

PROGRAM HANDBOOK

Master of Science in Nursing (MSN)

Generalist

Family Nurse Practitioner



Effective date: October, 2018; revised March 2019; revised August 2019

WELCOME

The decision to engage in additional formal education is always a significant one that demonstrates commitment to lifelong learning and professional development. We are pleased that you have chosen to enroll at Franklin University where our mission embraces individual attention and excellent instruction in career-oriented programs. Your studies with us will be a time for critical thinking about the knowledge, skills and values that comprise professional nursing as well as for reflection on moral and ethical issues in society. The completion of advanced nursing education enriches one's life far beyond the career goals you may seek and achieve. Franklin graduates ultimately are well prepared for the satisfactions of a lifetime of professional leadership and service to the community.

You come to the program from a variety of backgrounds and clinical specialties in which you have become experts. It is our intention to build upon who you are and what you know toward who you want to become. In this process, we are all teachers and learners.

PREFACE

The Franklin University Academic Catalog/Bulletin Policies and Procedures, accessible at <https://www.franklin.edu/current-students/academic-resources/university-bulletin>, contains policies applicable to all students. The MSN Program Student Handbook is provided to **ALL** MSN students as a supplemental guide related to specialized topics associated with completion of the MSN Program (generalist and nurse practitioner). The information in this guide should supplement, not substitute, information published in the Franklin University Academic Bulletin. In any situations of unintended incongruence, the University Catalog/Bulletin takes priority.

Successful matriculation and graduation from an academic program requires adherence to all policies, procedures, and regulations as stipulated by the MSN program, and the university. If you have any questions regarding requirements or policies, do not hesitate to refer them to your academic advisor, program chair, or other appropriate persons.

This handbook presents the policies, procedures, and general information in effect at the time of publication. Students affected by any changes to this handbook will be notified in writing. The current NP handbook and all forms are available online at the MSN Nurse Practitioner webpage: <https://www.franklin.edu/degrees/masters/MSN-FNP>. The current generalist handbook and all forms are available online at the MSN webpage: <https://www.franklin.edu/degrees/masters/nursing>.

This handbook is not intended to state contractual terms and does not constitute a contract between the student and the University. Students are required to submit the handbook acknowledgment form to the clinical coordinator prior to beginning clinical courses. These forms should be sent to clinicals@franklin.edu

MSN PROGRAM OUTCOMES

By completion of the program, graduates will:

1. Synthesize theories and knowledge from nursing and related disciplines to develop a theoretical basis to guide practice in an advanced nursing role.
2. Apply leadership skills and decision making in the provision of high quality nursing care in diverse settings.
3. Provide leadership across the care continuum in diverse settings to promote high quality, safe, effective patient centered care.
4. Appraise, use and participate in the extension of nursing knowledge through scientific inquiry.
5. Integrate current and emerging technologies into professional practice.
6. Demonstrate responsive leadership, collaboration, and management to influence the advancement of nursing practice and the profession of nursing and to influence health policy.
7. Employ collaborative strategies and effective communication to advocate for the role of the professional nurse as a member and leader of interprofessional teams.
8. Integrate clinical prevention and population health concepts to provide holistic, comprehensive nursing care for individual, families, and aggregates.
9. Demonstrate an advanced level of understanding of nursing and relevant sciences and integrate this knowledge into practice.

GENERAL INFORMATION

PERTINENT TO ALL MSN TRACKS

APA Format and Writing Mechanics: Unless otherwise stated all assignments are in APA format (American Psychological Association (2009) *Publication manual of the American Psychological Association* (6th ed.). Washington D.C.: American Psychological Association). **Students are expected to be familiar and correctly use this format.** Numerous resources are available through the Franklin University library (<https://www.franklin.edu/library/research-guides>)

Students are expected to use correct grammar, spelling, paragraph structure, and writing formats. Writing services are available through Franklin University's Writing Site. In addition, Grammarly.com is also available.

Students are expected to submit papers and assignments in word.doc (unless others instructed). Students do need to know how to use word.

Course Examinations: Examinations may be required in graduate nursing courses. These examinations will be proctored. A fee is associated with each proctored exam. It is the student's responsibility to pay the associated fee and schedule the appropriate exam within the course in a timely manner.

Program Patches: Franklin University nursing program patches are required to be purchased and placed appropriately on lab coats. These patches can be purchased through the Franklin University bookstore. (<https://www.franklin.edu/about-us/university-details/bookstore>)

Program Pins: Upon successful completion of the program, nursing pins can be purchased through the Franklin University bookstore. (<https://www.franklin.edu/about-us/university-details/bookstore>)

Clinical Placement: Students are expected to locate their own preceptor and clinical site. The goal is to ensure a strong working relationship between the preceptor and student, as well as to avoid the need to travel long distances or incur travel related expenses. Students have better luck when they visit a potential site/preceptor in person and bring along the information and paperwork. Often times the preceptor and/or office manager will agree to complete the paperwork during your visit. You should approach this initial visit as an “interview” as well as an excellent opportunity to “sell” your abilities/interest for becoming a nurse practitioner. Your practice site may be an excellent opportunity for future employment and/or valuable professional connections. Other option is direct messaging providers/preceptors via LinkedIn. You may also have professional relationships in your current workplace, community group, church, etc. who may be able to serve as a preceptor or personally introduce you to someone who may be available.

