**TUSCULUM COLLEGE**

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**Nursing Program**

**Graduate Student Forms Appendices**

**2016-2017**

These forms are intended to accompany the Graduate Nursing Student Handbook (Handbook) to provide guidance and direction for students accepted or enrolled in the School of Nursing at Tusculum College. The material herein is subject to change and the contents herein are not intended and should not be construed to form a contract. These forms are supplementary to the guidance provided in the Graduate Nursing Student Handbook which augments, but does not replace the Tusculum College Student Handbook.

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**Tusculum College School of Nursing**

**Graduate Nursing PROGRAM**

# APPEAL REQUEST FORM

**Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Telephone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ TC ID # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**1. Appeal request for: Fall \_\_\_\_\_ Spring \_\_\_\_\_Summer \_\_\_\_\_Year\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. Course Number of appeal request: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**3. Reason you are requesting an appeal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. Supporting evidence for the appeal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**6. Additional comments: (Limit to the space provided below.)**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**7. Signature of Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**PLEASE RETURN THIS REQUEST TO:**

**Tusculum College School of Nursing**

**PO Box 5035**

**Greeneville, TN 37743**

**FOR Tusculum College Use Only:**

**Committee decision: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Notification sent to student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Committee Chair’s Signature/Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Chair’s Signature/Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Tusculum College School of Nursing**

**Graduate Nursing Program**

# MEDICAL RECORDS RELEASE CONSENT FORM

Tusculum College Graduate Nursing Program is required to keep certain medical records on students with potential occupational exposure to human blood. The medical records include hepatitis B vaccination status and medical records after an exposure to human blood. This release form when signed by the Tusculum College Graduate Nursing student authorizes the health care provider to give Tusculum College medical records as required by the OSHA Blood borne Pathogen Standard CFR 1910.1030.

Patient Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

List other names patient has been known as: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Medical Services: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The patient authorizes the health care provider \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to release medical information to Tusculum College School of Nursing regarding hepatitis B vaccinations and/or records relating to the treatment of the patient after an occupational exposure to human blood.

Patient Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

or

Authorized Representative \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

Witness \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_

This consent expires on the following date \_\_\_\_\_\_\_\_\_\_ or no later than two years from the date of signature. This release can be revoked at any time. To revoke this release a written statement must be signed, dated, and received by the health care provider.

Records may be sent to:

**Attention:**

**Dr. Linda H. Garrett**

**Tusculum College School of Nursing**

**PO Box 5035**

**Greeneville, TN 37743**

**Tusculum College School of Nursing**

**Graduate Nursing Program**

# GAP ANALYSIS FORM

Students admitted into the Post Master’s Certificate (PMC) track in the Master of Science in Nursing (MSN) program must be a nationally certified advanced practice nurse who is seeking credit for previous course work towards completion of a PMC in a different advanced practice nursing specialty. Certified advanced practice nurses seeking PMC student status must fill out a Gap Analysis Form. The Gap Analysis includes required courses in the student’s concentration with a list of completed courses from an official MSN transcript from the previous institution. The courses the student wishes to waive must be described and listed in the Gap Analysis. A syllabus for each course previously taken and submitted for waiver must be presented with the Gap Analysis Form. Analysis of completed coursework and clinical experiences are compared with the program requirements and national nurse practitioner competencies necessary for certification in the concentration for which the student is applying. The PMC student must successfully attain graduate didactic objectives and clinical competencies of the MSN program. The Gap Analysis must be presented and approved before the student begins the MSN program. The Gap Analysis is reviewed and approved by the Chair of Graduate Programs.

**Name of PMC Candidate \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Previously Completed APN Certification\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**School \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Year \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**New Certification Specialty Sought\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Instructions:** The PMC student candidate who is nationally certified as an advanced practice nurse is seeking credit or waivers of coursework towards completion of a Post-Master’s Certificate in another advanced practice nursing specialty.

**Column 1:** List of Required Courses for standard program of study for preparation in the student’s chosen concentration.

**Column 2:** List of Courses from the student’s transcript that satisfy Required Course listed in Column 1. Course lists from the student’s transcript that will be used to waive courses from Column 1.

**Column 3:** Identified type and clinical hours and experiences needed to meet the required clinical competencies for the student’s chosen concentration. The student must meet the clinical course requirements of the program of study using both clinical course previously taken and indicated on the transcript and courses to be completed.

**Column 4:** List all coursework to be completed for the certificate (all courses from Column 1 not waived). This column, in combination with Column 3, will constitute the student’s individualized program of study.

**Use the back of the page if necessary**

|  |  |  |  |
| --- | --- | --- | --- |
| **List Required Courses** **for the Student’s New Concentration Area** | **List Courses from the Transcript That Satisfy Required Courses Listed in Column 1** | **Type and Number of Clinical Experiences Needed by Student** | **Coursework to be Completed by the Student for the Certificate** |
|  |  |  |  |

**Tusculum College school of Nursing**

**Graduate Nursing PROGRAM**

# REMOVAL OF AN INCOMPLETE

**PLEASE TYPE OR PRINT LEGIBLY THE INFORMATION REQUESTED BELOW.**

**Student’s Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**STUDENT ID #** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MSN Concentration** □ FNP

**MSN Campus** □ Greeneville □ Knoxville □ Morristown

**Course to which incomplete was assigned**:

Course Number: \_\_\_\_\_\_\_\_\_\_ Course Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Faculty Who Taught Course** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Filing Instruction:** The original copy goes to the Chair of Graduate Program; faculty keeps one photo copy; student keeps one copy; the Clinical Director keeps one copy.

Assignments to complete course:

 Item Due Date

 Exams: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Quizzes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Papers: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Clinical Hours

 Sites: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that if the above assignments are not completed by the agreed upon dates**\*** then my grade of Incomplete will convert to an “F”.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Student Signature |  | Date |
|  |  |  |
| Faculty Signature |  | Date |

\* At the discretion of the instructor, Chair of Graduate Nursing, and the Assistant Dean. Revision of these dates might make the student ineligible to enroll in any sequential nursing class for which this course is a pre-requisite.

**Tusculum College School of Nursing**

**Graduate Nursing PROGRAM**

# POST OCCURRENCE/EXPOSURE REPORT FORM

**(Complete and forward to the Chair of Graduate Nursing within 24 hours)**

Date of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Report \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student ID # \_\_\_\_\_\_\_\_\_\_\_

MSN Concentration □ FNP

MSN Campus □ Greeneville □ Knoxville □ Morristown

Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Occurrence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Time of Occurrence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Facility \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location of Occurrence \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of last tetanus \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hepatitis B Vaccination Record \_\_\_\_\_\_\_\_\_\_\_

Type of Occurrence: (please check or complete)

 Possible Injury \_\_\_\_\_\_ No injury \_\_\_\_\_ Property Damage \_\_\_\_\_ Complaint \_\_\_\_\_\_

 Confidentiality Breach \_\_\_\_\_\_\_ Missing Article \_\_\_\_\_\_ Medication Error \_\_\_\_\_\_\_

 Potential Hazard \_\_\_\_\_\_Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Exposure to blood born communicable diseases \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Description of occurrence or exposure: (Use separate page if necessary and include the following information if applicable: Part of body affected, possible causes, both immediate and long term measures to prevent re-occurrence, witness(es) name and phone number).

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student responsibilities:

1. Notified supervising faculty: Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_

 Name of supervising faculty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Completed incident report as required by facility: Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_

3. Reported for testing/treatment: Date: \_\_\_\_\_\_\_ Time: \_\_\_\_\_\_

 Physician on site \_\_\_\_\_\_\_\_\_\_\_\_ Facility ER \_\_\_\_\_\_\_\_\_\_ Student’s PCP \_\_\_\_\_\_\_\_\_\_\_

4. Name/Signature of attending physician/health care provider:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Print Name) (Signature)

5. Student refused examination and/or treatment Yes \_\_\_\_\_ No \_\_\_\_\_\_

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

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Chair of Graduate Nursing Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tusculum College School of Nursing**

**Graduate Nursing PROGRAM**

# NURS SPECIAL TOPICS FORM

Students will use this form for courses in order to complete the requirements for the MSN program.

