracy. The clinical log MUST match the time entered in Medatrax.
3. Review the Student Overview (Medatrax graphical pie chart) at mid-semester and final in order to assess learning objectives and appropriate clinical placement. Communicate any deficits to the students and the Program Coordinator.
4. Communicate with the student and course coordinator if there are concerns about the student’s clinical performance. Issue an academic warning for borderline or unsatisfactory academic or professional behaviors.
5. Ensure the student submits the mid-semester (self-evaluation and evaluation by preceptor) and final evaluation in Medatrax (evaluation by preceptor and student evaluations of self, preceptor and clinical site) by due date as determined by course syllabus.

**Student Medatrax Responsibilities**

Each student must:
1. Complete the Medatrax tutorial in advance of the first clinical course.
2. Complete clinical calendar in Medatrax within the first 2 weeks of course start date. This is a contract between the student, preceptor and clinical faculty, and may only be adjusted due to illness, emergency, or with prior agreement with student, preceptor, and faculty. Failure to complete calendar timely, and/or follow calendar will result in an academic warning.
3. Notify the clinical faculty and preceptor in advance if the student cannot attend a clinic day noted on the calendar. (The student must then negotiate a make-up date with the preceptor and notify the clinical faculty).
4. Complete Medatrax encounter entries within 72 hours of the scheduled clinical day. If this does not a. occur, the clinical day will need to be made up by the student.
5. Must start clinic and Medatrax entries within two weeks of the semester or the student will receive an academic warning.
6. Upload preceptor signed clinical log of preceptor into Canvas every (each) semester by the due date in the syllabus. Each day of attendance requires verification with the preceptor’s signature.
8. Respond to faculty questions regarding Medatrax entries.
9. Review Medatrax graphical pie chart to ensure a wide range of demographics and diagnoses are seen during the semester in order to develop learning objectives for clinic. This should be done at mid-semester and near end of semester and reviewed by student’s clinical faculty.
10. The total number of clinical hours will be reviewed and confirmed during mid-semester and final evaluations with your preceptor.
Student Medatrax documentation requirements for all Practicum courses with clinical hours and each patient entered:
1. Complete all drop-down boxes
2. Be aware of differences between ICD-10 vs. CPT codes
3. Be sure to enter any procedures/skills

url: https://np.medatrax.com
This is the Log in Screen for Medatrax. The first time students log into Medatrax the username and password provided by Medatrax are used. The student will be prompted to change the password at this initial log in.

Students are given free access to Medatrax early in the program but prior to initiating any data entry.

**HOME SCREEN**

This is the Home Screen for Medatrax and you can access all sections of Medatrax. Medatrax gives you an alert for things you need to address.
CHANGE PASSWORD

Select **Password** and follow instructions to change your password. Faculty cannot reset password. After changing your password, update you account information.
EDIT ACCOUNT INFORMATION

1. Start with Demographic tab, complete ALL areas.
2. Select appropriate specialty (FNP, PMHNP)
Licensure/Certification Information

Certifications

CPR Certified:  
- No
- Yes

CPR Expiration Date: 10/31/2012

Licenses

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<thead>
<tr>
<th>Type</th>
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<th>License Number</th>
<th>Expiration</th>
<th>Main License</th>
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<td>12/31/12</td>
<td></td>
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<tr>
<td>Other</td>
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<td>51068</td>
<td>12/12/12</td>
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<tr>
<td>Other</td>
<td>TN</td>
<td>PMH1234</td>
<td>12/01/15</td>
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</tr>
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To delete a record enter the license information and hit delete. To upload a copy of your license click here.

Enter CPR certification and upload a copy of your card here.
Enter license information in box. RN License is designated as “Main License”. Upload a copy of your license(s).
MANAGE LOCATIONS/FINDING SITES

To find sites in your area where students have been previously, enter zip code or city and state.

Select your Locations:
- Serenity Health Center for Women
- A.K.Vijapura N.D. P.A.
- A.P. Psychiatric & Counseling Services
- ABC Pediatrics
- Acacia Mental Health Clinic, LLC
- Acorn Pediatrics, PC
- Advanced Medical Group
- Affiliated Health Services Hospice &
- Harbor of Health
- Hardeman Community Health Center
- Harris Hospital Senior Care
- Harris Medical Clinic
- Harris Pediatric Clinic
- Harrogate Family Health Care
- Healing Arts Family Medicine
- Healing Community Center
- Planned Parenthood of Montana
- Pleasant View Family Health Care
- Practice Plus
- Premier Medical
- Premier Women's Care
- Perspectives Behavioral Health Manager
- Primary Care Center
- Primary Care North

1. Select all sites you will be in for the semester.
2. Be sure to select "Save Selection" when finished!
Find and select your preceptor from the list. If your preceptor is not listed, select **Add New Preceptor**.