If students encounter difficulty finding a site/preceptor after multiple documented attempts, we offer assistance and support to ensure students are able to get the clinical practice experiences they need. Please contact clinicals@franklin.edu to learn about our assistance process and follow the steps and specific deadlines should you require assistance. Nurse practitioner students are expected to have a site identified and secured six (6) months prior to the first clinical course.

GENERALIST OVERVIEW

The Generalist track of the MSN program is designed for those nurses who want to pursue more advanced positions in today's challenging health care environments. The program prepares nurses to function in leadership roles in practice and educational settings. The program blends nursing theory and advanced practice concepts necessary to work within the structure, culture, and mission of a variety of health care organizations or educational settings.

Graduate education builds upon knowledge and competencies gained in baccalaureate education. Graduate students use critical thinking, creativity and problem-solving skills that require in-depth nursing knowledge and are prepared to coordinate health care programs within complex systems in an era of health care reform. The curriculum is based upon nursing and related theories and the application of research findings to clinical and administrative nursing issues. Graduate students are also prepared for doctoral study in nursing and continued personal and professional development.

RN to MSN Admission Option

For RNs who have earned an Associate Degree or Diploma in nursing, there is streamlined admission option to the MSN program. Students qualify to be admitted to the MSN program upon successfully completing a 12 week bridge course.

NURS 500 Essentials of Professional Nursing (4 credit hours, 12 weeks)

Curriculum

The minimum number of semester hours for degree completion is 38; the Core Curriculum consists of 30 semester credits with 8 semester credits of electives.

Program Plan

Courses are in an online learning delivery system along with seat time within the classroom or a total online format. Courses are taught in 6 or 12 week sessions.

Core courses include:

NURS 612 Role of the Master's Prepared Nurse (3 credit hours, 6 weeks)

NURS 644 Advanced Pathophysiology (3 credit hours, 12 weeks)

NURS 646 Advanced Physical Assessment (3 credit hours, 12 weeks)

NURS 648 Advanced Pharmacology (3 credit hours, 12 weeks)

NURS 650 Population Focused Care (3 credit hours, 6 weeks)

NURS 693 Evidence Based Practice and Quality Improvement (3 credit hours, 6 weeks)

NURS 795 Practicum (4 credit hours, 12 weeks)

HCM 735 Organizational Systems (4 credits, 6 weeks)

HCM 752 Health Policy (4 credits, 6 weeks)

Eight hours of electives from graduate offerings.

Generalist Practicum Course

The Practicum will enable the graduate student to synthesize didactic concepts from the MSN Generalist track curriculum and apply those concepts in a practical, supervised experience. The practicum consists of 80 hours with a preceptor. Franklin University faculty and staff will be responsible for oversight of all regulatory and educational components of the practicum experience, including assessment of clinical sites, verification of preceptor qualifications, maintenance of all student documentation, evaluation of sites, preceptors, and students, and oversight of students.

Clinical Attire

Students are expected to dress appropriately (business casual) and behave in a professional manner at all times consistent with Occupational Safety and Health Administration (OSHA) standards. The clinical site may specify an alternative dress code (i.e. scrubs) in accordance with OSHA and state law considerations. Students are required to wear a Franklin picture identification nametag identifying them as a Franklin student. White lab coats are required and must have the Franklin University patch firmly affixed. Patches can be purchased through the Franklin University bookstore. Lab coats are purchased at the student's own expense and should be clean, ironed, and in good condition at all times. **Students must wear their Franklin University picture identification nametag and introduce themselves as a Franklin Student at all times.**

Preceptors:

- Students will be expected to select an appropriate preceptor for the practicum course at least six months in advance of the practicum course.
- Preceptors need to be selected based upon their education, experience, and willingness to work with students.
- Preceptors cannot be immediate supervisors, family, or friends.
- The preceptor must have a current unencumbered state license as an RN, at least two (2) years of experience and have at least a master's degree.
- Students may have more than one preceptor during a single clinical course **with prior faculty approval.**
- Students are assigned to a preceptor(s) by Franklin University Nursing faculty after appropriateness of the preceptor(s) have been determined.
- Preceptors will be provided with a handbook regarding the course, expectations, etc.

- The preceptor will provide an acknowledgement and agreement prior to the start of the practicum.
- If the student is having difficulty securing a preceptor, the Clinical Coordinator (clinicals@franklin.edu) should be contacted for assistance and suggestions.
- The preceptor(s) Curriculum Vitae/Resume and a copy of the license (and certification as appropriate) are required for faculty approval.

