



**Preceptor and Clinical Mentor Handbook**

**Doctor of Nursing Practice &**

**Primary Care Nurse Practitioner Programs**

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## Program Administration

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## Introduction

The mission of the Hahn School of Nursing and Health Science, in keeping with that of the university, is to prepare graduates committed to an ongoing search for truth in the context of intellectual openness. This commitment is fostered by teaching excellence and a values-based curriculum, which emphasizes the dignity of the individual. The intent of all the programs is to graduate individuals who exhibit excellence in clinical practice, a multicultural perspective, and appreciation of the needs of vulnerable populations. Students and faculty share responsibility for the development of collaborative partnerships with one another, the community, and society at large. It is also part of the mission of the school to provide a learning environment that addresses the needs of the whole student. This effort is supported by the facilities and services of the larger university as well as by interactions between students and faculty. Finally, it is the purpose of the school to support scholarly endeavors that will contribute to social change in ways that foster health.

## FACULTY MISSION & PHILOSOPHY

The Hahn School of Nursing and Health Science is a community of progressive scholars in an intellectually rigorous, research intensive environment. Graduate level nurses are educated to optimize health, promote healing, and alleviate suffering through reflective practice, knowledge generation, service to the community, and leadership at local and global levels. The commitment to social justice is deepened by influencing health policy and by promoting an ethical approach to nursing characterized by compassion and respect for the dignity of the individual.

**The Mission and Philosophy were further refined specifically for the Nurse Practitioner Programs which includes the following:** The mission of the *graduate nurse practitioner programs* at the Hahn School of Nursing and Health Science is to educate the highest level of nurse clinicians and scholars in an intellectually rigorous, research environment. The faculty of the School of Nursing believes that the role of nursing education is to inculcate the ability of graduates to continue to learn and grow in professional practice expertise. Achieving this mission requires that the faculty provides learning experiences that foster critical thinking and that students are accountable for their own learning. Furthermore, graduates of the nurse practitioner program are prepared to be change makers and advocates in an evolving health care environment.

**The faculty of the School of Nursing view individuals as unique holistic beings in dynamic interaction with an ever-changing environment.** Each person has the potential for self-direction and self-actualization. The faculty believes clients have the right to engage actively in decisions relative to their health and health care. An individual's potential is achieved through interaction with larger systems such as the family, community, and society.

**Health is a dynamic state of being which is self-perceived and delineated by certain empirical parameters.** This state of being is positively or negatively influenced by interactions with the environment, including the health care system. The faculty believes the health care needs of clients are best served by a delivery system that is innovative and responsive to the needs of all people.

**Nursing is a scientific discipline which engages in scholarly inquiry to expand its body of knowledge as a foundation for excellence in clinical practice.** Nursing care is the translation of intellectual effort into humanistic interventions which respect the dignity and worth of each person throughout the life span. Implicit in nursing practice is accountability to individuals, families, and communities to promote, maintain, and restore health.

**The faculty believes that learning is a continuing process that involves changes in knowledge, attitudes, and behaviors.** Consistent with this belief, the faculty provides learning experiences that foster critical thinking and believe that **students are accountable for their own learning.** The faculty believes that they have a responsibility to assist students to advance in the community of nursing scholars.

The faculty of the School of Nursing exemplifies, through teaching, research, and clinical practice, the personal and professional characteristics they seek to develop in students. They serve as catalysts for student learning, contributors to nursing's expanding body of knowledge, and role models in clinical practice.

## **GRADUATE LEARNING OUTCOMES & OBJECTIVES**

The faculty of the Hahn School of Nursing and Health Science have identified the following as **learning outcomes** in preparation for *APRN practice* upon completion of the Doctor of Nursing Practice program:

1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates.

2. Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.
3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at multiple levels of professional practice (institutional, local, state, regional, national, and/or international).
4. Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing practice-based guidelines.
5. Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.
6. Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.
7. Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.

At the *MSN level*, the faculty expect that graduates will achieve the following **learning outcomes** in preparation for *collaborative and patient-centered practice*:

1. Critically assess the health problems that are commonly seen by NP in the age groups specific to the scope of practice of their population foci.
2. Collaboratively manage the health problems commonly experienced in these client populations using pharmacologic and non-pharmacologic therapeutic modalities.
3. Perform comprehensive health appraisals to identify client strengths and health risks as a foundation for evidence-based health promotion and illness prevention.
4. Engage in strategies that empower individuals from selected client populations in health promotion and disease prevention.
5. Collaborate with and refer to other health providers and community resources to resolve acute and chronic conditions.
6. Use evidence-based practice and practice guidelines to meet the needs of diverse populations.
7. Analyze health care delivery systems and practice patterns minimize health care disparities to improve access, care quality, outcomes, and cost-effectiveness

## MEMORANDUM

To: USD Nurse Practitioner Preceptors  
From: USD Nurse Practitioner Program Faculty  
Subject: Post BSN Doctoral Program Nurse Practitioner Scholarly Practice Master's  
Program Nurse Practitioner Clinical Preceptorship

Clinical experience with expert clinical preceptors in a variety of primary care settings is an essential educational component for a Nurse Practitioner (NP) student. This component of the curriculum involves a minimum of 12 semester units of clinical practice during the 46-52 unit Master's program or the scholarly practice phase of the 78-81unit Post BSN Doctor of Nursing Practice (DNP) program. Students in the DNP program complete an additional 8-11 semester units of clinical practice during the DNP scholarly practice. This clinical practice is divided into several courses throughout the program with the most concentrated clinical focus occurring in the latter portion of the program. The courses that are required before the student moves into the clinical component include pharmacology, pathophysiology, and physical assessment and diagnosis. These courses are taught by the School of Nursing faculty at the University of San Diego. Students in the DNP program complete additional coursework such as methods of translational science, philosophy of reflective practice, and epidemiology-biostatistics, prior to beginning their scholarly practice.

Students are licensed to practice nursing in California and are covered annually by the University's Licensed Professional Liability insurance coverage. These students are currently pursuing a graduate degree in nursing with a focus on primary health care delivery. USD NP students have the responsibility to identify their clinical experience strengths and areas of expertise, as well as any limitations they may have, in a conference with their clinical preceptor(s) prior to beginning the scholarly practice experience or preceptorship. The preceptor will meet with the student prior to the start of the semester or early in the clinical rotation so that the student's learning objectives and past clinical experiences can be shared. Students do not receive compensation for clinical care provided during their clinical learning experiences. Likewise, there are no funds available to reimburse clinical preceptors for their time spent mentoring students.

Clinical preceptors are academically and clinically qualified NPs and physicians who supervise every client encounters so that students can successfully fulfill the clinical learning objectives for the course focused on a specific patient population (e.g., pediatrics, women's health, adults, or geriatrics). Depending on the clinical course requirements, preceptors must be willing to spend four to twenty-one hours a week in a clinical teaching and supervisory capacity with a NP student in a primary care setting.

At the beginning of the clinical component of the program, the NP student is learning to take health histories, perform complete and focused physical examinations and develop differential diagnoses. In the first several semesters, students learn diagnosis and management skills with common acute and chronic health problems. Near the completion of the program, NP students encounter clients with more complex, acute and chronic conditions, and develop skills in interdisciplinary collaboration and referral to ensure safe, comprehensive, quality care. The graduate nursing student brings to the clinical setting a broad background in counseling, client education, growth and development, and the competencies of an experienced registered nurse. Initially, these activities are carried out collaboratively with the clinical preceptor and written standardized procedures may be available or be developed to facilitate this process. As the student progressively integrates and strengthens their knowledge and skills, the supervision needs to be modified to promote clinical learning and role development while assuring competence and safety. Students enrolled in the DNP scholarly practice will need to collaborate with their preceptor to identify a DNP project that can be completed during the third year of the DNP program.

The USD School of Nursing guidelines for clinical preceptors are attached. The NP Clinical Placement Coordinator will usually make the initial contact to ascertain the clinician's willingness to serve as a NP student preceptor for the upcoming semester. Once a clinician has verbally agreed to precept a USD NP student, the clinician is requested to provide the NP Clinical Placement Coordinator with a copy of their current curriculum vitae or complete a Biographical Data Sheet, if one is not already on file in the USD School of Nursing. Then, a formal letter of agreement is prepared and signed by both parties and the preceptor is provided with a copy of the appropriate clinical course syllabus. The course objectives, as well as the student's individual learning objectives, will provide a framework to focus the student's learning experiences. After being notified by the NP Clinical Placement Coordinator that arrangements for their placement have been made, each student will contact their designated preceptor to share their individual clinical learning objectives for the semester and to mutually schedule the days and times each week for their clinical experiences. This process should be accomplished before the semester and the clinical experience begins.

A NP clinical faculty member responsible for supervising the student's overall clinical experience will make a site visit during the semester. Preceptors are encouraged to communicate with the faculty at any time if there are concerns regarding the students' progress toward meeting their learning objectives and/or the preceptor wants

additional clarification pertaining to the scope of their role and associated responsibilities.

