



GEORGETOWN UNIVERSITY
School of Nursing & Health Studies

FAMILY NURSE PRACTITIONER PROGRAM

Student
Handbook
Supplement
2015

TABLE OF CONTENTS

Family Nurse Practitioner Program Overview	3
FNP Program Goals	4
Family/Across the Lifespan Nurse Practitioner Competencies	4
Curriculum	5
FNP Curriculum Overview	5
Campus FNP Full Time Program of Study	8
Campus FNP Part Time Program of Study	9
Online FNP Full Time Program of Study	10
Online FNP Part Time Program of Study	11
Academic Expectations and Policies	12
Academic Integrity.....	12
Online Classroom Conduct	12
Synchronous Session Attendance and Make Up	13
Email and Wall Communications	14
Grading of Assignments	14
Sharing and Distributing Course Materials.....	14
Examination Procedures	15
Clinical Expectations and Policies	17
FNP Placement Principles.....	17
Placement Timeline/Late Placements	18
Clinical Placement Articulation Agreement	18
Change of Address/Relocation Policy	19
Leave of Absence (LOA) and Requirements for Return	21
Clinical Site Selection.....	21
Clinical Orientation.....	23
Clinical Conferences.....	23
Site Visits	23
Clinical and On-Campus Intensive Code of Conduct.....	23
Clearance Requirements for Clinical Placement	26
Clinical Grade	26
Clinical Hours	27
Clinical Attendance.....	29
Clinical Documentation Policy	30
Policy for Professional Use of Electronic Devices	30
Library and PDA Resources	31
Typhon	32
Typhon Overview	32
Typhon Instructions	32
Typhon Criteria for Approval	34
Appendix	39
Appendix A: NONPF Competencies	40
Appendix B: Clinical Attendance Roster.....	45
Appendix C: Student Clinical Checklist.....	46
Appendix D: Clearance for Graduation	48
Appendix E: Text of Preceptor Evaluations	49

FAMILY NURSE PRACTITIONER PROGRAM OVERVIEW

The Family Nurse Practitioner (FNP) Program at Georgetown University School of Nursing & Health Studies was started in 1991 by a grant supported by the National Institutes of Health, Division of Nursing.

The philosophy and mission of the FNP program is consistent with the philosophy of the University and incorporates common major threads that make up the conceptual nursing framework of the School of Nursing & Health Studies. These threads include: human flourishing, social justice, common good, professional care, compassion, and individual and collective excellence.

The FNP program curriculum is based on the guidelines for program standards and outcomes as compiled and edited by the National Organization of Nurse Practitioner Faculties (NONPF).

There are four clinical courses in the FNP program, which are sequential and build on the knowledge and skills learned in previous courses to implement therapeutic regimens in health promotion, disease prevention, and assessment and management of common and chronic medical conditions. FNP students will learn to assess, plan, and evaluate care. Students will learn how to order and interpret laboratory and diagnostic data and to incorporate non-pharmacologic and pharmacologic therapeutics into their treatment plan. In addition, a seminar course entitled Families In Crisis provides the opportunity to develop advanced competency as a FNP working with families in crisis. Upon completion of the program, students will be prepared to care for families and family members of all ages in the primary care setting.

Incorporation of the knowledge and skills needed to care for families of diverse cultural backgrounds and clients from underserved areas is an important component of the curriculum, reflected by the placement of students with preceptors serving communities with broad ranging ethnic and socioeconomic backgrounds. Students are placed in primary care settings throughout the United States as well as the Washington DC metropolitan area including FQHCs, retail clinics, private practices, community health centers, nurse managed clinics, and health departments.

The Georgetown University School of Nursing & Health Studies and the FNP program continue to build excellence through the use of new and innovative teaching methods, diverse clinical experiences, and state-of-the-art technology.

After successful graduation from the FNP program, students will be eligible to take a national certifying examination. The examination is offered by the American Nurses Credentialing Center (ANCC) and the American Academy of Nurse Practitioners Certification Program (AANPCP). Please refer to the Appendix for the end of program checklist.

FNP Program Goals

Goals of the Georgetown University FNP program are to:

- Prepare nurses to become caring and competent nurse practitioners in primary family health care settings.
- Provide pre-service to populations that are uninsured, underserved, minority, and bicultural/bilingual.
- Provide students with clinical sites to promote expertise in diverse patient populations.
- Inspire students to cultivate a personal responsibility for health and seek ways of improving health in themselves and in their clients.
- Establish partnerships in education, research, and practice with local, national, and international communities.
- Encourage ongoing clinical education and contribution to the advancement of knowledge in primary health care and nursing science.

Family/Across the Lifespan Nurse Practitioner Competencies

Integration of Core and Family/Across the Lifespan Nurse Practitioner Competencies (Appendix A) developed by The National Organization of Nurse Practitioner Faculties (NONPF) guide the entry-level competency expectations of the Georgetown University FNP graduates. The population in primary care family practice includes newborns, infants, children, adolescents, adults, pregnant and postpartum women, and older adults. The focus of care is the family unit, as well as the individuals belonging to the family; however the family chooses to define itself. The FNP is a specialist in family nursing, in the context of community, with broad knowledge and experience with people of all ages. FNPs demonstrate a commitment to family-centered care. FNPs practice in a variety of settings.

CURRICULUM

FNP Curriculum Overview

The program requires the completion of 44 credits of core and clinical courses, and prepares the advanced practice nurse to function in the role of the FNP, providing care for families in primary care settings. The program can be completed in 18-20 months of full-time study or up to three years of part-time study. The clinical/didactic courses are taken sequentially, and in addition to focus on the family, special consideration is given to community, cultural, and environmental health. Students are encouraged towards interdisciplinary collaboration and special seminars are offered on issues surrounding practice management and the changing health care system.

Clinical experiences are arranged during each semester to ensure that students acquire the necessary skills at each phase of learning. Faculty and preceptors supervise clinical experiences in public, private and community based primary care settings. Placement of students in inner city clinics, rural clinics, or international sites is given special priority. Faculty will consider student requests for clinical experiences in other states or countries with qualified preceptors.

In addition to the graduate and program goals, course objectives, progression requirements, and evaluation criteria are listed in each of the four clinical courses. Requirements for texts, course resources, readings are specific to each course. Attendance is expected at all scheduled lectures, seminars, labs and conferences. Each course has established clinical hours that must be completed satisfactorily in order to progress to the next course.

To find a list of core courses and their descriptions, please refer to the Nursing Graduate Student Handbook: <http://nhs.georgetown.edu/students/graduate/forms>.

Primary Care of the Family I (NURS/NURO687)

This course introduces the student to the role of the nurse practitioner in the primary health care management of individuals and families across the lifespan. Students explore family concepts and theories relevant to the advanced practice nursing role. Emphasis is placed on the application of advanced health assessment skills, preventive health care practices, the promotion of health and the clinical application of research. Concepts including family systems, developmental theories, cultural considerations, environmental factors, spiritual concerns, genetic influences, learning styles and the objectives of Healthy People 2020 are integrated. Experiences are provided in clinical decision making and in the implementation of evidence based practice in a variety of primary care settings.

Clinical Expectations (NURS/NURO687)

100 clinical hours minimum

The first clinical semester students are concentrating on history taking, physical exam, diagnostic reasoning, and assessment. They may participate in the diagnosis and plan of patients and families care with guidance of preceptor.

Primary Care of the Family II (NURS/NURO691)

This course focuses on the theoretical and clinical foundation of advanced practice nursing management of health care problems common to individuals and families across the lifespan. Emphasis is placed on the diagnosis and management of acute episodic and chronic conditions of families in the context of the primary care setting and community. Inter-disciplinary collaboration among health care providers is promoted. Clinical experiences are provided in a variety of primary care settings.

Clinical Expectations (NURS/NURO691)

150 clinical hours minimum

The second clinical semester students are expected to see more episodic visits and follow up visits for chronic disease across the lifespan. Students will begin prescribing and ordering and interpreting diagnostics tests. The focus is on developing evidence based management plans with the guidance of preceptors.

Primary Care of the Family III (NURS/NURO714)

This course focuses on the progressive development of the FNP in health promotion, prevention, and diagnosis and management of acute episodic and chronic conditions common to individuals and families across the lifespan. Emphasis is placed on advanced competency in the formation and evaluation of comprehensive evidence based plans of care for complex and multisystem disorders. Student clinical experiences are provided in a variety of primary care settings, with emphasis on collaborative partnerships among individuals, families, and other health care professionals.

Clinical Expectations (NURS/NURO714)

150 clinical hours minimum

The third clinical semester students are advancing their management of individuals and families across the lifespan while collaborating with the health care team. Students are expected to see patients more independently, in consultation with preceptor.

Primary Care of the Family IV (NURS/NURO752)

This course is the final synthesis of the theoretical and clinical foundation of advanced practice nursing in the primary care management of individuals and families across the lifespan. Emphasis is placed on professional, ethical, and legal aspects of advanced clinical practice. Updates on legislation and health policy are incorporated utilizing multidimensional clinical case studies. Extensive clinical experiences prepare the student to assume the role and professional responsibilities of the entry level FNP.

Clinical Expectations (NURS/NURO752)

250 clinical hours minimum

Extensive clinical experiences prepare the student to assume the role and professional responsibilities of the entry level FNP. Students should see patients independently this semester and develop plans of care in consultation with the preceptor.

Care of the Family in Crisis (NURS/NURO710)

This seminar course provides the opportunity to develop advanced competency as a FNP working with family systems in crisis. Emphasis will be on crisis management, specifically management of psychological/behavioral problems within the family. Current psychological, social, and ethical issues pertinent to families in crisis will be explored. Particular attention will be given to inter-professional collaboration to ensure continuous and reliable care for families in crisis.