Sites:

- Students are responsible for arranging for practicum sites.
- Students are assigned to clinical sites by Franklin University Nursing faculty after appropriateness of site and preceptor have been determined.
- Franklin University requires an affiliation agreement to be in place prior to student attendance at the clinical site.
- Students are not permitted to attend clinical experiences in sites not approved by the respective faculty teaching the course.
- If the student is having difficulty securing a site, the Clinical Coordinator (clinicals@franklin.edu) should be contacted for assistance and suggestions.
- The approval of the selected sites will be the responsibility of the respective faculty teaching the course.

Clinical/Practicum Documentation

Health and Safety.

All students participating in clinical/practicum experiences must meet health and safety requirements. Documentation must begin six (6) months prior to the practicum/clinical course and meet requirements at all times. See Appendix I for all required items. Students will not be able to begin any practicum experience until all requirements and documentation have been submitted to the Clinical Coordinator (clinicals@franklin.edu).

Time logs, Preceptor evaluations, Student evaluations, etc.

Forms regarding specific practicum documentation such as time logs, evaluations, etc. will be distributed within the practicum course.

Student Health: Illness/Injury During Clinical

1. In the event of a medical emergency, hazardous materials exposure, needle stick or sharp object injury, or other clinical-related injury as defined by the clinical preceptor, the student should be sent to the nearest emergency room. The student will be responsible for any charges incurred for these events. The preceptor and student will immediately notify the clinical supervising faculty of any such events.

2. In non-emergency situations, the student may verbally tell the course instructor and clinical supervising faculty that they elect to seek care from a private health care provider/clinic. Any

expenses incurred will be the responsibility of the student. The student and/or preceptor will notify the course instructor and clinical supervising faculty of these events as soon as possible.

3. Documentation of an injury requires the completion of the Student Injury and Incident Report (see <https://www.franklin.edu/degrees/masters/nursing>). The student is responsible for completing the form and obtaining comments from the preceptor or agency representative. The student is responsible for forwarding the completed form to the clinical supervising faculty as soon as possible following the incident. The course instructor and program chair will review the information and make appropriate recommendations. The document will be filed in the student's personal file.

Impaired Student Policy: Perception of Impairment

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

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

The preceptor will not send the student home or permit him/her to leave the building. The clinical supervising faculty must be contacted immediately for instructions. The incident will be documented on the Student Injury and Incident report, which will be completed by the preceptor and clinical supervising faculty. Please review the Franklin University policies on alcohol and drug/controlled substance on the [Drug Free Schools and Communities Act](#) web page.

FAMILY NURSE PRACTITIONER (FNP)

The Family Nurse Practitioner track of the MSN program is designed for those nurses who want to pursue more advanced positions in today's challenging health care environments. The program prepares nurses to work in the primary care setting managing the health of individuals and families.

You'll gain knowledge and clinical skills necessary for assessment and management of common acute and chronic illnesses, health promotion and disease prevention for individuals throughout their lives. Upon completion of your degree, you will be eligible to apply and sit for the Family Nurse Practitioner certifications exam offered by the American Nurses Credentialing Center (ANCC) or the American Association of Nurse Practitioners (AANP).

RN to MSN/FNP Admission Option

For RNs who have earned an Associate Degree or Diploma in nursing, there is streamlined admission option to the MSN program. Students qualify to be admitted to the MSN program upon successfully completing a 12 week bridge course.

NURS 500 Essentials of Professional Nursing (4 credit hours, 12 weeks)

Curriculum

The minimum number of semester hours for degree completion is 41; the Core Curriculum consists of 22 semester credits with 19 semester credits of FNP specialization courses.

Program Plan (as of Fall 2019)

Courses are in an online learning delivery system along with a clinical experience. Courses are taught in 6, 12- or 16-week sessions.

Core courses include:

NURS 613 Role of the Master's Prepared Nurse (3 credit hours, 6 weeks)

NURS 644 Advanced Pathophysiology (3 credit hours, 12 weeks)

NURS 646 Advanced Physical Assessment (3 credit hours, 12 weeks)

NURS 648 Advanced Pharmacology (3 credit hours, 12 weeks)

NURS 693 Evidence Based Practice and Quality Improvement (3 credit hours, 6 weeks)

HCM 752 Health Policy (4 credits, 6 weeks)

Family Nurse Practitioner Courses:

NURS 698 Diagnostic Methods for Nurse Practitioners (2 credits, 6 weeks)

NURS 700 Foundations of Practice for the Advanced Registered Nurse Practitioner (3 credit hours, 6 weeks, plus on site assessment and skills lab)

NURS 701 Primary Care I (4 credits, 12 or 16 weeks*, 150 clinical hours)

NURS 702 Primary Care II (4 credits, 12 or 16 weeks*, 150 clinical hours)

NURS 703 Management of Multidimensional Health (4 credits, 12 or 16 weeks*, 150 clinical hours)

