GRADUATE STUDENT CLINICAL HANDBOOK: PART II

DNP and MN

2016 - 21017
Graduate Student Clinical Handbook

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# CONTACT INFORMATION

Information for all campus locations

<table>
<thead>
<tr>
<th>Campus</th>
<th>Physical Address</th>
<th>Mailing Address</th>
<th>Shipping Address</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Spokane</strong></td>
<td>103 E Spokane Falls Blvd</td>
<td>P.O. Box 1495</td>
<td>412 E Spokane Falls Blvd</td>
</tr>
<tr>
<td></td>
<td>Spokane, WA 99202</td>
<td>Spokane, WA 99210</td>
<td>Spokane, WA 99202</td>
</tr>
<tr>
<td></td>
<td><strong>Phone</strong>: 509-324-7360</td>
<td><strong>Fax</strong>: 509-324-7341</td>
<td></td>
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<table>
<thead>
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<th>Address</th>
<th>Email</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>Yakima</strong></td>
<td>1401 W. Prasch Avenue</td>
<td><a href="mailto:yakimaprenursing@wsu.edu">yakimaprenursing@wsu.edu</a></td>
<td>509-494-7900</td>
<td>509-494-7915</td>
</tr>
<tr>
<td></td>
<td>Yakima, WA 98902</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Phone</strong>: 509-494-7900</td>
<td><strong>Fax</strong>: 509-494-7915</td>
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<table>
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<tr>
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<th>Fax</th>
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</thead>
<tbody>
<tr>
<td><strong>Tri-Cities</strong></td>
<td>2710 Crimson Way</td>
<td></td>
<td>(509) 372-7429</td>
<td>509-494-7915</td>
</tr>
<tr>
<td></td>
<td>Tri-Cities, Richland, WA 99352-1671</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td></td>
<td>College of Nursing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>1266 Lee Blvd. Richland, WA 99354</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Email</strong>: <a href="mailto:tansy.fox@tricity.wsu.edu">tansy.fox@tricity.wsu.edu</a></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Phone</strong>: (509) 372-7429</td>
<td><strong>Fax</strong>: 509-494-7915</td>
<td></td>
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</tbody>
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<th>Address</th>
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</tr>
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<tbody>
<tr>
<td><strong>Walla Walla</strong></td>
<td>500 Tausick Way</td>
<td></td>
<td>(509) 372-7429</td>
<td>509-494-7915</td>
</tr>
<tr>
<td></td>
<td>Walla Walla, WA 99362</td>
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<td></td>
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INTRODUCTION

This document includes essential information about Graduate Student Clinical Experiences at the WSU College of Nursing. If you have any questions about any of this information, please contact your academic advisor and/or course faculty in any clinical courses in the FNP, PMHNP, DNP, and Population Health tracks.

NOTE: This document includes accurate information about graduate courses that include a clinical or practicum component. It is current as of the date noted. You are responsible for being certain that you adhere to faculty and program requirements and for updating your knowledge about this information each semester. By accessing the most current information frequently and reading it thoroughly you will help to ensure your success throughout the program.

COLLEGE OF NURSING POLICIES AND PROCEDURES

In general, in the practicum/clinical portions of required graduate courses and in all related activities, all College of Nursing and Washington State University student handbook guidelines, academic policies, and standards apply. You are required to be familiar with the content of this document and the content of the College of Nursing Graduate Student Academic Handbook (http://nursing.wsu.edu/a-z-index/handbooks.html). You are expected to be aware of and adhere to all Washington State University (wsu.edu), WSU Graduate School (gradschool.wsu.edu), and WSU College of Nursing (nursing.wsu.edu) policies and procedures; therefore, you should become familiar with them and review them periodically.

Section One: General Policies

Practicum/clinical experiences are an important aspect of your education as a Graduate student in the College of Nursing at WSU. It is in the practicum/clinical settings that you will apply theoretical and evidence-based knowledge gained in other courses, adding hands-on patient care experiences to develop and advance your nursing practice. The emphasis in the Graduate Practicum/Clinical experiences is on the development of clinical and professional expertise necessary for comprehensive primary care practice or population practice in a variety of settings as an FNP, PMHNP, Population Health specialist; and in organizational/leadership acumen as a DNP. The Graduate curricula and these clinical/practicum experiences prepare you for national certification (for Family Nurse Practitioners [FNP], Psychiatric Mental Health Nurse Practitioners [PMHNP]), and as a Nurse Educator if you complete that track.

This Handbook provides detailed information necessary to the work you will complete in practicum/clinical experiences. It supplements information available to you in course syllabi and other documents.

To qualify for national certification as a FNP or PMHNP, you must complete a minimum of 500 clinical hours supervised by qualified preceptors in settings providing direct clinical care. WSU faculty members who are certified and licensed as nurse practitioners teach all courses that include clinical or practicum content in the nurse practitioner tracks. See the section below about Preceptors to learn more about who may be qualified to serve as your preceptor.
To qualify as a DNP graduate, you must complete a total of 1000 clinical/practicum hours which include your NP hours. As a DNP Population Health graduate, you will also need to complete 1000 hours of population health clinical practice.

**Communication**

It is your responsibility to stay in contact with your academic advisor and with both the course lead faculty and your clinical faculty. Contact the clinical faculty immediately if there is any problem during all clinical/practicum experiences. Your success in communicating appropriately will be mirrored in your success in your course work.

**Prerequisites**

Before you can enroll in any NP or Population Health clinical/practicum course, you must earn at least a B grade in the following and these courses need to have been taken within five years of when you enter the clinical or practicum experience:

1. NURS 581 Advanced Pathophysiology
2. NURS 562 Advanced Health Assessment and Differential Diagnosis
3. NURS 563 Advanced Pharmacology
4. For FNPs only
   a. NURS 508 Essential Procedures
   b. NURS 509 Diagnostic Reasoning and Clinical Management of Common Problems (may be concurrent with the first clinical course NURS 513)
   c. NURS 573 Rationale Prescribing (may be concurrent with the first clinical course NURS 513)
5. For Psychiatric Mental Health Nurse Practitioner Students
   a. NURS 530 Psychopharmacology (may be concurrent)
6. Population Health clinicians

**Licensure**

You must maintain current licensure as a Registered Nurse in Washington throughout your enrollment in the Graduate program. Further, you must hold a current, active, unencumbered Registered Nursing license in all states in which you complete any clinical activities.

Students who live along the Oregon and/or Idaho borders may want to consider obtaining a license in Idaho or in Oregon to allow for additional opportunities for clinical rotations.

The College of Nursing will verify that licensure before granting permission for you to begin any clinical activity.
General Clinical Information (more details provided later in this document)

There are a multitude of required information that must be completed before beginning your graduate studies at WSU. These include but may not be limited to:

1. **E*Value**: this database will house all of your clinical passport requirements, documentation of clinical work, certificates, etc. Go to the following links to obtain the most current information required by E*Value regarding requirements, forms, waivers, etc. [https://nursing.wsu.edu/current/admitted-students/rn-bsn/requirements/](https://nursing.wsu.edu/current/admitted-students/rn-bsn/requirements/) for DNP students and [https://nursing.wsu.edu/current/admitted-students/mn/requirements/](https://nursing.wsu.edu/current/admitted-students/mn/requirements/) for MN students. Maintaining E-Value documentation is fully the responsibility of the student (see “Deadlines” below for further information).

The list below describes specific requirements for documentation of compliance with these requirements.

**Waivers**

Students may sign waivers if they elect not to receive immunizations for personal, religious, or medical reasons. However, clinical agencies may refuse to allow students to complete clinical experiences if students have not completed all required immunizations.

[Waiver forms for Hepatitis B and Influenza](https://nursing.wsu.edu/current/admitted-students/mn/requirements/) are available on the Admitted Students section of the College of Nursing website.

**Deadlines**

All students must update all passport requirements annually so that none of the required documentation expires during an academic year (August 16 through July 31).

Students are not to engage in clinical activities with expired passport entries. Any clinical hours logged while having passport deficiencies will not count toward total hours for the semester; students will be removed from clinical if deficiencies are noted.

Registration will be blocked or cancelled if students do not provide required documentation (for all except RN licensure and influenza immunization).

On the “Newly Admitted Student” website on the College of Nursing web page you will find a table detailing deadlines for submitting evidence of RN licensure and influenza immunization. Completing the Clinical Passport above is essential as you will not be able to register for courses if these documents are not current and complete.

2. **Background check**:

You must complete and submit a national background check no later than July 31 of the year you will begin DNP studies. Each year following the first, you must submit a Washington State Patrol [Washington Access to Criminal History (WATCH)](https://nursing.wsu.edu/current/admitted-students/mn/requirements/) background check no later than July 31. Some clinical agencies also require a monthly OIG/GSA check and/or FBI fingerprinting. Information about background checks can be found at the Admitted Student webpage of the College of Nursing website or will be provided.
when your clinical site placement request is processed: [http://nursing.wsu.edu/Admitted-Students/Graduate.html](http://nursing.wsu.edu/Admitted-Students/Graduate.html).

In addition, Washington State Law RCW 43.43 requires that a disclosure statement must be made by applicants to clinical/internships sites concerning certain civil adjudications, conviction records of crimes against persons, and disciplinary board final decisions. Background inquiries may be made to local, state and/or federal law enforcement agencies. Be apprised that you may not be eligible for licensure in the state of Washington if you have certain criminal convictions or other adjudications on your record. Further, because of requirements for clinical placements and internships, if you have certain criminal convictions or other adjudications on your record, you may not be able to complete your degree, regardless of whether you are admitted to the program.

3. **Urine drug screen**

Washington State University (WSU) College of Nursing coordinates clinical placements for all nursing students, and prepares students for the placements. WSU CON will comply with clinical agency placement requirements as agreed in the affiliation agreement(s), including drug screening policies.

1. WSU CON staff will advise students of the need to meet agency requirements for clinical placement.

2. WSU CON staff will confirm all students have met clinical passport requirements and agency requirements prior to clinical placement.

3. Students who are placed at an agency requiring drug screening will undergo screening prior to clinical placement. Costs not covered by the agency will be the responsibility of the student.

4. Authorized representatives of WSU CON will access and individually review final test results which will remain at the referral lab. The final test results will only indicate positive or negative. Test results are confidential and subject to Family Education Rights and Privacy Act (FERPA) regulations.

5. A confirmed positive test result may preclude participation in clinical rotation and placement. Students unable to complete clinical rotation requirements will not be able to successfully complete their CON program.

6. All positive results are relayed by the testing agency officer directly to authorized representative of WSU CON, who contacts the student and requests that he/she review current medications or other interfering agents with their healthcare provider. Though marijuana is legal as a recreational drug in many states, including WA and OR, it is not legal at the federal level or in clinical agencies. If you test positive for cannabis, you can be denied a clinical placement.