CAMPUS FNP FULL TIME PROGRAM OF STUDY

COURSES		F	SP	SU	F	SP	SU	F	SP
N546 Physiology / Pathophysiology	(3)	X							
N528 Advanced Health Assessment	(3)	X							
N530 Research Methods & Biostatistics for Health Care Providers	(4)	X							
N544 Pharmacology	(3)		X						
N518 Interdisciplinary Healthcare Ethics (spring only)	(2)		X						
N687 Primary Health Care I <i>Class + 100 clinical hours with preceptor</i>	(4)		X						
N540 Research Evidence & Best Practices in Health Care	(3)			X					
N691 Primary Health Care II <i>Class + 150 clinical hours with preceptor</i>	(5)			X					
N538 Professional Aspects - APN	(3)				X				
N714 Primary Health Care III <i>Class + 150 clinical hours with preceptor</i>	(5)				X				
N710 Care of Families in Crisis	(1)				X				
N752 Primary Health Care IV <i>Seminar class + capstone experience: 250 clinical hours with a preceptor</i>	(5)					X			
N624 Foundations Health Sys Pol	(3)					X			
N998 Thesis Option Available	(1-6)								
Total Credits	44								
Total Clinical Hours	650								

CAMPUS FNP PART TIME PROGRAM OF STUDY

COURSES		F	SP	SU	F	SP	SU	F	S
N530 Research Methods & Biostats for HCP	(4)	X							
N546 Physiology /Pathophysiology	(3)	X							
N540 Research Evidence & Best Practices in Health Care	(3)		X						
N544 Pharmacology	(3)		X						
N538 Professional Aspects – APN	(3)			X					
N528 Advanced Health Assessment	(3)				X				
Clinical Sequence Start Spring									
N687 Primary Health Care I <i>Class + 100 clinical hours with preceptor</i>	(4)					X			
N624 Foundations Health Sys Pol (Offered fall, summer)	(3)				X				
N691 Primary Health Care II <i>Class + 150 clinical hours with preceptor</i>	(5)						X		
N518 Interdisciplinary Healthcare Ethics (Spring only)	(2)					X			
N714 Primary Health Care III <i>Class + 150 clinical hours with preceptor</i>	(5)							X	
N710 Care of Families in Crisis	(1)							X	
N752 Primary Health Care IV <i>Seminar class + capstone experience: 250 clinical hours with a preceptor</i>	(5)								X
N998 Thesis Option	(1-6)								
Total Credits	44								
Total Clinical Hours	650								

ONLINE FNP FULL TIME PROGRAM OF STUDY

ONE	TWO	THREE	FOUR	FIVE			
N528 Health Assessment (3)	N544 Pharmacology (3)	N540 Research II (3)	N538 Professional Aspects (3)	N624 Health Policy (3)			
N546 Pathophysiology (3)	N518 Interdisciplinary Ethics (2)	N691 Primary Care of the Family II (5)	N714 Primary Care of the Family III (5)	N752 Primary Care of the Family IV (5)			
N530 Research I (4)	N687 Primary Care of the Family I (4)		N710 Families in Crisis (1)				
10 Credits	9 Credits	8 Credits	9 Credits	8 Credits			
AHA OCI (0)		FNP OCI (0)					
<p>FNP Summary: Total Credits: 44 Total Credits Semester: 8-10 Total Clinical Hours: 650</p>			<p>Key:</p> <table style="margin-left: auto; margin-right: auto; border-collapse: collapse;"> <tr style="background-color: #add8e6;"><td style="padding: 2px;">NURO Core Course</td></tr> <tr style="background-color: #ffff00;"><td style="padding: 2px;">FNP Only</td></tr> <tr style="background-color: #ffa500;"><td style="padding: 2px;">FNP + Midwifery Only</td></tr> </table>		NURO Core Course	FNP Only	FNP + Midwifery Only
NURO Core Course							
FNP Only							
FNP + Midwifery Only							

ONLINE FNP PART TIME PROGRAM OF STUDY

ONE	TWO	THREE	FOUR	FIVE	SIX	SEVEN
-----	-----	-------	------	------	-----	-------

N546 Pathophysiology (3)	N544 Pharmacology (3)	N540 Research II (3)	N538 Professional Aspects (3)	N624 Health Policy (3)	N714 Primary Care of the Family III (5)	N752 Primary Care of the Family IV (5)
--------------------------	-----------------------	----------------------	-------------------------------	------------------------	---	--

N530 Research I (4)	N518 Interdisciplinary Ethics (2)	N528 Health Assessment (3)	N687 Primary Care of the Family I (4)	N691 Primary Care of the Family II (5)	N710 Families in Crisis (1)	
---------------------	-----------------------------------	----------------------------	---------------------------------------	--	-----------------------------	--

7 Credits

5 Credits

6 Credits

7 Credits

8 Credits

6 Credits

5 Credits

AHA OCI (0)

FNP OCI (0)

FNP Summary:
 Total Credits: 44
 Total Credits Semester: 5-8
 Total Clinical Hours: 650

Key:
NURO Core Course
FNP Only
FNP + Midwifery Only

ACADEMIC EXPECTATIONS AND POLICIES

Academic Integrity

All graduate students at Georgetown University are expected to maintain high standards of integrity in the pursuit of their educational and professional goals. This includes an expectation to abide by the University Honor Pledge:

“In the pursuit of the high ideals and rigorous standards of academic and professional life, I commit myself to respect and uphold the Georgetown University Honor System: to be honest in any academic endeavor, and to conduct myself honorably as a responsible member of the Georgetown community, as we live and work together.”

Please refer to the Graduate Bulletin at <http://grad.georgetown.edu/academics/policies> for the full content of this policy.

As a graduate student, you should pay special attention to giving credit to others for their work. Faculty will expect you to cite references using the proper APA format, unless otherwise instructed.

1.10 Online Classroom Conduct

Students are expected to attend and participate in all synchronous sessions. Students are expected to login to all live sessions at least 5 minutes prior to the scheduled time to allow for unanticipated technical delays.

Partners, co-workers, children of any age, and pets are not permitted in the synchronous session. Students should not engage in outside conversation during the synchronous session nor should they routinely pause or disable video or audio connection. Mobile devices and other potential sources of background noise or interruption should be silenced. Students should be seated and dressed appropriately in a classroom-type setting, ready to engage in classroom learning. Inappropriate settings include a car, bed, or restaurant.

Audio equipment must ensure optimal verbal communication while eliminating background noise. Students are discouraged from muting the audio as they should be able to readily participate in class discussion. The use of a headset is highly recommended. Excessive background noise may lead to dismissal from the synchronous session until extraneous noise can be eliminated.

Lighting and camera must be conducive to visualization of the student during the synchronous session. Should a student need to excuse him/herself from the live session the synchronous session faculty should be notified either verbally or via the virtual classroom live chat feature. Students experiencing technical difficulties should make

efforts to resolve these issues prior to their scheduled class time by contacting Student Support at 1-877-503-0676.

1.11 Virtual Classroom Live Chat

Synchronous session faculty may choose to activate the synchronous session live chat feature. This enables students to make nonverbal contributions to the classroom discussion. Students are not permitted to engage in private chat during class time. Contributions to the chat box should be thoughtful, respectful, and relevant to the course content.

1.20 Synchronous Session Attendance

Students are expected to attend and participate in all synchronous sessions. Students are expected to present to class on time having reviewed all assigned materials. A participation grade will be earned throughout the course as students demonstrate preparation and contribution to the class. Credit for synchronous session will only be awarded when the student is present for the entire session.

Students are not permitted to enroll in a class section in which they anticipate consistent late arrival or early dismissal. Students anticipating late arrival or early dismissal must notify his/her synchronous session faculty via email in advance.

1.21 Absence from Synchronous Session

The decision as to whether an absence will be excused will be made on an individual basis and at the discretion of the course coordinator and synchronous session faculty. Request for an excused absence must be emailed to the course coordinator and synchronous session faculty as far in advance of the absence as possible, or no later than 48 hours after the absence. Work obligations, vacation travel, and ongoing technical issues are not excused. Students are responsible for any and all content covered during the absence.

1.22 Exam, Quiz, and In-Class Assignment Make Up

If an absence has been deemed as an *excused absence*, students may arrange to make up in-class assignments, quizzes, and exams at the discretion and convenience of the course coordinator and synchronous session faculty. Such arrangements will only be made in the event that the content was missed during an *excused* absence. Excused absence will be granted in the case of significant extenuating circumstances only. Should an absence be deemed unexcused, a grade of “0” will be given on any missed exam, quiz, or in-class assignment.

Students are not routinely permitted to attend an alternate synchronous session in effort to avoid absence. Permission to permit attendance in an alternate course

section will be made in the event of excused absences only and at the discretion of the course coordinator and synchronous session faculty.

1.30 Faculty and Student Email Expectations

All course related email correspondence, including correspondence with faculty and clinical preceptors, should take place via the Georgetown University email system. Students are responsible for checking email on a daily basis. Response to email is expected within 24-48 business hours. Students are discouraged from soliciting written correspondence from faculty, academic affairs, or the clinical placement team via contact request as this may delay response time or result in lost messages.

1.40 Course Wall Communication

Students are encouraged to engage in collaborative learning through use of the course wall. Wall postings should be thoughtful, respectful, and contribute to the course content. Offensive or inappropriate wall postings will be removed at the discretion of the course coordinator and synchronous session faculty.

Unless specified by faculty, students should not post assignments to the course wall. Private correspondence and inquiries requiring an urgent reply should be emailed to faculty rather than posted on the course wall. Questions posed to faculty on the course wall should be addressed by the course coordinator or synchronous session faculty within 48 hours of posting either on the way, via e-mail, or in the virtual classroom setting.