**Important:** It is each student’s responsibility to verify that all information on the preceptor is current and correct in Medatrax.
ENTERING/UPDATING PRECEPTOR INFORMATION

If you are updating or entering new preceptor information this section is completed the same way.

1. For each preceptor you must complete **ALL** information in each of the tabs (Preceptor, Practice, Certification, and Students).
2. Preceptor e-mail address MUST be entered! It must be correct.
3. Be sure to select **Submit** in the upper right hand corner of the screen before leaving this section.

ENTERING CLINICAL DATA

TIME LOG
To log clinical hours select **Time Log**. This is done EACH time you go to the clinic.
1. Select the date from the calendar you were in clinic.
2. Enter hours/minutes you were in clinic for the day (not counting lunch).
3. Select clinic location.
4. Select preceptor.
5. Select setting.
6. Select course: this is important because you will not receive credit for your clinical hours in a specific course if this is not done!
7. Enter a comment in the Note box if needed. For example, your patient has strep pharyngitis and you prescribed azithromycin. Keflex is not first line tx – so you should explain there is a PCN allergy.
8. Select OK when complete
9. The date and time appears in the box to the left above. If you have made an entry error select Edit by the incorrect date entry and correct. This function also will allow you to complete or delete a time log entry.
Entering your Calendar

Select the Calendar icon from the home screen.

The calendar will default to the current date. Select the date you wish to make an entry for.

Enter a title for the date, and click "Create Event".

The entry will appear on the date selected.

If additional information, such as arrival and departure time, needs to be added, click the entry to have a box appear and select "View/edit details".
The details box will appear, where additional information can be entered. Unselect the “All Day Event” box to be able to enter a start and end time.

Enter any needed details and click “Save” to save the details. Click “Close” to leave the box without saving details.

ENTERING PATIENT VISITS

From the Home Screen select Patients or select Patients from the top of Time Log screen.
The Patient List lists all patient visits you have entered. The list may be narrowed by identifying the course for which the student is entering data.

Select New Patient to enter a new patient.

**ENTERING A NEW PATIENT**

1. Enter patient reference—no information may be used which would identify the patient, however, you need to identify this patient at subsequent visits. (May use 2 or 3 initials).
2. Complete the remaining data entry for the patient.
3. The Interaction Level Legend shows the level of involvement the student has in the patient interaction. It is expected at the beginning of the clinical rotation students would start out at a Level 0, with advancement through the semester and program.
4. Select Create.
The information entered on the previous screen populates the Patient Detail at the top. Note the small camera in the upper right corner by New Patient .. anywhere you see this symbol there is a video about the screen entry. Click on symbol to watch.

to show all previous visit for this patient click Show all Visits Box.
To enter an initial visit select **New Visit**.

**ENTERING NEW PATIENT DATA**
1. Select date on calendar.
2. Enter Start and end time with the patient.
3. Enter Visit Type
4. Enter Preceptor
5. Enter Height and Weight (BMI automatically calculated).
6. Select Submit.
1. The beginning of the new visit is new visible as are the previous visits.
2. To begin adding new data for the newly created visit, select the drop down Add Visit Data.
   a. In this drop down box you will see the different data choices. Most students will select ONLY:
      i. Medical Diagnosis
      ii. Medication/Prescriptions
      iii. CPT Procedure Codes
A search may be conducted with entry of the first letters of the diagnoses but a shorter list is provided in you enter as more of the diagnosis (hyper vs hypertension)
After the correct diagnosis is selected, select **Submit**.

If the patient has a chronic condition or diagnosis which was entered on a previous visit, this doesn’t need to be re-entered on subsequent visits (i.e. Diabetes)

After selecting Submit, the screen is now back on the **Patient Detail** screen.

Under the current visit, select **Enter New Data** again, select **Prescription/medication**
After the Mediation and dosage has been entered select **Submit**.

The medication now populated the Patient Detail data.

If the patient is on chronic medication (i.e. Topamax) it is not necessary to enter this at every subsequent visit. If the medication is discontinued or dosage changed this should be entered.

