

TUSCULUM UNIVERSITY

Graduate Nursing Program Graduate Student Forms Appendices

2018-2019

These forms are intended to accompany the Graduate Nursing Student Handbook (Handbook) to provide guidance, grading forms, and direction for students accepted or enrolled in the School of Nursing at Tusculum University. 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 University Student Handbook.

Table of Contents

APPEAL REQUEST FORM	- 1 -
MEDICAL RECORDS RELEASE CONSENT FORM	- 2 -
GAP ANALYSIS FORM	- 3 -
REMOVAL OF AN INCOMPLETE	- 5 -
POST OCCURRENCE/EXPOSURE REPORT FORM	- 6 -
NURS SPECIAL TOPICS FORM	- 7 -
IMMUNIZATION INFORMATION/REQUIREMENTS AND CURRENT CDC GUIDELINES	- 8 -
STUDENT MEDICAL PROFILE	- 10 -
PART I –STUDENT QUESTIONNAIRE (To be completed by applicant).....	- 11 -
PART II – PHYSICAL EXAMINATION	13
REQUIRED AND RECOMMENDED IMMUNIZATIONS AND TESTS:	14
HEALTHCARE PROVIDER’S RECOMMENDATIONS FOR ENTRY INTO NURSING	15
CONFIDENTIALITY AGREEMENT	16
SIMULATION LAB AND STANDARDIZED PATIENT CONFIDENTIALITY AGREEMENT	17
FAMILY NURSE PRACTITIONER INFORMATION AND SPECIALTY FORMS	18
FAMILY NURSE PRACTITIONER (FNP) CONCENTRATION	18
FNP CURRICULUM PLAN	19
FNP CURRICULUM PLAN - PART TIME CURRICULUM PLAN - 7 SEMESTERS.....	20
FNP CURRICULUM PLAN - POST MASTER’S CERTIFICATE, FAMILY NURSE PRACTITIONER	21
FNP CURRICULUM PLAN - ASSOCIATE DEGREE RN TO MSN FULL TIME CURRICULUM PLAN..	22
ADVISEMENT WORKSHEET FOR FULL-TIME MSN FNP STUDENTS	24
STUDENT PRECEPTOR AGREEMENT	Error! Bookmark not defined.
FACULTY CLINICAL SITE EVALUATION.....	26
PREPARATION FOR THE PRACTICUM.....	28
STUDENT CLINICAL PORTFOLIO	29
STUDENT CLINICAL OBJECTIVES.....	30
STUDENT SELF EVALUATION OF CLINICAL SKILLS.....	Error! Bookmark not defined.
STUDENT EVALUATION OF CLINICAL PRECEPTOR	35

**TUSCULUM UNIVERSITY
GRADUATE NURSING PROGRAM
APPEAL REQUEST FORM**

Date _____ Telephone _____

Name _____ TC ID # _____

Address _____

1. Appeal request for: Fall _____ Spring _____ Summer _____ Year _____

2. Course Number of appeal request: _____

3. Reason you are requesting an appeal:

5. Supporting evidence for the appeal:

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

7. Signature of Student: _____

PLEASE RETURN THIS REQUEST TO:
Tusculum University Graduate Nursing Program
PO Box 5035
Greeneville, TN 37743

<p>FOR Tusculum University Use Only:</p> <p>Committee decision:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Notification sent to student: _____ Date:</p> <p>_____</p> <p>Committee Chair's Signature/Date: _____</p> <p>Program Chair's Signature/Date:</p> <p>_____</p>

**TUSCULUM UNIVERSITY
GRADUATE NURSING PROGRAM**

MEDICAL RECORDS RELEASE CONSENT FORM

Tusculum University 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 University Graduate Nursing student authorizes the health care provider to give Tusculum University 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 University Graduate Nursing Program 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 University

Graduate Nursing Program

PO Box 5035

Greeneville, TN 37743

**TUSCULUM UNIVERSITY
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 Assistant Dean 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 Courses from	Type and Number of	Coursework to be
--	--------------------------	---------------------------	-------------------------

List Required Courses for the Student's New Concentration Area	the Transcript That Satisfy Required Courses Listed in Column 1	Clinical Experiences Needed by Student	Completed by the Student for the Certificate