Any student enrolled in the College of Nursing who is found to have a positive drug/alcohol test while enrolled in the program, which is not the result of prescribed medications taken in compliance with the prescribing practitioner’s instructions, will be have the results sent to the clinical agency where placement is being requested and may be referred to the Office of Student Conduct.
Impaired Student Policy

Overview

Should a preceptor, nursing faculty, or other individual(s) perceive that a student is mentally or physically impaired, immediate action must be taken to relieve the student of his/her duties and place the student in a safe area away from the clinical setting. The immediate goal is to provide for the safety of patients, the public, other students, and the student who is suspected of being impaired.

If the student is perceived to have the odor of alcohol, or marijuana, or observed behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, sharp mood swings/behavior especially after an absence from clinical experience, lack of manual dexterity, excessive health problems, increased absenteeism, tardiness or irritability, severe weight loss, needle track marks especially in the inner elbow, carelessness in appearance and hygiene, or euphoria, which causes the preceptor to suspect the student could be impaired by a substance, the preceptor will immediately inform the student as to why actions are being taken to relieve the student of his/her duties and then notify the WSU Faculty for further action.

Perception of Impairment

Definition of Substance Abuse: The use of any drug, alcohol or other substance that results in the mental or physical impairment of a student.

Procedure for removing a student who is suspected of being impaired from an educational setting:

A. Whenever a student is perceived to be mentally or physically impaired, the preceptor or faculty member must take immediate action to relieve the student of his/her duties and remove the student from the clinical or classroom area. The immediate goal is to provide for the safety of patients, the public, other students and the student who is suspected of being impaired.

B. In a teaching situation, when a preceptor or faculty member perceives the odor of alcohol or marijuana, or observes behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, sharp mood swings/behavior especially after an absence from class, lack of manual dexterity, excessive health problems, increased absenteeism, tardiness or irritability, severe weight loss, needle track marks especially in the inner elbow, carelessness in appearance and hygiene, or euphoria, which causes the preceptor or faculty member to suspect the student could be impaired by a substance, the preceptor or faculty member must:

1. Immediately inform the student as to why actions are being taken to relieve the student of his/her duties.

2. Ask the student if he/she will consent to undergo a drug/alcohol screening test, which will be conducted at the expense of the WSU College of Nursing.

3. Make arrangements to transport the student to a “for cause” drug/alcohol screening test or to the student’s home at the expense of the College of Nursing.
4. Remove the student from the immediate educational setting and have either the preceptor or faculty member or a designee remain with the student until transport is available.

5. Inform the Dean of the incident and accompanying circumstances. The Dean shall refer the case to the GAP Committee with details of the incident and accompanying circumstances on the next business day in the College of Nursing offices.

6. Arrange for a meeting within two working days with the GAP Committee, the student, the student’s graduate faculty advisor and the preceptor or faculty member who reported the incident, to discuss the incident and determine the actions to be taken.

C. If the student agrees to drug/alcohol testing, the preceptor or faculty member will ask the student to sign the “Consent for Screening” form and the “Consent for Transportation” form and, following the student’s signature, will contact a local transportation service to transport the student to a designated testing site, to wait for the student and then drive the student home.

D. In a teaching situation, when a preceptor or faculty member perceives that a student is mentally or physically impaired, but such impairment does not appear to be related to or arising from substance abuse, the preceptor or faculty member must:

1. Immediately inform the student as to why actions are being taken to relieve the student of his/her duties.

2. Remove the student from the immediate educational setting and have either the preceptor or faculty member or a designee remain with the student until transport is available to the student’s home at the expense of the College of Nursing.

3. Inform the Dean of the incident and accompanying circumstances. The Dean shall refer the case to the GAP Committee with details of the incident and accompanying circumstances on the next business day in the College of Nursing offices.

E. If the student refuses to submit to a “for cause” drug/alcohol screening test, or if the student admits to using alcohol or other substances prior to the suspect conduct, or if the perceived impairment does not appear to be related to or arise from substance abuse, the following actions will be taken.

1. The student will be immediately removed from the clinical or educational setting, but will remain in visual contact with the preceptor or faculty member or designee.

2. The student exhibiting behaviors indicative of possible impairment will be offered safe transportation home at the expense of the College of Nursing. The preceptor or faculty member will ask the student to sign the “Consent for Transportation” form. Once signed, the preceptor or faculty member will contact a local transportation service to take the student home.
3. If the student refuses to sign the “Consent for Transportation” form, the preceptor or faculty member shall notify the local police.

4. The preceptor or faculty member will arrange for a meeting within two working days with the Graduate Committee, the student, the student’s graduate faculty advisor and the preceptor or faculty member who reported the incident, to discuss the incident and determine the actions to be taken.

F. Any deadlines provided for above may be extended by the Dean of the College of Nursing or the Dean's designee for good cause which shall be documented or when the day on which an event is to occur falls on non-University workdays.
Transportation and Expenses

Practicum/clinical experiences across Washington and including outlying rural areas are assigned according to the learning needs of the student, individual course requirements and availability of clinical sites.

- Most clinical experiences require motor vehicle transportation, and some require overnight accommodations.
- Students are responsible for their own housing, transportation and expenses associated with clinical experience.

Confidentiality of Patient Records

The following policy on use of patient records has been developed to comply with federal guidelines outlined in the HIPPA regulations. The information below identifies what information is protected under federal law. Refer to the Graduate Student Handbook: Part I for the policy on Social Media.

Federal HIPAA requirements:

- Protected health information includes individually identifiable health information (with limited exceptions) in any form, including information transmitted orally, or in written or electronic form.

- “individually identifiable health information” to mean health information created or received by a healthcare provider, health plan, employer or healthcare clearinghouse, that could be used directly or indirectly to identify the individual who is the subject of the information.

- Health information must have all of the following removed prior to use outside of a healthcare setting.
  - all of the following data elements have been removed or otherwise concealed: name; address, including street address, city, county, zip code, or equivalent geocodes; names of relatives and employers; birth date; telephone and fax numbers; e-mail addresses; social security number; medical record number; health plan beneficiary number; account number; certificate/license number; any vehicle or other device serial number; web URL; Internet Protocol (IP) address; finger or voice prints; photographic images; and any other unique identifying number, characteristic, or code (whether generally available in the public realm or not) that the covered entity has reason to believe may be available to an anticipated recipient of the information, and
  - the covered entity has no reason to believe that any reasonably anticipated recipient of such information could use the information alone, or in combination with other information, to identify an individual.

Thus, to create de-identified information, entities that had removed the listed identifiers would still have to remove additional data elements if they had reason to believe that a recipient could use the remaining information, alone or in combination with other information, to identify an individual. For example, if the “occupation” field is left intact
and the entity knows that a person’s occupation is sufficiently unique to allow identification, that field would have to be removed from the relevant record.

Patient Record Handling

1. Graduate students may not make copies (photo copies, computer printouts, etc) of any material from a patient record. If students are required to generate a SOAP note or comprehensive assessment note as part of their practicum course requirements, the student must take HIPPA-compliant hand written notes in the clinical setting to reference at a later time in order to complete the course requirement.
2. A faculty member may make a copy of material from a patient record for teaching purposes provided no patient identifiers are present on the copy.
3. Again, no identifying information as defined in the HIPAA regulations about the patient can be contained within the copy. Also the student must follow any special regulations for the use of patient records per agency protocol.

Appearance Standards

The faculty of the College, our partner clinical agencies, and the clients we serve expect that students present a professional well-groomed and non-revealing appearance that reflects the nature of the program, profession, and facility. Safety and cultural awareness are also vitally important to consider in standards of appearance. Both faculty and students are to follow both the College of Nursing standards, and any additional standards of the research settings or clinical agencies to which they are assigned, which may be more stringent. Certain faculty, agencies, or specific units may establish additional appearance standards to those listed below.

Cleanliness
Personal cleanliness and hygiene are essential both to portray a professional appearance, and to safeguard the health of clients, agency staff, and other students. Hygiene maintenance requires attention to odors.

Students must use only fragrance-free body products since scented products (perfumes, colognes, lotions, deodorants, after shaves, etc.) can be offensive or allergenic to many people. Students should also be cognizant of body odor and bad breath, and take measures to avoid both. Students who smoke should have no detectable odor of smoke on their person when in clinical setting.

Attire
All clothing worn should fit appropriately and at no time should breast or gluteal cleavage be visible. Clothing should meet the standards of the agency, be appropriate for professional appearance, and the College name badge should be worn. The College name badge should not be worn during employment outside of the clinical experience in the program.

Hair
Hairstyles for men and women must be neat and clean. Beards and mustaches must be neatly trimmed. When in contact with health clients, long hair must be pulled back and fastened by a clip or elastic band so that it does not fall forward over the shoulders or face. In nursing units that require covering of hair, such standards will be followed.
Jewelry
Two small stud earrings per ear are allowed. They should not be hoops, bars, gauges or other earrings prone to being pulled or caught on objects. The ear piercings associated with gauges need to be covered during all clinical and simulation experiences using bandaids or other skin colored tape. No other piercing should be visible during clinical experiences. Facial and mouth jewelry are not to be worn in the clinical setting at any time. This includes, but is not limited to, rings or studs on eyebrows, nose, lips, and tongue.

Additional jewelry should not be excessive. A watch and one or two small rings are acceptable. Thought must be given as to whether the setting of the ring may scratch or otherwise injure patients, or if it may harbor bacteria. In some settings students may be requested to remove rings for safety concerns.

Nails
Artificial nails are not permitted during direct contact with health clients in any clinical setting. This includes wraps, inlays, decals, and artificial nails. Natural nails are to be clean and less than one-quarter inch beyond the fingertip when in contact with health clients. Nail polish, if worn, must be clear in color and not chipped or cracked.

Body Art
Tattoos or other body art must be covered as much as possible in the clinical setting.

Other
Excessive makeup is not acceptable and gum chewing is not permitted in the clinical or research setting. Incident Reporting

Perfumes, fragrant cologne/deodorant/hairspray are not allowed to be worn during clinical

Bloodborne Pathogens
See the Environmental Health & Safety Bloodborne Pathogens website for information about bloodborne pathogen protection and policies.
**Critical Incident Reporting Policy**

**INCIDENT REPORT FORM**

*The form can be filled out electronically and saved. Please send a copy to your instructor when complete.*

1. Information about the event.

<table>
<thead>
<tr>
<th>Your Name</th>
<th>Click here to enter your name.</th>
</tr>
</thead>
<tbody>
<tr>
<td>WSU Nursing Instructor</td>
<td>Click here to enter your instructor’s name.</td>
</tr>
<tr>
<td>Date of Report</td>
<td>Click here to enter today’s date.</td>
</tr>
<tr>
<td>Date of Incident discovery</td>
<td>Click here to enter the date the incident occurred or was discovered.</td>
</tr>
<tr>
<td>Location of Incident</td>
<td>Click here to enter the physical location (facility and room number) where the incident occurred.</td>
</tr>
<tr>
<td>Did the error or near miss involve a medication?</td>
<td>Yes ☐ No ☐</td>
</tr>
<tr>
<td>What are the names of other people who were involved/observed/knew about the incident?</td>
<td>Click here to enter name(s).</td>
</tr>
<tr>
<td>Who did you notify about the incident?</td>
<td>Click here to enter name(s).</td>
</tr>
</tbody>
</table>

2. Description of the Error or Near Miss

Briefly describe the error or near miss that occurred. Be detailed and keep to the facts. Include dates and times if known. If the incident was related to a medication, list the name of the medication, and the dose, time, and route of administration.