1.50 Grading of Assignments

As a graduate nursing student, you are required to satisfy the academic standards of the Graduate School as well as the standards of the School of Nursing & Health Studies (NHS). See the Graduate Student Handbook regarding academic standards for progression: <http://nhs.georgetown.edu/students/graduate/forms>

1.51 Preview of Assignments Prior to Submission Deadline

Students are encouraged to review all assignment guidelines and rubrics and pose specific assignment related questions in order to meet assignment expectations. Students may submit assignments prior to the submission deadline, however assignments may not be submitted for pre-grading or in effort to solicit feedback as to how a potential grade may be improved. Assignments submitted prior to the due date will not be graded early.

1.60 Sharing/Distribution of Course Materials

Course materials, including, but not limited to, PowerPoints, Word documents, PDFs, 2GU Modules, and virtual classroom recordings, are considered the sole intellectual property of the author. These materials are not to be shared/distributed without the express written consent of the creator/author. Course materials authored/created by

faculty will be shared/distributed at his or her discretion. PowerPoints will not be routinely distributed prior to synchronous sessions.

1.70 Examination Procedures

Quizzes and exams will be conducted electronically and proctored by faculty. Unless otherwise stated, you may not collaborate with others or use any references during any examination. During the quiz/examination students are not permitted to:

- Open another browser window or use any other method to look up an answer.
- Communicate with anyone via online chat, telephone, email, text message, in-person, or via any other method.
- Use your phone or mobile devices.
- Ask someone to take the exam for you or copy, print, screen capture or photograph exam questions for your personal use or to share with others.

Prior to the exam students are required to indicate that they have read and understand the FNP Program Examination Protocol. The protocol will be reviewed by the proctoring faculty and includes the following instructions to students:

- Please clear your workspace.
- You may keep a watch or clock nearby.
- Questions regarding specific examination items may be directed via email to your course coordinator and synchronous session faculty after completion of the exam.
- Students are encouraged to email the course coordinator and synchronous session faculty with questions related to specific quiz/examination items. Students are advised to submit questions related to specific quiz/examination items *after* all sections of the course have completed the exam, the course coordinator has addressed any exam items of concern, and examination grades have been posted.
- Your face must be clearly visible throughout the entire exam.
 - Please check periodically to be sure you are visible.
 - **Pausing of your webcam during the exam is prohibited.**
 - **If webcam and audio are not functioning you will not be permitted to take the quiz/exam.**
- Unless instructed by faculty, *do not* mute your audio.
- Eliminate all background noise as to not disturb your classmates.
- If possible, move microphone from headset away from your face.
- Chat box will be used to notify session faculty when you have completed the exam.
- Do not use chat box to ask content related questions.
- You will be given the quiz/exam password immediately prior to the start of the exam. Sharing the password with classmates in any form or under any circumstances is strictly prohibited and considered a violation of the GU Honor Code.
- Any copy/paste, screen capture and/or in any way using or sharing of the content of the quiz/exam, or using any material to assist you with this quiz/exam is a violation of the GU Honor Code.

- If you experience technical difficulties while taking a quiz/exam through the 2GU platform please notify the proctoring faculty and contact Student Support immediately at 1-877-503-4676.
- To complete the exam, click “Save and Submit”. You are allowed one attempt at the quiz/exam, but you are allowed to go backward and forward in the quiz/exam before you submit for final grading.

Students are expected to log in to the online platform *on time* for all examinations and quizzes. Failure to be present at the start of an examination may lead to decreased time to complete the examination or inability to proceed with the examination or quiz. Any student experiencing problems accessing the online platform should notify their instructor and Student Support at 1-877-503-4676 as soon as possible.

Students are expected to have reliable internet and phone access for the duration of examinations and quizzes. Repeated interruptions to internet and phone access may result in loss of opportunity to take the quiz/exam.

1.71 Quiz/Examination Preparation Sessions

Quiz/exam preparation sessions may be held by synchronous session faculty at the discretion of the course coordinator.

1.72 Review of Quizzes/Examinations

To preserve quiz/examination integrity, students are not permitted to review the quiz/examination after it has been administered. Examination items and concepts may be reviewed during class time after all students have taken the quiz/exam and at the discretion of the course coordinator and synchronous session faculty.

Students who perform poorly on an exam may be required to meet individually with course faculty to review concepts and test taking strategies. Students are encouraged to email the course coordinator and synchronous session faculty with questions related to specific quiz/examination items. Students are advised to submit questions related to specific quiz/examination items *after* all sections of the course have completed the exam, the course coordinator has addressed any exam items of concern, and examination grades have been posted.

CLINICAL EXPECTATIONS AND POLICIES

Clinical placements are secured through partnership with faculty, students, and the clinical placement team. Students are encouraged to proactively engage their community providers in partnership with the placement team. Faculty review and approve all placements for ability to meet course objectives. Placement information will be provided to students *no sooner* than two weeks prior to the start of the semester. Students will receive a correspondence from the placement team/clinical coordinator with information about their assigned clinical site and preceptor before the start of the term.

2.10 Online FNP Placement Principles

- Students will have a placement plan developed in conjunction with the placement team and approved by faculty. This plan will map out the planned placement of the student through the entire course of study. Development of the placement plan should be initiated at the initial welcome call and approached with thoughtful sequencing to begin with the first placement.
- Clinical hours will, optimally, be with a nurse practitioner (NP) in a primary care setting with a focus on family practice.
- All clinical placements will occur in a primary care setting, with the exception of Employee Health Departments and Pre-Op Testing Centers, which can be used in FNP I (NURO 687).
- All NP preceptors will hold certification from either AANP or ANCC as a Nurse Practitioner.
- Pediatric hours should be completed in one semester, ideally FNP II (NURO 691). Students may be placed with a NP or a pediatrician.
- Preceptors must have a minimum of two years of clinical experience.
- Students will be placed at sites where the preceptor to student ratio is 1:1.
- Physician preceptors may be considered on a case-by-case basis for one clinical rotation in the event that their population-focused area of practice is family medicine or pediatrics.
- Physician Assistants are not to be used as clinical preceptors.
- Clinical courses and rotations:
 - *FNP 1 (NURO 687), minimum 100 clinical hours* – sites need to incorporate wellness, prevention, and the ability to perform comprehensive head to toe physical exams. Examples include: family practice sites, community health centers, NP owned practices, retail clinics, corporate wellness clinics, school based health clinics, employee health departments, public health sites (health departments), and pre-op testing centers. (Internal medicine sites are not appropriate for FNP 1)
 - *FNP 2 (NURO 691), minimum 150 clinical hours*– sites need to incorporate episodic care and basic chronic care. Examples include: family practice clinics, pediatric practices, retail medicine clinics, and community health centers. *Ideally this is a pediatric semester.*

- *FNP 3 (NURO 714), minimum 150 clinical hours* – sites need to incorporate management of chronic disease. Examples include: family practice clinics, community health centers, and internal medicine clinics.
- *FNP 4 (NURO 752), minimum 250 clinical hours*– sites need to integrate the NP role and provide full scope of care. Examples include: family practice sites, community health centers. Students should be placed with a nurse practitioner in FNP IV.

2.20 Placement Timeline/Late Placements

The placement process begins at the time of admission. However, there is the potential for a clinical placement to not be successfully secured on time for a clinical course. A variety of circumstances may affect the ability to place a student on time, including **regional limitations**, **state regulations**, and **preceptor or site availability**. In order to begin a clinical course, students must be placed two weeks prior to the start of the term. When students are not placed two weeks prior to the start of the term, a student will be required to decelerate their plan of study, **and in some cases, a relocation or additional travel distance may** be involved. While every effort is made to achieve 100% successful placement, on-time placement is not guaranteed. As active participants in the placement process, students are expected to actively engage in the clinical placement process and provide all available information they may have regarding referrals, contacts, or potential sites/preceptors. The clinical placement team will regularly communicate with students regarding the status of various placement rotations.

6 weeks prior to clinical course: Early notification to students for placements in-process that are not yet secured for the clinical course.

2 weeks prior to clinical course: Students are notified of secured placements; Students who do not have a clinical placement secured will not be able to progress into the clinical course and will be contacted by academic affairs regarding their program of study.

2.30 Clinical Placement Articulation Agreement

Finding clinical/practicum placements requires the combined efforts of the student, placement team, faculty, and the site/preceptor. With multiple clinical/practicum rotations, the goal is to have a consistent placement site and preceptor, and supplement the experience as needed with additional sites. There are several things you to know as an active participant in the process:

Communication Expectations: Throughout your placement process, you will have consistent communication with the placement team. Your patience is requested as the team explores site/preceptor leads. Please allow at least 48-business hours for follow-up for any communication when you contact the team, or any communication related to leads or referrals that you provide to the team.

Providing Referrals: As an active participant in the process, the placement team and faculty rely on your knowledge of local resources within and around your community. It is often helpful for you to provide leads (i.e. site names or preceptor names) in your community for the placement team to contact as part of the placement search process. All leads *must be provided in writing* in the Clinical Placement Survey and during any follow-up placement communication. Students are not required to reach out directly to sites or preceptors. However, if you wish to make contact with any sites or preceptors, you are expected to inform your clinical placement coordinator prior to reaching out.

Placement Site/Location Expectations: While placement is ideally within a 100-mile radius of your home, some locations may require additional travel time and costs to secure appropriate clinical/practicum placements. If there are significantly limited or lacking resources for sites in the area, relocation may need to be considered for the clinical/practicum sequence. Early conversation should be had with your Clinical Faculty Advisor and the clinical placement team regarding your residence and potential resources available.