TUSCULUM UNIVERSITY

TUSCULUM UNIVERSITY

GRADUATE NURSING PROGRAM

POST OCCURRENCE/EXPOSURE REPORT FORM

(Complete and forward to the Assistant Dean 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: _____

Dean of Graduate Nursing Signature: _____

TUSCULUM UNIVERSITY
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 Assistant Dean 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 Dean: _____ Date: _____

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

Date submitted to Proposed Instructor: _____

Date submitted to Assistant Dean of Graduate Nursing: _____

Date placed in Student's File: _____

**TUSCULUM UNIVERSITY
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.

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 UNIVERSITY
GRADUATE NURSING PROGRAM**

STUDENT MEDICAL PROFILE

COMPLETED MEDICAL PROFILES AND ALL ASSOCIATED RECORDS FOR ALL STUDENTS ENTERING GRADUATE 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 QUESTIONAIRE
(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			
			23. Latex		
PAST ILLNESSES:			24. Life threatening reaction to bee stings, food, etc.		
Hospitalization(s) (date, reason)			25. Do you carry epinephrine pen?		
			DO YOU CURRENTLY TAKE:	Yes	No
1. Operation(s) (date, type)			26. Heart/blood pressure medications		
			27. Tranquilizers		
			28. Insulin		
3. Serious accident			29. Antidepressants (give name)		
4. Serious illness					
5. Emotional problems			30. Allergy injections		
6. Psychiatric treatment			31. Other (specify)		
7. Other significant health problem (specify)			HAVE YOU EVER HAD:	Yes	No
			32. Migraines (diagnosed by MD)		
COMMUNICABLE DISEASES: (give dates)	Yes	No	33. Seizure disorder		
8. Chicken pox (varicella)			34. Paralysis or disability		
9. Malaria			35. Thyroid problems		
10. Tuberculosis			36. High blood pressure		
11. Poliomyelitis			37. Rheumatic fever		
12. Diphtheria			38. Heart murmur (diagnosed by MD)		
13. Scarlet fever			39. Mitral valve prolapse		
14. Mononucleosis			40. Asthma		
15. Mumps			41. Stomach or duodenal ulcer		
16. Measles (rubeola)			42. Colitis/ileitis		
17. Rubella			43. Irritable bowel		
18. HIV infection			44. Arthritis or joint disease		
19. Other (specify)			45. Hepatitis		
ALLERGIES:	Yes	No	46. Kidney disease/bladder problems		
20. Penicillin			47. High cholesterol		
21. Other antibiotics (give names)			48. Back problems		
22. Other medications (give names)			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.				
66. 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			
6. 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 UNIVERSITY
GRADUATE NURSING PROGRAM
CONFIDENTIALITY AGREEMENT**

As a student in the Tusculum University 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 University 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 UNIVERSITY
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 UNIVERSITY MASTER OF SCIENCE IN NURSING

FAMILY NURSE PRACTITIONER (FNP) CONCENTRATION

Tusculum University'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 university requirements

TUSCULUM UNIVERSITY
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)	3	
Total			13	
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 581	Differential Diagnosis and Primary Care of Older Adults	2	
	NURS 582	Differential Diagnosis and Primary Care of Older Adults 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 561	Differential Diagnosis and Primary Care of Pediatric Population	2	
	NURS 562	Differential Diagnosis and Primary Care of Pediatric Population Practicum	2	120
	NURS 505	Scholarly Synthesis	3	
	NURS 592	Integrative Practicum in Family Practice	3	180
Total			10	
Total			46	660

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

** Didactic and Clinical Courses must be taken concurrently.

**TUSCULUM UNIVERSITY
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)	3	
	NURS 520	Health Assessment and Diagnostic Reasoning	2	
	NURS 521	Health Assessment and Diagnostic Reasoning Lab	1	
Total			7	
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 581	Differential Diagnosis and Primary Care of Older Adults	2	
	NURS 582	Differential Diagnosis and Primary Care of Older Adults 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 561	Differential Diagnosis and Primary Care of Pediatric Population	2	
	NURS 562	Differential Diagnosis and Primary Care of Pediatric Population Practicum	2	120
	NURS 592	Integrative Practicum in Family Practice	3	180
			7	
Total			46	660

**TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING**

**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 LAB	1	
	NURS 501	Theoretical Foundations and Research Design	4	
	NURS 502	Health Care Systems and Informatics (online)	3	
TOTAL			13	
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 581	Differential Diagnosis and Primary Care of Older Adults	2	
	NURS 582	Differential Diagnosis and Primary Care of Older Adults Practicum	2	120
	NURS 504	Bioethical Issues and Health Care Policy	3	
	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 561	Differential Diagnosis and Primary Care of Pediatric Population	2	
	NURS 562	Differential Diagnosis and Primary Care of Pediatric Population Practicum	2	120
	NURS 505	Scholarly Synthesis	3	
	NURS 592	Integrative Practicum in Family Practice	3	180
TOTAL			10	
TOTALS			46	660

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

** Didactic and Clinical Courses must be taken concurrently.

**TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING**

**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 436	Health Assessment	3	
	NURS 437	Health Assessment Clinical 1	1	45
	NURS 438	Nursing Theory & Research	4	
	NURS 481	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 Management Clinical	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 Lab	1	
	NURS 501	Theoretical foundations and Research Design	4	
	NURS 502	Health Care systems and Informatics (online)	3	
TOTAL			13	
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 581	Differential Diagnosis and Primary Care of Older Adults	2	
	MIRS 582	Differential Diagnosis and Primary Care of Older Adults 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 561	Differential Diagnosis and Primary Care of Pediatric Population	2	
	NURS 562	Differential Diagnosis and Primary Care of Pediatric Population Practicum	2	120
	NURS 505	Scholarly Synthesis	3	
	NURS 592	Integrative Practicum in Family Practice	3	180
TOTAL			10	
Total Credits			64	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.

TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING
ADVISEMENT WORKSHEET FOR FULL-TIME MSN FNP STUDENTS

Campus: **Greeneville** **Knoxville** **Morristown** **Student ID Number:** _____

Student's Name (Print): _____ **Student's Signature:** _____

Course Number	Course Title	Credit	Semester /Year	Initials		Date
				Student	Advisor	
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)	3				
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 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=46

**TUSCULUM UNIVERSITY
 MASTER OF SCIENCE IN NURSING
 STUDENT PRECEPTOR AGREEMENT**

Faculty Preceptor _____ Cell phone _____

Site Preceptor _____ Course _____

Site Name _____ Address _____

Student Name _____ E-mail _____

Address _____

Student contact information _____ E-mail _____

Home phone _____ cell phone _____ work phone _____

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 _____

**TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING**

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 or appropriate 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 only b) disease diagnosis & management only c) 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:

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.

TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING
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 Clinical Director.
2. The student will secure a Preceptor CV Form when the agreement has been established with 2 copies. Student may retain copy for portfolio and one to the Clinical Director
3. The student will complete a *Student Clinical Portfolio* with three copies. Student retains a copy, one to the preceptor, and one to the Instructor.
4. 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.
5. Each student should read the course objectives & develop a specific set of learning objectives for the practicum experience.
6. Each student will re-write the objectives to incorporate peer and instructor feedback as the course progresses.
7. Each student will discuss with the preceptor practicum logistics and review the proposed learning objectives and add preceptor generated modifications or suggestions.
8. The student will incorporate the preceptor feedback into a final set of objectives. Both the preceptor and the student will sign the refined objectives.
9. 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.
10. 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.

**TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING
FAMILY NURSE PRACTITIONER CONCENTRATION**

STUDENT CLINICAL PORTFOLIO

1. Clinical Experiences

Formal clinical experiences:

Other clinical experiences:

2. Clinical Interests

What aspects of primary care do you find most interesting?

What aspects of primary care do you find least interesting?

What are your career interests?

3. What are your clinical strengths?

**TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING
FAMILY NURSE PRACTITIONER CONCENTRATION**

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: _____

TUSCULUM UNIVERSITY
MASTER OF SCIENCE IN NURSING
FAMILY NURSE PRACTITIONER CONCENTRATION

STUDENT SELF EVALUATION CLINICAL EVALUATION FORM

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	0	1	2	3	4	5

information/situation dictates						
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	0	1	2	3	4	5

equipment and supplies, deportment, appearance, and practice						
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 _____