Click here to enter your answer to the question above.
3. Contributing Factors (Cause and Effect)

4. Possible System Improvements
   In your opinion, are there system improvements that could be made that might help someone else avoid this error or near miss in the future?

   Click here to enter your answer to the question above.

5. Change in Personal Practice
   How will you change your practice to avoid this incident from occurring again in the future?

   Click here to enter your answer to the question above.

---

I have completed this Incident Report form to the best of my ability based on my recollection of the events that occurred.

Student’s Electronic Signature:          Date:
Click here to enter your first and last name.          Click here to enter a date.
☐ I understand that checking this box constitutes a legal signature of my name above.

6. FacultyComments

   Click here to enter text

I have reviewed the Incident Report with the student.

Faculty Electronic Signature:          Date:
Click here to enter your first and last name.          Click here to enter a date.
☐ I understand that checking this box constitutes a legal signature of my name above.
# Critical Incident Evaluation Tool

**Instructor’s Name:** Click here to enter text.  
**Student’s Name:** Click here to enter text.  
**Date:** Click here to enter a date.

## Section I: Determination of Behavior Type

<table>
<thead>
<tr>
<th>Normal Error (error was a product of system design or a lapse)</th>
<th>At Risk Behavior (error was due to unintentional risk-taking; risk was not recognized or was believed to be justified)</th>
<th>Reckless Behavior (error was due to intentional risk-taking; conscious disregard of risk)</th>
<th>Score</th>
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<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
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### Previously Reported Incidents
- No previously reported incidents with evidence of “at risk” or reckless behavior.

### Practice / Level of Nursing Education
- Practiced to level of education. Did not act beyond scope of knowledge or skills.
- Practiced beyond level of education due to pressure from qualified preceptor. Was directly supervised by qualified preceptor during incident.
- Practiced beyond level of education without direct supervision of qualified preceptor. Was unaware of level of education boundaries.
- Intentionally practiced beyond level of education without regard to patient safety or liability.

### Deviation from Standard, Policy or Provider Order (PO)
- No standard, policy or PO was available to follow in the presenting circumstance. Breach was unintentional.
- Policy, standard or PO not enforced as evidenced by cultural norm (ie, staff commonly deviates from standard) or order was misinterpreted.
- Policy, standard, or PO clear but student deviated for a reason that appears plausible for the circumstances. Failed to utilize available resources to clarify.
- Intentionally disregarded standard, policy, or PO.

### Decision/Choice
- Incident was inadvertent or
- Incident occurred due
- Incident occurred in non-emergent
- A prudent nurse would not have
### Section II: Mitigating and Aggravating Factors

**Mitigating Factors (check all that apply)**

- [ ] Breakdown in communication
- [ ] Resources, supplies or equipment were unavailable
- [ ] Policy/procedure unclear/missing
- [ ] Contributing patient factors
- [ ] Lack of orientation, education, or training
- [ ] Other mitigating factor: Add explanation here.

**Aggravating Factors (check all that apply)**

- [ ] Patient identified as vulnerable
- [ ] Action or behavior of student was cruel or violent
- [ ] Created risk for more than one patient or healthcare provider
- [ ] Other aggravating factor: Add explanation here.

**Criteria Score from Page 1:** Enter score here  
**# of Mitigating Factors:** Enter # here  
**# of Aggravating Factors:** Enter # here

### Section III: Action Plan

**Criteria Score 5-7 OR 3 or more Mitigating Factors AND no**

- No blame assigned. Console student. Discuss how the action or omission led to the error and how to prevent occurrence in the future. Identify systems
## Aggravating Factors

<table>
<thead>
<tr>
<th>Action: Console</th>
<th>that need improvement. Add further action items here.</th>
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<table>
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<tr>
<th>Criteria Score 8-10 AND 2 or more Mitigating Factors AND no Aggravating Factors</th>
<th>Counsel student on understanding “at-risk” behavior. Student may require increased supervision during high-risk activities for a period of time. Add further action items here.</th>
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<tr>
<th>Action: Counsel</th>
<th></th>
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<tr>
<th>Criteria Score 8-15 AND no Mitigating Factors AND no aggravating Factors</th>
<th>Student must complete a Clinical Student Support Plan (CSSP) the area of concern. Add further action items here.</th>
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<table>
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<tr>
<th>Action: Remediation &amp; CSSP</th>
<th></th>
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<tr>
<th>Criteria Score 16-20 OR 1 or more aggravating factors</th>
<th>Student may be dismissed from the program. Refer to the Director of Nursing. Add further action items here.</th>
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<table>
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<tr>
<th>Action: Sanction</th>
<th></th>
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**Faculty Electronic Signature:**

- Click here to enter your first and last name.
- Click here to enter a date.
- □ I understand that checking this box constitutes a legal signature of my name above.

I have read and understand the Incident Evaluation. I have had the opportunity to ask questions. My signature does not imply agreement.

**Student Signature**

---

**Student Comments:**
Section 2: Practicum/Clinical

Site requirements

No student should be recruiting a site or a preceptor unless you have been given permission to do so by the Clinical Coordinator at the campus where you are registered (Joanie Christian for Spokane and Katie Larson for Vancouver). In the past, clinical agencies have denied programs access to preceptors or the entire agency when students have done this on their own.

All clinical students are required to have a current WSU Graduate Student Passport documented in E-Value at all times during their grad student experience. The ‘Passport’ is a foundational set of requirements developed to protect the health and safety of your clients and colleagues, and to comply with the terms of affiliation agreements with our clinical sites (a copy of the Grad student passport is in the Appendices). Instructions for completing these requirements can be found on the ‘Admitted Students’ website at: http://nursing.wsu.edu/Admitted-Students/Graduate.html

Most hospitals and large healthcare organizations (Group Health, Kaiser Permanente, Providence, the Veterans Affairs, military facilities), and many other health care systems and private practices require that students complete a “Provider Staff” Privileging and/or Credentialing process before beginning any clinical rotation, which may require completion of additional items beyond those required as part of the Graduate Student Passport. For example, some sites require that you complete specialized HIPAA training, computerized charting training, and/or urine drug screening. Completion of these requirements is entirely your responsibility as a student. This process can take weeks to months and should be initiated as soon as a clinical site is obtained. If WSU has been able to obtain the information from the clinical site, specific site requirements and accompanying documents can be found in E*Value.

NOTE: Your preceptor may invite you to participate in patient care at a secondary site such as a hospital, urgent care center or other agency the provider contracts with (rounds, surgery, treatments, obstetrics, etc.) as part of a clinical experience. If you are providing direct care at the secondary site, you must inform the WSU Clinical Placement Coordinator and complete the credentialing process with that facility as well as the primary site – before you can provide any patient care. If you are accompanying the preceptor to the second site for observation only, you do not need to complete the credentialing process, unless the site requires that you do so.

Clinical/Practicum Hours

In general, each specific course requires that you complete a minimum number of hours of clinical/practicum experience. The DNP program director, Track Coordinators for the Family and Psychiatric Mental Health NP and Population Health, and any individual employed by WSU to perform clinical supervision of NP students may assign additional practicum/clinical hours beyond those described in the syllabus.

The list below describes the minimum requirements for each clinical/practicum course that requires the completion of clinical/practicum hours. If appropriate, the list also includes descriptions of additional specific requirements for types of setting, patients, or experiences.

Definition of Clinical Hours

WSU and the organizations that offer certification examinations for graduates of NP and Population Health programs define clinical hours as: “hands on assessment, diagnosis and treatment (including client health management and education).” You cannot receive credit for observation, operating room experiences, continuing education activities, or other types of experience that do not involve care in keeping with this definition.
Clinical Sites

Securing clinical site placement is a collaborative process. Success occurs as the result of a partnership between you, the administrative staff, and faculty. The college needs your help to identify sites where you would like to be placed and you need to stay in close contact with the Clinical Placement Coordinators in Vancouver or Spokane throughout the placement process.

When selecting an NP practice site, you must ensure that there will be opportunities for direct, “hands-on” care of patients of all ages and healthcare needs (for PMHNPs this means direct, interactive care settings). As a Nurse Practitioner student, you must be able to perform assessments, develop diagnoses, formulate treatment plans, and communicate with patients and families about those activities (in collaboration with the preceptor). Your site(s) should be a setting that will offer you the population and scope of care consistent with the practicum course requirements. Clinical faculty, placement coordinators and/or program leads can assist you in determining this. In general, family practice primary care sites and any internship experiences should have relevance to family practice (no OR, ER, acute care management unit, transplant unit, trauma nursing, flight/transport nursing); psychiatric mental health NP students should identify settings with psychiatric nurse practitioners or psychiatrists performing the full scope of psychiatric care (except for NURS 547 which allows students to be placed with master’s level therapists or clinical psychologists).

It is important that you prepare early to ensure that clinical/practicum experiences will be successful. You should make identify clinical site possibilities 4-6 months before you plan to enroll in a particular course. It may be especially difficult to locate preceptors who can provide internship experiences in pediatric and obstetrical settings – you may need more than six months to arrange these. You will receive site request instructions from the Clinical Placement Coordinators to assist you in identifying appropriate clinical sites.

The Clinical Placement Coordinators work closely with course and clinical faculty (also known as clinical evaluators) in helping you to find appropriate sites. Clinical faculty/clinical evaluators must approve all clinical placements. In doing so they will consider the program outcomes, objectives of the course in which you are enrolled, and your overall performance in coursework and in previous clinical experiences. Under some circumstances, faculty may direct you to complete a clinical experience at a specific site or within a specific time frame based on assessment of your progress in the program.

You may be required travel and/or stay in outlying communities in order to secure appropriate clinical placement. We recognize that, while these sites provide excellent learning opportunities, leaving home and family may be difficult for you; thus, we try to limit the number of times we require you to accept placement at a distant site.

Oregon and Idaho Practice Sites

Students may request to complete clinical rotations in Oregon and/or Idaho. Obtaining a license in the state closest to your home will greatly increase clinical placement opportunities and is encouraged. If you obtain or have an out-of-state license, please enter that information into E*Value along with your Washington State nursing license information.

The Oregon State Board of Nursing (OSBN) requires that students who are enrolled in out-of-state programs petition for approval to complete any clinical/practicum rotation in the state. You MUST submit the petition to the appropriate Clinical Coordinator (WSU-Vancouver: Katie Larson; WSU-TriCities & Spokane: Joanie Christian) in a timely way; the Clinical Coordinator will finalize the document and forward it to the OSBN. Your
petition to complete clinical/practicum rotations in Oregon must be approved by the OSBN before you can begin the clinical/practicum experience (PMHNP students may NOT request Oregon placement for NURS 547). This process will take a minimum of two months, so plan accordingly. If you will complete a clinical rotation in Oregon, you must review all information at the OSBN website (control+click OR http://cms.oregon.gov/OSBN/Pages/students_preceptors.aspx). After you review the information and the forms, contact the appropriate Clinical Coordinator who will help you with the forms you need to submit.