Relocation Notification: We understand that you may have the need to relocate while you are in the program, for reasons unrelated to the program. Please know that this may impact your course of study, clinical/practicum placements, and plan for progression within the program. In an effort to minimize disruption to your program of study, it is required that you provide a *minimum* of 1 term of notice prior to relocation. Relocation also needs to occur during a break between terms. The Relocation Notification Form must be completed and you will be asked to work with the placement team and faculty to plan for the transition. Please refer to the Relocation Policy for further information. A length of 1 term provides the *minimum* timeframe necessary to acquire a placement in your new area of residence.

Clinical/Practicum Hours Expectations (FNP, MWH, AG-ACNP/CNS Programs Only): While in the clinical/practicum course sequence, FNP, MWH, and AG-ACNP/CNS students should expect to spend several full days per week in the clinical environment. If a student maintains employment during the clinical sequence, flexibility with scheduling is necessary to fulfill clinical and academic requirements.

2.40 Change of Address/Relocation Policy

Students, particularly in the online learning environment, may be transient and occasionally relocate for personal reasons unrelated to graduate studies. Relocation may impact your plan of study, progression in the program, and the ability to secure appropriate clinical placements. Every effort will be made to accommodate a timely clinical placement given relocation, however a delay should be anticipated.

A *minimum* notice of at least one term (16 weeks) is required in order to provide ample time to identify a new clinical/practicum placement.

Due to challenges in clinical/practica placement, notification of greater than one term (16 weeks) is strongly advised. If relocation is needed with less than one term of notice Georgetown will not attempt to secure a placement with less than 16 weeks notice, and a Leave of Absence may be required.

Even with advance notice, relocation may result in a delay in your academic progression (or a Leave of Absence) and completion of clinical terms, or a deceleration in your plan of study. State specific regulatory requirements may additionally delay the ability to make a timely re-placement for your clinical term(s).

In the event that relocation is necessary during a clinical term, there is an expectation you will complete your clinical hours for that term in your assigned site.

If you are moving to a new state, you need to determine if you will need to acquire a new RN license in that state. Please refer to your program faculty for location-based licensure information and requirements. It should also be considered if obtaining a license in a bordering state is worthwhile, and this conversation should take place with your CFA and Placement Team Specialist.

At the first point in time that a relocation or move is determined to be likely, you will need to:

1. Notify your SSA (Student Support Associate) to have further discussion around relocation parameters and any complicating factors (i.e. ensure you are moving to a state where we currently operate).
2. If you have already begun your clinical sequence you will also contact your CFA.
3. Update your address in MyAccess.
4. Complete the Relocation Notification Form found here: <http://nhs.georgetown.edu/students/graduate>.
5. Submit the Relocation Notification Form to your SSA.
6. Once your form is submitted and relocation is confirmed, further academic planning will take place with your Academic Advisor.
7. Contact your Clinical Placement Specialist to discuss next steps and any referrals you have in your new state of residence. (Note: You may have a new Placement Specialist depending upon your new location.)
8. Begin the process to obtain any new RN licensure required if you are relocating to another state and a different license is required.

Please Note: Nursing@Georgetown is not yet operational in all 50 states. If you move to a state where the program is not offered, you will be unable to continue in the program. Please refer to the current program state operational status here: <http://online.nursing.georgetown.edu/state-information>

This policy pertains to students who may have a change of address unrelated to clinical placement. Should your circumstances require relocation or moving from one state to another due to clinical placement challenges, discussion will take place with your CFA and Academic Advisor.

2.50 Leave of Absence (LOA) and Requirements for Return

All students in APRN clinical courses who are on leave of absence may be required to pass a reentry assessment to demonstrate clinical safety and competence in order to continue in the clinical sequence. The assessment will normally consist of a written exam. The assessment will include content from the student's clinical specialty area encompassing relevant didactic and clinical courses completed prior to the leave of absence. Reentry into the program is contingent upon successful achievement (80 percent grade or higher) on written exam. The reentry assessment may be taken one time only; a student who does not pass the reentry assessment will be withdrawn from the program.

2.60 Clinical Site Selection

As a graduate of the Georgetown University FNP program, you will be prepared to care for individuals and families across the lifespan with a focus on delivering family centered care. Clinical placement sites will be in the *primary care setting*. Clinical placements in acute care settings, such as with hospitalists or in the ER are not appropriate.

Faculty approves clinical placement sites based on the specific learning objectives of the course, site characteristics, and site/preceptor availability. Students need to be prepared to travel distances and have varied and flexible schedules to accommodate clinical experiences.

Students will complete 90-150 clinical hours that are pediatric focused. The duration of the pediatric rotation will be determined by the students needs, ability to meet pediatric clinical competencies, and availability of a pediatric preceptor. Ideally the pediatric rotation will be during the second clinical semester (FNP II); however it may be placed later in the sequence of clinical experiences depending upon availability of clinical sites.

2.61 Notification of Clinical Placements

Clinical placement information will be provided to students two weeks prior to the start of a term. Students will receive a correspondence from the placement team/clinical coordinator with information about their assigned clinical site and preceptor. After being notified of the clinical site selection, it is the responsibility of the student to reach out to the site in a timely manner and arrange an initial meeting.

Occasionally, a site may request to interview a student prior to agreeing to provide a preceptor. If a request is made for a student to meet with a preceptor,

this should be treated as a job interview and scheduled promptly. The student should arrive 15 minutes early, wear professional attire, and take a resume.

2.62 Clinical Site Affiliation Agreements

Each clinical site requires an active affiliation agreement between the site and Georgetown University. The clinical placement team facilitates this process. This agreement must be in place prior to a student beginning a clinical rotation at the site. Obtaining the agreement can be a lengthy legal process and the outcome is not guaranteed.

Students cannot enter into a clinical site where an active affiliation agreement does not exist. While preceptors may travel between different clinics, this does not guarantee that the University has affiliation agreements with all sites where a preceptor may work. Prior to engaging in clinical experiences at any site other than the assigned/primary clinical site, it is the student's responsibility to ensure that an affiliation agreement exists at the location.

Affiliation agreements are obtained with the site rather than the specific preceptor. Students may work with multiple providers who work at one site. For example, if the preceptor is going on vacation, the student may work with another NP or MD at the site. However, the student should not leave the site to assist with hospital rounds or nursing home assessments without verifying that an affiliation agreement is in place.

2.63 Clinical Site Problem Solving

Each clinical site will have particular strengths and weaknesses, and has been selected by Georgetown because of our recognition that the site will contribute to your overall learning experience. Should unexpected problems arise during your clinical practicum or related to your clinical site, your CFA should be your first point of contact. Your CFA will help you problem solve issues related to clinical.

After being assigned a CFA, please copy your CFA on any correspondence that you have with the clinical placement team.

2.64 Requesting a Change of Clinical Site

Any request to change a clinical site after the clinical placement team has secured a site will be considered a *Clinical Placement Appeal* and requires a written explanation of why the site will not provide experiences needed to meet the course competencies. Both your CFA and the FNP Assistant Program Director for Clinical Education must approve the appeal.

Granting an appeal to change clinical sites does not guarantee replacement during the term in progress and may necessitate a deceleration in the program of study.

Appeals will not be considered when the request is made due to travel distance when the site is within a 100-mile radius from the student's home.

In the event that a student requires an alternate replacement site during a clinical semester, when returning from a leave of absence, a suspension from the program, or for any other reason related to clinical performance, Georgetown University reserves the right to approve and validate that the subsequent site will meet the clinical competency needs of the student. In most cases when a student reenters the clinical setting, this means they will not be placed in a newly referred clinical site and will instead be placed into a site with which Georgetown has a previously established relationship.

2.70 Clinical Orientation

Attendance at clinical orientation is mandatory and must be attended immediately prior to the start of your FNP I semester. Any student who takes a leave of absence after Advanced Health Assessment will need to return to campus and participate in a clinical orientation prior to starting clinical.

2.80 Clinical Conferences

CFAs will hold scheduled *clinical conferences* in lieu of regularly scheduled office hours. These conferences are non-mandatory, but highly encouraged and provide students the opportunity to engage with faculty and participate in clinical mentoring.

In addition to clinical conferences, CFAs are available to meet by appointment as necessary.

2.90 Site Visits

Your CFA, or another course faculty, will perform an in-person site visit at least once during your clinical progression. The purpose of this visit is to evaluate the learning experience, the clinical site, the ability of the site to meet program objectives and goals, and to determine student performance. During semesters when your CFA does not evaluate your clinic in person, evaluations of the site and student performance will be conducted remotely.

3.10 Clinical and On-Campus Intensive Code of Conduct

Students are expected to conduct themselves with integrity at all times. A comprehensive Professional Ethics Policy can be found in the Online Student Handbook, which can be accessed here: <http://nhs.georgetown.edu/students/graduate/forms>. Please note the following items which highlights areas of this policy. The Georgetown University FNP program adheres to the American Nurses Association (ANA) Code for Nurses, which read as follows:

1. The nurse, in professional relationships, practices with compassion and respect for the inherent dignity, worth and uniqueness of every individual, unrestricted by considerations of inherent dignity, worth, and the uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective actions.
7. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.
8. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.
9. The profession of nursing, as represented by associations and their members is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

Source: Code of Ethics for Nurses, ANA House of Delegates meeting, June 30, 2001, Washington, DC

3.11 Professional Integrity

Every FNP student is expected to demonstrate professional integrity, including but not limited to the standards below. Failure to maintain professional standards of integrity may result in failure of the clinical portion of the course.