* All items must be completed by the individuals listed: proposed student, proposed instructor, Concentration Director, and Chair of Graduate Nursing.
* The proposed student must not begin work on a Special Topic course until all approvals are obtained.
* A learning contract must be attached to this form by the proposed instructor.

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Student I.D.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MSN Concentration: \_\_\_\_\_\_\_\_\_
MSN Campus: Greeneville: \_\_\_ Knoxville: \_\_\_ Morristown: \_\_\_
Proposed Course Credit Hours: \_\_\_

Semester for initiation and completion of the course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for the proposed Special Topic course: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

With the student’s signature below, he/she agrees to comply with the requirements and details appearing in the attached learning contract and any conditions or stipulations which may be added by appropriate personnel prior to affixing their signatures of approval.

Confirmation by Proposed Instructor:

\_\_\_1. Attached is the learning contract, adapted as necessary to the Special Topic course.

\_\_\_2. The proposed Instructor agrees to meet with the student regularly for appropriate periods
(approximately 15 minutes for each semester credit hour) to treat the course matter/specific schedule subject to mutual agreement of the instructor and student.

ADDITIONAL CONDITIONS OR STIPULATIONS (IF ANY) Please indicate on back of form.

SIGNATURES INDICATING APPROVAL

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

Proposed Instructor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Concentration Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Graduate Program Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Student’s mailing address for notification of action regarding this request.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date submitted to Proposed Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date submitted to Chair of Graduate Nursing: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date placed in Student’s File: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tusculum College School of Nursing**

**Graduate Nursing PROGRAM**

# IMMUNIZATION INFORMATION/REQUIREMENTS AND CURRENT CDC GUIDELINES

Certain immunizations must be completed prior to beginning the clinical portion of nursing education because of the direct contact students will have with patients. The exception is a documented contraindication or precaution to the vaccine, the student will need a written statement from the health care provider listing the immunization and the reason for exclusion of the immunization. The student may be unable to attend clinical if any immunizations are not current or proof of immunizations are not provided. The appropriate information must be provided and maintained during the entire nursing program by the students’ primary care provider (physician, nurse practitioner, or physician’s assistant). The following information/ guidelines may be changed to reflect the Centers for Disease Control and Prevention (CDC) most current guidelines. These guidelines are found on [www.cdc.gov](http://www.cdc.gov) .

**Documentation of the following is to be attached to the completed Medical Profile form. All are required unless documentation is provided that the student is unable to comply.**

**Rubella, Rubeola, and Mumps Immunity** Adults born before 1957 generally are considered immune to measles and mumps. **For unvaccinated health-care personnel born before 1957 who lack laboratory evidence of measles, mumps, and/or rubella immunity or laboratory confirmation of disease, health-care facilities should consider routinely vaccinating personnel with 2 doses of MMR vaccine at the appropriate interval for measles and mumps or 1 dose of MMR vaccine for rubella**. **If born in or after 1957, provide proof of immunity by one of the following:**

1. Documentation of two measles, mumps, and rubella (MMR) vaccines
2. Documentation of positive rubella, rubeola, and mumps titers (All 3 titers required)

**If born before 1957, provide proof of one of the following:**

1. Documentation of two measles, mumps, and rubella (MMR) vaccine if there is no laboratory evidence of immunity (all 3 titers are required)
2. Documentation of positive rubella, rubeola, and mumps titers (All 3 titers required)

**Varicella (chicken pox) Immunity - provide proof of one of the following:**

Evidence of immunity to varicella in adults includes one of the following:

* Documentation of 2 doses of varicella vaccine at least 4 weeks apart;
* Laboratory evidence of immunity or laboratory confirmation of disease.

**Tuberculosis** – All students must have a current (within the last 12 months) negative PPD Tuberculin skin test documented **prior to beginning** any nursing coursework and **annually**, **thereafter**. The two-step process TB skin test (takes 1-3 weeks to complete) is recommended if the student has never had a TB skin test. The TB skin test must be read and documented by medical personnel. Each student is responsible for providing documentation of annual TB screenings to the appropriate faculty at his/her campus.

If a student has a positive reaction to the TB skin test, they will be required to provide documentation from the health care provider that appropriate testing and treatment (if indicated), according to the most current guidelines established by the Centers for Disease Control, has been received and the student is considered noncontagious. The student will be required to provide documentation from the healthcare provider stating the student is cleared to provide direct patient care.

**Hepatitis B** – Immunization against Hepatitis B is required for student protection. The student will be at increased risk because of direct contact with patients. The vaccine is administered in a series of three injections at intervals. Students must provide documentation of having started the series of injections before entry into the first NURS course. Once the series is completed, the student must submit documentation of completion of the series.

A titer is recommended to be performed 1-2 months after administration of the last dose of the vaccine series. If the titer is negative, the student should be revaccinated with a 3-dose series, followed by anti-HBs testing 1-2 months after the 3rd dose. Persons who do not respond to revaccination should be tested for HBsAg. If HBsAg positive, the person should receive appropriate management according to CDC guidelines. If HBsAg is negative, the person should be considered susceptible to HBV infection; counseled regarding susceptibility, the use of personal protective equipment, precautions to prevent HBV infection, and need for HBIG PEP for any known exposure.

**Tetanus** – Recommendations include a tetanus booster every 10 years. If a previous Tdap booster has not been administered, then a one-time Tdap booster is recommended; thereafter a Td can be administered every 10 years if not needed sooner related to injury. Evidence of tetanus is required.

1. Administer a one-time dose of Tdap to adults younger than age 65 years who have not received Tdap previously or for whom vaccine status is unknown to replace one of the 10-year Td boosters.
2. Tdap can be administered regardless of interval since the most recent tetanus or diphtheria-containing vaccine.
3. Adults with unknown or incomplete history of completing a 3-dose primary vaccination series with Td-containing vaccines should begin or complete a primary vaccination series. Tdap should be substituted for a single dose of Td in the vaccination series with Tdap preferred as the first dose.
4. For unvaccinated adults, administer the first 2 doses at least 4 weeks apart and the third dose 6–12 months after the second.
5. If incompletely vaccinated (i.e., less than 3 doses), administer remaining doses.

**Influenza (flu)** – Transmission of influenza among healthcare workers can lead to infection of patients. Flu shots are required on an annual basis unless a documented contraindication is provided.

I have read the above guidelines regarding immunizations and agree to comply with current guidelines.

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

Faculty Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Tusculum College School of Nursing**

**Graduate Nursing PROGRAM**

# STUDENT MEDICAL PROFILE

COMPLETED MEDICAL PROFILES AND ALL ASSOCIATED RECORDS FOR ALL STUDENTS ENTERING NURSING ARE DUE WHEN THE STUDENT ATTENDS THE NURSING ORIENTATION FOR THEIR SITE.