NURS 704 Family Nurse Practitioner Certification Prep (1 credit, 6 weeks)

NURS 790 FNP Capstone (4 credits, 12 or 16 weeks*, 150 clinical hours)

* Number of weeks (Fall and Spring term 16 weeks, Summer term 12 weeks)

PROGRESSION, READMISSION, AND GRADUATION POLICIES

Progression Requirements for Nurse Practitioner Students

1. Students in the nurse practitioner track must maintain a minimum grade point average (GPA) of 3.0 (B).
2. A nurse practitioner student must achieve a “B” or better in each nurse practitioner course (NURS 700, NURS 701, NURS 702, NURS 703, and NURS 790), as well as NURS 644 (Advanced Pathophysiology), NURS 646 (Advanced Physical Assessment), and NURS 648 (Advanced Pharmacology). Franklin University considers the grade of “B” (3.0) (B+ or B) or higher as representing “mastery” criteria. Students earning a B- or lower in a nurse practitioner course must repeat the course.
3. Nurse Practitioner classes are a combination of didactic and clinical learning. Students must complete the clinical component with a “meets expectation” or better **AND** earn a “B” or better to pass the class.
4. If a student receives a grade less than a B (B+ or B) in a nurse practitioner course, he or she may repeat the course only one time. A maximum of two nurse practitioner courses may be repeated in the program.
5. If a student’s cumulative grade point average falls below a 3.0 in one of the nurse practitioner courses listed above, the Academic Standard for Probation and Dismissal will go into place. This policy can be found in the [Franklin Bulletin](#)
6. Students in nurse practitioner courses may only take an "I" incomplete due to verifiable (documented) extenuating circumstances as long as there are no greater than 30 clinical hours remaining to be completed. The “I” grade cannot be used to allow a student to complete additional didactic course work to raise a deficient grade or to repeat a course. The “I” must be resolved within 30 days of the beginning of the next trimester or will be converted to an “IF”. Students may not progress to any course which lists the incomplete course as a pre-requisite until the “I” is resolved with a “B” or better.

7. Students must maintain an unencumbered registered nurse license in all states where they are currently licensed throughout the duration of the graduate program and in the state(s) where they fulfill clinical course requirements. If at any time during enrollment in the graduate program a student's nursing license becomes encumbered, suspended, or revoked, the student must immediately report this to the Program Chair. If a student's registered nurse license is suspended or revoked, or if the student fails to report any changes in licensure status, the student will be administratively withdrawn from the graduate program. A student's ability to continue enrollment in the graduate program with an encumbered license will be reviewed on an individual basis considering the restriction/limitations placed on the student's practice as a registered nurse by the board of nursing in the state issuing the encumbered license.

CLINICAL PRACTICUM POLICIES AND PROCEDURES

The nurse practitioner program is offered through an on-line hybrid format. This opportunity provides students with on-line courses, an on-site assessment and skills laboratory, and 600 hours of clinical practice. Attendance at an on-site lab experience may be required. Failure to attend will result in an "I" for the course. Please consult the Academic Calendar and course syllabus for more information.

As a Franklin University student, you will participate in clinical placement experiences designed to help you meet clinical course competencies. The nurse practitioner placement team will collaborate with you to secure clinical sites and preceptors based upon the course requirements and your location. The nurse practitioner placement team will carefully assess your request to ensure they meet our academic standards and submit to faculty for approval.

IMPORTANT NOTE: Occasionally, a student may need to travel a significant distance for a clinical placement opportunity. Faculty-selected clinical placements enable us to organize clinical learning experiences that meet the high standards and curricula of Franklin University.

Health and Safety

All students participating in clinical/practicum experiences must meet health and safety requirements. Documentation must begin six (6) months prior to the practicum/clinical course **and meet requirements at all times**. See Appendix I for all required items. Students will not be able to begin any practicum experience until all requirements and documentation have been submitted to the Clinical Coordinator (clinicals@franklin.edu).

Preceptors and Clinical Sites

Preceptors may be nurse practitioners, MDs, or DOs. In some states a preceptor may be a physician assistant. Prior approval is required. Please contact the clinical coordinator (clinicals@franklin.edu) for more information.

Clinical sites will be determined by the track/role specialization and minimal clinical expectations. Faculty are responsible for making clinical site placements and will communicate these with students prior to the start of each clinical course.

Qualifications

- The preceptor must have a current unencumbered state license as an APRN, physician, or physician assistant, and at least one year of experience in an area of practice relevant to the student's clinical needs.
- Nurse practitioners must have a master's or doctoral degree.
- Nurse Practitioners with national certification (based on state board of nursing rules) are preferred.
- Curriculum Vitae/Resume and a copy of the license (and certification as appropriate) are required for faculty approval.