- Adhere to the ANA Code for Nurses.
- Protect the confidentiality of patient health information.
- Recognize that within your community, you are an ambassador of Georgetown University and conduct yourself in a manner consistent with University mission and values.
- Do not engage in any behavior that will compromise patient care or Georgetown University's relationships with community partners.
- Always introduce oneself as a student and avoid misrepresentation of licensure and certification status.

- Do not practice outside of your scope or practice.
- Wear your Georgetown University ID while in any clinical setting.

3.12 On Campus Intensive (OCI) Code of Conduct

Online students are required to participate in skills assessments on the Georgetown University Campus, known as OCIs. For more specific information regarding OCIs, please visit the following web link:

<https://georgetown.app.box.com/s/mesbxgam9qtuo8zlik1a>

While on the Georgetown University campus students are expected to conduct themselves at all times with professionalism and in a manner consistent with the School of Nursing and Health Studies shared values of excellence, respect and diversity, value of the common good, and social justice. As part of the School of Nursing & Health Studies (SNHS) community, students are expected to conduct themselves as ambassadors to the School of Nursing FNP Program and the discipline of advanced practice nursing. Unprofessional behavior will result in disciplinary action in the form of a verbal warning and written Memorandum of Understanding (MOU) that will become part of the student's permanent academic record. Unprofessional behavior may also result in dismissal from the FNP Program at Georgetown University. As OCIs are a highly structured and graded component of the curriculum, spouses, partners, friends, and/or children are not permitted to attend academic events scheduled during OCI.

3.13 Clinical and OCI Dress Code

Students are expected to present a professional appearance that reflects the standards of Georgetown University. Unless otherwise specified by faculty, students are expected to dress professionally for all clinical encounters as well as for the duration of OCIs. Students are expected to come prepared with white, knee-length lab coats for wear during all patient and "Standardized Patient" (SP) encounters while at OCI. Lab coats during the clinical rotations will be worn per clinical site-specific policy and you will need to discuss expectations with your preceptor before attending clinical to verify if lab coats are required. If lab coats are required, they should be white and three-quarter length.

GU GoCard identification should be visible at all times. Casual, professional shoes are recommended. Male students are not required to wear a necktie. Long hair should be pulled back for all patient or SP encounters. The following are not permitted in the clinical setting or at OCI:

- Open-toe shoes of any kind
- High heel shoes
- Jeans
- Tights/leggings worn as pants
- Shorts

- Visible undergarments
- Visible tattoos
- Hats or caps worn during clinical encounters
- Scrubs
- Dangling jewelry
- Acrylic nail tips, long fingernails, or bright nail polish
- Camouflage clothing

Please refer to the Nursing Graduate Student Handbook <http://nhs.georgetown.edu/students/graduate/forms> for additional guidelines on dress code.

3.20 Clearance Requirements for Clinical Placement

It is the responsibility of the student to maintain clinical clearance requirements as outlined in the Graduate Handbook. All information in Certified Background must be complete, accurate, and up to date two weeks prior to the start of a clinical term. Incomplete or expired information will prevent a student from progressing in the clinical sequence and may necessitate a deceleration in the plan of study.

3.21 Licensure

All students are required to hold registered nurse licensure in their state of residence and states where clinical rotations may be completed. The license must be unencumbered and in good standing in the state of residence and the state of clinical placement two weeks prior to the start of the term in order for the student to proceed in the clinical sequence. If the student does not hold a license in the state where clinical placement has been secured, the student will be unable to progress in the clinical sequence and will need to take a leave of absence.

The placement team will search for FNP clinical placements in a search radius of up to 100 miles. You must obtain a nursing license for every state within 100 miles of your home to ensure appropriate clinical experiences and to prevent delays in clinical placement. *(Please know that clinical experiences will never be arranged in states where Georgetown University does not operate.)*

3.30 Clinical Grade

The clinical courses in the FNP program at Georgetown University are structured as an integrated curriculum. You must pass **both** the didactic and clinical portion of the course in order to be successful in the course, progress through the plan of study and to remain in good standing with the University.

Meeting the minimum clinical hours is a minimal threshold for consideration for passing the clinical component of the course. Students must also complete all

clinical assignments, demonstrate meeting clinical course competencies, and perform satisfactorily on evaluations by both the preceptor and faculty.

3.31 Completion of Clinical Experience

The expectation is that the minimum required number of clinical hours will be met and the following items are completed by the end of the clinical semester.

- Evaluation of Clinical Site
- Evaluation of Clinical Preceptor(s)
- Evaluation of Clinical Faculty Advisor
- Typhon Case Logs
- Time Logs
- Clinical Attendance Roster

A final grade cannot be awarded until you have completed the Student Clinical Checklist (SCC) and this has been validated by your CFA. The SCC will be submitted in 2GU. All clinical assignments and the SCC are due on week 13 at the time of your last synchronous class.

3.32 Clinical Evaluation

Preceptors, students, and CFAs will complete evaluations each semester. Both midterm and final evaluations of your clinical performance are required.

Your preceptor will receive an email with a link prompting them to complete the evaluation. The expectation is that you will participate in these evaluations and your preceptor will submit them electronically. It is your responsibility to ensure that your preceptor completes and submits your evaluations. Midterm evaluations will be sent at week 5 of the course. Final evaluations will be sent at the beginning of week 10 of the term.

Students will enter their evaluations directly into Typhon. Completed evaluations are required in order to pass clinical and it is the student's responsibility to obtain the following:

Evaluations completed by Preceptors:

- Agency/Preceptor Evaluation of FNP program
- Evaluation of Student Performance (midterm and final)

Evaluations completed by Students:

- Evaluation of Clinical Site
- Evaluation of Clinical Preceptor(s)
- Evaluation of Clinical Faculty Advisor

Please see the Appendix for text of the Evaluation of Student Performance.

3.40 Clinical Hours

The minimum required number of clinical hours for each clinical course is outlined in the course syllabus. These hours reflect the minimum number of hours required for passing the course. Students may benefit from obtaining additional clinical hours.

Hours counted toward the course total must represent direct patient care. Continuing education, EMR training, grand rounds, commute time, and scheduled breaks during the clinical day will not be considered clinical hours.

Hours must be obtained during the semester. Students may not “carry over” hours from a prior course or attend clinical in between semesters to “bank” hours. In order for clinical hours to be counted toward the course total, they must be verified by your preceptor on the Clinical Attendance Roster and entered into the Typhon Clinical Hours Log. In order to count your clinical time, you must do each of the following:

- Entries for the clinical experience must be logged on the Clinical Attendance Roster and your preceptor must sign this *each day* that you are in clinical.
- Hours must be logged in the Typhon Clinical Hours Log.
- Each clinical day must have SOAP entries per the Typhon Approval Policy.

Any clinical time that is not captured by all three of the above noted methods will *not* be counted toward the minimum hours requirement of the course.

The due date for clinical hours can be found in the course syllabus. Typically, all clinical hours and assignments are due on the *last day of synchronous class* (Week 13). The final clinical assignments are also due the last day of your synchronous session.

3.41 Clinical Schedule

Students are responsible for arranging their clinical schedule with their preceptor. The schedule for the *entire* semester should be entered into the scheduling feature in Typhon during the *first week of the semester*. The schedule must include the date for each day that you plan to attend clinical as well as the hours that you will be present. After entering the initial schedule, please notify your CFA and preceptor if you need to make any changes to the schedule. Missed hours must be made up and course requirements met before a final grade can be assigned.

This schedule will be used to track progress towards meeting clinical hours and will also serve as a basis for the CFA to schedule site visits.

3.42 Distribution of Clinical Hours

Clinical hours must be equally distributed weekly over the entire semester. Students may not “cluster” the clinical hours at any point during the semester. It is expected that students will be in clinical each week while in a clinical course.

Occasionally students will plan to complete clinical hours a little early, so that they have the last two weeks to focus on completion of end of semester assignments and final exams. While it is permissible for students to complete hours during Week 12 of the semester, it is expected that all students will remain in clinical until at least Week 12 of the semester. All hours must be completed by Week 13.

3.50 Clinical Attendance

Punctual and regular attendance is a professional performance expectation during all clinical rotations. Students must present to clinical on time, prepared, and ready to begin patient care. Students are expected to remain at the clinical site for the duration of the scheduled clinical day. Students will be held accountable for adhering to their clinical schedule that was established during the first week of the semester. In the event a student is unable to meet this expectation, he/she must obtain approval from their CFA and preceptor in advance of any requested schedule changes.

3.51 Absence from Clinical

Students who face emergencies, such as a death in the family, serious illness of a family member, court appearances, hazardous weather conditions, or other such situations beyond the student’s control should notify their preceptor and CFA immediately. Frequent unexcused absences from clinical will be considered a violation of the professional integrity policy.

3.52 Contact Information

Exchange preferred method of contact information with your preceptor at your initial meeting. In the event of an emergency, you will need to know how to contact your preceptor during non-business hours.

3.53 Clinical and University Closure

When the University is closed, students may not attend clinical and both campus classes as well as classes offered through the online modality will *not* be held. This relates to both scheduled and emergency closures. Students are also not permitted to attend clinical from December 24 through January 2.

Weather and emergency situations impacting the DC metro area may not impact students and faculty residing in other geographic locations. However, if the

University is closed due to a weather related emergency, classes will not be held and students may not attend clinical. You are encouraged to register for Hoya Alerts, the University broadcasting system that will alert you when there is an unscheduled closure. <http://www.georgetown.edu/campus-life/safety-and-emergency-preparedness>

For specific information about holiday and university closure dates, please refer to your cohort's academic calendar, which can be located here: <http://nhs.georgetown.edu/students/graduate/calendars>

3.60 Clinical Documentation Policy

Appropriate preceptor validation of patient findings is essential to assure successful billing for services and compliance. Students need to discuss with their preceptors the documentation policy used by the agency where they precept, and comply with the policy. Students are expected to document patient encounters in the patient record whenever they are actively involved in the patient's care.