Please direct any questions or concerns to:

Dr. K. Sue Hoyt, PhD, FNP-BC, ENP-C  
Director of NP/ENP Programs  
University of San Diego  
5998 Alcalá Park  
San Diego, CA 92110  
hoyt@sandiego.edu  
(619) 260-4521

**Guidelines/Expectations For Nurse Practitioner Clinical Preceptor  
Clinical preceptors are expected to:**

1. Orient the Nurse Practitioner (NP) student to the office/clinical environment, methods of operation of the agency, and necessary clinical and practice protocols/guidelines.
2. Provide sufficient space to allow the student to see clients and to perform at a pace where learning can occur without interfering with the overall client flow. In the initial phase of the clinical component of the program, students elicit health histories and perform physical examinations at a slow pace but should gradually progress in their ability to perform these skills.
3. Provide the NP student with access to the kind of client encounters (age, type problems, etc.) that are needed to achieve the student's learning objectives for the clinical course enrolled.
4. Provide supervision and validation of the accuracy of the student's history, chart review, and physical examination findings and his/her assessment of the client's presenting condition(s).
5. Review the student's tentative plan for management of the client's health promotion needs and/or presenting conditions and provide necessary guidance to ensure appropriateness and comprehensiveness of the care plan.
6. Supervise the student with initiation of client management regimens and referral procedures.
7. Be receptive to the clinical faculty communication at the beginning of the semester. The faculty will contact the preceptor via telephone to establish a professional working relationship with the preceptor and ensure that the preceptor understands that any questions/concerns pertaining to the student should be directly communicated to the clinical faculty.
8. Schedule time to meet with the NP program clinical faculty member who makes a minimum of one site visit during the semester to complete an evaluation of the student, review progress with the student, and share ideas concerning ways to facilitate student learning.
9. Maintain communication with the program faculty as necessary throughout the semester. Any problems that could interfere with effective care provision or the student's learning should be brought to the student's and/or clinical faculty's attention as soon as possible.

10. Provide ongoing constructive feedback to the student throughout the semester regarding the student's clinical performance. This formative evaluation will afford the student opportunities to focus on making improvements in order to perform at a minimum satisfactory level of clinical competency.
11. Complete a Preceptor Evaluation of Nurse Practitioner Student Performance form reflecting the student's performance/progress upon completion of the semester or completion of 50% of their hours. It is essential that the preceptor meet with the NP student to review the evaluation. Following the meeting, give the original copy to the student to copy to their E Portfolio. This summative evaluation should be done in conjunction with frequent and ongoing feedback to the student throughout the clinical experience.
12. Share ideas for improving the clinical component of the NP program with the clinical program faculty.

#### **BENEFITS AFFORDED TO PRECEPTORS/CLINICAL MENTORS**

1. Recognition by and interaction with USD NP program faculty.
2. Invitations to on-campus continuing education events.
3. Eligible for consideration for appointment as Adjunct Clinical Preceptor of the Hahn School of Nursing and Health Science.
4. Physicians are eligible for CME Category II and NPs are eligible for CEU credit for ANCC certification for the hours they spend precepting NP students.
5. Potential for leading student clinical conferences on management of specific health problems, role development or other professional issues.
6. Opportunity to provide input for program evaluation and change so that the NP Program can more effectively contribute to meeting current health care needs/priorities.
7. Enhancement of practice perspectives.
8. Opportunity to integrate collaborative and interdisciplinary focus into practice model.
9. Potential to incorporate student into practice with plan to hire upon graduation.
10. Potential for increased revenue generation with hiring of an NP program graduate.
11. Generation of community service hours.
13. Satisfaction of contributing to increased access to high quality care delivery through preparation of new, clinically-competent primary care providers.
14. USD Library Access including databases such as "Up-to-Date" an evidence based research tool and other resources.

**Sample Letter of Agreement  
for Clinical Preceptors**

Dear     (Preceptor)    :

Thank you for agreeing to precept a Nurse Practitioner student from the Hahn School of Nursing and Health Science, University of San Diego. The purpose of this letter is to confirm the arrangements with you to act as a preceptor for \_\_\_\_\_, RN, for NPTC\_\_\_\_ Clinical Practicum/DNPC 630 DNP Scholarly Practice. This arrangement will be for the 20\_\_ \_\_\_\_\_ Semester only which will begin \_\_\_\_\_ and end \_\_\_\_\_, 20\_\_\_. The student will arrange to meet with you to arrange dates and hours for this clinical experience and to share his/her individual learning objectives. At this time, you may wish to share with the student any information about your practice setting you think will be helpful for him/her to have. A copy of the NPTC \_\_\_/DNPC 630 course description and clinical learning objectives are enclosed for your information. We have also enclosed a copy of the Preceptor Evaluation of Nurse Practitioner Student Performance form. Please complete the evaluation reflecting the student's performance/progress upon completion of the semester or after a minimum of 50% of clinical hours have been completed. It is essential that the preceptor meet with the student to review the evaluation and after review, the evaluation should be returned to the student. This summative evaluation should be done in conjunction with frequent and ongoing feedback to the student throughout the clinical experience.

We very much appreciate your cooperation in providing our students with an excellent clinical learning experience. Should you have any questions about these arrangements, do not hesitate to contact the student's clinical faculty member \_\_\_\_\_. **Please sign this letter at the bottom in the appropriate place and return it to this office at your earliest convenience.** I am enclosing an extra copy for your files.

Thank you for your time and effort on our student's behalf.

Sincerely yours,

K. Sue Hoyt, PhD, FNP-BC, ENP -C  
Director, NP & ENP Programs  
University of San Diego

\_\_\_\_\_  
(Preceptor name)  
Date: \_\_\_\_\_

**Preceptor Data Sheet  
Clinical Preceptor**

*Required Information*

Name	Date
Office	
Street Address	
City, State, & Zip	
Office Telephone	Fax
Cell Telephone	Email Address
CA License Number	Expiration Date
Type of Clinical Setting No	Underserved Patient Population Yes

*Please fill in information concerning education, Licensure, etc. OR APPEND A VITA that supplies this information*

College or University	Degree	Date
Graduate or Professional School	Degree	Date
Local Professional Organizations		
State Professional Organizations		
National Professional Organizations		
Certification in what area(s)?		
Admitting Privileges		

**\*\* Please attach a business card for our records if possible.**

**Thank you**

Please return to: University of San Diego, Hahn School of Nursing and Health Science  
Attn: NP Office, 5998 Alcalá Park, San Diego, CA 92110, Fax: 619-260-7666

## THE STANDARDS OF EDUCATION FOR NURSE PRACTITIONERS

The PCNP program curriculum is informed by the 2008 National Council of State Boards of Nursing *Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education* (LACE), the *Practice Doctorate Nurse Practitioner Entry Level Competencies* (NONPF, 2012), the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2013), the *National Panel for Psychiatric Mental Health NP Competencies* (NONPF, 2003), and AACN's *Essentials of Doctoral Education for Advanced Nursing Practice* (2006). The entire version of this document is found on AACN's website: <http://www.aacn.nche.edu/>. The document describes in detail the following:

1. Graduate core curriculum content
2. Advanced practice nursing core curriculum content
3. Practice doctorate core curriculum content
4. Clinical experiences

### NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES

The National Organization of Nurse Practitioner Faculties (NONPF) is “the leading organization for NP faculty sharing the commitment for NP education” (NONPF website, 2013). In 2012, NONPF revised the core competencies that are required of all NP students at the completion of their NP program. (<http://www.nonpf.com/associations/10789/files/NPCoreCompetenciesFinal2012.pdf> ). These include:

1. Scientific Foundation
2. Leadership
3. Quality
4. Practice Inquiry
5. Technology & Information Literacy
6. Policy
7. Health Delivery System
8. Ethics
9. Independent Practice

### CLINICAL COMPONENT OF THE POST BSN DNP NP and MSN NP PROGRAMS

The clinical portion of the BSN to DNP and MSN NP Program is often the most intense, yet rewarding part of the program. It is a time when the student is learning new skills and knowledge while developing in a new advanced practice role. The clinical courses involve integration of the skills of gathering health history data, performing an

appropriate physical examination, using critical thinking skills to arrive at differential diagnoses regarding the clients' health risks and problems, and developing and implementing a comprehensive health promotion and illness management plan. Students develop a new professional self-image and begin to practice in the health care arena as a more advanced provider of comprehensive primary care. **All** students are expected to demonstrate knowledge, critical thinking, and clinical skills within the practice setting. These skills are considered essential abilities.

Students spend approximately two to three days a week over five semesters in pediatric, family, adult-gerontology health care settings or five semesters in psychiatric-mental health settings integrating their newly acquired knowledge with practice as they participate in the primary care delivery process. During these clinical experiences, NP students become increasingly able to blend their nursing knowledge and expertise with formalized medical therapeutics to bring about a more complete management schema for the patient. Learning to merge both caring and curing for the benefit of the health care recipient enables NP students to become effective providers of primary health care. Students enrolled in the DNP program complete a clinical scholarly practice experience that further refines their clinical knowledge and skills. Students may select a specific focus for part of the scholarly.

During each clinical practicum, students develop and nurture advanced practice clinical skills under the guidance and supervision of NP faculty, as well as experienced on-site NP or physician preceptors. For this reason, the selection of clinical sites and preceptors is a very important part of the student's plan of study that requires careful preplanning.