Student Signature

Date

**MASTER OF SCIENCE IN 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:

Tusculum University

**Master of Science in Nursing
Preceptor Short Vita Form**

Name and Title: _____ Date _____

Specialty: _____

Agency/Practice Name: _____

Agency/Practice Address: _____

Telephone: (____) _____ Email: _____

Number of years in current role _____

Advanced Degrees and Month/Year _____

Board Certified: _____ yes _____ no

Certifying Body _____

Certification Number: _____ Expiration date _____

State and License Number _____

Date of License Expiration:

Tusculum University

Master of Science in Nursing Family Nurse Practitioner Student/Preceptor Guidelines

Introduction

The Tusculum Practitioner (FNP) student comes to your practice with a background in basic nursing practice. The student is expected to expand this knowledge to enable her or him to provide primary care to individuals and families. This clinical practicum should provide a variety of experiences in which the student will acquire necessary primary care skills. The preceptor's responsibility is to provide clinical experiences and guidance for the NP student. You will need to facilitate development of skills necessary to provide primary care to patients with acute, minor, and stable chronic health problems, and to provide health-maintenance care for patients in the population focus of the practicum.

Students will need opportunities to develop skills in each of the following activities with patients in the population focus for the clinical rotation.

- Obtain focused or comprehensive health histories.
- Perform focused or comprehensive physical examinations to include specific assessment procedures.
- Assess developmental and psychosocial needs of patients using standardized protocols/assessment measures.
- Accurately and concisely document history and examination in patient record.
- Distinguish between normal and abnormal findings, recognize variations or normal, formulate clinical diagnostic patterns, and begin to determine differential diagnoses.
- Develop plans of care that include screening and diagnostic tests, medication, patient education, referrals, and follow-up visits using current standards of practice.
- Contribute to professional collaboration, case management, and referral processes.

During each clinical experience, students are expected to interview and examine most assigned patients independently; however, all cases should be staffed with the preceptor. Examples of types of patients to which the student should be assigned during this practicum course are patients with:

- Acute illnesses and conditions
- Chronic illnesses and conditions
- Acute primary care
- Employment physicals.
- Well-adult physicals.
- Neurological functional assessment.
- Diagnosis and treatment of infectious diseases (bacterial, viral, fungal).
- Assessment management and follow-up of stable, chronic disorders, and acute disorders/injuries of:
 - Musculoskeletal system.
 - Neurological system.
 - Endocrine system.
 - Cardiovascular systems.

- Respiratory system

Students must comply with HIPAA standards per clinical agency and Tusculum Graduate Nursing policy. Under no circumstance may records be removed from the agency.

Students will comply with all health documentation and other professional requirements of the clinical agency prior to the start of the clinical experience. For the hours spent at the clinical facility to count they must be directed to direct patient care.

Students must be prepared to work the day(s) and hours of the preceptor, and as agreed upon between the student, the preceptor, and the nursing faculty. Students may have an occasional opportunity to work with an additional practitioner on site. The primary preceptor must be on site during this experience. All preceptors must be approved and credentialed by Tusculum prior to supervision.

Students must maintain a clinical log per course syllabi. Tusculum uses TYPHON, an online tracking system, for student to maintain clinical logs. Entries are required within 24 hours of a clinical day.

Students have to attend all scheduled clinical days, or notify the supervising clinical faculty and clinical preceptor if an absence is necessary. Any missed time must have arrangements for make-up.

Students must collaborate with clinical preceptor and clinical supervising faculty to develop specific learning goals for the clinical experience.

Students must demonstrate to the preceptor competence of specific skill(s) prior to performing them alone.

Students must maintain the student FNP role. At no time is the student to assume a fully independent role in seeing patients without appropriate collaboration and reporting to the preceptor per the course syllabi.

Students must arrange the appointment time with the supervising clinical faculty for the site visit and ensure the preceptor is aware of the visit. However, if a problem is identified or for any reason deemed necessary by the clinical faculty, a site visit may be made at any time announced or unannounced.

Preceptor Guidelines

1. Preceptors will have at least one year of experience as a primary care provider.
2. Preceptors must be a licensed provider as a nurse practitioner, medical doctor, or a doctor of osteopathic medicine. Physician Assistants cannot serve as preceptors.
3. Preceptors will provide a short Vita or a resume to Tusculum.
4. Preceptors will provide contact information for the current practice site to the student and clinical faculty.
5. Preceptors will sign the Preceptor Agreements and return to the Clinical Coordinator.
6. Preceptors may contact Tusculum Graduate Nursing any time during the period of student supervision. Student will provide the contact information of the faculty preceptor.