The same procedure is followed for entry of Procedures. Utilizing the CPT codes is difficult – even for experienced clinicians. I recommend finding a user friendly app to get started.
REPORTS

Reports

<table>
<thead>
<tr>
<th>Class / Course</th>
<th>Patient Details / Visit Data</th>
<th>Time Log</th>
</tr>
</thead>
<tbody>
<tr>
<td>Course Time Log</td>
<td>Case Type Report</td>
<td>Timesheet History</td>
</tr>
<tr>
<td></td>
<td>Clinical Data Detail</td>
<td>Setting Report</td>
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<tr>
<td></td>
<td>Clinical encounters by population</td>
<td></td>
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<tr>
<td></td>
<td>Comprehensive Student Data</td>
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<td></td>
<td>Data Totals</td>
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<td></td>
<td>Diagnosis Statistics</td>
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<td></td>
<td>End of Semester Clinical Log</td>
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<td></td>
<td>Medications Statistics</td>
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<td></td>
<td>Patient Age Groups Report</td>
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<td></td>
<td>Patient List</td>
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<td></td>
<td>Statistics Report</td>
<td></td>
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<tr>
<td></td>
<td>Student Comments</td>
<td></td>
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<tr>
<td></td>
<td>Student Overview</td>
<td></td>
</tr>
</tbody>
</table>

Other

Student can create their own reports for their portfolio (this is an assignment for the end of the semester). These reports may be downloaded as an excel spreadsheet.

CONTACT INFORMATION FOR MEDATRAX

Office Hours are Monday – Friday 8:00 am – 5:00 pm (CST)

Saturday 8:00 am-12:00 noon (CST)

Phone: 800-647-4838.
ROLE SPECIFIC: FAMILY NURSE PRACTITIONER STUDENTS

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>
</tr>
</thead>
<tbody>
<tr>
<td>Simple suturing – with proper administration of local anesthetic</td>
<td></td>
<td>Complex suturing is usually not done by FNP</td>
</tr>
<tr>
<td>I&amp;D Abscess – with proper administration of local anesthetic</td>
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<td></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>
<td></td>
<td></td>
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<tr>
<td>Incising, draining, and irrigating superficial lesions</td>
<td></td>
<td></td>
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<tr>
<td>Packing wounds</td>
<td></td>
<td></td>
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<tr>
<td>Removing in-grown toenails</td>
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<tr>
<td>Nail trephination</td>
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<tr>
<td>Releasing subungal hematoma</td>
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<tr>
<td>Debriding minor burns</td>
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<tr>
<td>Dilating eye</td>
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<td></td>
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<tr>
<td>Performing Fluorescein Staining</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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<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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<tr>
<td>OBGYN</td>
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<tr>
<td>Pap smears</td>
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<tr>
<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>
<td></td>
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<tr>
<td>Collection of cultures</td>
<td></td>
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<tr>
<td>*IUD insertions</td>
<td></td>
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<tr>
<td>Aspirations of a breast mass</td>
<td></td>
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<tr>
<td>Biopsy of a breast mass</td>
<td></td>
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<tr>
<td>*Colposcopy</td>
<td></td>
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<tr>
<td>* Implanted birth control</td>
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</table>

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.
<table>
<thead>
<tr>
<th>NSG 631L – First Semester</th>
<th></th>
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</thead>
<tbody>
<tr>
<td><strong>Time line</strong></td>
<td>Suggested Progression</td>
</tr>
<tr>
<td>Observation of Preceptor and patient interactions</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NSG 635L Second Semester NSG 634L Internship</th>
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<tbody>
<tr>
<td><strong>Time line</strong></td>
<td>Suggested Progression</td>
</tr>
<tr>
<td>First 8-12 hours</td>
<td>Orientation to site</td>
</tr>
<tr>
<td>Student to observe preceptor for practice style.</td>
<td></td>
</tr>
<tr>
<td>Student and preceptor set goals and timelines for the experience</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Next 6-10 hours</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student performs observed psychiatric evaluation, reports findings, differential diagnosis, and proposed treatment plan. Preceptor refines plan and offers rationale. Student documents in patient chart and writes prescriptions, policy permitting.</td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Remainder of clinical experience</th>
<th></th>
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</thead>
<tbody>
<tr>
<td>Student independently (unobserved) performs the psychiatric evaluation. Reports finding and proposed treatment plan. Student documents in the 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.</td>
<td></td>
</tr>
</tbody>
</table>
CLINICAL COURSE OVERVIEW and OBJECTIVES

NSG 631L: Practicum I – 180 Clock Hours
COURSE DESCRIPTION: Experience in the assessment, design, implementation, and evaluation of advanced psychiatric mental health nursing interventions with individuals experiencing or at risk for common mental health problems and major psychiatric disorders across the lifespan in a variety of settings.