Documentation provided must demonstrate to any knowledgeable reviewer that the billing provider performed the service and the student participated in the delivery of care.

Having validated student findings, the preceptor should indicate this validation on the patient record (written or electronic). A standard template may be used and the student may enter the statement for the preceptor's signature. The following language options are suggested:

Option 1: —I was present and participated in the exam, assessment of the patient, and the plan of care.

Option 2: —Dr. _____ was present and participated in the exam, assessment of the patient, and the plan of care.

If the preceptor is unable to allow a student to document patient encounters due to agency policy, the student must maintain a **shadow chart** for each patient encounter that consists of a SOAP note without patient identifiers. Feedback from the preceptor on the charting in the shadow chart should be regularly obtained.

All students, regardless of the agency where they are precepting, are to sign their names legibly as follows:

First Name (no initials) and Last Name, RN, FNP Student

3.70 Policy for Professional Use of Electronic Devices

The policy requirements herein are applicable to any academic setting (classroom, clinical setting and lab) where an electronic device is a required for academic purposes. Failure to comply with this policy violates professional standards and may result in clinical failure and/or other disciplinary action.

- Electronic devices are intended only for clinical referencing, data collection, communication with a provider or faculty and point-of-care access to evidence based clinical information.
- Electronic devices may not be used for non-academic purposes while in the academic/clinical setting.
- The use of electronic devices must follow the clinical setting's policy concerning electronic devices, including wireless connectivity.
- Course faculty or clinical setting may further define specific guidelines for the use of electronic devices in the academic/clinical setting.

Please refer to the Graduate Nursing Student Handbook for review in detail of private health information policy, privacy statement, and web posting/PDA policies.

LIBRARY AND PDA RESOURCES

Handheld devices have become clinically relevant tools, as more medically focused applications are designed and available. From iOS to Android, many medical apps are increasingly up to date and easy to use. Instead of relying on a shared clinical computer or waiting until they have access to home networks, health care professionals rely on their handheld devices.

Dahlgren Memorial Library provides a variety of support for GUMC faculty, staff, and students:

- Librarian Support: Our librarians have access to both iOS and Android devices, and are available to any GUMC affiliate for troubleshooting and teaching services. In addition, we participate in application discovery, testing, and selection.
- Institutional Subscriptions: Just as the library subscribes to many databases, journals, ebooks, and other tools, we serve you by purchasing institutional access to a variety of medical applications. Some are simply mobile app versions of databases we already subscribe to, so more appear every day as information vendors realize the usefulness of the new platform, so check our Medical Apps site often for new information. These apps are free for you to install and use while affiliated with Georgetown University. Some of the key resources include:
 - uCentral (collection of textbooks)
 - DynaMed (point of care tool)

- Nursing Reference Center (point of care tool)
- Micromedex (drug reference tool)

- Medical Application Resource Guide
To facilitate use of medical apps we have created a guide: <http://researchguides.dml.georgetown.edu/med-apps>. This guide includes download and informational links for many medical apps and usage tips. Currently the guide is focused on iOS and Android apps but you will also find a link to a guide for other platforms such as Blackberry and Windows Mobile. The first page/tab displays the core apps (primarily institutional subscriptions) and the sections are divided into two categories: Native Apps (install on the device) and Web Apps (mobile-friendly sites). Most of the apps are free except where noted. Remember if you are aware of a helpful app, please let us know. We include a box on the guide where you can submit your suggestion and a link to the app.

- Getting Help:
 - In person or by telephone: Stop by or call the Information Services Desk Monday through Friday from 8am to 8pm.
 - Email: Send an email to dmlreference@georgetown.edu.
 - Instant Message: Chat with a DML librarian, Monday through Friday from 9am to 5pm: <http://dml.georgetown.edu/74260.html>.

TYPHON

4.10 Typhon Overview

Typhon is a clinical data management system that will aide in your clinical experience and your job search after graduation. Students pay a one-time fee to register for Typhon and can use the system through the clinical courses and after graduation. Typhon will be used to log clinical experiences, create an electronic student portfolio, manage external documents (resume, clinical schedule), generate reports of clinical experiences, administer evaluations, and store site and preceptor information. This electronic logging system becomes part of the student's permanent file and substantiates the Director's recommendation of the student in applying for certification upon graduation.

4.20 Typhon Instructions

Account Information

- You will receive an email from the Typhon system with your account information. You must set up your account within 24 hours of receiving this email.
- The first time you log in, you will be prompted to pay the site fee and complete your account information. At this time, change your password from the default as well. You will also need to accept the end-user license agreement.

- When completing your account information you will need to select “Sample, Preceptor” and “Sample Clinical Site” as the “Required Defaults” the first time so you are able to move to the main menu. Once you get to the main menu you will be able to add your preceptor and clinical site (this is explained in section “Adding a Preceptor/Clinical Site”) and go back in and change your preceptor and clinical site defaults.

Adding a Preceptor/Clinical Site

- Please note that you must submit a separate request for your preceptor and clinical site.
- Go to “Setup Default Choices” under “Your Account” on the main menu. Under the “Required Defaults” you will notice a link to the side of the preceptor and clinical site drop down menus that says “REQUEST ADDITION.” Click this link and enter in the required information.
- Requests are approved in 1-2 business days. Once the addition is verified and approved, you will receive an email notifying you that your preceptor and/or clinical site have been added to the directory. At this point you will be able to select the preceptor/clinical site as your default setting or when inputting a case log.
- Note: you will need the preceptor/clinical site contact information including an address, phone number, and email address. Preceptor evaluation links are sent to the email address that you provide, so please ensure that the email address that you submit is your preceptor’s preferred email address.

Entering a Case Log

- Go to “Add New Case Log” from the main menu. Input the “Date of Encounter” by clicking on the calendar icon or by clicking the “TODAY” link, which will input the current date for you automatically. Then click “Save Data.”
- Input all relevant and required information and then click “Save Data” located in the center of the screen.
- At any point you can delete the case. That option is located in the bottom right hand corner. You can also save the case and begin a new one or go to the next case in your case log list by clicking on those options in the bottom left hand corner.

Reviewing CFA Case Log Comments

- Go to “Case Log Highlights (by Day/Week/Month)” under “Case Log Reports” on the main menu. Input the “Date of Case Logs” by clicking on the calendar icon or by clicking the “TODAY” link, which will input the current date for you automatically. You may also select the option to see the week, month, or daily totals incorporating that date by checking the corresponding box below. Then click “Apply Filters.” Any CFA comments will appear in the first column in red next to the case log number.

Entering a Time Log

- Go to “My Time Logs” from the main menu. Click on “Add a Daily Time Log” and input the “Date of Time Log” by clicking on the calendar icon or by clicking the “TODAY” link, which will input the current date for you automatically. Make sure your “Course” is listed correctly, then click “Save Data.”
- Input the number of hours and/or minutes for your clinical shift that day and click “Save Data.”
- You may also check the box “Display patient, consult & conference time” if you would like those totals made available on the screen. If you want to see your shift time parallel to your patient time, go to “My Hours by Course” under the “Other Activities & Reports” heading. You may also go into “My Time Logs” and select a date range and check the “Display patient, consult & conference time,” box in the top left corner, then hit "Apply Filters."

Completing an Evaluation

- Go to “My Evaluations & Surveys” under “Other Activities & Reports” on the main menu. Click on the appropriate link to complete the evaluation. Make sure you hit the “Submit Evaluation” button when finished.

Viewing Evaluations Completed About You

- Go to “My Evaluations & Surveys” under “Other Activities & Reports” on the main menu. Evaluations completed about you are listed on the bottom portion of the page.

Uploading External Documents

- Go to “My External Documents” under “Other Activities & Reports” on the main menu. Then click “Add a Document.”
- When uploading documents for your CFA to view, please select “Word” or “PDF” for category. CFAs are not able to view documents with the category of “My Portfolio.”

Missing Information

- The “Missing Information” link on the main menu will have a flashing red arrow next to it if any of your case logs are incomplete. You would simply click on “Missing Information,” view the entry and input the required data.

Instructions & Video Tutorials

- Helpful tutorials related to your use of Typhon can be accessed under the “Help” section on the main menu. Please view these tutorials prior to starting a clinical course.

4.30 Typhon Criteria for Approval

Submission of a clinical log for each patient encounter into the Typhon system is a mandatory expectation of the clinical experience. Each student is responsible for maintaining his or her own clinical experience logs. *All* patient encounters, whether seen

independently, in collaboration with preceptor, or as observation, require an entry into Typhon.

Every entry will include demographic information for each patient. You must select three patient encounters on each clinical day that will be entered as abbreviated SOAP notes. The remaining patient encounters will be entered as clinical summaries.

Clinical logs are due each week of clinical. Please refer to your course syllabus for specific due date information.

Weekly log entries should include the following components:

1. The following five pieces of demographic information must be entered for each patient encounter:

- Demographic information(age, sex, race)
- Chief complaint
- ICD- 9 Code
- CPT code
- Level of student participation

2. Enter 3 abbreviated SOAP notes for each clinical day.

- Select 3 patients from each clinical day and write an abbreviated SOAP note for each one as described below
- Each of the 3 entries for the day should be a *different chief complaint*
- Do not repeat the same chief complaints each week. Aim to write a SOAP note that you have not entered into Typhon in the past. This will allow faculty to provide valuable feedback about content specific to that chief complaint/system
- Write notes about patient encounters that assist you in meeting your current course objectives
 - For example:
 - FNP I focus on patient encounters that entailed annual physical exams, well visits and prevention, risk assessment, counseling (eg. Smoking cessation)
 - FNP II focus on patient encounters for acute sick visits
 - FNP III focus on patient encounters regarding complex chronic care management
 - FNP IV focus on complex case presentations
- Note: Clinical faculty advisors may request that additional SOAPs be written for each clinical day based on need to refine SOAP writing skills or to demonstrate other clinical competencies. This need will be determined on an individual basis.