Preceptor Role in Supervising the FNP Student

Clinical experiences are an essential component of the education of FNP students, and preceptors and clinical faculty play an indispensable role in the success of these experiences. Clinical instructions necessitates both supervisory and evaluative activities. Preceptors provide direct clinical supervision, while the clinical supervising faculty provides direct and/or indirect clinical supervision. FNP students are expected to participate in hands on care, shadowing does not provide the necessary experiences the

students' needs. Direct faculty supervision occurs when a faculty member is present at the clinical site and is supervising the student in that setting. Indirect faculty supervision occurs when a clinical preceptor is supervising the student while the faculty member retains responsibility for the overall clinical components of the course. As an indirect clinical supervisory the faculty provides oversight of the clinical learning experience and acts, on behalf of Tusculum Graduate Nursing, as a liaison to the clinical site. Students can only count clinical hours that involve direct patient care.

Collaboration with Faculty and Conflict Management

When a conflict or problem related to the student is identified, the preceptor should collaborate with the clinical faculty so that the proper procedure for management and resolution of the conflict of problem is followed. Any problems related to the faculty role in the preceptor ship experience should be discussed with the clinical faculty and the preceptor. If the faculty and preceptor are unable to achieve a resolution, a clear mechanism for further mediation, including referral to the Assistant Dean of Graduate Programs, should be made with a phone call or an appropriate document.

Student Evaluation

Preceptors serve as role models, mentors, and directly supervise students in clinical sites and work closely with nursing faculty facilitating student success. An important element of ensuring student success is evaluation of student performance. The clinical preceptor will fill out an evaluation form that is provided to the clinical preceptor by the student. The faculty site visit consists of a clinical evaluation using the same form as the clinical preceptor. The Tusculum Graduate Faculty retains the responsibility for the final evaluation and grade of the student. However, the preceptor evaluation and the information provided to the clinical faculty is vital to the evaluation process.

Procedure for Evaluation of Students

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation criteria to ensure expectations and responsibilities of the preceptor and student are understood. During the clinical experience, the preceptor should provide input via the evaluation form.

The evaluation form will be returned to the Tusculum Graduate Nursing program via sealed envelope with the preceptor signature across the seal. The evaluations will be available through Typhon as well.

**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: Greenville 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)	3		
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:			
TOTAL	46		

Signature of Clinical Director: _____ Date: _____

Signature of Asst. Dean: _____ Date: _____

**TUSCULUM UNIVERSITY
 MASTER OF SCIENCE IN NURSING
 FAMILY NURSE PRACTITIONER CONCENTRATION
 GRADUATE REQUIREMENT FORM
 RN TO MSN TRACK**

 Student's Name (Print)

 Student's Signature

 Student ID Number

Today's Date: _____

Campus: Harrogate Cedar Bluff Kingsport

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)
ENGL111 If have not had in ASN	3		
NURS 436 Health Assessment	3		
NURS 437 Health Assessment Clinical	1		
NURS 438 Nursing Theory & Research	4		
NURS 481 Transitional to Professional Practice	2		
NURS 421 Community and Global Health Nursing	3		
NURS 422 Community and Global Health Nursing Clinical	1		
NURS 441 Leadership and Management	3		
NURS 442 Leadership and Management Clinical	1		
NURS 500 Theoretical Foundations and Research Methods	4		
NURS 580 Contemporary Roles and Issues for Advance Practice Nurses	4		
NURS 510 Advanced Pathophysiology	3		
NURS 520 Advanced Health Assessment	3		
NURS 530 Advanced Pharmacology and Therapeutics	4		
NURS 502 Health Care Systems and Informatics (online)	3		
NURS 561 Young and Middle Adults	4		
NURS 561A Young and Middle Adults Practicum	3		
NURS 562 Pediatrics	2		
NURS 562A Pediatrics	2		
NURS 564 Women's Health	2		
NURS 564A Women's Health Practicum	2		
NURS 590 Directed Scholarly Project	3		
NURS 563 Lifespan of Older Adults	2		
NURS 563A Lifespan of Older Adults Practicum	2		
NURS 565 Family Nurse Practitioner Internship	3		
Electives: (Please list)			
TOTAL	64		

 Concentration Director, Name

 Concentration Director, Signature

 Date

Assistant Dean Signature _____