Preceptors are experienced primary care providers who *volunteer* to mentor students. This means assuming a responsibility in addition to the rigorous demands of their health care provider role. In general, students who are in their early clinical semesters require more supervision and mentoring time than those in their final clinical experience. Regardless of the NP student's clinical experience, the preceptor role is a major commitment especially in the current era of cost-cutting and increased productivity expectations in most health care settings. **Therefore, both students and faculty need to demonstrate unfailing courtesy and consideration in their interactions with actual or potential preceptors.** For example, agreed upon days and times for clinical experiences should not be changed in any way without prior notification and approval of the preceptor. Students should be considerate in all their interactions with their preceptors and, at the end of their experience, convey their appreciation in the form of a thank-you note and/or recognizing the preceptor and staff in some small way. Both faculty and students are important ambassadors for the University and the NP profession in all their contacts with preceptors.

## **Clinical Attire**

All students should present themselves in a professional manner in all clinical learning sites and in the simulation center. Student interaction with all agency personnel must be exemplary. Access to many of these settings is governed by the *San Diego Nursing Service and Education Consortium* which oversees the placement of all area nursing students in a wide variety of inpatient and outpatient settings throughout our County. Students placed in clinical settings not governed by the *Consortium* should adhere to this dress code, unless the site has different guidelines established for its clinicians. The *Consortium* has established the following dress code for students:

1. Picture identification badge with name that meets the guidelines of AB 1439, which amended Chapter 1 of Division 2 of the Business and Professional Code of the State of California. Some facilities require both student and facility badges, or may allow either student or facility.
2. Business casual dress and lab coat with the USD School of Nursing & Health Science logo.
3. Clean, low-heeled shoes with closed toes. No sandals or flip-flops.
4. Jewelry: Only wedding or simple rings and limited to one per hand. No piercings or jewelry/hardware may be evident other than one small stud earring per ear.
5. Hair color must fall within natural occurring shades, be neat, and if long enough to rest on shoulders it must be secured back. Facial hair must be neatly trimmed.
6. Tattoos must be covered at all times in the clinical, lab & community setting.
7. Fingernails must be trimmed short. Light or clear polish without chips is acceptable. No artificial or acrylic nails or components thereof are permitted.
8. Make up is to be worn in moderation.
9. No perfumes or scented lotions.
10. No low necklines.
10. Undergarments cannot be visible.

The culture of a clinical setting may alter the student dress code. In these instances, students must speak with their course faculty.

## **Prior to Clinical each student is required to complete and show proof of the following**

1. TB Skin Test – Annual
2. TDaP – Within 10 Years
3. Influenza – Annual
4. Varicella – One Time
5. MMR – One Time
6. Hepatitis A – One Time

7. Hepatitis B – One Time
8. Certification of Good Health (Physical Examination) – Annual
9. American Heart Association BLS for the Health Care Provider CPR Certification – Every Two Years/When Expired
10. Release of Information Form – One Time
11. HIPAA Certification
12. Criminal Background Check – Annual
13. Drug Screen - Annual
14. California RN License

### **Attendance**

A student who cannot attend a scheduled clinical day must immediately notify the preceptor and the clinical facilitator faculty by the agreed upon procedure.

### **SOAP NOTE GUIDELINES**

#### **For all NP Clinical Management Courses**

The SOAP format of charting is a communication tool that serves to reflect your clinical thinking process and transmit an accurate picture of a patient's problem, diagnosis, and plan of care. The note should facilitate good continuity of care between providers and help the practitioner to practice safely. The purpose of the SOAP note assignments is to develop your ability to concisely and accurately document pertinent information (S and O) from your encounter with a patient in an organized manner and critically analyze patient information to develop a differential diagnosis (A) and an appropriate plan (P) of care. The ability to write a meaningful SOAP note is essential for a nurse practitioner. The opportunity to improve your documentation skills with guidance from the simulation faculty and clinical faculty is an excellent learning experience.

Two SOAP notes will be written during the student's clinical site evaluation, one SOAP note will be written for each Group CSE, as well as the CCE in each NPTC course. SOAP notes will be submitted to the simulation faculty who served as the faculty facilitator during the standardized patient experience and submitted to the clinical faculty member during the clinical site evaluation. Grades earned in SOAP writing will be included in calculating the student's final course grade.

**MSN Program**  
**Family Nurse Practitioner**  
**Full-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
APNC 521 APRN Physical Assessment and Diagnosis	4 units
NPTC 602 Primary Care I	4 units
DNPC 611 Methods of Translational Science	3 units

Spring One

APNC 523 Pharmacology in Health Management	3 units
NPTC 604 Primary Care IIA	6 units
HCIN 540 Introduction to Health Care Information Management	3 units

Summer One

NPTC 605 Primary Care IIB	6 units
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Fall Two

NPTC 608 Primary Care IIIA	7 units
DNPC 648 Health Policy Analysis	3 units

Spring Two

NPTC 609 Primary Care IIIB	7 units
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***Total*** ***49 units***

## **MSN Program**

### **Dual Track: Family Nurse Practitioner & Adult/Gerontology Nurse Practitioner Full-Time Plan**

#### Fall One

APNC 520 Pathophysiology	3 units
APNC 521 APRN Physical Assessment and Diagnosis	4 units
NPTC 602 Primary Care I	4 units
DNPC 611 Methods of Translational Science	3 units

#### Spring One

APNC 523 Pharmacology in Health Management	3 units
NPTC 604 Primary Care IIA	6 units
HCIN 540 Introduction to Health Care Information Management	3 units

#### Summer One

NPTC 535 Primary Adult/Gerontology Health Care	6 units
NPTC 605 Primary Care IIB	6 units

#### Fall Two

NPTC 608 Primary Care IIIA	7 units
DNPC 648 Health Policy Analysis	3 units

#### Spring Two

NPTC 609 Primary Care IIIB	7 units
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***Total***

***55 units***

**MSN Program**  
**Dual Track: Family Nurse Practitioner & Pediatric Nurse Practitioner**  
**Full-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
APNC 521 APRN Physical Assessment and Diagnosis	4 units
NPTC 602 Primary Care I	4 units
DNPC 611 Methods of Translational Science	3 units

Spring One

APNC 523 Pharmacology in Health Management	3 units
NPTC 604 Primary Care IIA	6 units
HCIN 540 Introduction to Health Care Information Management	3 units

Summer One

NPTC 549 Special Topics for Primary Care of Children	6 units
NPTC 605 Primary Care IIB	6 units

Fall Two

NPTC 608 Primary Care IIIA	7 units
DNPC 648 Health Policy Analysis	3 units

Spring Two

NPTC 609 Primary Care IIIB	7 units
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***Total*** ***55 units***

**BSN to DNP Program  
Family Nurse Practitioner  
Full-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

NPTC 602 Primary Care I	6 units
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 604 Primary Care IIA	6 units
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 605 Primary Care IIB	6 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 608 Primary Care IIIA	6 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 609 Primary Care IIIB	6 units
DNPC 630 DNP Scholarly Practice	4 units

**BSN to DNP Program**  
**Family Nurse Practitioner in Emergency Care**  
**Full-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

NPTC 602 Primary Care I	6 units
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 604 Primary Care IIA	6 units
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 605 Primary Care IIB	6 units
NPTC 610 FNP in Emergency Care	8 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 608 Primary Care IIIA	6 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 609 Primary Care IIIB	6 units
DNPC 630 DNP Scholarly Practice	4 units

**BSN to DNP Program**  
**Dual Track: Family Nurse Practitioner & Adult/Gerontology Nurse Practitioner**  
**Full-Time Plan**

Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Two

NPTC 602 Primary Care I	6 units
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Two

NPTC 604 Primary Care IIA	6 units
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

Summer Two

NPTC 535 Primary Adult/Gerontology Health Care	6 units
NPTC 605 Primary Care IIB	6 units
DNPC 630 DNP Scholarly Practice	1 unit

Fall Three

NPTC 608 Primary Care IIIA	6 units
DNPC 630 DNP Scholarly Practice	1 unit

Spring Three

NPTC 609 Primary Care IIIB	6 units
DNPC 630 DNP Scholarly Practice	1 unit

## **BSN to DNP Program**

### **Dual Track: Family Nurse Practitioner & Pediatric Nurse Practitioner Full-Time Plan**

#### Fall One

APNC 520 Pathophysiology	3 units
DNPC 611 Methods of Translational Science	3 units
DNPC 625 Epidemiology and Foundations of EBP	3 units
DNPC 630 DNP Scholarly Practice	1 unit

#### Spring One

APNC 523 Pharmacology in Health Management	3 units
DNPC 626 Strategic Planning and Quality Initiatives	3 units
DNPC 648 Health Policy Analysis	3 units
HCIN 540 Intro into Health Care Informatics	3 units
DNPC 630 DNP Scholarly Practice	1 unit

#### Summer One

DNPC 610 Philosophy of Reflective Practice	3 units
DNPC 653 Financial Decision Making for Health Care Settings	3 units
DNPC 630 DNP Scholarly Practice	1 unit

#### Fall Two

NPTC 602 Primary Care I	6 units
APNC 521 APRN Physical Assessment and Diagnosis	4 units
DNPC 622 Pathogenesis of Complex Disease	3 units
DNPC 630 DNP Scholarly Practice	1 unit

#### Spring Two

NPTC 604 Primary Care IIA	6 units
DNPC 686 Perspectives in Program Planning and Evaluation	3 units
DNPC 630 DNP Scholarly Practice	1 unit

#### Summer Two

NPTC 549 Primary Pediatric Health Care	6 units
NPTC 605 Primary Care IIB	6 units
DNPC 630 DNP Scholarly Practice	1 unit

#### Fall Three

NPTC 608 Primary Care IIIA	6 units
DNPC 630 DNP Scholarly Practice	1 unit

#### Spring Three

NPTC 609 Primary Care IIIB	6 units
DNPC 630 DNP Scholarly Practice	1 unit

## Clinical Course Descriptions and Objectives

**COURSE:** NPTC 602 Primary Care I  
**COURSE CREDIT:** 4 Units (3 units theory-48 hours, 1 unit clinical-54 hours)  
**PLACEMENT:** Fall semester – 1<sup>st</sup> Year MSN; 2<sup>nd</sup> Year BSN DNP  
**CO-REQUISITE:** APNC 521

**COURSE DESCRIPTION:** Analyzes principles of health promotion, health maintenance, and risk assessment across the lifespan by the nurse practitioner in primary care. Emphasizes assessment of development and health behaviors among individuals and families in the context of ethnicity, culture, and community. Related classroom, lab, and clinical experiences in selected health care and community settings provide opportunity for application of these concepts.