3. For all other encounters, include a Clinical Summary containing 1-2 sentences in the “Clinical Notes” section detailing the following information:

- Presenting Complaint

- Assessment (s)/Diagnosis (es) List
- Plan

Example: 52 yo white female Patient presented for low abdominal pain and dysuria. Dx with UTI, prescribed Bactrim DS 1 PO Q12 x 3 days.

4.40 Abbreviated SOAP Guidelines:

Documentation in clinical logs does **not** need to be as thorough as charting in patient's medical record. Entries should be abbreviated summaries of the visit. Please add pertinent information related to the chief complaint, pertinent (+) and (-) ROS, VS, pertinent normal and abnormal findings on physical exam, assessment, and plan to include medications prescribed and teaching/counseling provided. These records are considered confidential, but should not overtly identify a client by name.

Example abbreviated SOAP notes:

Example 1

S: 66 yo Asian female presents with c/o pain to R ear and sore throat for one week. Pt wears a hearing aid in R ear. Pain reported 5/10 and is constant. She notes that the pain is worse when she is wearing her hearing aid. Pt has taken Ibuprofen with some relief. No drainage from ear. No fever.

O: T 100.2 BP 128/72 P 82 WT 132 BMI 22 R auditory canal erythematous with mild edema. R TM cloudy. No bulging or retraction. R pinna tender to palpation. L ear pearly gray with positive light reflex. Oropharynx mildly erythematous. No uvular deviation. No exudates or lesions noted. CV – RRR without murmur, rubs, or gallops. Lungs CTA bilaterally without rales or ronchi.

A: Otitis Externa

P: Ciprodex qtls. 2 qtls to R ear BID for 7 days. Warm salt gargles. Discussed how to clean hearing aid. Call if condition worsens or persists.

Example 2

S: 50 yo BF presents of annual well woman exam. Patient denies pain, burning discharge. Post menopausal. LMP 2 years ago. Sexually active. Married. Monogamous relationship. No children. Performs monthly SBE. Last mammogram – 15 months ago – WNL. Last pap 15 months ago – WNL. No history of abnormal pap.

O: T 98.2 P 74 BP 126/76 WT 142 BMI 25.6.
Neck: supple, FROM. Thyroid smooth nontender, no masses noted.

CV: S1S2 RRR no M/R/C

Lungs: CTA

Abdomen: soft, nontender, positive bowel sounds, no HSM.

Breast exam: symmetrical, nontender with no visible lesions, retractions or dimpling. No nipple discharge. Tissue dense, no palpable masses or lymphadenopathy.

Pelvic exam:

External vulva: female hair distribution. no lesions, masses, or swelling noted.

Vagina – mucosa pink and moist with rugae present. without odor or discharge noted. Cervix smooth, firm and mobile. No CMT. . Pap obtained. Adenexa nonpalpable and nontender. Rectal – Sphincter tone intact. No masses or lesions..

Hemocult negative.

A: Annual gyn exam

P: Await pap results and will call with abnormal results. Counselor regarding importance of health screening. Schedule mammogram and refer to GI for initial colonoscopy. Encouraged SBE monthly.

Example 3

S: 17 yo WM presents for physical and clearance for soccer. Pt states he generally feels well, but experiences dizziness when stands quickly. Symptoms present for 6 months. Denies acute illness in the past 6 year. PMH – strep multiple times as child and teen. PSH – neg Meds – occ Tylenol prn headache 1--2 times per month. FH – GF with lung CA. Immunizations --- no Gardasil/otherwise UTD. SOC – denies ETOH/drugs/sexual activity.

ROS – HEENT – Headache frontal and temporal. 1--2 times per month for 3 years. No aura. Otherwise ROS unremarkable.

O: BP recumbent 100/60 to standing 90/48. P 88. BMI 18.6. CV – RRR, S1 with split S2. No M/R/G. No bruits or JVD. Pulses 2+ and equal bilaterally. Cap refills NL. Neuro: A and O_{x3}. Speech clear and gait coordinated CN II--XII grossly intact. Romberg Negative. RAM coordinated. Sensory – light touch intact bilaterally . DTRs equal bilaterally all extremities.. Strength 5/5 bilaterally.

EKG – abnormal T wave changes CMC/Chem 12 --- WNL

A: Vertigo with abnormal EKG

P: Schedule echocardiogram. RTC in one week to review. ER if experiencing palpitations, SOB, chest pain or pressure. Discuss need for Gardasil with patient/parents at f/u visit. Defer clearance for sports physical pending further work---up.

Example 4

S: 44 yo AA F presents with sx of vaginal itching, burning, and white d/c for 2 days. Pt. states she has had yeast infections in the past and this feels similar. No noted exacerbating or relieving factors. She has not tried any OTC treatments. Pt is married, monogamous relationship and is not concerned about the possibility of STDs. Denies fever, chills, blood in the urine, pelvic pain or tenderness. No medications. LMP 20 days ago.

O: T 98.8 P 82 BP 118/72 WT 131 BMI 23.36. GI – WNL. GU: external vulvovaginal, vaginal canal and cervix with white curd like d/c. No odor. Adnexa without masses or tenderness. CV – RRR. Lungs CTA. Abd – nontender, nondistended with BS x4.

A: Vaginitis

P: Culture of vagina and cervix obtained. Empirically treat for vaginal candidiasis with fluconazole 150 mg – 1 tab by mouth. Can repeat in 3 days if remains symptomatic. RTC if symptoms do not improve in one week.

APPENDIX

Appendix A: NONPF Competencies.....	40
Appendix B: Clinical Attendance Roster	45
Appendix C: Student Clinical Checklist.....	46
Appendix D: Clearance for Graduation.....	47
Appendix E: Text of Preceptor Evaluations.....	49

NONPF Core & Family/Across the Lifespan Nurse Practitioner Competencies

I. Core Scientific Foundation Competencies

- a. Critically analyzes data and evidence for improving advanced nursing practice.
- b. Integrates knowledge from the humanities and sciences within the context of nursing science.
- c. Translates research and other forms of knowledge to improve practice processes and outcomes.
- d. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

II. Core Leadership Competencies

- a. Assumes complex and advanced leadership roles to initiate and guide change.
- b. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
- c. Demonstrates leadership that uses critical and reflective thinking.
- d. Advocates for improved access, quality and cost effective health care.
- e. Advances practice through the development and implementation of innovations incorporating principles of change.
- f. Communicates practice knowledge effectively both orally and in writing.

i. Associated Family/Across the Lifespan Competencies

1. Works with individuals of other professions to 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 inter professional groups to facilitate the development, implementation and evaluation of care provided in complex systems.

III. Core Quality Competencies

- a. Uses best available evidence to continuously improve quality of clinical practice.
- b. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.

- c. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
- d. Applies skills in peer review to promote a culture of excellence.
- e. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

IV. Core Practice Inquiry Competencies

- a. Provides leadership in the translation of new knowledge into practice.
- b. Generates knowledge from clinical practice to improve practice and patient outcomes.
- c. Applies clinical investigative skills to improve health outcomes.
- d. Leads practice inquiry, individually or in partnership with others.
- e. Disseminates evidence from inquiry to diverse audiences using multiple modalities.

V. Core Technology and Information Literacy Competencies

- a. Integrates appropriate technologies for knowledge management to improve health care.
- b. Translates technical and scientific health information appropriate for various users' needs.
 - i. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
 - ii. Coaches the patient and caregiver for positive behavioral change.
- c. Demonstrates information literacy skills in complex decision making.
- d. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
- e. Uses technology systems that capture data on variables for the evaluation of nursing care.

VI. Core Policy Competencies

- a. Demonstrates an understanding of the interdependence of policy and practice.
- b. Advocates for ethical policies that promote access, equity, quality, and cost.
- c. Analyzes ethical, legal, and social factors influencing policy development.
- d. Contributes in the development of health policy.
- e. Analyzes the implications of health policy across disciplines.
- f. Evaluates the impact of globalization on health care policy development.

VII. Core Health Delivery System Competencies

- a. Applies knowledge of organizational practices and complex systems to improve health care delivery.

- b. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
- c. Minimizes risk to patients and providers at the individual and systems level.
- d. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
- e. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
- f. Analyzes organizational structure, functions and resources to improve the delivery of care.

VIII. Core Ethics Competencies

- a. Integrates ethical principles in decision making.
- b. Evaluates the ethical consequences of decisions.
- c. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

IX. Core Independent Practice Competencies

- a. Functions as a licensed independent practitioner.
- b. Demonstrates the highest level of accountability for professional practice.
- c. Practices independently managing previously diagnosed and undiagnosed patients.
 - i. 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.
 - ii. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
 - iii. Employs screening and diagnostic strategies in the development of diagnoses.
 - iv. Prescribes medications within scope of practice.
 - v. Manages the health/illness status of patients and families over time.
- d. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
 - i. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
 - ii. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
 - iii. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.

- iv. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.
 - 1. Associated Family/Across the Lifespan Competencies
 - a. 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.
 - b. 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).
 - c. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
 - d. Identifies and plans interventions to promote health with families at risk.
 - e. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
 - f. Distinguishes between normal and abnormal change across the lifespan.
 - g. Assesses decision-making ability and consults and refers, appropriately.
 - h. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.
 - i. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.
 - j. Formulates comprehensive differential diagnoses.
 - k. 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.
 - l. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.
 - m. Prescribes therapeutic devices.
 - n. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, co- morbidities, psychosocial, and financial issues.