Assignment of preceptors

- Preceptors **may not have more than 1 student** during a clinical day (this includes students from other programs).
- Students may spend no more than 8-10 hours in a clinical site in one day. Students may be placed in an office or clinic that is owned or managed by their employer. However, this **cannot be the office, clinic or unit where they are currently employed**. Preceptors **cannot** be relatives, close friends, or the personal health care provider of the student.
- Students may have more than one preceptor during a single clinical course **with prior faculty approval**. This will typically occur in sites that do not have an adequate population for pediatrics and/or women's health.
- Preceptors will be provided with an orientation to each course, progressive expectations, and course outcomes and competencies. The preceptor will provide an acknowledgement and agreement prior to the start of each clinical experience.

Approval of preceptor and clinical site

- Students complete the Preceptor Site Placement Form at least six (6) months prior to the clinical rotation (see Appendix II) and submit to clinicals@franklin.edu.
- Faculty are responsible for final approval of the preceptor and clinical site.
- The clinical rotation plan (including scheduling) shall only be changed in an emergency need and approved by the faculty member for the course.

Scheduling Clinical Hours

The student should schedule clinical practicum hours that are in keeping with the preceptor's schedule and availability - not the student's schedule or convenience. Prior to beginning the clinical practicum students and preceptors need to agree on the days and times that the student will be in the clinical agency. The student's personal and work schedules are expected to

accommodate participation in the required number of clinical hours specified by the clinical course. Students may not begin clinical practicum hours before the first official day of the semester that the course begins. All required supervised practice hours must be complete by the end of the semester unless the course faculty authorizes an extension, in writing.

Clinical hour scheduling for the trimester must be completed in E*Value no later than the 3rd day of the first week of the course. Any changes must be communicated to the clinical supervising faculty member via email at the same time the change is made in E*Value.

Number of Clinical Hours Required

This information is specifically discussed in the course syllabus, which is sent to preceptors prior to the start of the academic semester. The student will notify the clinical supervising faculty regarding how clinical time will be scheduled, e.g. ten-hour shifts, one day per week, or blocks of time, following discussion with the preceptor. Students are not permitted to be in the clinical site during weekends, holidays, or other times when the university is not in session, without written approval of the clinical supervising faculty member at least 2 weeks in advance of the scheduled time.

Student Attendance on Scheduled Clinical Days

The student must attend the number of clinical hours consistent with the program requirements regardless of when they reach the minimum required hours for the course. If a student reaches the required number of clinical hours prior to the last week of the course, they are expected to continue attending clinical at least once a week for 8 hours. Any deviation from these expectations require approval by the clinical supervising faculty, in writing, at least one week in advance of the schedule change. Hours in excess of the course minimum do not count towards the number of hours required for any other course.

Students should not assume that should they fail to complete the required number of clinical hours for the term that they will be permitted to make up clinical hours with their preceptor. The clinical supervising faculty and course instructor must provide approval for extending clinical hours beyond the semester in which the course is taken. If a student cannot complete the required hours due to an unforeseen event, the student must notify the clinical supervising faculty immediately to determine if the situation warrants an extension of the clinical practicum and under what conditions this will occur.

If a student is to be absent for a scheduled clinical day (due to illness or an emergency), the student should notify the preceptor prior to the beginning of the clinical day. On the first clinical day, students should identify the procedure for contacting the preceptor in case of absence. Additionally, it is the student's responsibility to notify the clinical supervising faculty and course instructor of the absence and negotiate make-up clinical time with the preceptor. If the student is not attending clinical days/hours as scheduled, the preceptor should notify the clinical supervising faculty and the course instructor promptly. In the event of a planned absence of the preceptor, he/she will make arrangements for a qualified back-up preceptor. **The clinical**

placement coordinator and course instructor will determine credentialing needs for back-up preceptor if this is anticipated for more than 1 (one) day.

Professional Dress and Behavior

Students are expected to dress appropriately (business casual) and behave in a professional manner at all times consistent with Occupational Safety and Health Administration (OSHA) standards. The clinical site may specify an alternative dress code (i.e. scrubs) in accordance with OSHA and state law considerations. Nurse Practitioner students are required to wear a Franklin picture identification nametag identifying them as a Nurse Practitioner student. Lab coats are required must have the Franklin University patch firmly affixed. Lab coats are purchased at the student's own expense and should be clean, ironed, and in good condition at all times. **Students must wear their Franklin University picture identification nametag and introduce themselves as a Nurse Practitioner Student at all times.**

Preparation

The student should prepare for the clinical experience as recommended by the preceptor, course instructor, clinical supervising faculty, and the Program Chair. This preparation includes understanding and meeting course learning objectives, conferring with faculty on areas of weakness that need to be refined, and seeking independent learning experiences that will promote self-confidence and competence. It is further recommended that prior to starting the clinical experience the preceptor will discuss with the student and supervising clinical faculty the patient population and most common health problems the student can expect to encounter at the clinical site. The student is expected to prepare for the clinical experience by reviewing reference materials that are relevant to the patient population and anticipated health problems.

On the first day of the clinical experience, the preceptor will orient the student to the clinical practice setting, facility policies and procedures, and required safety and learning modules.