**Medical profile record completed no more than 60 days prior to enrollment**

**Please note that this is a multi-page (6 page) form and all pages need to be completely filled out.**

**Please keep a photocopy of all completed forms and documentation for your records.**

Name of Student Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

MSN Concentration  FNP

MSN Campus  Greeneville  Knoxville  Morristown

Street Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Gender M\_\_\_\_\_\_ F\_\_\_\_\_\_\_

Social Security # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Marital Status □ Married □ Single □ Divorced

Primary Care Provider Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Credentials \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Office Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Applicant\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State \_\_\_\_\_\_\_\_\_ Zip Code\_\_\_\_\_\_\_\_\_\_\_\_\_

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## PART I –STUDENT QUESTIONAIRRE (To be completed by applicant)

**All items require a “yes” or “no” response**. **Incomplete forms will be returned and the student will relinquish his/her position in the nursing program.** **Check to the right of each item. If “yes”, explain as appropriate using the back of the page, if necessary.**

|  |  |  |
| --- | --- | --- |
|  | **Yes** | **No** |
| **PAST ILLNESSES:** |  |  |
| Hospitalization(s) (date, reason) |  |  |
| 1. Operation(s) (date, type)
 |  |  |
| 3. Serious accident  |  |  |
| 4. Serious illness |  |  |
| 5. Emotional problems |  |  |
| 6. Psychiatric treatment |  |  |
| 1. Other significant health problem (specify)
 |  |  |
| **COMMUNICABLE DISEASES:**(give dates) | **Yes** | **No** |
| 8. Chicken pox (varicella) |  |  |
| 9. Malaria  |  |  |
| 10. Tuberculosis |  |  |
| 11. Poliomyelitis |  |  |
| 12. Diphtheria |  |  |
| 13. Scarlet fever |  |  |
| 14. Mononucleosis |  |  |
| 15. Mumps |  |  |
| 16. Measles (rubeola)  |  |  |
| 17. Rubella |  |  |
| 18. HIV infection |  |  |
| 19. Other (specify) |  |  |
| **ALLERGIES:** | **Yes** | **No** |
| 20. Penicillin |  |  |
| 21. Other antibiotics (give names) |  |  |
| 1. Other medications (give names)
 |  |  |
| 23. Latex |  |  |
| 24. Life threatening reaction to bee stings, food, etc. |  |  |
| 25. Do you carry epinephrine pen? |  |  |
| **DO YOU CURRENTLY TAKE:** | **Yes** | **No** |
| 26. Heart/blood pressure medications |  |  |
| 27. Tranquilizers |  |  |
| 28. Insulin  |  |  |
| 29. Antidepressants (give name) |  |  |
| 30. Allergy injections |  |  |
| 31. Other (specify) |  |  |
| **HAVE YOU EVER HAD:** | **Yes** | **No** |
| 32. Migraines (diagnosed by MD) |  |  |
| 33. Seizure disorder |  |  |
| 34. Paralysis or disability  |  |  |
| 35. Thyroid problems |  |  |
| 36. High blood pressure |  |  |
| 37. Rheumatic fever |  |  |
| 38. Heart murmur (diagnosed by MD)  |  |  |
|  39. Mitral valve prolapse |  |  |
|  40. Asthma |  |  |
|  41. Stomach or duodenal ulcer |  |  |
|  42. Colitis/ileitis  |  |  |
|  43. Irritable bowel |  |  |
|  44. Arthritis or joint disease |  |  |
|  45. Hepatitis |  |  |
|  46. Kidney disease/bladder problems |  |  |
|  47. High cholesterol |  |  |
|  48. Back problems  |  |  |
|  49. Eating disorder (type) |  |  |
|  50. Diabetes |  |  |
|  51. Skin problems  |  |  |
|  52. Tumors (malignant or nonmalignant) |  |  |
|  53. Anemia |  |  |
|  54. Hernia |  |  |
|  55. Ear infections |  |  |
| **CURRENT HEALTH PROBLEMS:** | **Yes** | **No** |
| 56. Are you currently in psychiatric  Counseling? |  |  |
| 57. Do you have a chronic disease?  (specify) |  |  |
| 58. Physical disability (type) |  |  |
| 59. Learning disability |  |  |
| 60. Visual impairment (describe) |  |  |
| 61. Hearing loss |  |  |
| 62. Hearing aid |  |  |
| 63. Crutches, brace or prosthesis? |  |  |
| 64. Loss of a paired organ (e.g., eye, lung, kidney) Which organ? Which side?  |  |  |
| 65. Are you currently under treatment for **any** medical problem? If so, describe on back. |  |  |
| 1. Medications you are taking that you expect to continue taking while in nursing school, including over-the-counter medications. List below.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |

**Student’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ MSN Concentration: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MSN Campus: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

## PART II – PHYSICAL EXAMINATION

**(To be completed by Provider)**

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Height \_\_\_\_\_\_\_\_\_\_ Weight \_\_\_\_\_\_\_\_\_\_ BP \_\_\_\_\_\_\_\_\_\_ Pulse \_\_\_\_\_\_\_\_\_

Visual Acuity (R) \_\_\_\_\_\_\_\_ (L) \_\_\_\_\_\_\_\_ Corrected Yes \_\_\_\_ No \_\_\_\_

|  |  |  |
| --- | --- | --- |
|  | **Normal Findings** | **Explanation of Abnormal Findings** |
|  | **Yes** | **No** |  |
|  1. Integumentary |  |  |  |
|  2. ENT |  |  |  |
|  3. Eyes/Pupils |  |  |  |
|  4. Oral Mucosa and Teeth  |  |  |  |
|  5. Neck, thyroid |  |  |  |
| 1. Anterior and Posterior Thorax
 |  |  |  |
|  7. Lung Sounds |  |  |  |
|  8. Heart Sounds |  |  |  |
|  9. GI/Renal |  |  |  |
| 10. Genitalia |  |  |  |
| 11. Pelvic (if indicated) |  |  |  |
| 12. Lymphatic |  |  |  |
| 13. Extremities, Back & Spine |  |  |  |
| 14. Neurological & Cranial Nerves |  |  |  |
| 15. Psychological |  |  |  |

## REQUIRED AND RECOMMENDED IMMUNIZATIONS AND TESTS:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Yes** | **No** | **Date(s)** | **Result** |
| **REQUIRED:** |  |  |  |  |
| **If born in or after 1957:** |  |  |  |  |
| MMR #1  |  |  |  |  |
| MMR #2 |  |  |  |  |
|  **OR** |  |  |  |  |
| MD documentation of having: |  |  |  |  |
| Rubella |  |  |  |  |
| Rubeola |  |  |  |  |
| Mumps |  |  |  |  |
|  **OR** |  |  |  |  |
| Rubella titer |  |  |  |  |
| Rubeola titer |  |  |  |  |
| Mumps titer |  |  |  |  |
|  |  |  |  |  |
| **If born before 1957:** |  |  |  |  |
| MMR #1 |  |  |  |  |
|  **OR** |  |  |  |  |
| Rubella titer |  |  |  |  |
| Rubeola titer |  |  |  |  |
| Mumps titer |  |  |  |  |
|  |  |  |  |  |
| Positive history of chicken pox |  |  |  |  |
|  **OR** |  |  |  |  |
| Varicella vaccine |  |  |  |  |
|  **OR** |  |  |  |  |
| Varicella titer |  |  |  |  |
|  |  |  |  |  |
| PPD Tuberculin skin test |  |  |  |  |
|  **OR** |  |  |  |  |
| Chest x-ray  |  |  |  |  |
|  |  |  |  |  |
| Hepatitis B #1 \* |  |  |  |  |
| Hepatitis B #2 \* |  |  |  |  |
| Hepatitis B #3 \* |  |  |  |  |
| \***OR** signed declination form |  |  |  |  |
|  |  |  |  |  |
| Tdap |  |  |  |  |
| Influenza (Flu shot annually) |  |  |  |  |

## HEALTHCARE PROVIDER’S RECOMMENDATIONS FOR ENTRY INTO NURSING

 (Use back of sheet as necessary)

1. Do you consider this person to be **mentally/emotionally competent** to enter nursing?

 a. □ Yes □ No If no, please attach explanation(s).

b. If the applicant is on any mood altering drugs, please attach a letter listing all medications
 and verify applicant is competent to give patient care.

2. Do you consider this person to be **physically competent** to enter nursing?

a. □ Yes □ No If no, please attach explanation(s).

 b. Are there any restrictions for this applicant in performing patient care? If yes, please list
 restrictions and attach explanation(s).