COURSE OBJECTIVES:
Upon completion of this course, the student will be able to:
1. Perform client assessments utilizing standard assessment instruments.
2. Assess and evaluate client needs in a variety of settings utilizing appropriate diagnostic terminology.
3. Apply biopsychosocial, philosophical, neuropharmacological and nursing concepts, models, and theories in planning interventions for common mental health problems and psychiatric disorders with individuals.
4. Demonstrate diagnostic evaluation and treatment planning for individuals, groups, and families diagnosed with psychiatric disorders or vulnerable individuals or populations at risk of mental health disorders in a variety of settings based on evidence-based standards of care and practice guidelines.
5. Collaborate with other health professionals and providers of psychiatric-mental health care.
7. Apply legal and ethical principles in the practice of advanced psychiatric mental health nursing.
8. Explore and utilize available community resources in advanced psychiatric nursing.

NSG 635L: Practicum II – 180 Clock Hours
COURSE DESCRIPTION: Experience in the assessment, design, implementation, and evaluation of advanced psychiatric mental health nursing interventions for individuals, groups, and families experiencing or at risk for common mental health problems and major psychiatric disorders across the lifespan in a variety of settings.

COURSE OBJECTIVES:
Upon completion of this course, the student will be able to:
1. Perform client assessments utilizing standard assessment instruments.
2. Assess and evaluate client needs in a variety of settings utilizing appropriate diagnostic terminology.
3. Apply biopsychosocial, philosophical, neuropharmacological and nursing concepts, models, and theories in planning interventions for common mental health problems and psychiatric disorders with individuals, groups and families.
4. Demonstrate diagnostic evaluation and treatment of individuals, groups, and families diagnosed with psychiatric disorders or vulnerable individuals or populations at risk of mental health disorders in a variety of settings based on evidence-based standards of care and practice guidelines.
5. Collaborate with other health care professionals and providers of psychiatric-mental health care.
7. Apply legal and ethical principles in the practice of advanced psychiatric mental health nursing.
8. Explore and utilize available community resources in advanced psychiatric nursing practice with selected client.
NSG 634L: Internship – 270 Clock Hours
COURSE DESCRIPTION: A culminating synthesis experience in the assessment, design, implementation, and evaluation of advanced psychiatric mental health nursing interventions with individuals experiencing or at risk for common mental health problems and major psychiatric disorders across the lifespan in a variety of settings.

COURSE OBJECTIVES:
Upon completion of this course, the student will be able to:
1. Perform client assessments utilizing standard assessment instruments.
2. Assess and evaluate client needs in a variety of settings utilizing appropriate diagnostic terminology.
3. Apply biopsychosocial, philosophical, neuropharmacological and nursing concepts, models, and theories in planning interventions for common mental health problems and psychiatric disorders with individuals, groups and families.
4. Demonstrate diagnostic evaluation and treatment planning for individuals, groups, and families diagnosed with psychiatric disorders or vulnerable individuals or populations at risk of mental health disorders in a variety of settings based on evidence-based standards of care and practice guidelines.
5. Collaborate with other health care professionals and providers of psychiatric-mental health care.
7. Apply legal and ethical principles in the practice of advanced psychiatric mental health nursing.
8. Explore and utilize available community resources in advanced psychiatric nursing practice with selected client.
9. Analyze the management of common mental health problems and psychiatric disorders within a psychotherapeutic, pharmacotherapeutic, and diagnostic reasoning framework
Section 4: Appendices
Nurse Practitioner (APRN) Program Student Contract

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

Furthermore, I acknowledge that I have read the “Technical Standards” (found in the *School of Leadership and Advanced Nursing Practice Student Handbook*) 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 nurse practitioner. I understand that the results will be kept confidential and will be used to evaluate the strengths and weaknesses of the USM NP program. I agree to have this evaluation completed by my employer.

I give permission for the faculty in the USM NP 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 *Nurse Practitioner (APRN) 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 Nurse Practitioner (APRN) Student Handbook, print this page. Print name, sign and date the document. Scan the page with name, signature and date and return as email attachment to: Sonia.adams@usm.edu*
FORM- Request 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):

<table>
<thead>
<tr>
<th>State License:</th>
<th>National Certification:</th>
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<tbody>
<tr>
<td>☐ Nurse Practitioner Preceptor</td>
<td>Certification Focus (i.e. FNP, PMHNP):</td>
</tr>
<tr>
<td>State License:</td>
<td>Certifying Body: AANP____ ANCC____</td>
</tr>
<tr>
<td>☐ Physician Preceptor</td>
<td>Certification number ________ Expiration ________</td>
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<tr>
<td>DO__ MD__</td>
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</tr>
<tr>
<td>Mississippi license ________ Expiration: ________ Specialty (if applicable):</td>
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</table>

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-say 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)

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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Official name of clinical site (where student will be completing clinical hours with preceptor)

Clinic Phone: ___________________  Clinic Fax: ___________________

Physical Address of clinical site: ____________________________________________________________
City: ___________________  County: ___________________  Zip: ___________________

Parent agency (if different from above)  Name of Authorizing Official  Email address of
authorizing official

☐ 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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# FORM 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/coordinator request. Scan and submit completed logs in Canvas.