**Note:** Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Integrate appropriate developmental and health screening methods in the care of individuals across the lifespan based upon age, gender, genetics, ethnicity, and risk behaviors.
2. Differentiate appropriate interview techniques in the therapeutic approach to individuals and their families.
3. Analyze common behavioral and developmental variations and problems with a focus on maximizing the individual's health throughout the lifespan.
4. Integrate socio-cultural and spiritual beliefs in promoting health across the lifespan.
5. Evaluate the effectiveness of evidence-based strategies to promote and maintain the health of individuals and families across the lifespan.
6. Collaborate with multidisciplinary community resources to promote health and development and prevent illness.
7. Apply ethical principles in advanced practice primary care to individuals and their families across the lifespan.
8. Demonstrate an understanding of and practice within an ethical framework and the legal requirements for clinical practice as a nurse practitioner.

**COURSE:** NPTC 604 Primary Care IIA  
**COURSE CREDIT:** 6 units (4 u theory, 2 u clinical; 60 theory hours &108 clinical hours)  
**PLACEMENT:** Spring Semester  
**PRE-REQUISITE:** NPTC 602

**COURSE DESCRIPTION:** Focuses on assessment and management of *more common stable* acute and chronic health problems in individuals across the lifespan in *primary care settings* by the nurse practitioner. Evaluates the evidence for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner.

**Note:** Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Utilize technology and systematic reviews of clinical research as a basis for evidence-based practice.
2. Evaluate relevant developmental, behavioral and sociocultural concepts in assessing the health care needs of individuals and their families.
3. Differentiate appropriate screening techniques to identify and manage individuals at risk for *more common stable* acute and chronic health problems.
4. Utilize pathophysiological concepts to develop differentials and working diagnosis in the evaluation of individuals with *more common stable* acute and chronic health problems.
5. Develop and implement plans of care in collaboration with individuals and their families that integrate developmental, psychosocial, spiritual, and physiological needs.
6. Differentiate non-emergent from emergent/urgent conditions and initiate interprofessional treatment, consultation, and referral.
7. Monitor patient care outcomes to foster continuous quality improvements.
8. Analyze the role and economic impact of the nurse practitioner in a collaborative interdisciplinary model of care.
9. Demonstrate understanding of and practice within an ethical framework and the legal requirements for clinical practice as a nurse practitioner.

**COURSE:** NPTC 605 Primary Care IIB  
**COURSE CREDIT:** 6 units (4 u theory, 2 u clinical; 60 theory hours & 108 clinical hours)  
**PLACEMENT:** Summer Semester  
**PRE-REQUISITE:** NPTC 604

**COURSE DESCRIPTION:** Focuses on assessment and management of *common* chronic health problems with less emphasis on acute health problems in individuals across the lifespan in *primary care settings* by the nurse practitioner. Evaluates the evidence for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Technology and information systems are incorporated to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care setting provide opportunity for application of these concepts. (This course is the second part of the primary Care II series.).

**Note:** Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Utilize technology and systematic reviews of clinical research as a basis for evidence-based practice.
2. Evaluate relevant developmental, behavioral and sociocultural concepts in assessing the health care needs of individuals and their families.
3. Differentiate appropriate screening techniques to identify and manage individuals at risk for *common* chronic and acute health problems.
4. Utilize pathophysiological concepts to develop differentials and working diagnosis in the evaluation of individuals with *common* chronic and acute health problems.
5. Develop and implement plans of care in collaboration with individuals and their families that integrate developmental, psychosocial, spiritual, and physiological needs.
6. Differentiate non-emergent from emergent/urgent conditions and initiate interprofessional treatment, consultation, and referral.

**COURSE:** NPTC 608 Primary Care III A  
**COURSE CREDIT:** 7 Units (4u theory-64 hours, 3u clinical –162 clinical hours)  
**PLACEMENT:** Fall Semester  
**PRE-REQUISITE:** NPTC 605

**COURSE DESCRIPTION:** Focuses on assessment and management of *common complex* and/or *unstable* acute and chronic health problems in individuals across the lifespan in *primary care settings* by the nurse practitioner. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner.

**Note:** Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Utilize technology and systematic reviews of clinical research as a basis for evidence-based practice.
2. Evaluate and apply relevant developmental, behavioral, and sociocultural concepts in the assessment and management of the health care needs of individuals and their families.
3. Differentiate appropriate screening techniques to identify and manage individuals at risk for *common complex* and/or *unstable* acute and chronic health conditions.
4. Utilize pathophysiological concepts to develop differential and working diagnoses in the evaluation of individuals with *common complex* and/or *unstable* acute and chronic health problems.
5. Develop and implement plans of care in collaboration with individuals and their families that integrate developmental, psychosocial, spiritual, and physiological needs.
6. Differentiate non-emergent from emergent/urgent conditions that require interprofessional treatment, consultation, and referral.
7. Monitor patient care outcomes to achieve continuous quality improvement.
8. Analyze the role and economic impact of the nurse practitioner in a collaborative interdisciplinary model of care.
9. Demonstrate an understanding of and practice within an ethical framework and the legal requirements for clinical practice as a nurse practitioner.

**COURSE:** NPTC 609 Primary Care III B  
**COURSE CREDIT:** 7 Units (4u theory, 3u clinical; 60 theory hours & 162 clinical hours)  
**PLACEMENT:** Spring  
**PRE-REQUISITE:** NPTC 608

**COURSE DESCRIPTION:** Focuses on assessment and management of *less common complex* and/or *unstable* acute and chronic health problems and emergencies in individuals across the lifespan in *primary care and long-term care settings* by the nurse practitioner. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner.

**Note:** Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:**

1. Utilize technology and systematic reviews of clinical research as a basis for evidence-based practice.
2. Evaluate and apply relevant developmental, behavioral, and sociocultural concepts in the assessment and management of the health care needs of individuals and their families.
3. Differentiate appropriate screening techniques to identify and manage individuals at risk for *less common complex* and/or *unstable* acute and chronic health conditions.
4. Utilize pathophysiological concepts to develop differential and working diagnoses in the evaluation of individuals with *less common complex* and/or *unstable* acute and chronic health problems.
5. Develop and implement plans of care in collaboration with individuals and their families that integrate developmental, psychosocial, spiritual, and physiological needs.
6. Recognize emergency situations and initiate appropriate interventions.
7. Monitor patient care outcomes to achieve continuous quality improvement.
8. Identify and design an innovative approach to a clinical problem or APRN professional issue.
9. Analyze the role and economic impact of the nurse practitioner in a collaborative interdisciplinary model of care.
10. Demonstrate an understanding of and practice within an ethical framework and the legal requirements for clinical practice as a nurse practitioner.

<b>COURSE:</b>	NPTC 535 Primary Adult/Gerontology Health Care: Management of Older Adults with Long-Term Health Problems
<b>COURSE CREDIT:</b>	3-6 Units (3 units theory-48 hours, 3 units clinical-162 hours) ( <i>theory units must precede or be taken concurrent with clinical</i> )
<b>PLACEMENT:</b>	Fall, Spring, Summer Semesters (DNP & MSN Programs)
<b>PREREQUISITES:</b>	APNC 521, NPTC605

**COURSE DESCRIPTION:** Focuses on assessment and management of *complex long-term* health problems in older adults by the adult/gerontology nurse practitioner. Evaluates the evidence base for screening, differential diagnosis, and management of long-term health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Incorporates theoretical perspectives of chronicity including chronic illness trajectories, psychological impact, role adaptations, and lifestyle adjustments required of long-term health problems for individuals, families, and caregivers. Analyzes the structure, regulation, and financing of the U.S. long-term health care system and the impact of various settings and support services within that system on older adults and families experiencing long-term health problems. Uses technology and information systems to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care and long-term care settings provide opportunity for application of these concepts.