3. Are you the applicant’s primary care provider? □ Yes □ No

4. How long have you known the applicant? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

5. Based on your knowledge of the applicant and the physical exam, what is the present status of health? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Attach verification of immunization record to this form.**

□ Immunization record: PPD, Flu, MMR, Hep B, Tdap, Varicella, ect.

**I certify that I have reviewed the history, verified vaccinations and tests, and performed a physical examination on the above named individual.**

Health Care Provider’s Name and credentials **(printed**) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Health Care Provider’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

**Tusculum College School of Nursing**

**Graduate Nursing PROGRAM**

# CONFIDENTIALITY AGREEMENT

As a student in the Tusculum College graduate Nursing Program, I agree that I will:

1. Abide by all Health Insurance Portability and Accountability Act (HIPAA) and HIPAA High-Tech regulations,
2. Access and use confidential information from patients, employees and physicians only as necessary to fulfill my obligations as a student,
3. Not discuss patient information with or in the presence of those who are not directly involved in patient care,
4. Not leave confidential information (written or electronic) in view of those not permitted to see them,
5. Removing parts of the medical record from the facility,
6. Forward requests for patient information from persons not directly involved in the patient’s care to the appropriate or other nursing supervisor,
7. Maintain the security of my Tusculum College and Agency identification badges,
8. Maintain the security of my computer password,
9. Inform my faculty member immediately, if the security of my badge or password has been breached, and
10. Return any and all forms of secure identification when my enrollment in the Nursing Program ends.

Print Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Tusculum College School of Nursing**

**Graduate Nursing PROGRAM**

# **SIMULATION LAB AND STANDARDIZED PATIENT CONFIDENTIALITY AGREEMENT**

As a student of the Simulation Lab or working with standardized patients, I understand the significance of confidentiality with respect to information concerning simulated/standardized patients and fellow students. I will uphold the requirements of the Health Insurance Portability and Accountability Act (HIPPA) and any other federal or state laws regarding confidentiality. I agree to report any violations of confidentiality that I become aware of to my facilitator or instructor.

**I agree to adhere to the following guidelines:**

1. All patient information is confidential and any inappropriate viewing, discussion, or disclosure of this information is a violation of nursing program policy.

2. The simulation lab information is privileged and confidential regardless of format: electronic, written, overheard or observed.

3. I may view, use, disclose, or copy information only as it relates to the performance of my educational duties. Any inappropriate viewing, discussion, or disclosure of information is a violation of nursing program policy.

4. The simulation lab is a learning environment. All scenarios, regardless of their outcome, should be treated in a professional manner. The student running the scenario should have everyone’s respect and attention. Situations simulated in the lab are to be viewed as a learning opportunity and are not to be used for humiliation of fellow students.

5. The simulators are to be used with respect and be treated as if they were live patients.

6. Betadine, ink pens, food, drinks or other indicated substances are not to be taken near the manikins, since these substances will cause damage to the simulators.

My signature below indicates that I understand and will comply with the above information.

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Instructor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# FAMILY NURSE PRACTITIONER INFORMATION AND SPECIALTY FORMS

**Tusculum College School of Nursing**

**Master of Science in Nursing**

## FAMILY NURSE PRACTITIONER (FNP) CONCENTRATION

Tusculum College’s Master of Science in Nursing (MSN) degree program, Family Nurse Practitioner (FNP) concentration, prepares nurses in the advanced practice role as primary health care providers. The FNP concentration gives nurses the skills confidence, and autonomy needed to become a culturally competent FNP in the clinical management of acute and chronic conditions across the lifespan. The program varies in credit hours according to the FNP track pursued. The tracks offered in the FNP concentration are BSN to MSN, Post Master’s Certificate (PMC) and the Associate (RN) to MSN tracks. Graduate course work includes 660 clinical hours regardless of the enrolled track. The courses are arranged in order that clinical and didactic courses are taken concurrently. Clinical courses have a 1:4 credit hour to clinical hour ratio.

**FNP Curriculum Plan**

Students may request full-time, part-time, Post Master’s Certificate (PMC), or RN to MSN FNP tracks. The BSN to MSN full-time, part-time and the PMC first semester plans will begin in fall. The RN to MSN track first semester plan will begin in spring.

**Full-Time Curriculum Plan**

The full time curriculum plan is an accelerated plan and is provided below. Students who begin the full-time plan and find it is too intense may drop back to part-time with permission from the Chair of Graduate Nursing.

**FNP Course Load**

The minimum load for full-time status as a graduate student is nine (9) credit hours during fall, spring, and summer semesters. Students who wish to take over 12 graduate credits must petition the Assistant Dean to receive approval for any proposed overloads.

**Graduation Requirements**

The following requirements must be met for earning the degree:

1. Completion of the 45-77 credit hours specified in the approved Program of Study
2. Take a certification review course in the last semester prior to graduation. The FNP student is responsible for associated costs/fees for the review course
3. Completion of a minimum of 660 clinical hours
4. A minimum cumulative Grade Point Average (GPA) of 3.0 (B)
5. Meet all college requirements

**Tusculum College School of Nursing**

**Master of Science in Nursing**

## FNP CURRICULUM PLAN

**Full Time Curriculum Plan Accelerated Program 4 Semesters BSN to MSN**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fall 1** | **Course Number** | **Course Title** | **Credits** | **Clinical Hours/Clock Hrs** |
|  | **NURS 520** | Health Assessment and Diagnostic Reasoning | 2 |  |
|  | **NURS 521** | Health Assessment and Diagnostic Reasoning Lab | 1 |  |
|  | **NURS 530** | Pathophysiology for Advanced Practice Nursing | 3 |  |
|  | **NURS 501** | Theoretical Foundations and Research Design | 4 |  |
|  | **NURS 502** | Health Care Systems and Informatics (online) | 2 |  |
| **Total** |  |  | **12** |  |
| **Spring 1** |  |  |  |  |
|  | **NURS 503** | Leadership and Contemporary Roles In Advanced Practice | 3 |  |
|  | **NURS 540** | Pharmacotherapeutics for Advanced Practice | 4 |  |
|  | **NURS 551** | Differential Diagnosis and Primary Care of Young and Middle Adult | 3 |  |
|  | **NURS 552** | Differential Diagnosis and Primary Care of Young and Middle Adult Practicum | 2 | 120 |
| **Total** |  |  | **12** |  |
| **Summer 1** |  |  |  |  |
|  | **NURS 504** | Bioethical Issues and Health Care Policy | 3 |  |
|  | **NURS 561** | Differential Diagnosis and Primary Care of Pediatric Population | 2 |  |
|  | **NURS 562** | Differential Diagnosis and Primary Care of Pediatric Population Practicum | 2 | 120 |
|  | **NURS 571** | Differential Diagnosis and Primary Care of Women | 2 |  |
|  | **NURS 572** | Differential Diagnosis Primary Care of Women Practicum | 2 | 120 |
| **Total** |  |  | **11** |  |
| **Fall 2** |  |  |  |  |
|  | **NURS 581** | Differential Diagnosis and Primary Care of Older Adults | 2 |  |
|  | **NURS 582** | Differential Diagnosis and Primary Care of Older Adults Practicum | 2 | 120 |
|  | **NURS 505** | Scholarly Synthesis | 3 |  |
|  | **NURS 592** | Integrative Practicum in Family Practice | 3 | 180 |
| **Total** |  |  | **10** |  |
|  |  |  |  |  |
| **Total** |  |  | **45** | **660** |

\*Clinical courses have a 1: 4 credit hour to clinical hour ratio.
\*\* Didactic and Clinical Courses must be taken concurrently.