Patient Care Responsibility and Medical Record Documentation

The student is expected to document in the patient medical records (paper or electronic) and sign all entries with their first and last name **followed by student designation (i.e. Jane Doe, Nurse Practitioner Student)**. Since the preceptor maintains the legal responsibility to examine the patient, establish the diagnosis, and determine the treatment and evaluation plan, he/she must also sign the medical record and all billing documentation. In some settings, students are not permitted to document in official patient medical records and will need to provide alternative sample documentation to the preceptor. Patient confidentiality, consistent with the Health Insurance Portability and Accountability Act (HIPAA) must be observed. **At no time may patient records be copied, photographed, or removed from the clinical site. Any infraction of this policy will result in a failure for the course and a written notice in the student file.**

Clinical Logs

Students are required to keep a log of all patient encounters and clinical hours throughout their clinical courses. A handwritten log will be completed along with the E*Value record. Students maintain an official clinical log in an electronic format. For this purpose, Franklin University utilizes E*Value. The use of E*Value enables students to track the number of patient encounters, procedures, diagnoses and ICD codes, diagnostic testing ordered, and medications prescribed. Students enter their clinical data into E*Value following each patient encounter or at the end of their clinical day. Entries later than 24 hours will not be considered valid.

It is the responsibility of the clinical supervising faculty to routinely evaluate the clinical case and time logs. When determining learning needs, or to evaluate a student's previous experience, it may be helpful for preceptors to review the student's clinical log. Students should encourage preceptors to periodically examine the contents of their log by logging in to E*Value and pulling a report. Patient confidentiality, consistent with the Health Insurance Portability and Accountability Act (HIPAA) must be observed. Specifically, the information in E*Value will disclose no patient identifiers. Students will receive information and instructions on the use of E*Value during orientation to the clinical experience.

Evaluation of the Preceptor and Clinical Site

Following the clinical practicum, the student will give feedback to the preceptor regarding their satisfaction with the quality of their learning experience. Students will complete an evaluation of the preceptor and clinical site (see Appendix IV). This evaluation will be available and completed in E*Value. Preceptors receive a log in and password from E*Value, reminders are sent out via the preceptor email address on record when evaluations are due to be completed.

Student Health: Illness/Injury During Clinical

1. In the event of a medical emergency, hazardous materials exposure, needle stick or sharp object injury, or other clinical-related injury as defined by the clinical preceptor, the student should be sent to the nearest emergency room. The student will be responsible for any charges incurred for these events. The preceptor and student will immediately notify the clinical supervising faculty of any such events.
2. In non-emergency situations, the student may verbally tell the course instructor and clinical supervising faculty that they elect to seek care from a private health care provider/clinic. Any expenses incurred will be the responsibility of the student. The student and/or preceptor will notify the course instructor and clinical supervising faculty of these events as soon as possible.
3. Documentation of an injury requires the completion of the Student Injury and Incident Report (see <https://www.franklin.edu/degrees/masters/MSN-FNP>). The student is responsible for completing the form and obtaining comments from the preceptor or agency representative. The student is responsible for forwarding the completed form to the clinical supervising faculty as soon as possible following the incident. The course instructor and program chair will review the information and make appropriate recommendations. The document will be filed in the student's personal file.

Impaired Student Policy: Perception of Impairment

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

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

The preceptor will not send the student home or permit him/her to leave the building. The clinical supervising faculty must be contacted immediately for instructions. The incident will be documented on the Student Injury and Incident report, which will be completed by the preceptor and clinical supervising faculty. Please review the Franklin University policies on alcohol and drug/controlled substance on the [Drug Free Schools and Communities Act](#) web page.

CLINICAL SUPERVISING FACULTY RESPONSIBILITIES

Overall Responsibility

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

Student and Preceptor Contact

Frequent contact with the student and preceptor in the clinical setting is necessary for the supervising faculty to understand how the student is performing. Frequent contact also facilitates early intervention when a student's performance is not at the level expected for that course. A minimum of three contacts per course are expected between the clinical supervising faculty, student, and preceptor. These contacts may be in the form of a phone call, video conferencing (i.e. SKYPE or FaceTime), and/or in person.

Clinical supervising faculty are responsible for the evaluation of the student using their own assessment data and input from the preceptors, and post the final grade for the clinical component of the course.

Site Visits

The purposes of a site visit include observation and evaluation of the student in an actual patient care situation and observation of the student's interaction with preceptors and staff. In addition, it provides the clinical supervising faculty, the preceptor, and the student with an opportunity to discuss the student's progress. Generally, site visits will occur between weeks 3-5 and 8-10. This will permit sufficient time for remediation and additional site visits, if needed. Clinical supervising faculty will make one to two site visits per term (depending on the course level) and not more than three, unless circumstances warrant additional visits. The date and time of the visits are confirmed in advance with the student, and it is the student's responsibility to inform the preceptor of the impending visit.