Note: Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Utilize technology and systematic reviews of clinical research as a basis for evidence-based practice.
2. Evaluate relevant developmental, behavioral and sociocultural concepts in assessing the health care needs of older adults and their families.
3. Differentiate appropriate screening techniques to identify and manage older adults at risk for *complex long-term* health problems.
4. Utilize pathophysiological concepts to develop differential and working diagnoses in the evaluation of older adults with *complex long-term* health problems.
5. Develop and implement plans of care in collaboration with older adults and their families that integrate developmental, psychosocial, spiritual, and physiological needs at different points along the long-term care trajectory.
6. Differentiate non-emergent from emergent/urgent conditions and initiate interprofessional treatment, consultation, and referral.
7. Demonstrate understanding of and practice within an ethical framework and the legal requirements for clinical practice as an adult/gerontology nurse practitioner.
8. Examine social, political, legal, economic, and ethical aspects of current U.S. long-term care resources and policies and the impact of these policies on the accessibility and quality of health care for older adults and families with *complex long-term* health problems.
9. Analyze the essential elements and characteristics of long-term care models that provide comprehensive case management and continuity of care for older adults and their families.

**COURSE:** NPTC 549 Primary Pediatric Health Care: Selected Topics for Primary Care of Children  
**COURSE CREDIT:** 3-6 Units (3 units theory-48 hours, 3 units clinical-162 hours)  
*(theory units must precede or be taken concurrent with clinical)*  
**PLACEMENT:** Fall, Spring, Summer Semesters (DNP & MSN Programs)  
**PRE-REQUISITE:** APNC 521, NPTC 605

**COURSE DESCRIPTION:** Focuses on assessment and management of selected topics in children from birth through adolescence by the pediatric nurse practitioner in a variety of collaborative primary care settings. Evaluates the evidence base for screening, differential diagnosis, and management of pediatric health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Builds upon a foundation of knowledge of well child care; variations in growth, development, and behavior; and the in-depth management of both common and uncommon complex and chronic pediatric problems. Analyzes the structure, regulation, and financing of the U.S. health care system and the impact of various settings and support services within that system on children and families experiencing chronic health problems. Uses technology and information systems to improve patient outcomes and access to care. Related classroom, lab, and clinical experiences in selected primary care and long-term care settings provide opportunity for application of these concepts.

**Note:** Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:** Upon completion of the course, the student will be able to:

1. Utilize technology and systematic reviews of clinical research as a basis for evidence-based practice.
2. Evaluate relevant developmental, behavioral and sociocultural concepts in assessing the health care needs of children and their families.
3. Differentiate appropriate screening techniques to identify and manage children at risk for *complex and chronic* pediatric health problems.
4. Analyze the growth, development, and primary and transitional care needs of children with common and uncommon complex, chronic health problems.
5. Utilize pathophysiological concepts to develop differential and working diagnoses in the evaluation of children with *complex and chronic* pediatric health problems.
6. Develop and implement plans of care in collaboration with children and their families that integrate behavioral, developmental, psychosocial, spiritual, and physiological needs with various pediatric health problems.
7. Differentiate non-emergent from emergent/urgent conditions and initiate interprofessional treatment, consultation, and referral.
8. Demonstrate understanding of and practice within an ethical framework and the legal requirements for clinical practice as a pediatric nurse practitioner.
9. Coordinate the primary and specialty care of children with various pediatric health problems, making referrals to subspecialists, families, schools, and community support services.

**COURSE:** NPTC 610 Family Nurse Practitioner in Emergency Care

**COURSE CREDIT:**

**PRE-REQUISITE:** APNC 521, APNC, 520, APNC 523, NPTC 602, NPTC 604,

**PLACEMENT:** Summer Semester

**COURSE DESCRIPTION:** Focuses on assessment and management of individuals across the lifespan in *emergency care settings* by the nurse practitioner. Evaluates the evidence base for screening, differential diagnosis, and management of health problems, including pharmacological and non-pharmacological treatment modalities in a culturally appropriate manner. Incorporates an innovative approach to a clinical problem using technology, information systems, and business principles. Related classroom, lab, and clinical experiences in selected emergency care settings provide opportunity for application of these concepts. Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course. **Note:** Successful completion of **both** the theory and the clinical components of the course with a letter grade of B- or higher is necessary to pass the course. In addition, a minimum 80% examination average must be achieved in order to successfully complete the course.

**COURSE OBJECTIVES:** Upon completion of this course, the student will be able to:

1. Utilize technology and systematic reviews of clinical research as a basis for evidence-based practice.
2. Evaluate and apply relevant developmental, behavioral, and sociocultural concepts in the assessment and management of the health care needs of individuals and their families.
3. Differentiate appropriate screening techniques to identify and manage individuals at risk for *common complex* and/or *unstable* acute and chronic health conditions in emergency care settings
4. Utilize pathophysiological concepts to develop differential and working diagnoses in the evaluation of individuals with *common complex* and/or *unstable* acute and chronic health problems in emergency care settings.
5. Develop and implement plans of care in collaboration with individuals and their families that integrate developmental, psychosocial, spiritual, and physiological needs.
6. Recognize emergency (resuscitative) situations and initiate appropriate interventions
7. Monitor patient care outcomes to achieve continuous quality improvement.
8. Analyze the role and economic impact of the emergency nurse practitioner in a collaborative interdisciplinary model of care.
9. Demonstrate an understanding of and practice within an ethical framework and the legal requirements for clinical practice as an emergency nurse practitioner.

**COURSE:** DNPC 630 DNP Scholarly Practice

**COURSE CREDIT:** 1-6 Units

**PLACEMENT:** Fall, spring, summer

**CO-REQUISITES:** APN/APN student status

**COURSE DESCRIPTION:** Prepares the graduate to 1) design, deliver, and evaluate comprehensive evidenced-based care to individuals and/aggregates incorporating advanced practice nursing competencies; 2) provide leadership in promoting evidenced-based practice in an advanced practice population focus (adult-gerontology, psychiatric/mental health, pediatrics, family) and 3) function as an advanced practice population focus nurse leader in the resolution of clinical problems.

**Note:** Successful completion of **both** the theory and clinical components of the course with a letter grade of B- or higher is necessary to pass the course.

**COURSE OBJECTIVES:**

1. Use a scientific foundation and processes of inquiry to evaluate the evidence base related to a clinical problem.
2. Develop, implement, and evaluate an evidence-based solution to an identified clinical problem.
3. Provide leadership in system change required for solution of a clinical problem(s).
4. Demonstrate advanced clinical competencies in a population focus.

University of San Diego  
Hahn School of Nursing and Health Science  
Nurse Practitioner Program

**Form for Preceptor Evaluation of NP Student Performance NPTC 602**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Setting:** \_\_\_\_\_

**Directions:** Please place a check in the box beside each behavioral descriptor that best describes the student’s level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement. Lead clinical faculty will tally a numeric score and letter grade based on your responses below.

**Note:** Students must obtain at least a 3.0 in every section to pass *and* must earn a “Pass” for professionalism

<u>Honors</u>	<u>Acceptable</u>	<u>Needs Improvement</u>
(4.0)	(3.0-3.95)	(< 3.0)

**I. Subjective Well History-taking Skills**

Elicits reasonably complete history - may miss some basic history and/or one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.




**Comments:**

**II. Oral Examination Skills**

Presents patient as a person. Organized presenting basic history data clearly omitting one to two topic areas; incorporates the principles of health promotion, health maintenance, and risk assessment.




**Comments:**

<u>Honors</u>	<u>Acceptable</u>	<u>Needs Improvement</u>
(4.0)	(3.0-3.95)	(< 3.0)

**III. Communication Skills**

Smooth, clear communication. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor and faculty.




**Comments:**

**IV. Record Keeping Skills**

Mostly complete, clear and organized history written according to the NP Handbook Appendix R format with all but one or two topic sections included; includes most pertinent positives and negatives.




**Comments:**

PASS                      NO PASS  
(3.0-4.0)                      (<3.0)

**IX. Professionalism**

Acts respectfully & responsibly. Consistently  
Presents self in a professional manner,  
including appropriate dress & student ID.

**Comments:**

**Major Strengths of Student:**

**Major Area(s) Needing Improvement:**

OVERALL GRADE

Pass \_\_\_\_\_

\*No Pass \_\_\_\_\_ (Offer Rationale)

Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Site Facilitator Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

SH: 06/2014

**University of San Diego  
Hahn School of Nursing and Health Science  
Nurse Practitioner Program**

**Form for Preceptor Evaluation of NP Student Performance NPTC 604 & 605**

**Student:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Evaluator:** \_\_\_\_\_ **Setting:** \_\_\_\_\_

**Directions:** Please place a check in the box beside each behavioral descriptor that best describes the student’s level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement. Lead clinical faculty will tally a numeric score and letter grade based on your responses below.

**Note:** Students must obtain at least a 3.0 in every section to pass *and* must earn a “Pass” for professionalism

<u>Honors</u>	<u>Acceptable</u>	<u>Needs Improvement</u>
(4.0)	(3.0-3.95)	(< 3.0)

**V. Subjective History-taking Skills**

Elicits reasonably complete history relevant to patient’s problem(s) & preventive health care needs. May miss some detail but not likely to lead to missed diagnosis.




**Comments:**

**VI. Objective Physical Examination Skills**

Selects PE areas appropriate to patient’s problems;  
Uses good technique. May miss minor steps but not likely to miss diagnosis or injure patient




**Comments:**

<u>Honors</u> (4.0)	<u>Acceptable</u> (3.0-3.95)	<u>Needs Improvement</u> (< 3.0)
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**VII. Assessment Skills**

Reasonable assessment. Identifies common differential diagnoses & need for clinical preventive services.