**Tusculum College School of Nursing**

**Master of Science in Nursing**

## FNP CURRICULUM PLAN - PART TIME CURRICULUM PLAN - 7 SEMESTERS

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fall 1** | **Course Number** | **Course Title** | **Credits** | **Clinical Hours** |
|  | **NURS 501** | Theoretical Foundations and Research Design | 4 |  |
|  | **NURS 530** | Pathophysiology for Advanced Practice Nursing | 3 |  |
| **Total** |  |  | **7** |  |
| **Spring 1** |  |  |  |  |
|  | **NURS 503** | Leadership and Contemporary Roles In Advanced Practice | 3 |  |
|  | **NURS 540** | Pharmacotherapeutics for Advanced Practice | 4 |  |
| **Total** |  |  | **7** |  |
| **Summer 1** |  |  |  |  |
|  | **NURS 504** | Bioethical Issues and Health Care Policy | 3 |  |
|  |  |  | **3** |  |
| **Fall 2** |  |  |  |  |
|  | **NURS 502** | Health Care Systems and Informatics (online) | 2 |  |
|  | **NURS 520** | Health Assessment and Diagnostic Reasoning | 2 |  |
|  | **NURS 521** | Health Assessment and Diagnostic Reasoning Lab | 1 |  |
| **Total** |  |  | **6** |  |
| **Spring 2** |  |  |  |  |
|  | **NURS 505** | Scholarly Synthesis | 3 |  |
|  | **NURS 551** | Differential Diagnosis and Primary Care of Young and Middle Adult | 3 |  |
|  | **NURS 552** | Differential Diagnosis and Primary Care of Young and Middle Adult Practicum | 2 | 120 |
| **Total** |  |  | **8** |  |
| **Summer 2** |  |  |  |  |
|  | **NURS 561** | Differential Diagnosis and Primary Care of Pediatric Population | 2 |  |
|  | **NURS 562** | Differential Diagnosis and Primary Care of Pediatric Population Practicum | 2 | 120 |
|  | **NURS 571** | Differential Diagnosis and Primary Care of Women | 2 |  |
|  | **NURS 572** | Differential Diagnosis Primary Care of Women Practicum | 2 | 120 |
| **Total** |  |  | **8** |  |
| **Fall 3** |  |  |  |  |
|  | **NURS 581** | Differential Diagnosis and Primary Care of Older Adults | 2 |  |
|  | **NURS 582** | Differential Diagnosis and Primary Care of Older Adults Practicum | 2 | 120 |
|  | **NURS 592** | Integrative Practicum in Family Practice | 3 | 180 |
|  |  |  | **7** |  |
| **Total** |  |  | **45** | **660** |

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## FNP CURRICULUM PLAN - POST MASTER’S CERTIFICATE, FAMILY NURSE PRACTITIONER

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Fall 1** | **Course Number** | **Course Title** | **Credits** | **Clinical Hours/ Clock Hrs** |
|  | **NURS 530** | Pathophysiology for Advanced Practice Nursing | 3 |  |
|  | **NURS 520** | Health Assessment and Diagnostic Reasoning | 2 |  |
|  | **NURS 521** | Health Assessment and Diagnostic Reasoning | 1 |  |
|  | **NURS 501** | Theoretical Foundations and Research Design | 4 |  |
|  | **NURS 502** | Health Care Systems and Informatics (online) | 2 |  |
| **TOTAL** |  |  | **12** |  |
| **Spring 1** |  |  |  |  |
|  | **NURS 503** | Leadership and Contemporary Roles In Advanced Practice | 3 |  |
|  | **NURS 540** | Pharmacotherapeutics for Advanced Practice | 4 |  |
|  | **NURS 551** | Differential Diagnosis and Primary Care of Young and Middle Adult | 3 |  |
|  | **NURS 552** | Differential Diagnosis and Primary Care of Young and Middle Adult Practicum | 2 | 120 |
| **TOTAL** |  |  | **12** |  |
| **Summer** |  |  |  |  |
|  | **NURS 504** | Bioethical Issues and Health Care Policy | 3 |  |
|  | **NURS 561** | Differential Diagnosis and Primary Care of Pediatric Population | 2 |  |
|  | **NURS 562** | Differential Diagnosis and Primary Care of Pediatric Population Practicum | 2 | 120 |
|  | **NURS 571** | Differential Diagnosis and Primary Care of Women | 2 |  |
|  | **NURS 572** | Differential Diagnosis and Primary Care of Women Practicum | 2 | 120 |
| **TOTAL** |  |  | **11** |  |
|  |
| **Fall 2** |  |  |  |  |
|  | **NURS 581** | Differential Diagnosis and Primary Care of Older Adults | 2 |  |
|  | **NURS 582** | Differential Diagnosis and Primary Care of Older Adults Practicum | 2 | 120 |
|  | **NURS 505** | Scholarly Synthesis | 3 |  |
|  | **NURS 592** | Integrative Practicum in Family Practice | 3 | 180 |
| **TOTAL** |  |  | **10** |  |
|  |  |  |  |  |
| **TOTALS** |  |  | **45** | **660** |

\*Clinical courses have a 1: 4 credit hour to clinical hour ratio.

\*\* Didactic and Clinical Courses must be taken concurrently.

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## FNP CURRICULUM PLAN - ASSOCIATE DEGREE RN TO MSN FULL TIME CURRICULUM PLAN

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **SPRING 1** | **Course Number** | **Course Title** | **Credits** | **Clinical Hours/ Clock Hrs** |
|  | **ENGL 111** | Composition and Rhetoric II | 3 |  |
|  | **NURS 231** | Health Assessment | 3 |  |
|  | **NURS 232** | Health Assessment Clinical 1 | 1 | 45 |
|  | **NURS 331** | Nursing Theory & Research | 4 |  |
|  | **NURS XXX** | Transition to Professional Practice | 2 |  |
|  |  |  |  |  |
| **TOTAL** |  |  | **10** |  |
| **SUMMER 1** |  |  |  |  |
|  | **NURS 421** | Community and Global Health Nursing | 3 |  |
|  | **NURS 422** | Community and Global Health Nursing Clinical | 1 | 45 |
|  | **NURS 441** | Leadership and Management | 3 |  |
|  | **NURS 442** | Leadership and ManagementClinical | 1 | 45 |
| **TOTAL** |  |  | **8** |  |
| **FALL 1** |  |  |  |  |
|  | **NURS 530** | Pathophysiology for Advanced Practice Nursing | 3 |  |
|  | **NURS 520** | Health Assessment and Diagnostic Reasoning | 2 |  |
|  | **NURS 521**  | Health Assessment and Diagnostic Reasoning | 1 |  |
|  | **NURS 501** | Theoretical foundations and Research Design | 4 |  |
|  | **NURS 502** | Health Care systems and Informatics (online) | 2 |  |
| **TOTAL** |  |  | **12** |  |
| **Associate Degree RN to MSN** |
| **SPRING 1** |  |  |  |  |
|  | **NURS 503** | Leadership and Contemporary Roles in Advanced Practice | 3 |  |
|  | **NURS 540** | Pharmacotherapeutics for Advance Practice | 4 |  |
|  | **NURS 551** | Differential Diagnosis and Primary Care of Young and Middle Adults | 3 |  |
|  | **NURS 552** | Differential Diagnosis and Primary Care of Young and Middle Adults Practicum | 2 | 120 |
| **TOTAL** |  |  | **12** |  |
| **SUMMER 1** |  |  |  |  |
|  | **NURS 504** | Bioethical Issues and Health Care Policy | 3 |  |
|  | **NURS 561** | Differential Diagnosis and Primary Care of Pediatric Population | 2 |  |
|  | **NURS 562** | Differential Diagnosis and Primary Care of Pediatric Population Practicum | 2 | 120 |
|  | **NURS 571** | Differential Diagnosis and Primary Care of Women | 2 |  |
|  | **NURS 572** | Differential Diagnosis Primary Care of Women Practicum | 2 | 120 |
| **TOTAL** |  |  | **11** |  |
| **FALL 2** |  |  |  |  |
|  | **NURS 581** | Differential Diagnosis and Primary Care of Older Adults | 2 |  |
|  | **MIRS 582** | Differential Diagnosis and Primary Care of Older Adults Practicum | 2 | 120 |
|  | **NURS 505** | Scholarly Synthesis | 3 |  |
|  | **NURS 592** | Integrative Practicum in Family Practice | 3 | 180 |
| **TOTAL** |  |  | **10** |  |
| **Total Credits** |  |  | **63** | **795** |

\* Clinical courses have a 1: 3 credit hour to clinical hour ratio for the first two semesters of RN to MSN

\*Clinical courses have a 1: 4 credit hour to clinical hour ratio for the last four semesters MSN.