Site visits may occur via virtual media such as Zoom or in person. It is the student's responsibility to have an appropriate electronic device (i.e. Smart Phone or Tablet) and adequate data available for an electronic site visit. These visits will be recorded and available to the student for review upon request.

During the site visit, the clinical faculty will evaluate the student's progress (see Appendix III), provide feedback to the student, evaluate the clinical site and the preceptor, and communicate the student's status to the course lead faculty member. Monitoring E*Value entries to assess student progress in meeting the course requirements and competencies will be done during the site visit and routinely throughout the semester to ensure that hours and documentation are being properly recorded and in a timely manner.

Written documentation of the site visit is required, and at the conclusion of the visit the evaluation form will be signed by the student and clinical supervising faculty member. Instructions for submitting these forms in the course and saving to your E*VALUE portfolio will be provided in the course instructions.

Availability

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

NURSE PRACTITIONER STUDENT RESPONSIBILITIES

1. Submit the Preceptor/Site Placement Intent Form at least six (6) months prior to the start of a clinical course.
2. Students are assigned to clinical sites by Franklin University Nursing faculty after appropriateness of site and preceptor have been determined. Franklin University requires an affiliation agreement to be in place prior to student attendance at the clinical site. Preceptors are required to complete credentialing and preceptor statement of agreement for each student. Students are not permitted to attend clinical experiences in sites not approved by the nursing department.
3. Clinical experiences are Monday through Friday during regular business hours. Evenings, weekends and holidays are not permitted unless prior arrangements have been made with the clinical supervising faculty, clinical coordinator, and lead course faculty member at least two weeks in advance.
4. Students are expected to begin clinical experiences in the first week of classes and attend all the way through finals week, unless otherwise notified by the lead course faculty member. This may lead to more hours than required for the course and provides some flexibility in case of student or preceptor illness, vacation, or unexpected days off. Hours in excess of course requirements do not count towards another course.
5. Maintain patient confidentiality. Comply with HIPAA standards per clinical agency and course syllabi policy. Under no circumstance may records be copied, photographed, or removed from the agency.
6. Adhere to all clinical agency policies and procedures. **Students are required to identify themselves and sign any medical records as a Nurse Practitioner Student.**
7. Maintain all required documentation including current CPR, immunizations, health care insurance and student professional liability insurance in E*Value.
8. Adhere to all Franklin University policies and procedures and your state Board of Nursing rules. Failure to exhibit integrity, ethical conduct, professional standards, or any violation of the responsibilities listed herein may result in a failing grade and/or dismissal from the nursing program and the University. Student conduct in the clinical setting must be in a manner that demonstrates safety, adherence to professional standards, and reflects positively

upon Franklin University. Furthermore, the student will notify the clinical supervising faculty immediately of any unprofessional behavior or breach of contract by the preceptor.

9. Comply with all health documentation and other professional requirements of the clinical agency *prior* to the start of the clinical experience, including any request for a drug screen or additional background check.

Students who are unable to successfully complete these requirements will not be permitted to complete the MSN Nurse Practitioner track. In addition, each site may have unique requirements which the student is responsible for fulfilling.

10. Be prepared to work the day(s) and hours of the preceptor, and as agreed upon between the student, the preceptor, and the clinical supervising 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 prior to extended periods of supervision.
11. Maintain a clinical log per course syllabi in E*Value Entries are required within 24 hours of a clinical day.
12. Attend all scheduled clinical days, or notify the supervising clinical faculty and the clinical preceptor if an absence is necessary. Arrange for make-up time.
13. Collaborate with the clinical preceptor and clinical supervising faculty to develop specific learning goals for this clinical experience.
14. Demonstrate to the preceptor competence of specific skill(s) prior to performing them alone.
15. Maintain the student nurse practitioner 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 progressive expectations algorithm.
16. Arrange appointments, either in person or electronically, with the supervising clinical faculty to discuss progress toward goal achievement.