**Comments:**

**VIII.Oral Presentation Skills**

Presents patient as a person; summarizes basic data clearly, although order may be mixed & may be less than succinct. May omit some minor pieces of relevant data.




**Comments:**

**IX. Communication Skills**

Generally clear, fairly smooth communication with respect for individual differences. Reasonably comfortable with patient. Able to elicit and report delicate problems in a culturally sensitive manner. Usually communicates openly and constructively with preceptor.




**Comments:**

<u>Honors</u> (4.0)	<u>Acceptable</u> (3.0-3.95)	<u>Needs Improvement</u> (<3.0)
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**X. Management Planning**

Plan includes basic management needed for patient's problem(s), including consultation & referral if appropriate. Able to state rationale for options chosen. Plan may be incomplete, but not unsafe.




**Comments:**

**XI. Implementation of Management Plan**

Able to initiate basic elements of the treatment plan essential for safe care while promoting patient responsibility for health to a limited extent.




**Comments:**

**VIII. Record-keeping Skills**

Complete recording of process of care in SOAP format. Formulates/updates problem list appropriately. May need some guidance for clarity and organization. Includes major health issues; may miss some minor ones but none that might compromise adequate follow-up.




**Comments:**

PASS  
(3.0-4.0)

NO PASS  
(<3.0)

**IX. Professionalism**

Acts respectfully & responsibly. Consistently  
Presents self in a professional manner,  
including appropriate dress & student ID.

**Comments:**

**Major Strengths of Student:**

**Major Area(s) Needing Improvement:**

OVERALL GRADE

Pass \_\_\_\_\_

\*No Pass \_\_\_\_\_ (Offer Rationale)

Preceptor: \_\_\_\_\_

Date: \_\_\_\_\_

Student: \_\_\_\_\_

Date: \_\_\_\_\_

Clinical Site Facilitator Faculty: \_\_\_\_\_

Date: \_\_\_\_\_

SH: 11/18/2013

University of San Diego  
Hahn School of Nursing and Health Science  
Nurse Practitioner Program

Form for Preceptor Evaluation of NP Student Performance NPTC 535, 549, 608, 609, &  
DNPC 630

Student: \_\_\_\_\_ Date: \_\_\_\_\_

Evaluator: \_\_\_\_\_ Setting: \_\_\_\_\_

**Directions:** Please place a check in the box beside each behavioral descriptor that best describes the student’s level of performance in each clinical skill category. Please write specific comments where appropriate, especially regarding any areas that need improvement. Lead clinical faculty will tally a numeric score and letter grade based on your responses below.

**Note:** Students must obtain a **4.0** in every section to pass *and* must earn a **“Pass”** for professionalism.

<u>Improvement</u>	<u>Honors</u>	<u>Acceptable</u>	<u>Needs</u>
	(5.0)	(4-4.95)	(<4.0)
<b>XII. Subjective History-taking Skills</b>			
Elicits thorough history relevant to patient’s problem(s). May miss some sharpness of focus or detail relevant to differential diagnosis.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<b>XIII. Objective Physical Examination Skills</b>			
Complete, smooth exam focused to patient’s problems. Selects & performs special, advanced techniques as appropriate.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Comments:**

<u>Honors</u> (5.0)	<u>Acceptable</u> (4.0-4.95)	<u>Needs Improvement</u> (<4.0)
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**XIV. Assessment Skills**

Correct assessment. Identifies common & emergent differential diagnoses but may miss obscure ones.




**Comments:**

**XV.Oral Presentation Skills**

Presents patient as a person. Clearly organized and succinct; includes most major issues in the differential diagnosis and suggested management plan.




**Comments:**

**XVI. Communication Skills**

Clear, smooth communication with patient Throughout the encounter. Recognizes and openly acknowledges patient's stated feelings. Pursues "red flags". Communicates openly and constructively with preceptor.




**Comments:**

<u>Honors</u> (5.0)	<u>Acceptable</u> (4.0-4.95)	<u>Needs Improvement</u> (<4.0)
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**XVII. Management Planning**

Appropriate plan for identified diagnoses & Preventive health care needs. Able to give rationale for all options chosen.




**Comments:**

**XVIII. Implementation of Management Plan**

Able to initiate all aspects of the treatment plan (dx,tx,ed.), while promoting patient responsibility for health to a significant extent.




**Comments:**

**VIII. Record-keeping Skills**

Clearly and logically organized in SOAP format with all sections appropriate. Includes pertinent positives & negatives. May mix problems. Formulates or updates complete problem list.




**Comments:**

PASS  
(4.0-5.0)

NO PASS  
(<4.0)

**IX. Professionalism**

Acts respectfully & responsibly. Consistently  
Presents self in a professional manner,  
including appropriate dress & student ID.

**Comments:**

**Major Strengths of Student:**

**Major Area(s) Needing Improvement:**

**OVERALL GRADE**

Pass \_\_\_\_\_

\*No Pass \_\_\_\_\_ (Offer Rationale)

**Preceptor:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Student:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Clinical Site Facilitator Faculty:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**SH: 7-31-14**

## STUDENT EVALUATION OF CLINICAL SITE/PRECEPTOR

Course: \_\_\_\_\_ Preceptor: \_\_\_\_\_

Semester: \_\_\_\_\_ Setting: \_\_\_\_\_

Below are representative statements students have used to evaluate their preceptors. Please check all you have personally found to describe your clinical preceptor and the setting. Since no evaluation form can list all the important characteristics, please add any others you consider important about this preceptor on the reverse side of page. Turn in completed form to the Clinical Placement Coordinator, H-101B.

### Learning Climate

- \_\_\_\_\_ Provides additional or special learning opportunities that enrich my experience.
- \_\_\_\_\_ Provides an atmosphere in which I can ask questions or try out ideas.
- \_\_\_\_\_ Stimulates my efforts in thinking through clinical problems.
- \_\_\_\_\_ Gives support without making me feel dependent.
- \_\_\_\_\_ Treats me in such a way I feel threatened or inhibited in learning.
- \_\_\_\_\_ Gives so much information I feel little need to think for myself.
- \_\_\_\_\_ Pushes me to try many things for which I am not ready.

Example or comments about learning climate:

### Guidance

- \_\_\_\_\_ Facilitates my meeting my learning objectives.
- \_\_\_\_\_ Assists me in integrating class with clinical experience.
- \_\_\_\_\_ Serves as a good role model and as a resource with new procedures or tasks.
- \_\_\_\_\_ Can seldom be found when I really need help in clinical setting.
- \_\_\_\_\_ Keeps clinical experience entirely separate from theoretical content.
- \_\_\_\_\_ Takes over doing procedures instead of allowing me to complete patient visit.

Example or comments about supervision:

### Feedback

- \_\_\_\_\_ Provides constructive criticism throughout clinical experience.
- \_\_\_\_\_ Bases evaluation on my pattern of performances, rather than on one day.
- \_\_\_\_\_ Gives helpful feedback on practice and recording.
- \_\_\_\_\_ Leaves me without any feedback about my progress.
- \_\_\_\_\_ Gives no practical suggestions to help me improve.

Example or comments about feedback:

### Setting

- \_\_\_\_\_ Patient population was accessible so that I could meet my learning objectives.
- \_\_\_\_\_ Facility was adequate to allow for student placement without interfering with patient flow.
- \_\_\_\_\_ Support personnel were helpful in learning environment.
- \_\_\_\_\_ Scheduling patient for return visit was possible, when patient could comply.
- \_\_\_\_\_ Facility space not adequate for student placement.
- \_\_\_\_\_ Support personnel insufficient, not helpful.

Example or comments about setting:

**Overall Rating of this Site/Preceptor:** \_\_\_\_\_

**1** = excellent; one of the best I've ever had

**4** = fair; did not meet some expectations

**2** = very good; surpassed expectations in some respects

**5** = poor; learning experience definitely

**3** = average; met overall expectations

Inadequate

# **DNP Clinical Mentor Guide**

## MEMORANDUM

To: New and Prospective Clinical Mentors

From: DNP Program Faculty

Subject: DNP Scholarly Practice Clinical Experience

The clinical scholarly practice for DNP students focuses on the students' acquisition of additional knowledge and skills in the student's advanced practice nursing specialty. The purpose of the USD DNP program is designed to prepare leaders for the nursing profession who have expertise in advanced nursing specialty practice with an individual or aggregate focus. To achieve the highest level of advanced nursing practice, students are educated and socialized for their roles both didactically through course work, seminars and tutorials and experientially through the scholarly practice. Students are expected to develop a deep understanding of the scientific and ethical foundation of reflective practice and the economic, political, and regulatory forces that impact quality of care. Required courses primarily focus on the clinical and translational sciences, the philosophical basis of advanced nursing practice, and the socioeconomic factors needed to transform and evaluate health care. With this foundation, students will be able to translate science into practice by designing and evaluating evidence-based innovations in care to improve the health status of individuals, families, communities, and the nation.

At the completion of USD's DNP program, graduates will possess the following competencies:

1. Demonstrate advanced levels of clinical practice within defined ethical, legal, and regulatory parameters in designing, implementing, and evaluating evidenced-based, culturally competent therapeutic interventions for individuals or aggregates.
2. Synthesize nursing and other scientific and ethical theories and concepts to create a foundation for advanced nursing practice.
3. Demonstrate leadership in collaborative efforts to develop and implement policies to improve health care delivery and outcomes at all levels of professional practice (institutional, local, state, regional, national, and/or international).
4. Incorporate research into practice through critical appraisal of existing evidence, evaluating practice outcomes, and developing practice-based guidelines.
5. Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.