\*\* Didactic and Clinical Courses must be taken concurrently.

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## ADVISEMENT WORKSHEET FOR FULL-TIME MSN FNP STUDENTS

**Campus:** □ **Greeneville □ Knoxville □ Morristown Student ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Student’s Name (Print): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Student’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Course** |  |  | **Semester** | **Initials** |  |
| **Number** | **Course Title** | **Credit** | **/Year** | **Student** | **Advisor** | **Date** |
| NURS 520  | Health Asse4ssment and Diagnostic Reasoning  | **2** |  |  |  |  |
| NURS 521 | Health Asse4ssment and Diagnostic Reasoning  | **1** |  |  |  |  |
| NURS 530 | Pathophysiology for Advanced Practice Nursing | **3** |  |  |  |  |
| NURS 501  | Theoretical Foundations and Research Design | **4** |  |  |  |  |
| NURS 502 | Health Care Systems and Informatics (online) | **2** |  |  |  |  |
| NURS 503 | Leadership and contemporary roles in Advanced Practice | **3** |  |  |  |  |
| NURS 540  | Pharmocotherapeutics for Advanced Practice | **4** |  |  |  |  |
| NURS 551 | Differential Diagnosis and Primary Care of Young and Middle Adults | **3** |  |  |  |  |
| NURS 552 | Differential Diagnosis and Primary Care of Young and Middle Adults Practicum | **2** |  |  |  |  |
| NURS 504 | Bioethical Issues and Health Care Policy | **3** |  |  |  |  |
| NURS 561 | Differential Diagnosis and Primary Care of Pediatric Population | **2** |  |  |  |  |
| NURS 562 | Differential Diagnosis and Primary Care of Pediatric Population Practicum | **2** |  |  |  |  |
| NURS 571 | Differential Diagnosis and Primary Care of Women | **2** |  |  |  |  |
| NURS 572 | Differential Diagnosis Primary Care of Women Practicum | **2** |  |  |  |  |
| NURS 581 | Differential Diagnosis and Primary Care of Older Adults | **2** |  |  |  |  |
| MIRS 582 | Differential Diagnosis and Primary Care of Older Adults Practicum | **2** |  |  |  |  |
| NURS 505 | Scholarly Synthesis | **3** |  |  |  |  |
| NURS 592 | Integrative Practicum in Family Practice | **3** |  |  |  |  |

**Total Credits=45**

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## STUDENT PRECEPTOR AGREEMENT

Faculty Preceptor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact information

Home phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ cell phone \_\_\_\_\_\_\_\_\_\_\_\_ work phone \_\_\_\_\_\_\_\_\_\_\_\_\_

Email address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

RN License(s) State \_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State \_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State \_\_\_\_\_\_ Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Current CPR certification: Provider: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Expires\_\_\_\_\_\_\_\_\_\_\_

I understand that I may be required to provide a copy of my criminal background check to the clinical agency and/or preceptor. \_\_\_\_\_ (*initial)*

I have personal health insurance and I understand that any emergency care that I may require will be at my sole expense and responsibility. \_\_\_\_\_ (*initial)*

The Tusculum School of Nursing maintains a malpractice insurance policy.

 **Students Will:**

* Maintain a professional demeanor at all times.
* Prepare for assignments in advance of the clinical experience.
* Respect time, space, equipment and materials.
* Take responsibility for own learning.
* Work cooperatively with the staff to maintain an environment of quality patient care and
 learning.
* Work under the supervision and guidance of the preceptor.
* Identify self as a student. If a patient or family does not wish to see a student, the student will
 respect the wishes of the patient or family.
* Understand the preceptor retains responsibility for disposition of all patients.
* Will comply with all laws, rules, policies and regulations related to patient privacy and patient
 rights to confidentiality.

Signatures:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name (Printed) Preceptor Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Faculty Signature Date

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## FACULTY CLINICAL SITE EVALUATION

Site/Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Evaluation completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Semester: Spring Summer Fall Year\_\_\_\_\_\_\_\_\_\_\_\_\_

Course: NURS552 NURS 562 NURS 572 NURS 582 NURS 592

Instructions: Please check the most appropriate space after each statement regarding the clinical site. Space is provided at the end of the evaluation if you choose to add written comments.

**Strongly Disagree (SD); Disagree (D); Agree (A); Strongly Agree (SA); Not Applicable (NA)**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| In reference to the clinical site:  | **SD** | **D** | **A** | **SA** | **NA** |
| **1.** |  Adequate space is provided for student to see patients & complete clinical work. |  |  |  |  |  |
| **2.** |

|  |
| --- |
| Adequate time is given to see clients & report to preceptor  |

 |  |  |  |  |  |
| **3.** |

|  |
| --- |
| There are sufficient numbers of clients to meet students’ learning objectives.  |

 |  |  |  |  |  |
| **4.** | The types of clients are varied as to age & type of problem orappropriate for the course learning objectives. |  |  |  |  |  |
| **5.** | The clinical setting offers a variety of learning experiences. |  |  |  |  |  |
| **6.** | Student & preceptor review clients & select those according to the student’s learning needs & personal/course objectives. |  |  |  |  |  |
| **7.** | Student is given the opportunity to follow-up with clients&/or problems of interest. |  |  |  |  |  |
| **8.** | Reports from lab, x-ray & special procedures are accessible to student for review. |  |  |  |  |  |
| **9.** | Lab, x-ray & special procedure reports are shared/reviewed with student. |  |  |  |  |  |
| **10.** | Support staff are appropriately helpful to student. |  |  |  |  |  |
| **11.** | Support staff are accepting of student’s role. |  |  |  |  |  |
| **12.** | The philosophy of the site is to provide:a) health promotion & disease prevention onlyb) disease diagnosis & management onlyc) Both |  |  |  |  |  |
| **13.** | Professional references (i.e. office/clinical library) are available for student’s use. |  |  |  |  |  |
| **14.** | Client education materials are available to supplement patient’s ’s learning (i.e. pamphlets, flyers) |  |  |  |  |  |
| **15.** | Community resources, agencies & other professional disciplines are involved with client care/follow up. |  |  |  |  |  |

Describe characteristics of patient/client population of clinical site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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General Comments:

1) List ways this agency/site provides a good clinical experience for students (i.e. agency/site strengths):

2) List areas in which this agency/site needs improvement in order to provide an optimal student experience:

3) Please list the variety of learning experiences this clinical setting provides (i.e. special procedures, OB, pediatrics concentration, women’s health, family health):

4) Do you recommend this agency/site for other students: YES NO
Why or Why not?

*Adapted from Advanced Practice Nursing: Curriculum guidelines & Program Standards for Nurse Practitioner Education (NONPF, 1995) Revised 10/15.*

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**FAMILY NURSE PRACTITIONER CONCENTRATION**

## PREPARATION FOR THE PRACTICUM

Goal: Preparation and optimization of clinical learning experiences.

Plan:

1. The student will complete a *Student Preceptor Agreement* with 3 copies. Student retains a copy, original to the preceptor and copy to the program clinical director.
2. The student will complete a *Student Clinical Portfolio w*ith three copies. Student retains a copy, one to the preceptor, and one to the Instructor.

1. Each student should complete a *Self-Evaluation Inventory of Clinical Skills* form with three copies. Student retains one copy, one to the preceptor, and one to the Instructor.
2. Each student should read the course objectives & develop a specific set of learning objectives for the practicum experience.
3. Each student will re-write the objectives to incorporate peer and instructor feedback as the course progresses.
4. Each student will discuss with the preceptor practicum logistics and review the proposed learning objectives and add preceptor generated modifications or suggestions.