- o. Assesses and promotes self-care in patients with disabilities.
- p. Plans and orders palliative care and end-of- life care, as appropriate.
- q. Performs primary care procedures.
- r. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.
- s. Facilitates family decision-making about health.
- t. 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.
- u. Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse.
- v. 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).
- w. Applies principles of self- efficacy/empowerment in promoting behavior change.
- x. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
- y. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families

Population-Focused Nurse Practitioner Competencies, (2013). Prepared for: Department of Health and Human Services. Submitted by: The National Organization of Nurse Practitioner Faculties (NONPF). www.nonpf.com. The American Association of Colleges of Nursing (AACN).

APPENDIX C

Student Clinical Checklist (SCC)

For each clinical course, this completed document must be submitted to the 2GU Gradebook by the last day of face-to-face synch class.

Name:	Date:
Course:	CFA:
Clinical Site/Preceptor:	
Checklist:	
<input type="checkbox"/> Send resume to preceptor and CFA	
<input type="checkbox"/> Arrange schedule with preceptor	
<input type="checkbox"/> Enter clinical schedule into Typhon	
<input type="checkbox"/> Objectives Assignment 1, 2, and 3 <input type="checkbox"/> Objectives 1 <input type="checkbox"/> Objectives 2 <input type="checkbox"/> Objectives 3	
<input type="checkbox"/> Preceptor midterm evaluation submitted on Typhon	
<input type="checkbox"/> Portfolio	
<input type="checkbox"/> Case logs completed/approved	
<input type="checkbox"/> Complete evaluations on Typhon <input type="checkbox"/> Preceptor <input type="checkbox"/> Clinic Site <input type="checkbox"/> Clinical Faculty Advisor	
<input type="checkbox"/> Preceptor final evaluation submitted on Typhon	Percentage:
<input type="checkbox"/> Review final evaluation with preceptor	
<input type="checkbox"/> Upload completed and signed Clinical Attendance Roster to Typhon	
<input type="checkbox"/> Complete minimum number of clinical hours	Number of hours:
<input type="checkbox"/> Hours are listed in Typhon time log	

- You will construct objectives each semester. It is important to communicate these to your preceptor at the beginning of each rotation.
- The portfolio is a work in progress over the four courses.
- Your preceptor will complete a midterm and final evaluation of your clinical performance. Your CFA will evaluate you and the site each course. All evaluations are done in Typhon. You are responsible for logging into Typhon and completing the evaluations of your preceptor, clinical site, and CFA. Your preceptors will be prompted to complete the midterm and final evaluations via email.
- Your clinical attendance roster must be signed by your preceptor and turned into your CFA at the end of each course.
- Case logs need to be completed in SOAP note format. They are due by Midnight Saturday each week. You must notify your CFA if you are unable to complete them on time, otherwise, you may not get credit for the hours.
- If you cannot get to clinical, you need to alert both your preceptor and CFA.
- You must have your clinical hours completed by the exam date.

Information on Clearance for Graduation

As you prepare for graduation, the following information is required. Please ensure that you:

Confirm that all information in Typhon is complete and fully updated for each term. This includes:

- Preceptor Evaluation of Student Performance
Completed evaluations can be viewed through the “My Evaluations and Surveys” link in Typhon
- Student Evaluation of Clinical Site, Clinical Preceptor, and CFA
- Faculty Evaluation of Student Performance
- Case Logs
- Time Logs
- Clinical Attendance Roster

Submit your Application to Graduate: Applications should be submitted via MyAccess by the first business day of the month prior to the one that you intend to graduate. For example, if you intend to graduate in the month of August, you should submit by July 1. Please note, Georgetown does not offer a graduate option in June. If you expect to graduate in March, April, or May and are attending Commencement, you must apply to graduate by February 1 in order to have adequate time for the ordering of your diploma.

Submit the Clinical Experience Profile during NURO752. Please consult your CFA if you have any questions about this.

Complete the Georgetown Program Exit Survey. A link to complete this anonymous survey will be emailed to you near the end of the term. We appreciate your response to this survey.

National Certification Examination

In addition, after successful graduation from the FNP program you will be eligible to take a national certifying examination. The examinations are offered by the:

- American Nurses Credentialing Center (ANCC)
<http://www.nursecredentialing.org/default.aspx>
 - Those of you taking the ANCC exam must submit the *Validation of Advanced Practice Nursing Education Form* to ANCC. The process to prepare this form is:
 1. Request a form that is pre-completed with FNP program information by emailing fnponline@georgetown.edu. The form is also attached to this email.
 2. Complete the top portion of the form, including the date that your degree was conferred and the total number of faculty supervised clinical hours.

3. Send the form to fnponline@georgetown.edu to receive the signature of the FNP Program Director.
 4. The form will be returned to you with the signature of the FNP Program Director. *Please note that it is then your responsibility to submit the completed form to ANCC.*
- American Academy of Nurse Practitioners Certification Program (AANPCP) <http://www.aanpcert.org/ptistore/control/index>

We ask that you notify us which exam you will be taking ***prior to registering for the exam*** by completing the online form, <http://tinyurl.com/gufnpexam>. Registration for these exams can be completed through the websites for ANCC or AANPCP. Once you have met all course requirements and your final grades have been posted, you may sit for your board exam.

Official transcripts must be requested through the Registrar. Information on how to request an official transcript can be found here: <http://registrar.georgetown.edu/records/transcripts>.

If you have any questions, please do not hesitate to contact us at fnponline@georgetown.edu.

Text of Preceptor Evaluations

Midterm Preceptor Evaluation of Student

Please review the descriptions of the student's clinical rotation listed above. Based on the stated objectives, please answer the following questions for the student you are precepting:

1. The student is progressing towards meeting clinical objectives this term.

Below Expectations Meets Expectations Exceeds Expectations

2. The student is progressing towards safe, clinical practice.

Below Expectations Meets Expectations Exceeds Expectations

3. The student exhibits an appropriate level of professionalism.

Below Expectations Meets Expectations Exceeds Expectations

4. Given the student's level in the program, does she/he have skills that are satisfactory given the level in the program?

5. Do you have any concerns about the student meeting the clinical objectives for this term?

Yes No

Please provide details if you answered Yes:

6. Would you like to speak with the student's Clinical Faculty Advisor regarding the student?

Yes No

7. Do you have any further concerns or feedback that you would like to provide at this time?

Yes No

Final Preceptor Evaluation of Student

Using the scale below, please indicate the student's capacity to meet the following Family Nurse Practitioner (FNP) competencies:

Scale:

Does not meet expectations (1)

Inconsistently meets expectations (2)

Meets expectations (3)

Sometimes exceeds expectations (4)

Always exceeds expectations (5)

Not applicable/Not Assessed (N/A)

The student critically analyzes data and evidence to improve advance practice nursing, patient care, and promotion of evidenced based practice.

The student integrates the FNP role into their multi-disciplinary team, maximizing the attributes of a FNP.

The student seeks opportunities to assume increasing levels of independence in the clinical setting.

The student maintains professional demeanor and performance.

The student utilizes evidenced based resources to facilitate the identification of the best plan of care for the patient.

The student considers the patient's access to care, cost, quality and safety in their provision of care.

The student is able to translate new knowledge into practice to improve patient outcomes across the lifespan.

The student utilizes appropriate technologies for clinical learning, patient management and improving health care outcomes.

The student is able to assess the health literacy of the patient and their family when discussing diagnoses and treatment options related to the plan of care.

The student maintains a safe practice environment.

Yes

No

If you answered no, please explain in the space provided below and contact the CFA:

The student is able to work within the culture of the health care delivery system when making referrals to specialists and ordering diagnostics tests related to acute and chronic conditions.

The student is able to understand the role of the health care delivery system and utilize all of the available resources within the system related to patient care across the lifespan.

The student integrates the Georgetown University Values Based Model (human flourishing, social justice, the common good, professional care-compassion, individual-collective excellence) into his/her care of culturally diverse patients, families, and communities.

The student assesses access to care, equity, quality, and cost effective health care.

The student utilizes effective verbal and non-verbal communication skills during patient encounters and communicates with the interdisciplinary team.

The student collects relevant and appropriate subjective data related to the chief complaint.

The student integrates advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.

The student develops appropriate differential diagnosis and assessment of problems/needs based on history, physical exam and the interpretation of diagnostic data. *(For FNP I students please select N/A).*

The student integrates health promotion and disease prevention into patient care management that is mutually agreed upon by the patient and the practitioner.

The student creates plans of care that utilize appropriate diagnostic testing, pharmacological interventions, and non-pharmacological therapies. *(For FNP I students please select N/A)*

The student maintains a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect.

The student incorporates the patient's cultural and spiritual preferences, values, and beliefs into the plan of care.

The student records data in a complete, concise and well-organized format.

The time the student spends with the patient is consistent with level of experience.

The student utilizes his/her time effectively when not seeing patients.

The student's verbal patient presentation to the preceptor is organized and inclusive of appropriate data.

The student requests the preceptor's assistance when encountering new, unfamiliar, and complicated situations.

The student accepts constructive criticism.

The student evaluates and revises objectives with preceptor.

The student takes initiative to schedule mid-term and final evaluation review with preceptor, and secure a written evaluation.

The student arrives on time and is present for the entire scheduled clinical day.

The student notifies the preceptor/agency and CFA within an appropriate time frame with anticipated tardiness or absence from the clinical site.

Your overall satisfaction with this student's ability to meet FNP competencies.

If you answered (1) Does not meet expectations or (2) Inconsistently meets expectations, for any of the above items, please explain in the space provided below.