6. Employ a population health focus in the design, implementation, and evaluation of health care delivery systems that address primary, secondary, and tertiary levels of prevention.
7. Incorporate ethical, regulatory, and legal guidelines in the delivery of health care and the selection, use, and evaluation of information systems and patient care technology.
8. Design, implement, and evaluate health care delivery systems and information systems that meet societal needs and ensure accountability for quality outcomes.

Clinical mentors are academically and clinically qualified doctorally-prepared advanced practice nurses, physicians, other health care professionals, or health policy leaders who are able to facilitate and support the objectives of the student's scholarly practice clinical experience and DNP project. The USD School of Nursing guidelines for clinical mentors are attached. Once a clinician has verbally agreed to precept one of our DNP students, a request will be made to provide the DNP Program Director with a copy of the proposed clinical mentor's current curriculum vita or to complete a Biographical Data Sheet, if one is not already on file in the School of Nursing. Then, a formal letter of agreement is prepared and signed by both parties and the clinical mentor is provided with a copy of the clinical course syllabus. The CPC will also send an electronic copy of The Clinical Mentor Handbook. The course objectives, as well as the student's individual learning objectives, will provide a guiding framework for the focus of the student's learning experiences. Orientation is provided by the DNP program faculty prior to the initiation of the clinical mentorship on individual request. The DNP faculty member responsible for supervising the student's scholarly practice may make a site visit during the semester. Please feel free to communicate with the faculty at any time if there is any doubt concerning the students' progress toward meeting their learning objectives or the scope and limitations of the DNP student or faculty roles.

Please direct any questions or concerns to:

Karen Macauley, PhD, DNP, APRN  
Associate Dean of Advanced Practice Programs

## GUIDELINES/EXPECTATIONS FOR CLINICAL MENTORS

Clinical mentors are expected to:

1. Orient the DNP student to the office/clinical environment, methods of operation of the agency, and necessary clinical and practice protocols/guidelines.
2. Facilitate achievement of the DNP student's clinical learning objectives and clinical project.
3. Maintain communication with the program faculty as necessary throughout the semester. Any problems that could interfere with the student's learning should be brought to the program faculty's attention as soon as possible.
4. Complete the "DNP Student Evaluation by Clinical Mentor" form at the end of the student's scholarly practice, review the form with the student, and return the form to the School of Nursing.

### BENEFITS ACCORDED TO CLINICAL MENTORS

1. Recognition by and interaction with USD DNP program faculty.
2. Invitations to on-campus continuing education events.
3. Use of the resources of the Copley Library including electronic access to journals, etc on the USD campus
4. May be eligible for consideration for appointment as Adjunct Clinical Preceptor of the Hahn School of Nursing and Health Science
5. Physicians are eligible for CME Category II and NPs are eligible for CEU credit for ANCC certification for the hours they spend precepting NP students.
6. Potential for leading student clinical conferences on management of specific health problems, role development or other professional issues.
7. Opportunity to provide input for program evaluation and change so that the DNP Program can more effectively contribute to meeting current health care needs/priorities.
8. Enhancement of practice perspectives.
9. Opportunity to integrate collaborative and interdisciplinary focus into practice model.
10. Potential to incorporate student into practice with plan to hire upon graduation
11. Potential for improved practice outcomes as a result of the student's DNP project.
12. Generation of community service hours.

## Clinical Mentor Data Sheet

*Required Information*

Name	Date
Office	
Street Address	
City, State, & Zip	
Office Telephone	Fax
Cell Telephone	Email Address
CA License Number	Expiration Date
Type of Clinical Setting No	Underserved Patient Population Yes

*Please fill in information concerning education, Licensure, etc. OR APPEND A VITA that supplies this information*

College or University	Degree	Date
Graduate or Professional School	Degree	Date
Local Professional Organizations		
State Professional Organizations		
National Professional Organizations		
Certification in what area(s)?		
Admitting Privileges		

**\*\* Please attach a business card for our records if possible.**

**Thank you**

Please return to: University of San Diego, Hahn School of Nursing and Health Science  
Attn: NP Office, 5998 Alcalá Park, San Diego, CA 92110, Fax: 619-260-7666

## DNP ESSENTIALS (AACN, 2006)

<http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>

### Essential I: Scientific Underpinnings for Practice

The DNP program prepares the graduate to:

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
  - determine the nature and significance of health and health care delivery phenomena;
  - describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
  - evaluate outcomes.
3. Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

### Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking

The DNP program prepares the graduate to:

1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.
  - a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
  - b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
  - c. Develop and/or monitor budgets for practice initiatives.
  - d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
  - e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

## Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

### The DNP program prepares the graduate to:

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
  - collect appropriate and accurate data to generate evidence for nursing practice
    - inform and guide the design of databases that generate meaningful evidence for nursing practice
    - analyze data from practice
    - design evidence-based interventions
    - predict and analyze outcomes
    - examine patterns of behavior and outcomes
    - identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating research.
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes

## Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

### The DNP program prepares the graduate to:

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.

3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

#### Essential V: Health Care Policy for Advocacy in Health Care

##### The DNP program prepares the graduate to:

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policy makers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policy makers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and healthcare communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all healthcare arenas.

#### Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

##### The DNP program prepares the graduate to:

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.

3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex healthcare delivery systems.

## Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health

### The DNP program prepares the graduate to:

1. Analyze epidemiological, biostatistical, environmental and other appropriate scientific data related to individual, aggregate, and population health.
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

## Essential VIII: Advanced Nursing Practice

### The DNP program prepares the graduate to:

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues

NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTY  
NP COMPETENCIES (NONPF, 2012)

Nurse Practitioner Core Competencies

Scientific Foundation Competencies

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

Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care..
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

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

### Practice Inquiry Competencies

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

### Technology and Information Literacy Competencies

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

### Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

### Health Delivery System Competencies

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

2. Effects health care change using broad based skills including negotiating, consensus building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

#### Ethics Competencies

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

#### Independent Practice Competencies

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

CORE PRACTICE DOCTORATE CLINICAL NURSE SPECIALIST COMPETENCIES  
(NACNS, 2009)

Sphere of Influence: Client Sphere

1. Conducts evidence-based, comprehensive assessment of client health care needs, integrating data from multiple sources which could include the client and inter-professional team members.
2. Implements client assessment strategies based on analysis of psychometric properties, clinical fit, feasibility, and utility.
3. Uses advanced clinical judgment to diagnose client conditions related to disease, health and illness within cultural, ethnic, behavioral and other contexts.
4. Designs, implements and evaluates a broad range of evidence-based interventions for clients, which may include prescribing and administering pharmacologic and/or other therapeutic interventions.

5. Directs the an Sphere of Influence: Client Sphere

1. Conducts evidence-based, comprehensive analysis and dissemination of outcomes of client care programs based on multiple considerations including: socioeconomic, cultural and environmental factors; epidemiology; symptomatology; cost and clinical effectiveness; satisfaction; safety; and quality.
6. Advocates for integration of client preferences and rights in health care decision-making among the inter-professional team.
7. Applies principles of teaching/learning and health literacy to design, provide, and evaluate client education.
8. Participates as a practice specialist in the translation and generation of knowledge.
9. Provides expert consultation for clients with complex health care needs utilizing a broad range of scientific and humanistic theories.

Sphere of Influence: Nurse and Nursing Practice

1. Provides leadership to the inter-professional team to incorporate ethical principles in healthcare planning and delivery.
2. Facilitates inter-professional collaboration in the achievement of practice outcomes.
3. Provides leadership to the inter-professional team in translating knowledge into practice.
4. Promotes the development of health care team members' competencies related to care delivery and evaluation, professional growth and effective team functioning.
5. Promotes improvements in healthcare team processes as they impact clinical and fiscal outcomes.

Sphere of Influence: Organization/System

1. Uses organizational and system theory to facilitate and create clinical environments that promote care delivery that is evidence-based, outcome focused, collaborative, cost-effective, and ethical.
  2. Leads the development, management, and evaluation of information technology to promote safety, quality, and resource management.
  3. Evaluates and improves system level programs and outcomes based on the analysis of information from relevant sources, such as databases, benchmarks, and epidemiologic data.
  4. Develops and disseminates synthesis and application of evidence to advance client care and healthcare delivery.
  5. Designs entrepreneurial programs of care that improve(s) delivery and outcomes of health care.
  6. Secures fiscal and other resources for system-level programs and for evaluation of interventions, products and services.
  7. Shapes health care policy at local, regional, and national levels to optimize client health and healthcare system delivery.
  8. Demonstrates leadership by advocating for the profession of nursing through participating in professional organizations, boards and taskforces at the institutional, local, state, national and international levels.
- \*client" represents patient, family, community, group, and population

1CNS-specific competencies: Academy of Medical/Surgical Nurses; American Association of Critical-Care Nurses; Gerontology (American Association of Colleges of Nurses/Hartford); National Association of Clinical Nurse Specialists; National Association of Orthopedic Nurses.