1. The student will incorporate the preceptor feedback into a final set of objectives. Both the preceptor and the student will sign the refined objectives.
2. The self-evaluation inventory and the preceptor evaluation need to be complete by the last day of the student rotation. The student will make three copies of each document, one retained by the student, one to the preceptor, and one to the Instructor.
3. The student will meet with the preceptor during the last week of classes to review the practicum experience and to evaluate progress on the learning objectives.

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**FAMILY NURSE PRACTITIONER CONCENTRATION**

## STUDENT CLINICAL PORTFOLIO

**1. Clinical Experiences**

Formal clinical experiences:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Other clinical experiences:

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**2. Clinical Interests**

What aspects of primary care do you find most interesting?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What aspects of primary care do you find least interesting?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your career interests?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**3. What are your clinical strengths?**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## STUDENT CLINICAL OBJECTIVES

**Learning Objectives:** Review the course objectives. Then list your most important goals for this clinical experience and specific strategies to meet these goals.

Course: NURS\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |
| --- | --- |
| Objective | Strategies |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

Student Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Student Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Preceptor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ *Preceptor Signature:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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## **STUDENT SELF EVALUATION OF CLINICAL SKILLS**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date\_\_\_\_\_\_\_\_\_\_\_**

|  |  |
| --- | --- |
|  Rating | Criteria |
| 0=not applicable | No opportunity to observe. |
| 1  | Little or no experience; may know important, related content, but has not had opportunity to apply. Needs to observe and/or be closely supervised. Psychomotor skills may be tentative or may need correction. |
| 2  | Some previous experience and some ability to integrate didactic content with experience. Psychomotor skills reveal correct technique, but may be slow or uneven; requires additional experience and supervision.  |
| 3  | Demonstrates growing ability to analyze the clinical situation in the light of previous experience and didactic knowledge. Psychomotor skills are smooth and sure. Able to interpret assessment results/data and plan management of care. Requires minimal supervision for common patient presentations. Meets expectations for level of progression. |
| 4 | Demonstrates ability to analyze the clinical situation in the light of previous experience and didactic knowledge and to consider holistic context. Psychomotor skills are smooth and sure. Demonstrates good clinical judgment. Requires minimal supervision across a wide array of patient presentations. Seeks consultation as required. Meets or exceeds program outcome level of performance. |
| 5 | Exceeds expectations for student clinicians; exhibits consistent ability to synthesize didactic and clinical experiences to perform at a superior level. Demonstrates creative and critical thinking in approach to management of care. Few students achieve this level. |

|  |
| --- |
|  |
|  | Ratings (see instructions)  |
| **1. Interview** |
|  a. Basic interview | **0** | **1** | **2** | **3** | **4** | **5** |
|  b. Cross-cultural communication  | **0** | **1** | **2** | **3** | **4** | **5** |
|  c. Developmental assessment | **0** | **1** | **2** | **3** | **4** | **5** |
|  d. Family assessment | **0** | **1** | **2** | **3** | **4** | **5** |
|  e. Occupational history | **0** | **1** | **2** | **3** | **4** | **5** |
|  f. Risk assessment | **0** | **1** | **2** | **3** | **4** | **5** |
|  g. Sexual history | **0** | **1** | **2** | **3** | **4** | **5** |
|  h. Modifies interview technique to meet different client  circumstance/cultural variation  | **0** | **1** | **2** | **3** | **4** | **5** |
|  |
| **2. Physical Exam**  |
|  a. Performs complete physical examination as historical  information/situation dictates | **0** | **1** | **2** | **3** | **4** | **5** |
|  b. Differentiates normal from abnormal findings/ recognizes  range of normal | **0** | **1** | **2** | **3** | **4** | **5** |
|  c. Judiciously orders/performs lab and other diagnostic tests | **0** | **1** | **2** | **3** | **4** | **5** |
|  |
| **3. Assessment**  |
| a. Differentiates relevant from irrelevant diagnostic cues  | **0** | **1** | **2** | **3** | **4** | **5** |
| b. Formulates a diagnosis fully supported by the patient data  | **0** | **1** | **2** | **3** | **4** | **5** |
| c. Produces accurate, prioritized list of client risk factors and risk taking behaviors | **0** | **1** | **2** | **3** | **4** | **5** |
| d. Develops an accurate, complete and prioritized problem  list  | **0** | **1** | **2** | **3** | **4** | **5** |
|  |
| **4. Plan (for each identified problem)** |
|  a. Plan includes judicious use of further diagnostic studies  | **0** | **1** | **2** | **3** | **4** | **5** |
|  b. Plan includes appropriate non-pharmacologic strategies  | **0** | **1** | **2** | **3** | **4** | **5** |
|  c. Plan includes appropriate pharmacologic strategies | **0** | **1** | **2** | **3** | **4** | **5** |
|  d. Provides accurate and appropriate educational  counseling/anticipatory guidance  | **0** | **1** | **2** | **3** | **4** | **5** |
|  e. Plan logically relates to the diagnoses  | **0** | **1** | **2** | **3** | **4** | **5** |
|  f. Plans for appropriate follow-up/referral/consultation  | **0** | **1** | **2** | **3** | **4** | **5** |
|  |
| **5. Documentation/Presentation of Cases** |
| a. Can articulate a succinct and accurate bullet presentation  | **0** | **1** | **2** | **3** | **4** | **5** |
| b. Records client data accurately, using appropriate  terminology and format | **0** | **1** | **2** | **3** | **4** | **5** |
|  |
| **6. General**  |
|  a. Uses current evidence-based findings as a base for health  care planning | **0** | **1** | **2** | **3** | **4** | **5** |
|  b. Demonstrates critical thinking and diagnostic reasoning  | **0** | **1** | **2** | **3** | **4** | **5** |
|  c. Able to establish good rapport/therapeutic relationship with individuals and families | **0** | **1** | **2** | **3** | **4** | **5** |
|  d. Collaborates and consults appropriately with members of  the health care team | **0** | **1** | **2** | **3** | **4** | **5** |
|  e. Is considerate of individuals and families time by  managing health care problems quickly | **0** | **1** | **2** | **3** | **4** | **5** |
|  f. Assumes responsibility appropriate to current  knowledge/skill level and appropriate to the requirements  of this practice | **0** | **1** | **2** | **3** | **4** | **5** |
|  g. Recognizes and seeks to remediate weak areas and seeks  assistance appropriately  | **0** | **1** | **2** | **3** | **4** | **5** |
|  h. Communicates clinical goals/objectives clearly to  preceptor/faculty | **0** | **1** | **2** | **3** | **4** | **5** |
|  i. Retains composure under stress.  | **0** | **1** | **2** | **3** | **4** | **5** |
|  j. Responsible and professional in manner, use of  equipment and supplies, deportment, appearance, and  practice | **0** | **1** | **2** | **3** | **4** | **5** |
|  |
| **7. Examination (Specific Lifecycle Stages)** |
| a. Prenatal  | **0** | **1** | **2** | **3** | **4** | **5** |
| b. Newborn | **0** | **1** | **2** | **3** | **4** | **5** |
| c. Postpartum | **0** | **1** | **2** | **3** | **4** | **5** |
| d. Infant | **0** | **1** | **2** | **3** | **4** | **5** |
| e. Child | **0** | **1** | **2** | **3** | **4** | **5** |
| f. Adolescent | **0** | **1** | **2** | **3** | **4** | **5** |
| g. Adult | **0** | **1** | **2** | **3** | **4** | **5** |
| h. Geriatric | **0** | **1** | **2** | **3** | **4** | **5** |
|  |
| **8. Examination (Specific Components)** |  |  |  |  |  |  |
| a. Integument | **0** | **1** | **2** | **3** | **4** | **5** |
| b. HEENT |
|  Use of otoscope | **0** | **1** | **2** | **3** | **4** | **5** |
|  Use of ophthalmoscope | **0** | **1** | **2** | **3** | **4** | **5** |
|  Mouth and throat  | **0** | **1** | **2** | **3** | **4** | **5** |
| c. Heart | **0** | **1** | **2** | **3** | **4** | **5** |
| d. Lung  | **0** | **1** | **2** | **3** | **4** | **5** |
| e. Chest | **0** | **1** | **2** | **3** | **4** | **5** |
| f . Breasts | **0** | **1** | **2** | **3** | **4** | **5** |
| g. Abdomen  | **0** | **1** | **2** | **3** | **4** | **5** |
| h. Back | **0** | **1** | **2** | **3** | **4** | **5** |
| i. Genitourinary  | **0** | **1** | **2** | **3** | **4** | **5** |
| j. Pelvic exam | **0** | **1** | **2** | **3** | **4** | **5** |
| k. Extremities | **0** | **1** | **2** | **3** | **4** | **5** |
| l. Neurologic  | **0** | **1** | **2** | **3** | **4** | **5** |
| m. Developmental (pediatrics)  | **0** | **1** | **2** | **3** | **4** | **5** |
| n. Functional (adult)  | **0** | **1** | **2** | **3** | **4** | **5** |
| o. Mental status  | **0** | **1** | **2** | **3** | **4** | **5** |
| Other (specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **0** | **1** | **2** | **3** | **4** | **5** |
|  |  |
| **9. Office Procedures and Lab** |
| Abscess incision & drainage  | **0** | **1** | **2** | **3** | **4** | **5** |
| CPR | **0** | **1** | **2** | **3** | **4** | **5** |
| Foreign body removal  | **0** | **1** | **2** | **3** | **4** | **5** |
| Gram stain, interpretation  | **0** | **1** | **2** | **3** | **4** | **5** |
| Growth chart | **0** | **1** | **2** | **3** | **4** | **5** |
| Hematocrit | **0** | **1** | **2** | **3** | **4** | **5** |
| KOH, skin/vaginal  | **0** | **1** | **2** | **3** | **4** | **5** |
| Laryngoscopy  | **0** | **1** | **2** | **3** | **4** | **5** |
| Pap smear  | **0** | **1** | **2** | **3** | **4** | **5** |
| Rapid strep  | **0** | **1** | **2** | **3** | **4** | **5** |
| Stool test, blood  | **0** | **1** | **2** | **3** | **4** | **5** |
| Suturing | **0** | **1** | **2** | **3** | **4** | **5** |
| Suture or staples removal | **0** | **1** | **2** | **3** | **4** | **5** |
| Telephone referral  | **0** | **1** | **2** | **3** | **4** | **5** |
| Throat culture  | **0** | **1** | **2** | **3** | **4** | **5** |
| Urinalysis | **0** | **1** | **2** | **3** | **4** | **5** |
| Venipuncture  | **0** | **1** | **2** | **3** | **4** | **5** |
| X-ray interpretation, chest  | **0** | **1** | **2** | **3** | **4** | **5** |
| X-ray interpretation, extremities | **0** | **1** | **2** | **3** | **4** | **5** |
| Wet mount, vaginal  | **0** | **1** | **2** | **3** | **4** | **5** |
| Write referral | **0** | **1** | **2** | **3** | **4** | **5** |
| Write prescription  | **0** | **1** | **2** | **3** | **4** | **5** |