<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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</table>

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.

_________________________________________________________

Student signature
# Student Competency-Based Clinical Education and Assessment Tool

**THE UNIVERSITY OF SOUTHERN MISSISSIPPI**  
**COLLEGE OF NURSING**  
**FAMILY NURSE PRACTITIONER GRADUATE PROGRAM**

Student: ________________________________  
Year: 20_____

- NSG 667L  
- NSG 668L  
- NSG 664L  
- Semester  
- ☐ Summer  
- ☐ Fall  
- ☐ Spring

☐ Midterm  
☐ Final

Clinical Practicum Preceptor: ________________________________  
Site: ________________________________  
Date: ________________________________

---

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

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.**

---

### CLINICAL PRACTICUM OBJECTIVES & VALIDATING COMPETENCIES

<table>
<thead>
<tr>
<th>Core Competencies</th>
<th>STUDENT Self-Evaluation</th>
<th>PRECEPTOR Evaluation</th>
</tr>
</thead>
<tbody>
<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>
</tr>
<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>
</tr>
<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>
</tr>
<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/wellness 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>
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. Analyses 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.
25. 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.
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.
<p>| | | | | |</p>
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<tr>
<td>28. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>29. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families</td>
<td>NA</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Student Comments (optional):

Preceptor Comments (optional):

Student Signature: ________________________________

Preceptor Signature: ________________________________

Faculty Signature: ________________________________
I authorize The University of Southern Mississippi College of Nursing and clinical facilities and training sites, whether in or outside of the State of Mississippi, to **request and receive** my health clearance information and all associated documents, including lab reports, immunization history, criminal background check, drug testing, and personal identifiers, such as SSN, date of birth, address and telephone number, in conjunction with my status as a student requesting placement in clinical facilities and training sites. It is my responsibility to keep the clinical requirements current for each semester. I agree to maintain all original documents and be prepared to show them each semester if requested by the assigned health care facility.

I further authorize The University of Southern Mississippi College of Nursing to **release** my health clearance information and all associated documents in its possession, including but not limited to lab reports, immunization history, criminal background check, drug testing, and personal identifiers, such as SSN, date of birth, address and telephone number, to clinical facilities and training sites which may require it in connection with my participation in clinical training. This information is being released so that the clinical facilities and training sites may verify my qualifications to participate in the educational program offered at that facility or for auditing and accreditation purposes. I understand that any statements, prescriptions, or other evidence I have placed in my records commenting on contested information contained in the records listed above will be released along with the records to which they relate.

I also understand that a clinical facility or training site may require additional screening or that additional screening may be required during the course of the program. I understand I am required to pay for any and all additional screening (criminal background checks; drug screens, etc.) as may be required. I understand that the results of such screens must be sent directly to the College of Nursing and the clinical facilities or training sites to which I am assigned.

I understand agencies may refuse me access to clients/patients based on information contained in the reports and that their criteria may differ from the criteria of the College of Nursing. I also understand that unsatisfactory results from any required criminal background check or drug screening may result in a failure to be approved for required placement assignments, and as such may result in my inability to progress through the College of Nursing programs and ultimately, my dismissal from the programs.

I release The University of Southern Mississippi, its College of Nursing, the Board of Trustees of the Mississippi State Institutions of Higher Learning, the State of Mississippi, and their trustees, officers, directors, employees and agents from any liability or damage in connection with the release of any of the aforesaid information.

I may revoke this consent at any time by providing written notice of such revocation to the College of Nursing. I understand that revocation of this consent may result in ineligibility to enroll in and/or continue in any College of Nursing clinical or practicum course. This authorization is in effect for the duration of my participation and enrollment in The University of Southern Mississippi College of Nursing programs unless revoked in writing.

<table>
<thead>
<tr>
<th>Student Signature</th>
<th>Emplid Number</th>
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</thead>
<tbody>
<tr>
<td>Student Name (Print)</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Date</td>
<td>Email</td>
</tr>
</tbody>
</table>

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Information

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

Abby McNeil, DNP, FNP –BC, PMHNP – BC  
PMHNP Program Coordinator  
Phone  
Email: abby.mcneil@usm.edu