General advanced practice competencies: American Nephrology Nurses' Association; American Psychiatric Nurses Association; Association of Community Health Nursing Educators; Association of Perioperative Registered Nurses; International Nurses Society on Addictions; International Society of Psychiatric-Mental Health Nurses; Society of Urologic Nurses; Oncology Nursing Society; Quad Council of Public Health Nursing Organizations.

UNIVERSITY OF SAN DIEGO  
HAHN SCHOOL OF NURSING AND HEALTH SCIENCE  
COURSE SYLLABUS

COURSE: DNPC 630 DNP Scholarly Practice

COURSE CREDIT: 1-6 Units

PLACEMENT: Fall, spring, summer

CO-REQUISITES: APRN/APRN student status

COURSE DESCRIPTION: Prepares the graduate to 1) design, deliver, and evaluate comprehensive evidenced based care to individuals and/aggregates incorporating advanced practice nursing competencies; 2) provide leadership in promoting evidenced-based practice in an advanced practice specialty, and 3) function as a practice specialist/consultant in the resolution of clinical problems.

Note: Successful completion of the course with a letter grade of B- or higher is necessary to pass the course.

COURSE OBJECTIVES:

1. Use a scientific foundation and processes of inquiry to evaluate the evidence base related to a clinical problem.
2. Develop, implement, and evaluate an evidence-based solution to an identified clinical problem.
3. Provide leadership in system change required for solution of a clinical problem(s).
4. Demonstrate advanced clinical competencies in a selected area of specialized practice.

**University of San Diego  
Hahn School of Nursing  
Doctor of Nursing Practice Program**

**FORMAT FOR MANUSCRIPT AND TIMELINE FOR DNP PROJECT REQUIREMENTS**

<b>Format &amp; Steps for Manuscript Development &amp; Presentations</b>	<b>DNPC 630 Seminar Activities</b>	<b>Timeline for Scholarly Practice Requirements</b>
	<b>First Semester-Fall 1</b>	
	<p>Participate in ongoing discussion throughout semester about evidence-based practice (EBP) as it relates to the role of the nurse practitioner</p> <p>Identify various USD SON&amp;HS doctorally-prepared faculty practice and scholarship interests/backgrounds</p> <p>Begin to formulate opening statement for DNP portfolio, "Purpose of DNP Program"</p>	<p>If working as a RN, use communication skills along with observation and inspection skills for possible identification of clinical problem</p> <p>Join APN professional organization(s) to become actively engaged in health policy, etc. that impact advanced practice nurses</p>
	<b>Second Semester-Spring 1</b>	
	<p>Participate in ongoing discussion throughout semester about EBP as it relates to the role of the nurse practitioner</p> <p>Review exemplars, EBP abstracts, and portfolios to gain familiarity of required components and quality of dissemination</p> <p>Interact with invited DNP students/graduates during their presentations of their DNP projects</p> <p>Continue to refine opening statement for DNP portfolio, "Purpose of DNP Program"</p>	<p>If working as a RN, use communication skills along with observation and inspection skills for possible identification of clinical problem</p> <p>Join APN professional organization(s) to become actively engaged in health policy, etc. that impact advanced practice nurses</p>

	<b>Third Semester-Summer 1</b>	
	<p>Participate in ongoing discussion throughout semester about EBP as it relates to the role of the nurse practitioner</p> <p>Interact with invited DNP students and DNP graduates during their presentations of their DNP projects</p> <p>Finalize opening statement for DNP portfolio, "Purpose of DNP Program"</p>	<p>If working as a RN, use communication skills along with observation and inspection skills for possible identification of clinical problem</p> <p>Join Advanced Practice professional organization(s), attend meetings, and remain current with issues/challenges that impact advanced practice nurses</p> <p>Complete opening statement for DNP portfolio, "Purpose of DNP Program"</p>
	<b>Fourth Semester-Fall 2</b>	

<p><b>Components:</b> <b>Title Page</b></p> <p><b>Abstract</b> includes Background &amp; Evidence for Problem, Evidence-Based Practice Intervention &amp; Benchmark, PICO, Project Process, Implications for Nursing Practice</p> <p><b>I. Introduction</b></p> <p><b>II. Background &amp; Evidence for Problem</b> Search, critique, appraise (rate &amp; grade) evidence</p> <p><b>III. Evidence Based Intervention</b> Decide on desired outcome(s) (your benchmarks) &amp; link them to evidence-based interventions</p> <p><b>IV. Establish Benchmark(s)</b> Conduct gap analysis-internal &amp; external</p> <p><b>V. PICO Question</b></p>	<p>Participate in on-going discussion throughout semester about EBP, role development and scholarly practice focus</p> <p>Identify expected direct care and system level competencies</p> <p>Complete exemplars for seminar faculty, faculty advisor, and clinical mentor review</p> <p>Draft <b>PICO</b> for project with continued refinement throughout semesters</p>	<p>Identify goals/focus of scholarly practice experience in collaboration with faculty and clinical mentor (clinical mentor team)</p> <p>Identify practice setting/clinical agency for project in collaboration with faculty advisor, seminar faculty, and clinical mentor (team)</p> <p>Begin scholarly practice</p>
<b>Fifth Semester-Spring 2</b>		
<p><b>VI. Select EBP Model</b> (e.g., Iowa, Stetler, etc.)</p> <p><b>VII. Project Implementation/Process Plan</b></p> <p><b>VIII. Evaluation Plan</b> Includes data management, sustainability plan, evaluation of intervention &amp; outcomes, and cost/benefit analysis</p>	<p>Participate in on-going discussion throughout semester about EBP and status of project</p> <p>Complete exemplars for seminar faculty, faculty advisor, and clinical mentor review</p>	<p>Provide faculty and clinical mentors ongoing update about project plans</p> <p>Complete on-line IRB certification</p> <p>Continue scholarly practice</p>
<b>Sixth Semester-Summer 2</b>		

<p>Comprehensive analysis of all planned components of project to date making any revisions as deemed necessary</p> <p><b>IX. Begin Implementation of Evidence-Based Intervention</b> (the start date will vary for students based on agency IRB timeline and/or needed project revisions)</p>	<p>Participate in on-going discussion throughout semester about EBP and status of project</p> <p>Complete exemplars for seminar faculty, faculty advisor, and clinical mentor review</p> <p>Present draft of abstract for poster or podium presentation for feedback</p>	<p>Obtain letter(s) of clinical agency support/approval</p> <p>Obtain IRB approval with clinical agency</p> <p>Provide ongoing update to faculty advisor and clinical mentors about project</p> <p>Continue scholarly practice</p> <p>Submit final draft of abstract to professional organization</p> <p>Begin development of manuscript</p>
<b>Seventh Semester-Fall 3</b>		
<p><b>IX. Begin Implementation of Evidence-Based Intervention (cont'd)</b></p> <p><b>X. Completion of Evidence-Based Intervention</b></p> <p><b>XI. Evaluation of Evidence-Based Intervention(s) &amp; Outcome(s)</b> (start date will vary for students)</p>	<p>Participate in on-going discussion throughout semester about EBP and status of project</p> <p>Complete exemplars for seminar faculty, faculty advisor, and clinical mentor review</p> <p>Discuss journal options for manuscript submission</p> <p>Share thoughts/reflections regarding growth in APN role &amp; future plans</p>	<p>Implement project</p> <p>Submit abstract for spring 2 poster or podium presentation</p> <p>Obtain USD IRB approval for dissemination of findings (may need to obtain in prior semester based on agency)</p> <p>Continue scholarly practice</p> <p>Submit draft of manuscript to faculty advisor and seminar faculty</p>
<b>Eighth Semester-Spring 3</b>		
<p><b>XI. Evaluation of Evidence-Based Intervention(s) &amp; Outcome(s)</b> (start date will vary for students)</p> <p><b>X. Evaluation Results and Sustainability Plans</b></p>	<p>Required practice podium presentation sessions for refinement of professional public speaking skills &amp; responding/fielding questions pertaining to all components of project</p>	<p>Complete &amp; submit closing statement narrative. Complete mastery based on DNP exemplars.</p> <p>Revise and finalize manuscript working closely with faculty advisor</p>

<p><b>XI. Conclusions Including Cost Benefit Analysis</b></p> <p><b>XII. Implications for Clinical Practice</b></p> <p><b>XIII. References</b></p> <p><b>XIV. Appendices</b> Includes *Executive Summary, Evaluation instruments, Tables of data, Support letters and IRB letters</p> <p>*Executive Summary includes Background &amp; Evidence for Problem, PICO Question, Evidence-Based Intervention &amp; Benchmark, Project Process, Results, Conclusions, Implications for Nursing Practice, References, &amp; Cost Benefit Analysis Table</p>	<p>Participate in on-going discussion throughout semester about EBP and project</p> <p>Share thoughts/reflections regarding growth in APN role &amp; future plans</p> <p>Complete exemplars for seminar faculty, faculty advisor, and clinical mentor review</p> <p>Final Evaluations by 12<sup>th</sup> week of the semester</p>	<p>Conduct dissemination-Poster/Podium presentation completed</p> <p>Conduct dissemination-Present findings and executive summary to project stakeholders</p> <p>Coordinate on-site final evaluation at clinical agency</p> <p><b>ALL requirements necessary for completion of DNP Program to be completed and/or submitted by the 12<sup>th</sup> week of the semester</b></p>
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