Oregon Nursing License

For information about obtaining a Registered Nursing license in Oregon, visit: http://www.oregon.gov/OSBN/Pages/RN-LPNlicensure.aspx

Idaho Nursing License


The Idaho Board of Nursing offers students the option to obtain a temporary license for up to 90 days for use when completing a clinical rotation in that state. This temporary license cannot be extended beyond 90 days. The fee for this temporary Idaho nursing license is $25 and the application can usually be processed in less than 10 business days. Be sure to mark the check box on the application that indicates you are applying for a temporary license.

These links provide further information about obtaining temporary or permanent Idaho licensure:


Agency Contracts

WSU is required to have a contract (affiliation agreement) with all clinical sites before you can begin a clinical rotation as an NP student, Population health student or as a DNP student working on their clinical project. When you request clinical site placement using the E*Value system, the clinical placement coordinators will review the status of the contract. The contract specialist will make every effort to ensure that a contract is in place so that you can complete a clinical rotation. However, if there is no contract in place when you request the site, you may not be able to complete a rotation at that site in a timely manner or within the semester parameters as the process of negotiating a contract may take several months to finalize.

Clinical at Your Place of Employment

The unit where the student works or the individual in charge of their usual work performance cannot be used as a clinical site or clinical preceptor. Students may, however, work in a different area/unit of their employment site in a non-paid position for up to 50% of the total required program hours. For example, if the student is an ICU
A student cannot complete a clinical rotation in a site where a family member or close friends work; no exceptions are made to this policy.

**E*Value**

Washington State University students enrolled in a variety of health professions’ education programs use online relational database software system called E*Value to meet a variety of documentation requirements. Administrative staff members use E*Value to manage student site requests and other information that supports student placement. Faculty use E*Value to monitor student progress. At this time E*Value is only able to provide clinical input for NP students.

You will receive information about the use of E*Value along with your user name and initial password shortly after you enroll at WSU.

To help you learn to use E*Value, you will participate in E*Value training each semester accessing tutorials developed and presented by WSU administrative staff and faculty, the Help files available on the E*Value website (https://www.e-value.net/home-main.cfm).

You will use the E*Value system to:

- Document clinical experiences
- Maintain confidential health records pertinent to clinical site placement.
- Upload your evaluation of the preceptor, the site, all procedures and diagnoses you made with what patient
- Clinical faculty and preceptor upload their evaluations of you

**Preceptors**

Any licensed healthcare provider (MD, DO, ARNP/APRN excluding CRNA and nurse midwives) who has been practicing in their field for at least two years and has a current, unencumbered professional license may serve as the preceptor for a Nurse Practitioner student. In Washington and Idaho, licensed Physician Assistants with at least one year’s experience may also serve as preceptors.

All preceptors need to be assessed for active unencumbered license etc. This process is addressed by the Clinical Coordinator for the respective campuses. Clinicians/preceptors who have an encumbered license are reviewed and decided upon by the Director of the MN or DNP Program.

Nurse practitioners who are enrolled in an NP program or in WSU’s DNP program *may not* serve as preceptors for other WSU DNP students.

When students receive the site request form, one may recommend the names of one or more potential preceptors in a requested clinical agency who have indicated they would be willing to precept them. The Clinical Coordinator will follow up with the requested agency to inquire about that individual’s availability to serve in a preceptor role and will check on the potential preceptor’s qualifications to serve as a preceptor.

A letter will be sent to the preceptor explaining the course requirements and requests the preceptor’s help for you. It also provides information about how the preceptor can contact the
course instructor. Please enter the preceptor’s information (in yellow highlighted areas) and print this to give to your preceptor before starting the practicum/clinical experience.

**The Preceptor Role in Directly Supervising the NP Student**
Clinical experiences are an essential component of the education of FNP/PMHNP students, and preceptors and clinical faculty play an indispensable role in the success of these experiences. Clinical instruction necessitates both supervisory and evaluative activities. Preceptors provide direct clinical supervision, while the clinical supervising faculty provides direct and/or indirect clinical supervision. NP students are expected to participate in hands on care, shadowing is not permitted except in certain circumstances that are illustrated in course syllabi. Direct (faculty) supervision occurs when a faculty member is present at the clinical site and is supervising the student in that setting. Indirect (faculty) supervision occurs when a clinical preceptor is supervising the student while the faculty member retains responsibility for the overall clinical components of the course. As an indirect clinical supervisor the faculty provides oversight of the clinical learning experience and acts, on behalf of the CON, as a liaison to the clinical site.

**Developing Clinically Specific Learning Goals**
Preceptors will collaborate with FNP/PMHNP students and the clinical supervising faculty to develop specific learning goals for the clinical experience.

**Collaboration with Faculty on Problem/Conflict Management**
When a conflict or problem related to the student is identified, the preceptor should collaborate with the clinical supervising faculty so that the proper procedure for management and resolution of the conflict or problem is followed. Any problems related to the faculty role in the preceptorship experience should also be discussed between the clinical supervising faculty and the preceptor. If the faculty and preceptor are unable to achieve resolution, a clear mechanism for further mediation, including referral to the Program Coordinator, should be made in the preceptorship agreement or other appropriate document.

**Student Evaluation**
Preceptors serve as role models, mentors, and directly supervise students in clinical sites and work closely with nursing faculty in facilitating student success. An important element of ensuring student success is evaluation of student progress. Preceptors and clinical supervising faculty will adhere to the CON policies regarding clinical supervising faculty and preceptor roles in the student evaluation process. Although WSU faculty retains responsibility for the final evaluation of the student, the preceptor provides information that is vital to the evaluation process.

**Electronic Submission of Evaluations**
Electronic links to the appropriate evaluation tools will be sent to the preceptors via e-mail. The student will notify the preceptor when the electronic link is sent and the preceptor should ensure it has been received. In addition to completing the mid-term and final evaluation of the student, the preceptor will be asked to complete the Preceptor Evaluation of the WSU Program at the conclusion of the semester. If needed, the preceptor should seek clarification about the evaluation process with the clinical supervising faculty.

**Resources for Clinical Practice**
It will be helpful for you to develop and maintain a system for accessing pertinent clinical support information at your clinical site. The system you develop may include but is not limited
to: use of a smart phone, tablet computer, texts, or online resources but students should check with the clinical preceptor/agency to inquire if electronic devices are allowed.

You should have ready access to prescribing and diagnostic testing information at all times while in the clinical setting.

**Clinical Faculty and NP Clinical Evaluators**

Once your clinical site and preceptor is identified, you will be assigned to be supervised by a CON faculty member or community-based Nurse Practitioner who is hired by WSU to be a Clinical Evaluator. This individual will evaluate your clinical/practicum performance in the clinical setting. It is your responsibility to communicate with this person before you begin any clinical experience and periodically through the semester. Early in the semester, you will receive information about and contact information for this individual. If you do not receive this information, contact the course instructor. You cannot begin any clinical experience until you have received permission via email to do so. Give your clinical faculty evaluator contact information for all preceptor(s) and the location of their practice. Describe the experience you will have with each preceptor. Failure to obtain permission before starting in the practicum/clinical setting may result in the assignment of a failing grade for the practicum/clinical experience. **If you begin clinical without permission of the faculty evaluator, current clinical passport or malpractice insurance, your clinical hours will not count and will need to be repeated.**

Students are also responsible to contact their clinical faculty and placement coordinator if there are any changes to their rotation (clinical site, preceptor, going to a secondary site, etc.) CPC’s and clinical faculty must be notified BEFORE doing a clinical day at any clinical site that was not originally assigned, to ensure contracts and any onboarding requirements have been completed.

Please note: Clinical Faculty members at WSU are nurse practitioners who take time away from their practices and their families to assist you in achieving your educational goals and objectives. They are not available at all times to visit you in the clinical setting because they have professional and personal responsibilities. Please work with them and your preceptor to develop a mutually agreeable schedule for site visits, which may include days or times you are not typically scheduled for clinical.

**Preparation for Clinical Experiences**

1. Ensure that your Student Passport is complete and that you have submitted all required documents. You may not begin clinical/practicum experiences until this process is complete. Instructions for completing these requirements can be found on the ‘Admitted Students’ website at: [http://nursing.wsu.edu/Admitted-Students/Graduate.html](http://nursing.wsu.edu/Admitted-Students/Graduate.html)

2. As soon as you are offered placement at a clinical site, you must contact the education coordinator or clinic manager at the clinical agency where you will complete the practicum experience to initiate completion of any forms, trainings, tests or records that are required by the agency before you can begin your rotation at the site.

3. Arrange to meet with your preceptor for at least 30 minutes before you begin your practicum rotation. This could take place a week or two before you begin the rotation or even before office hours on your first day. During this meeting:
   a. Provide your current resume to the preceptor if you have not already done so.
b. Describe your goals for the clinical setting and ask your preceptor to provide you with feedback about your goals.

c. Determine a mutually agreeable rotation schedule.

d. Explain to your preceptor that a WSU faculty member or community NP hired by WSU as a Clinical Evaluator will visit you to evaluate your work in the clinical setting.

e. Advise the preceptor that you may need to schedule additional time for site visit evaluations by your Clinical Faculty person as required.

f. Explain that an evaluation will be sent via email for the preceptor to complete during the course of the semester.

4. If necessary after the meeting, modify your goals and objectives for the rotation after you meet with the preceptor.

5. Provide your preceptor with a finalized copy of your revised goals and objectives if required by course faculty or your clinical evaluator.

6. Contact the individual(s) assigned to be your Clinical Faculty/Evaluator with the following information about your rotation/s: site/preceptor and contact info, and learning experience you will have with site/preceptor. You cannot begin any clinical experience until you have received permission via email to do so from your clinical faculty. Failure to obtain permission before starting in the practicum/clinical setting may result in the assignment of a failing grade for the practicum/clinical experience.

7. Contact the E*Value Specialist with your rotation/s schedule. This will allow her to set up the E*Value system so that documenting your clinical experiences will go smoothly.

**During Clinical/Practicum Experiences/Rotations**

1. Observe all agency policies and procedures.


3. Be aware of all emergency procedures (fire, etc.) including patient emergencies (seizures, codes, etc.).

4. Locate and memorize the location of emergency exits, fire extinguishers, oxygen supplies, etc.

5. Document in E-Value in a timely manner:
   a. all clinical time in time tracking- be certain to select the correct course, preceptor, clinical site, etc. for EACH entry
   b. Document all client encounters in PxDx/Case Logs- be certain to select the correct course, clinical faculty, clinical site, etc. for EACH entry

6. Be prepared and punctual.

7. Adhere to standards and scope of practice for RN practice and in the student NP role described by the state’s nurse practice act.