Comments:

Student’s Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Student Signature Date*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Preceptor Signature Date*

**Tusculum College School of Nursing**

**Master of Science in Nursing**

**FAMILY NURSE PRACTITIONER CONCENTRATION**

## GRADUATION REQUIREMENTS FORM

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Student’s Name (Print) Student’s Signature Student ID Number**

**Today’s Date: \_\_\_\_\_\_\_\_\_\_ Campus**: **□ Greeneville □ Knoxville □ Morristown**

I certify that I am in good academic standing. I have completed all coursework (see below) except for the courses scheduled to be taken in \_\_\_\_\_\_\_ (semester) \_\_\_\_\_\_\_ (year).

|  |  |  |  |
| --- | --- | --- | --- |
| **Required MSN Courses** | **Credits** | **Completed or Planned Enrollment Semester/Year** | **Grade****(if completed)** |
| NURS 501 Theoretical Foundations and Research Design | 4 |  |  |
| NURS 502 Health Care Systems and Informatics (online) | 1 |  |  |
| NURS 503 Leadership and Contemporary Roles in Advanced Practice | 3 |  |  |
| NURS 504 Bioethical Issues and Health Care Policy  | 3 |  |  |
| NURS 505 Scholarly Synthesis | 3 |  |  |
| NURS 520 Health Assessment and Diagnostic Reasoning | 2 |  |  |
| NURS 521 Health Assessment and Diagnostic Reasoning Lab | 1 |  |  |
| NURS 530 Pathophysiology for Advanced Practice Nursing  | 3 |  |  |
| NURS 540 Pharmacotherapeutics for Advanced Practice  | 4 |  |  |
| NURS 551 Differential Diagnosis and Primary Care of Young and Middle Adult | 3 |  |  |
| NURS 552 Differential Diagnosis and Primary Care of Young and Middle  Adult Practicum | 2 |  |  |
| NURS 561 Differential Diagnosis and Primary Care of Pediatric Population | 2 |  |  |
| NURS 562 Differential Diagnosis and Primary Care of Pediatric  Population Practicum | 2 |  |  |
| NURS 571 Differential Diagnosis and Primary Care of Women | 2 |  |  |
| NURS 572 Differential Diagnosis and Primary Care of Women Practicum | 2 |  |  |
| NURS 581 Differential Diagnosis and Primary Care of Older Adults | 2 |  |  |
| NURS 582 Differential Diagnosis and Primary Care of Older Adults  Practicum | 2 |  |  |
| NURS 592 Integrative Practicum in Family Practice | 3 |  |  |
| Electives:  |  |  |  |
|  |  |  |  |

Signature of Clinical Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Chair: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| TOTAL | 45 |  |  |

**Tusculum College School of Nursing**

**Graduate Nursing**

**FAMILY NURSE PRACTITIONER CONCENTRATION**

## STUDENT EVALUATION OF CLINICAL PRECEPTOR

Student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of rotation: \_\_\_\_\_\_\_\_ Clinical Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please check or comment as appropriate:

1. Placement gave opportunity to see a variety of patients and problems in the specialty area?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_ Always | \_\_\_\_ Usually | \_\_\_ Sometimes | \_\_\_ Seldom | \_\_\_ Never |

Comments:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. Did the clinical preceptor support clinical learning with helpful feedback and critique?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_ Always | \_\_\_\_ Usually | \_\_\_ Sometimes | \_\_\_ Seldom | \_\_\_ Never |

3. Recommendations to preceptor regarding feedback to students?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

4. Did the preceptor allow evaluation, assessment, and management of patient encounters to a level of autonomy consistent with clinical abilities?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_ Always | \_\_\_\_ Usually | \_\_\_ Sometimes | \_\_\_ Seldom | \_\_\_ Never |

5. Recommendations for change regarding preceptor collaboration with students?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

6. Preceptor listened to concerns or questions in the clinical setting?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_ Always | \_\_\_\_ Usually | \_\_\_ Sometimes | \_\_\_ Seldom | \_\_\_ Never |

7. Recommendations for preceptor regarding student questions or concerns?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8. Preceptor challenged thinking by asking for explanations of diagnostic decisions or treatment choices?

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| \_\_\_\_ Always | \_\_\_\_ Usually | \_\_\_ Sometimes | \_\_\_ Seldom | \_\_\_ Never |

9. Recommendation of changes to preceptor regarding challenging student decisions?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

10. Additional comments about the site or the preceptor:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_