8. Follow NP student dress code for the clinical experience. See the WSU CON Graduate Student Handbook for details.

9. If approved by your preceptor or agency, your mobile phone may be used for clinically relevant activities only. It is your responsibility to make sure it is set on silent so that it
makes no sound with incoming calls or messages. You may not make personal phone calls or send personal messages when in the clinical setting unless you are on a break. You may not, under any circumstances, take a picture of any patient or any part of a patient’s body, even with their permission.

10. Consider each placement as an ‘audition’ for future placements. The reputation you develop while in your clinical rotations can open doors for future rotations, and even future employment. Alternatively, a negative experience with a student can impact a site’s willingness to place future students.

11. Each week, discuss your current learning needs and objectives with preceptor(s).

12. Clearly and briefly present all cases to the preceptor. For tips on how to make an effective presentation, visit: http://meded.ucsd.edu/clinicalmed/oral.htm - The Oral Presentation

13. Confer with preceptor and assigned clinical faculty to keep informed of progress.

14. Leave the clinical site as they found it – with good will and a positive feeling toward their role in NP student education.

15. Formally thank each preceptor and staff who assisted you at the end of each clinical rotation.

Section 3: PERFORMANCE EVALUATION

Population Health: Clinical evaluations are course dependent (see Appendix 2B) and include multiple activities: participation in student/faculty seminars, written papers, a self-reflection journal, log entries in E*Value, project or negotiated clinical activities and a clinical performance evaluation. Clinical faculty will determine if you will receive a satisfactory grade in consultation with the preceptor(s) and course faculty. Forms for evaluation by faculty, preceptors, and students available in this document (control+click) and in E*Value. You must pass both the didactic and the practicum/clinical components of a course in order to earn a passing grade in the course.

FNP and PMHNP: The Clinical Evaluator will evaluate or grade work that you complete in the practicum setting and will submit their evaluation of your work to the course faculty at the end of the semester. As stated elsewhere, you must earn a passing grade in the practicum/clinical experience in order to earn a passing grade in the course.

You will be evaluated on your ability to competently complete an assessment of, select diagnoses from an appropriate differential, and develop treatment plans for patients. You will be expected to select medications, order appropriate cost-effective diagnostic testing, consult with your preceptor and other providers, and develop self-management and follow-up plans with clients.

Clinical faculty will determine if you will receive a satisfactory grade in consultation with the preceptor(s) and course faculty. Forms for evaluation by faculty, preceptors, and students available in this document (control+click) and in E*Value. You must pass the didactic and the practicum/clinical components of the course in order to earn a passing grade in the course or before progressing to the next core clinical course.

No grade will be submitted (you will not receive a passing grade in the course) until you have completed all required clinical documentation in the E*Value system.

The Clinical Faculty member will determine whether or not you earn a passing grade based on:
• Your successful completion of a minimum number of clinical documentation notes (SOAP notes and/or comprehensive evaluations). If your work is satisfactory, you may complete only the minimum number. If concerns exist about your work or your documentation, you may be required to submit additional notes in order to earn a passing grade for this part of the course.

• Earning a passing grade during site visits (see below).

• Your completion of all required documentation by the deadline listed in the course syllabus (see below).

Clinical Evaluator Responsibilities

Overall Responsibility
The clinical evaluator faculty maintains the ultimate responsibility for the student's clinical experience in a specific course. Responsibilities for faculty who are providing either direct or indirect supervision of students in the clinical setting will vary by course. The course syllabus details specific requirements and evaluation criteria for successful student performance. In addition, courses may have specific guidelines describing clinical faculty responsibilities for a particular course and faculty is expected to comply with those guidelines.

Student and Preceptor Contact
Frequent contact with the student and preceptor in the clinical setting is necessary for the supervising faculty to understand how the student is performing. Frequent contact also facilitates early intervention when a student's performance is not at the level expected for that course. In the end, clinical faculty evaluate the student using their own assessment data and input from the preceptors.

Availability
The clinical evaluator faculty will maintain contact with the student and preceptor at times other than the site visit and will be available by phone on the days students are in the clinical site. Should a scheduling conflict or emergency arise that results in the clinical evaluator being unavailable to students or preceptors, it is the responsibility of the clinical evaluator faculty to make arrangements with another member for coverage and to notify the Program Coordinator of the change.

Site Visit Evaluation
Clinical Evaluator Faculty will observe you while you provide direct patient care at your clinical/practicum site for each of the clinical/practicum courses. It is your responsibility to arrange site visit evaluations with your evaluator early in the semester. Each site visit will last 1.5 – 4 hours. You may be required to schedule the evaluation visit at a time other than your usual scheduled time with a preceptor. That is, you may need to change your work or personal schedule to arrange the required site visit. Failure to arrange a site visit for evaluation may result in the assignment of a failing grade in the practicum/clinical portion of the course.

During the visit the faculty evaluator will observe you providing care, presenting to your preceptor, and interacting with patients, family members, and staff. The faculty evaluator will also consult with your preceptor about your progress and may review clinical documentation (chart notes) that you have completed.
You must earn a passing grade in all site visits. If you do not earn a passing grade in a site visit, an additional site visit may be required. If you do not earn a passing grade in two successive site visits, you will receive a failing grade in the course. It is your responsibility to arrange for additional visits as required.

**Required Documentation**

Before you can receive a grade for the clinical/practicum coursework, you must:

- Document all patient contact time and clinical experiences in the E*Value system (as required) before the last date noted in the Course Syllabus. For accuracy, it is best practice to document clinical hours and client encounters within one week of rotation day.

- Ensure the completion and submission of an evaluation by each of your preceptors (Electronic evaluation via E*Value is preferred, but a printed and/or handwritten evaluation may also be submitted in paper format to your clinical faculty/evaluator AND to the E*Value Specialist.

**PROGRAM PROGRESSION REQUIREMENTS**

You must receive a grade of “C” or higher to pass each course within the specialty program for which you were admitted.

If you receive a grade below “C” in any graduate course (regardless of the reason for that failure), you may repeat that course once and only once. You will be dismissed from the Graduate Program in the College of Nursing if you do not earn a grade of “B” (3.0 or higher) when repeating a course or if your GPA falls below 3.0 at any time in the program.

While you are enrolled in any course that includes a clinical/practicum component, you may be required to complete additional clinical hours while enrolled in a course, or during a subsequent semester, based on the recommendation of graduate course or clinical faculty, the Graduate Curriculum Committee, and/or the Associate Dean Academic Affairs in the College of Nursing.

To be eligible for the national licensing and certification exams as well as state licensure, a graduate must have evidence of recent courses in advanced pathophysiology, advanced assessment, and advanced pharm as well as the specialty clinical courses within 5 years of sitting for testing. Therefore, you are strongly recommended to complete a program of study within five years of beginning course work at WSU.

Once you begin clinical/practicum coursework in any track, on the way to your DNP, you must remain continuously enrolled in clinical/practicum course credits each semester until you complete your degree requirements (FNP students enroll in NURS 540 credits, PMHNP students enroll in NURS 599 credits, Population Health students enroll in NURS credits).

If you do not wish to enroll continuously in clinical/practicum courses for any reason you must request a Leave of Absence from the program according to WSU and College of Nursing guidelines.

**Reinstatement process**

1. If you submit a Leave of Absence from the program after you have begun taking clinical/practicum coursework, you must formally request reinstatement in the clinical portion of the program before resuming coursework.
2. You must submit the reinstatement request no later than one month before the first day of the semester in which you would like to enroll. The Associate Dean for Academic Programs, the MN or DNP Program Director, the NP or PH lead faculty, and the Graduate Admission and Progression Committee (GAP) must approve the request.

3. If your request for reinstatement is approved, you may be required to complete additional didactic and/or clinical/practicum credits before resuming enrollment in regular courses in the program.
Section 4: CLINICAL DOCUMENTATION USING E*VALUE

The College of Nursing uses an online database program, E*value to help manage information related to clinical placements and student progress through the various practicum/clinical experiences that are required in the graduate programs.

What do I need to do to access my records in E*Value?

Upon admission, you will receive login instructions and a password for E*Value along with a set of Quick Start instructions to help you learn to use the system.

Be alert for emails from E*Value because when it is time to evaluate an agency or perform other task you'll be notified and provided a link. The E*Value student home page also includes posts of new information students need to be aware of.

Need help with E*Value?

The E*Value HELP files are very useful. To access them, click on the Help button near the top right of the E*Value website. Contact the Student Data Coordinator, Mary Lee, at: mary.lee@wsu.edu or by phone at: 509-324-7284.

DO NOT CONTACT THE WSU HELP DESK FOR TECHNICAL HELP WITH E*Value!
PREPARING FOR NP PRACTICE

After you complete all the educational requirements for the Doctorate in Nursing Practice degree and successfully graduate from Washington State University, you must complete additional steps before you can practice as a Nurse Practitioner in any state.

Certification
Certification is required by most states in order to qualify for licensure as an Advanced Practice Nurse. Two organizations offer examinations for Family Nurse Practitioner certification. These are the American Nurses Credentialing Center (ANCC; http://www.nursecredentialing.org/Certification.aspx) or the American Academy of Nurse Practitioners (AANP; http://www.aanp.org). Psychiatric Mental Health Nurse Practitioner students apply to take the PMHNP – Lifespan exam only offered at ANCC (American Nurse Credentialing Center http://www.nursecredentialing.org/Certification.aspx).

Both organizations have helpful information on their websites. You should visit the websites at the beginning of your practicum/clinical experiences so that you understand the process you will follow to be eligible to complete one of the examinations.

Licensure
To obtain a license as an Advanced Registered Nurse Practitioner (ARNP) or Advanced Practice Registered Nurse (APRN) after graduation, follow your state’s application process. In general, you will need to be licensed as a Registered Nurse in any state where you wish to obtain an ARNP/APRN license.

In Washington, you can access information and materials about the process here: http://www.doh.wa.gov/LicensesPermitsandCertificates/NursingCommission/NurseLicensing.aspx.

In Oregon, you can access information and materials about the process here: http://www.oregon.gov/osbn/Pages/advpraclicensure.aspx.


If you plan to practice in a different state after graduation, contact the Board for Nursing in that state for details and forms. The link for State Boards of Nursing contact information is: https://www.ncsbn.org/contactbon.htm.

National Provider Enumeration System
The Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) mandated the adoption of standard unique identifiers for health care providers and health plans. The purpose of these provisions is to improve the efficiency and effectiveness of the electronic transmission of health information. The Centers for Medicare & Medicaid Services (CMS) has developed the National Plan and Provider Enumeration System (NPPES) to assign these unique identifiers. To apply for an NPI after you have received your license to practice as a Nurse Practitioner, visit: https://nppes.cms.hhs.gov/NPPES/StaticForward.do?forward=static.npistart.
Drug Enforcement Agency Number

Before most pharmacies will fill prescriptions that you write and before you can write prescriptions for controlled substances, you must register with the Drug Enforcement Agency and obtain a DEA Number. For more information, visit: [http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm](http://www.deadiversion.usdoj.gov/drugreg/reg_apps/onlineforms_new.htm)

Paying It Forward-Your role as a mentor to future WSU CON grad students

PLEASE consider sharing your expertise with a student, and being a WSU CON grad student preceptor post-graduation after 1 year of practice! We would appreciate a post-graduation call to let us know where you are working. If you are willing to be a preceptor, please let us know when you will have worked in your field for a year after graduation.

Student Records Retention

If you wish to retain some of your records post-graduation, any documents you may need to access after graduation can be uploaded to the ‘my folio’ section of E*Value. Instructions will be provided to students on how to migrate the data to ‘MyFolio’ at a training before graduation. Otherwise, student files from all sections of E*Value other than ‘MyFolio’ will be purged from the system following WSU policies and procedures.
Appendix 1: Family Nurse Practitioner Clinical/Practicum Courses

Definition of Family Practice (Primary Care) – for Family Nurse Practitioner Students - *In most family practice or primary care settings, care is provided to a general population of patients across the lifespan. These practices may employ a variety of individuals including medical doctors (M.D.s), osteopathic physicians (D.O.s), nurse practitioners, physician’s assistants (PA-Cs), Registered Nurses (RNs), Licensed Practical Nurses (LPNs), medical assistants, and support staff. The typical practice population includes people of all ages who have a wide array of healthcare needs for prevention and treatment of common acute and chronic illness conditions.*

1. NURS 514 – Primary Care I: (120 hours of clinical as an NP student)

2. NURS 516 - Primary Care II: (120 hours of clinical as an NP student)

3. NURS 537 - Primary Care III: (120 hours of clinical as an NP student)

4. NURS 595 (Master’s Program) or NURS 540 (DNP Program) - Internship requires that you complete a minimum of 4 credits (240 clinical hours) of primary care experience over a minimum of two semesters.
   a. The focus of the Internship course is intended to support your preparation as a Family Nurse Practitioner. These experiences should complement a family practice environment to add more knowledge and skills in such areas as identified earlier in this document.
   b. In consultation with course and assigned clinical faculty/clinical evaluators, you may be able to select additional clinical/practicum experiences in outpatient or urgent care specialty practices/locations (e.g., an urgent care setting, office of a dermatologist or neurologist, pediatric practice) as long as your progress in clinical experiences has been consistently satisfactory and you have met all other program requirements. Such experiences must be pre-approved by your supervising clinical faculty member based upon consistency with Family Nurse Practitioner scope and standards.
   c. Other requirements associated with your enrollment in NURS 595 or 540 include:
      i. You may not enroll in this Internship course during the semester when you complete NURS 514, the first of the FNP combined theory-clinical courses.
      ii. You may enroll in 1 credit at a time or up to 10 credits total in any given semester.
      iii. After you complete the final FNP combined theory-clinical course (NURS 537)
      iv. You must enroll in and meet all the requirements of a minimum of 1 credit of NURS 595 (MN students) or NURS 540 (DNP students) each semester until you graduate.
      v. Your clinical assignment for the Internship course may be elective (your choice about where to complete it and with whom) or it may be prescribed (the faculties’ choice about where you will complete it and with whom). Each request for clinical placement in the Internship course will be
carefully reviewed by faculty before it is approved. (For example, if your logs do not indicate that you have cared for children of all ages, we may require you to complete additional hours in a pediatric setting.)

vi. Be sure to discuss your clinical/practicum placement plans and needs with your academic advisor and the Clinical Placement Coordinator (Joanie Christian for Spokane-based students; Katie Larson (for Vancouver-based students).

vii. Students may have a maximum of 2 NURS540 clinical placements/rotations per semester. Each placement can be for 1-3 credits. For example, a student taking 3 credits of NURS540 in a semester can do a credit in one rotation, and 2 credits in a second rotation, or can do all 3 credits in a single rotation.
APPENDIX 2: Family Nurse Practitioner Program Chart Note Review

You will prepare a minimum number of chart notes each semester for evaluation by the clinical faculty person(s)/clinical evaluator(s) assigned to work with you. These notes should represent your clinical experience at each site (women’s health and family practice).

Please submit your first note no later than Week 3 of the semester. Contact your clinical faculty/evaluator(s) to arrange the schedule for submission of additional notes and to determine whether it will be possible for you to submit the notes electronically for grading.

It is essential that you strictly adhere to all appropriate regulations about patient privacy including those mandated by HIPAA. This requires that ALL patient identifiers be removed including name, birth date, clinic name, provider name(s) and chart number. If you refer to the patient by name in the note itself that should be deleted as well.

The format provided below is complete and you should use it when preparing the clinical notes you submit for grading. The notes you submit for grading may be longer and more detailed than those you prepare for the patient’s chart while you are in the clinical setting. This longer, more complete document will allow the clinical faculty member to evaluate your learning, clinical progress, and documentation abilities. Please use the Chart Note Review Form to do a self-critique on EACH of your chart notes.

As an additional resource to help you develop strong documentation skills, consult the Centers for Medicare and Medicaid Evaluation & Management Guidelines.

Failure to submit chart notes on a regular basis and in a timely manner may result in a failing grade. If you encounter problems please contact your clinical faculty to create an acceptable plan for submission of notes.

<table>
<thead>
<tr>
<th>ESSENTIAL ELEMENTS OF CLINICAL DOCUMENTATION</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>SKILLS</strong></td>
</tr>
<tr>
<td><strong>DATE OF VISIT</strong></td>
</tr>
<tr>
<td><strong>CHIEF CONCERN (or COMPLAINT)</strong></td>
</tr>
<tr>
<td>Should include: Sex, age, reason for office visit</td>
</tr>
<tr>
<td>It is acceptable (but not required) to use patient’s own words</td>
</tr>
<tr>
<td><strong>SUBJECTIVE</strong></td>
</tr>
<tr>
<td>History of Present Illness (HPI)</td>
</tr>
<tr>
<td>Prepares a separate HPI for each symptom</td>
</tr>
<tr>
<td>Introduction: 1-2 sentences that describe present concern; written in a logical, narrative manner that makes it clear that an appropriate differential diagnosis is</td>
</tr>
</tbody>
</table>
## ESSENTIAL ELEMENTS OF CLINICAL DOCUMENTATION

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>considered</td>
<td></td>
</tr>
<tr>
<td><strong>Symptom Analysis (OLDCARTS or similar system)</strong></td>
<td></td>
</tr>
<tr>
<td>Onset</td>
<td></td>
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<tr>
<td>Location</td>
<td></td>
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<tr>
<td>Duration</td>
<td></td>
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<tr>
<td>Co-existing symptoms</td>
<td></td>
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<tr>
<td>Aggravating/ alleviating factors</td>
<td></td>
</tr>
<tr>
<td>Radiation</td>
<td></td>
</tr>
<tr>
<td>Treatments tried &amp; evaluation of those (work? Didn’t work?)</td>
<td></td>
</tr>
<tr>
<td>Systems – other systems involved (at a minimum: system “up” and system “down” from symptom involved in)</td>
<td></td>
</tr>
<tr>
<td><strong>Review of Systems</strong></td>
<td></td>
</tr>
<tr>
<td>Must include a description of all pertinent systems; that is, all systems related to the differential diagnoses being considered</td>
<td></td>
</tr>
<tr>
<td><strong>Past, Family, Social History</strong></td>
<td></td>
</tr>
<tr>
<td>Provides pertinent information about:</td>
<td></td>
</tr>
<tr>
<td>• related personal health history</td>
<td></td>
</tr>
<tr>
<td>• family health history</td>
<td></td>
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<tr>
<td>• social history</td>
<td></td>
</tr>
<tr>
<td>• family dynamics</td>
<td></td>
</tr>
<tr>
<td>• habits</td>
<td></td>
</tr>
<tr>
<td>• occupation (including environmental exposure to toxins, etc.)</td>
<td></td>
</tr>
<tr>
<td>• diet/nutrition</td>
<td></td>
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<tr>
<td>• exercise, etc.</td>
<td></td>
</tr>
<tr>
<td><strong>Allergies</strong></td>
<td></td>
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<tr>
<td><strong>Current medications</strong></td>
<td></td>
</tr>
<tr>
<td><strong>OBJECTIVE</strong></td>
<td></td>
</tr>
<tr>
<td>Exam appropriate for presenting concern/complaint</td>
<td></td>
</tr>
<tr>
<td>Exam appropriate for differential diagnosis</td>
<td></td>
</tr>
<tr>
<td>Includes statement about general appearance and overall wellbeing</td>
<td></td>
</tr>
<tr>
<td>Data are presented in orderly fashion (head-to-toe, etc.)</td>
<td></td>
</tr>
<tr>
<td>If available before or during visit, diagnostic testing results described that are appropriate to the differential</td>
<td></td>
</tr>
<tr>
<td>All terminology is appropriate</td>
<td></td>
</tr>
<tr>
<td>Only appropriate abbreviations are used</td>
<td></td>
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</tbody>
</table>
# ESSENTIAL ELEMENTS OF CLINICAL DOCUMENTATION

<table>
<thead>
<tr>
<th>SKILLS</th>
<th>COMMENTS</th>
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<tbody>
<tr>
<td>Exam is clearly documented and logically presented</td>
<td></td>
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<tr>
<td>All essential objective data for the condition are included</td>
<td></td>
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<tr>
<td><strong>ASSESSMENT/DIAGNOSIS</strong></td>
<td></td>
</tr>
<tr>
<td>Comprehensive and includes:</td>
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<tr>
<td>• status/stability</td>
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<tr>
<td>• severity</td>
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<tr>
<td>• etiology</td>
<td></td>
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<tr>
<td>• differential diagnoses and rationale for selection of this one</td>
<td></td>
</tr>
<tr>
<td>Diagnosis clearly supported by information provided in subjective and</td>
<td></td>
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<tr>
<td>objective data presented in note</td>
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</tr>
<tr>
<td>Health care maintenance needs noted</td>
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<tr>
<td>Risk assessments included</td>
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<tr>
<td><strong>PLAN</strong></td>
<td></td>
</tr>
<tr>
<td>Separate plan presented for each diagnosis</td>
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</tr>
<tr>
<td>Reasonable and complete</td>
<td></td>
</tr>
<tr>
<td>Includes all necessary elements such as:</td>
<td></td>
</tr>
<tr>
<td>• Patient goals for health status</td>
<td></td>
</tr>
<tr>
<td>• Diagnostic studies to be ordered</td>
<td></td>
</tr>
<tr>
<td>• Therapeutic plan</td>
<td></td>
</tr>
<tr>
<td>• Pharmacologic</td>
<td></td>
</tr>
<tr>
<td>• Non-pharmacologic</td>
<td></td>
</tr>
<tr>
<td>• Education plan for patient &amp; family</td>
<td></td>
</tr>
<tr>
<td>• Referrals made and plan for completion</td>
<td></td>
</tr>
<tr>
<td>• Follow-up plans and timeline</td>
<td></td>
</tr>
<tr>
<td><strong>CHART NOTE</strong></td>
<td></td>
</tr>
<tr>
<td>-Legible</td>
<td></td>
</tr>
<tr>
<td>-Written in SOAP format</td>
<td></td>
</tr>
<tr>
<td><strong>PROBLEM LIST</strong></td>
<td></td>
</tr>
<tr>
<td>If utilized, update and attach copy</td>
<td></td>
</tr>
<tr>
<td><strong>HISTORY FORM/PMH</strong></td>
<td></td>
</tr>
<tr>
<td>-If utilized, update and attach copy</td>
<td></td>
</tr>
<tr>
<td><strong>MEDICATION LIST</strong></td>
<td></td>
</tr>
<tr>
<td>-If utilized, update and attach copy</td>
<td></td>
</tr>
<tr>
<td><strong>FLOW SHEETS</strong></td>
<td></td>
</tr>
<tr>
<td>-If utilized, update and attach copy</td>
<td></td>
</tr>
</tbody>
</table>

*Originally Developed by K. Fritsch, MN, ARNP, FNP*
Appendix 3: PRECEPTOR LETTER (Revise)

Following is a letter for you to give to your preceptor. It provides useful information regarding the objectives of the course and guidelines for the preceptor. It provides useful information regarding the objectives of the course, student expectations, and guidelines for the preceptor.

Dear *****,
Thank you so much for generously offering to precept WSU **** student ***** for a **** hour direct care rotation at **** in **** semester. The WSU College of Nursing truly values our healthcare partners and the invaluable role they have in preparing our students for advanced practice.
The WSU College of Nursing is working to develop a robust preceptor support and training portal to provide comprehensive support to our highly valued preceptors. Until the site is completed, I wanted to provide you with some guidance to help you in your role as a preceptor.
The student will need to complete the required hours within the semester time frame of ***—***. The scheduling of those hours is flexible and usually determined by the preceptor meeting with the student and deciding upon a mutually agreeable schedule.
Before starting their rotation, the student should provide the following to their preceptor:

• Student resume/CV
• Goals for the semester—it is appropriate for the student to modify their goals if advised to do so by the preceptor
• A copy of the syllabus for the clinical course they are taking

During the time spent with you in your practice under your supervision, the student is expected to demonstrate assessing, diagnosing, managing, and educating clients across the lifespan about their health problems as well as about health promotion and self-care activities. These clinical experiences are intended to be “hands-on” learning opportunities. Your role in providing clinical supervision to the student could include the following:

• Define goals/expectations of the clinical rotation
• Observe as the student performs at least one or more complete and/or focused exams on each clinical day and the health education being disseminated to the patient/family
• Validate the assessment findings and their recommended management plans
• Ensure the pharmacological recommendations are appropriate considering drug interaction effects, dosage, polypharmacy, and ethnicity/gender/age.
• Assist the student to develop expertise in establishing an appropriate differential diagnosis and in selecting the most appropriate diagnostic tests
• Validate the student’s interpretation of diagnostic tests
• Communicate with the student about successes and concerns
• Notify WSU of any concerns or problems (see contact information below)
Students will be logging their clinical hours as well as client encounters, diagnoses and procedures in E*Value, the clinical placement data management system used by WSU College of Nursing graduate students. All entries are to be completed within 48 hours of clinical exposure and are to be maintained on an ongoing basis until the rotation is completed. The student’s Clinical Faculty will review and approve those entries. As a preceptor, you will not be responsible for these tasks.

While the student is working with you, a WSU-employed nurse practitioner Clinical Evaluator will visit the student for a Clinical Site Evaluation. During this visit the Clinical Evaluator would like to view the student as he/she engages with clients. Additionally, if time allows, a brief visit with the preceptor is desired. During the preceptor visit, please provide information regarding student progress toward meeting course and personal objectives. The student will provide you with the name and contact information for the Clinical Evaluator. At the end of the rotation, you will be asked to complete an evaluation of the student. You will receive an email notification requesting that you complete this evaluation and instructions will be included in the email.

Some preceptors wish to receive verification of preceptor hours to use for recertification purposes. If you would like to receive a verification document, please contact the Clinical Placement Coordinator for the student you are precepting (see contact info below).

Feel free to contact me with any questions or concerns. We sincerely thank you for your contributions to the education of FNP & PMHNP students and for your support of the WSU College of Nursing.

Sincerely,

Anne Mason, DNP, ARNP, PMHNP-BC
Clinical Assistant Professor
Director, Doctorate of Nursing Practice Program
anne.mason@wsu.edu | 509.524.5152

Joanie Christian, RN
Clinical Placement Coordinator for eastern Washington students
Joanie.christian@wsu.edu | 509-324-7226

Katharine Larson
Clinical Placement Coordinator for western Washington students
katharine.larson@wsu.edu | 360-546-9164
## Family Nurse Practitioner Program

### PRECEPTOR EVALUATION OF FNP STUDENT PERFORMANCE

**Student name:**

**Preceptor name and credentials:**

**Date of Evaluation:**

<table>
<thead>
<tr>
<th>Clinical Knowledge and Skills</th>
<th>Above Expected Level</th>
<th>Satisfactory</th>
<th>Below Expected Level</th>
<th>Not Applicable or Not Observed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Overall knowledge of medical and nursing care principles in primary care setting</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>History Taking/Data Gathering Skills (Content, quality and organization)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physical Assessment (Thorough, safe performance)</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Procedural Skills (Safe performance)</td>
<td></td>
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<tr>
<td>Clinical Communication Skills (Effective in communicating with preceptor, patients)</td>
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<tr>
<td>Oral – case presentation (Organized, complete)</td>
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<tr>
<td>Written – Charting (Clear, concise, pertinent)</td>
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</table>

### Problem-Solving Skills

| | Above Expected Level | Satisfactory | Below Expected Level | Not Applicable or Not Observed |
| | | | | |
| Diagnostic Reasoning (Appropriate differential diagnosis) | | | | |
| Orders Appropriate Lab and Diagnostic Tests (Pertinent, not excessive) | | | | |
| Prescribes Appropriate Treatment Plans (Comprehensive, inclusive of pharmacologic and non-pharmacologic plans) | | | | |
| Prescribes medications appropriately (Safe prescribing) | | | | |

### Interpersonal Relationships

<p>| | Above Expected Level | Satisfactory | Below Expected Level | Not Applicable or Not Observed |
| | | | | |
| Communication skills (Communicates effectively with patients, families, colleagues) | | | | |
| Relationship with patients (Is courteous, empathetic and respectful) | | | | |</p>
<table>
<thead>
<tr>
<th>Professional Relationships</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Is able to work collaboratively with all members of the health team. Has a courteous attitude.)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Professional and Personal Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Educational Attitudes</td>
</tr>
<tr>
<td>(Eagerly participates in learning; is responsive to evaluation. Engaged in learning process.)</td>
</tr>
<tr>
<td>Initiative and Interest</td>
</tr>
<tr>
<td>(Is obviously motivated and interested in the subject and skills of clinical rotation.)</td>
</tr>
<tr>
<td>Attendance and Preparation</td>
</tr>
<tr>
<td>(Prompt and prepared for scheduled activities.)</td>
</tr>
</tbody>
</table>

**Summary**

Please provide comments to students about strengths, areas needing improvement, and suggestions for further study. You may use the back of this page or attach additional pages if needed.

Thank you for your support of Family Nurse Practitioner education at Washington State University.

Preceptor: ___________________________ Date: ________________

Student: ___________________________ Date: ________________
Appendix 4: Psychiatric Mental Health Nurse Practitioner Clinical/Practicum Courses

NURS 547 – Psychiatric Mental Health Introduction to Therapeutic Modalities Practicum: requires that you complete a minimum of 120 hours of practicum/clinical at a psychiatric treatment site that provides psychotherapy interventions (individual and/or group therapy) across the lifespan. In addition to this students will partake in clinical supervision with faculty and/or clinical evaluators.

NURS 555 & 560 – Psychiatric Mental Health Practicum: requires that you complete a minimum of 180 hours for each course working with clients across the lifespan needing psychiatric mental health care using all modalities of treatment (individual therapy, psychopharmacology and/or group therapy). In addition to this students will partake in clinical supervision with faculty and/or clinical evaluators.

1. NURS 582 - Internship for the PMHNP requires that you complete a minimum of 180 clinical hours in a setting offering a full complement of psychiatric mental health care, preferably with a certified psychiatric mental health nurse practitioner. In consultation with your adviser, you may select other clinical/practicum experiences as long as your progress in clinical experiences is satisfactory for program and national certification requirements.

2. NURS 599 – Independent Study clinical is required for students who complete the other PMHNP clinical courses before they fully complete the DNP degree. A minimum of 1 credit is required to maintain clinical acumen. Each credit requires 60 clinical hrs. Students may be recommended to take this course for additional clinical hours if clinical skills are considered marginal.
Appendix 5: Population Health Clinical Practicum Courses

Population Health Nursing Leadership Specialty Track

1. NURS 553: Practicum in Organizational Systems & Leadership, 3 credit hours = 180 clinical hours.
2. NURS 556: Practicum in Advanced Population Health, 2 credits = 120 clinical hours.
3. NURS 583: Internship Elective. 1 credit minimum, 5 maximum. 1 credit = 60 clinical hours.

Population Health Nursing Education Specialty Track

1. NURS 556: Practicum in Advanced Population Health, 2 credits = 120 clinical hours.
2. NURS 583: Internship Elective. 1 credit minimum, 5 maximum. 1 credit = 60 clinical hours.

Population Health Individualized Option

1. NURS 556: Practicum in Advanced Population Health, 2 credits = 120 clinical hours.
2. NURS 583: Internship Elective. 1 credit minimum 5 maximum. 1 credit = 60 clinical hours.
## 2016-2017 WSU College of Nursing Graduate Student Clinical Passport Requirements

All students participating in patient care experiences must meet the following health and safety requirements. The academic institution is responsible for ensuring that requirements have been met prior to participation in patient care/clinical experience. Records will be kept at WSU CON. Documentation must meet requirements at all times during enrollment. These requirements are in alignment with Clinical Placements Northwest Collaborative Clinical Passport Requirements, There some additional requirements that are WSU or campus specific.

### ONE TIME SUBMISSION

**IMMUNIZATIONS:**

- **HEPATITIS B**
  - Series of 3 vaccines completed at appropriate time intervals and post vaccination titer at 6-8 weeks after series completion.
    - If negative titer, then repeat series (consisting of doses 4-6) and repeat titer 6-8 weeks after #6 dose
    - OR obtain challenge dose #4 and re-titer after 6-8 weeks OR
  - Provide documentation of positive titer (anti-HBs or HepB Sab) OR
    - Signed declination for students/faculty who decline vaccination.
  - **Specific healthcare institutions may require vaccination without exception (i.e., no declination)**

- **MMR (Measles, Mumps, Rubella)**
  - Proof of immunity by titer OR
  - Proof of vaccination (2 doses at appropriate intervals)

- **VARICELLA (Chicken Pox)**
  - Proof of immunity by titer OR
  - Proof of vaccination (2 doses at appropriate intervals)

- **TETANUS, DIPHTHERIA, PERTUSSIS (Tdap)**
  - Tdap required once
  - Td required every 10 years after Tdap

- **TUBERCULIN STATUS:**
  - Documentation of an initial 2 step TST is required AND documentation of documentation of annual TST’s since 2 step was completed
    - If no previous records or more than 12 months since last TST>2 step TST OR
    - Negative TB IGRA test (TSpot or Quantiferon) within 12 months OR
    - If negative TST within 12 months>one step TST
  - If newly positive TST or TB IGRA=F/U by healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and need to complete health questionnaire.
  - If history of positive TST>provide documentation of TST reading, provide proof of chest X-ray documenting absence of M. TB, medical treatment and negative symptom check OR
    - If history of BCG vaccine>TST Skin Testing as above or TB IGRA (TSpot or Quantiferon). If negative>OK; If positive>follow up as above

- **BACKGROUND CHECK**
  - A National Criminal background check and Washington State Patrol Background Check (WATCH) upon admission/readmission and reentry/hire to program to include all counties of residence, all Washington State counties per RCW 43.43.830 and OIG/GSA screens. Washington State Patrol Background Check (WATCH), OIG and GSA screen are included in

- **TRAININGS/CERTIFICATIONS**
  - American Heart Association (AHA) BLS Healthcare Provider Card or Military Training Network (MTN) Provider Card only
  - Responsible Conduct Training
  - Citi Training (DNP students only)

### SUBMITTED ANNUALLY

**IMMUNIZATIONS:**

- **INFLUENZA**
  - Proof of seasonal vaccination(s) OR
  - Signed declination for student/faculty who decline vaccination

Specific healthcare institutions may require vaccination without exception (i.e., no declinations) [http://flushot.healthmap.org](http://flushot.healthmap.org)

- **LICENSURE (RN or advanced practice licensure)**
  - Must be current and unencumbered
  - If student has clinical assignment in Idaho, Oregon, or any other state than WA, they must also have licensure in that state as well, and provide documentation.

- **TUBERCULIN STATUS:**
  - Annual TST OR
  - Annual TB IGRA test (TSpot or Quantiferon)
  - If newly positive TST/IGRA results>F/U with healthcare provider (chest X-ray, symptoms check and possible treatment documentation of absence of active M. TB disease) and may need to complete health questionnaire.
  - Previously documented +TST results and prior negative chest X-ray results: submit annual symptom check completed within one year from healthcare provider

- **STUDENT LIABILITY INSURANCE**
  - $1,000,000/$3,000,000 Professional Liability policy-must be kept in effect continually while enrolled in any nursing course.
  - WSU offers low cost student liability insurance if student desires.

- **BACKGROUND CHECK**
  - Annual Washington State Patrol Background Check (WATCH)
  - After National Background check done upon admission, OIG and GSA screens must be run monthly
  - Disclosure Statement (annual)-kept on file by education institution

- **CV/RESUME**
  - CV/Resume from student application packet will be uploaded upon admission. Student will be responsible to upload updated CV annually thereafter.

### ADDITIONAL SITE SPECIFIC REQUIREMENTS THAT MAY APPLY

Some healthcare settings may have additional requirements, such as the following:

- Drug Screen-mandatory at Vancouver campus, but as indicated for other campus clinical sites
- Personal Health Insurance
- Vehicle Insurance (for access to VA and military clinical sites
- Hepatitis A Vaccine
- Current First Aid Card
- Proof of U.S. Citizenship
- Color Vision Test
this National Background Check provided by the vendor WSU CON uses.

ADDITIONAL ONE TIME REQUIREMENTS FOR VANCOUVER STUDENTS
10 Panel Urine Drug Screen  
SIGNED STUDENT RELEASE OF INFORMATION kept on file w/program  
COMPLETED MEDIA RELEASE kept on file w/program

• Fingerprinting  
• Additional training

Students will be informed prior to clinical experience if optional or additional requirements need to be met.
Appendix 7: Glossary of Terms & Abbreviations

AACN - American Association of Colleges of Nursing

ABSN - Accelerated BSN program

ACNP - Acute Care Nurse Practitioner

ADARP - Alcohol and Drug Abuse Research Program

ADN - Associate Degree in Nursing

Advisor – A faculty member assigned to work with a student to assist the student with planning academic progress (including the timing and arrangement of courses), to evaluate student performance annually, and to assist students in navigating processes in place in the college including, but not limited to such things as academic progress and adherence to WSU, Graduate School, and College of Nursing Policies and Procedures

AINS - Association of intercollegiate nursing students - Yakima Undergrads. Spokane students have different organization.

AMS - Academic Media Services

ANCC - American Nurses Credentialing Center

Angel - WSU CON’s learning management system

ANP - Adult Nurse Practitioner

APRN - Advanced Practice Registered Nursing

ARNP - Advanced Registered Nurse Practitioner

ASWSU - Associated Students WSU Spokane

ASWUTC - Associated Students WSU Tri - Cities

ATI - Advanced Training Institute

ATL - Assessment of teaching and learning

BSN - Bachelor of Science in Nursing

CAH - Critical Access Hospital
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**CB/PF - Community Based/Population Focused**

**CCC - Consortium Clinical Coordinator**

**CCNE - Commission on Collegiate Nursing Education**

**CE - Concurrent Enrollment**

**Clinical Placement Coordinator (CPC) –** A term used interchangeably with ‘Clinical Placement Coordinator’ - the person in this role at each campus assists grad students in securing clinical placements, and with other steps involved in the clinical placement process.

**Clinical Evaluator -** Term used to describe individuals, usually faculty members or community-based Nurse Practitioners (who may or may not serve in a formal faculty role at WSU) whose work includes the evaluation of nurse practitioner student performance in the clinical setting.

**CNEWS -** Council for Nursing Education in Washington

**CNS - Clinical Nurse Specialist**

**CON - College of Nursing**

**CQI - Continuous quality improvement**

**CSI - Clinical Scene Investigator**

**CVS - Cleveland Visiting Scholar**

**DARS - Degree Audit Report -** automated record that shows students’ progress toward completing requirements

**DNP - Doctor of Nursing Practice**

**DNP/FNP - Doctorate of Nursing Practice Family Nurse Practitioner**

**ED - Education Track**

**EL - Elective**

**FAAN - Fellow American Academy of Nursing**

**FAANP-Fellow American Academy of Nurse Practitioners**

**Faculty Advisor**

**Faculty of Record**

**FLAG - Facilitated Learning to Advance Geriatrics**
FNP - Family Nurse Practitioner

FTS - Full time student

GCPC - Graduate Curriculum and Progression Committee

GNCI - Genomic Nursing Concept Inventory

GNP - Gerontological Nurse Practitioner

GRAC - Graduate Recruitment and Admissions Committee

GRE - General requirements for education

GS - Graduate Standing

GS/IP - Graduate standing OR instructor permission

HC - Health Care

HCP - Health Care Partner

HEC - Higher Education Coordinating Board

HS - Health Science

INCITE - Interprofessional Collaboration for Integrative Technology

INCPC - Inland Northwest Clinical Placement Consortium

IP - Instructor permission

IP - Inter professional

IRB - Institutional review board. Organization that approves research programs

ITS - Information Technology Services

LPN - Licensed Practical Nurse

M - Major

MN - Master of Nursing

NCC - National Certification Corporation

NCLEX - RN - National Council Licensure Examination for Registered Nurses
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Glossary of Terms & Abbreviations

**NCPD** - Nursing Clinical Placement District

**NCSBN** - National Council of State Boards of Nursing (WSU involved in a national SIM Study with NCSBN)

**NEP** - Nursing Education Program

**NFLP** - Nurse Faculty loan program - a program by which a student can have student loans forgiven post completion of their degree, if they commit and fulfill a certain number of years in teaching.

**NIH** - National Institutes of Health

**NIS** - Nursing Information System

**NLN** - National League of Nursing

**NLNAC** - national league for nursing accrediting commission

**NNP** - Neonatal Nurse Practitioner

**NONPF** - National organization of nurse practitioner faculties

**NP** - Nurse Practitioner

**NPWH** - National association of nurse practitioners in women's health

**NTF** - National Task Force on Quality Nurse Practitioner Education

**OBS** - a nursing student classification - Observation - limited, isolated observation in addition to clinical placements

**OBSN** - Oregon State Board of Nursing

**OGRD** - Office of Grant and Research Development

**OIM** - Office of Information Management

**Onboarding** - process by which a student meets a clinical site’s requirements before the student can start a rotation at the clinical site. ‘Passport’, ‘credentialing’, ‘privileging’, ‘site requirements’, ‘preclinical requirements’ are all terms sometimes used interchangeably that pertain to this process, depending on nomenclature that a site uses.

**OSCE** - Objective structured clinical evaluation - modern type of exam often used in health sciences

**Passport** - The ‘Passport’ describes a foundational set of requirements developed to protect the health and safety of your clients and colleagues. Its completion is required to comply with the terms of affiliation agreements (contracts) with our clinical sites (a copy of the Graduate
Student Passport is included in the Appendices of this document. Requirements for the ‘Passport’ include immunizations, TB Status, Liability Insurance, Background Check info, as well as certification, licensure and training information.

**PCORI - Patient Centered Outcomes Research Institute**

**PH - Population Health**

**PhD - Doctor of Philosophy**

**PECPS - Clinical Performance and simulation**

**PICOT P: Population/Patient; I: Intervention/Indicator; C: Comparator/Control; O: Outcome; T: Time**

**PIF - Preceptor Information form**

**PMHNP - Psych Mental Health Nurse Practitioner**

**PNP - Pediatric Nurse Practitioner**

**PTP - Practice Transformation Project**

**PRE/C/PRAC - a nursing student classification - Preceptor /Senior Practicum**

**Program Director** - responsible for guiding and coordinating the efforts of the faculty in providing graduate education. This involves facilitating curriculum development, assisting in the resolution of student and faculty issues and providing leadership for the graduate program they oversee.

**RCL - Riverpoint Campus Library**

**RIPER - Riverpoint Interprofessional Education and Research**

**RNB - RN to Bachelor’s program**

**RNB - Regional Nursing Body**

**RNR - RN Refresher**

**SEPC - Systematic Evaluation of Program Components**

**Site Evaluator - same as clinical evaluator term**, used to describe individuals, usually faculty members or community-based Nurse Practitioners (who may or may not serve in a formal faculty role at WSU) whose work includes the evaluation of nurse practitioner student performance in the clinical setting

**SLN - Schedule Line Number - unique number that every WSU class section is assigned**
SNL - Student Nurse Leadership
SSR - Student supplied response surveys
TAA - Training affiliation agreement
TADN - Transition AND (LPN to ADN)
TEAS - Test of Essential Academic Skills

**Track Coordinator** - The Track Coordinator is the lead faculty for the specialty track who works closely with the Directors of the MN and DNP programs to manage a wide range of programmatic concerns specific to the specialty track.

UAP - Undergraduate admission and Progression Committee
UCC - Undergraduate Curriculum committee
UCORE - University Common Requirements
WCN - Washington Center for Nursing
WICHE - 15 Western Interstate Commission for Higher Education
WSNA - Washington State Nursing Association