Appendix I Clinical/Practicum Documentation

<p>All students participating in clinical / practicum experiences must meet the following health and safety requirements to be enrolled in clinical courses. In an effort to ensure that documentation meets requirements at all times, students must provide evidence prior to the start of each semester. For example, if a CPR card expires in September the card needs to be renewed before the start of the fall semester in August Influenza vaccines must be received or a declination received no later than two (2) weeks from the time students are notified that they are available. Failure to keep documents up to day may result in an administrative withdrawal from the course or prohibition from attending clinical until the deficit is corrected.</p>	
SUBMITTED ONCE	SUBMITTED EVERY YEAR (AS APPLICABLE)
<p>Tuberculin 2-Step TST Quantiferon OR T-SPOT</p>	<p>Tuberculin 1-Step Annual TST T-Spot OR QuantiFeron Gold (Tuberculosis Chest X-Ray: required only for a positive TB test)</p>
<p>Hepatitis B 3 dose series documentation (and any boosters) and post vaccination anti- HBs titer level showing immunity OR Recent anti- HBs titer showing immunity OR Non-responder documentation OR Signed declination</p>	<p>Influenza Effective dates: 10/1-4/30 annually OR Signed declination (Note: clinical/practicum facility has the right to refuse access to the site or require masks at their discretion)</p>
<p>Measles, Mumps, Rubella (MMR) 2 dose series documentation OR Titer Tetanus/Diphtheria/Pertussis Tdap OR Td vaccination with date within 10yr Varicella (Chicken Pox) vaccine OR immunity by titer</p>	<p>Professional Liability Insurance must be current through a semester to be placed in clinical/practicum</p> <hr/> <p>CPR American Heart Association (AHA) BLS provider or Military Training Network (MTN) course</p>
<p>CPR American Heart Association (AHA) BLS provider or Military Training Network (MTN) course (must be current through a semester to be placed in clinical/practicum)</p>	<p>Background Check National Criminal Background Check including excluded Provider Search on OIG and GSA. (clinical/practicum facility has the right to request additional background checks including monthly OIB & GSA and drug screens at student cost)</p>
<p>Authorization for Release of Record to clinical/practicum site</p>	<p>Additional Requirements: this list may change as clinical/practicum sites may require more than our standard minimum. Changes will be communicated to you in writing within 10 days of notification to the University</p>
<p>General Waiver and Release of Liability form</p>	
<p>Required Education each healthcare institution will communicate to faculty and students any required educational content to be completed prior to participating in clinical/practicum experience</p>	

License must be active and unencumbered in the student primary licensing state as well as the state of clinical placement, as applicable, throughout the MSN program. Licenses will be verified prior to each clinical rotation.

Health Insurance must be maintained in active status throughout clinical courses.

**APPENDIX II FRANKLIN UNIVERSITY
Preceptor/Site Placement Intent Form**

NOTE THIS INFORMATION IS COLLECTED ELECTRONICALLY VIA E*VALUE

STUDENT INFORMATION			
Name:		Franklin email:	
Phone		Student ID:	
Course:	Year	Choose one:	Fall
		Winter	Summer
Are you employed at the proposed clinical site?		Have you had a rotation with this preceptor before?	

PRECEPTOR/SITE INFORMATION		
Preceptors full name		Credentials
Preceptors email address		Preceptors preferred contact number
Agency Name:		
Agency Mailing Address:		
City	State	Zip
Agency Telephone		Name of office manager or other onsite contact

PATIENT POPULATION		
Types of patients seen at your site (check all that apply)	Percent of time your practice serves each type of patient	Average number of patient type seen per day
Children (birth – 12)	%	
Adolescent (13-17)	%	
Women’s Health	%	
Adults (18-64)	%	

Older adults (65+)	%	
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PRECEPTOR EDUCATION/LICENSURE/EXPERIENCE		
Degree	School	Year
Degree	School	Year
Degree	School	Year
Professional License Number	State	Expiration Date
Professional License Number	State	Expiration Date
Professional Certification Number/Organization		Expiration Date
Professional Certification Number/Organization		Expiration Date
Years of experience in current position	Years of overall experience in the role	

APPENDIX III
Student/Faculty Evaluation of Clinical Practicum & Preceptor

NOTE THIS INFORMATION IS COLLECTED ELECTRONICALLY VIA E*VALUE

Student/Faculty Evaluation of Clinical Practicum & Preceptor

Student Name/Faculty Name:

Preceptor Name:

Clinical Site/Agency:

Course Name/Number:

I. Clinical Practicum

Please respond to the following by checking the appropriate box.

4= Excellent 3= Above Average 2= Average 1=Below Average N/A= Not Applicable

1. Practicum provided a balance of learning experiences
1 2 3 4 N/A
2. Practicum allowed for an opportunity to demonstrate advanced practice care
1 2 3 4 N/A
3. Clinical learning objectives were accomplished
1 2 3 4 N/A
4. Practicum provided the opportunity to apply course content, theory, and research to clinical practice
1 2 3 4 N/A
5. Overall organization of clinical practicum
1 2 3 4 N/A

II. Clinical Site

Please respond to the following by checking the appropriate box.

4= Excellent 3= Above Average 2= Average 1=Below Average N/A= Not Applicable

1. Orientation of the site included a tour of the unit/facility and an introduction to key people
1 2 3 4 N/A
2. Physical facilities were adequate and student was given adequate space to sit, chart, and access information
1 2 3 4 N/A
3. The acuity, variety, and volume of patients at this site were sufficient to attain learning objectives
1 2 3 4 N/A
4. Collaborative efforts between the physicians, nurse practitioners, staff, and students facilitated the achievement of learning objectives
1 2 3 4 N/A
5. The practicum site is receptive to student participation in patient care
1 2 3 4 N/A
6. Do you recommend this site for future use?
Yes No

III. Preceptor

Please respond to the following by checking the appropriate box.

4= Excellent 3= Above Average 2= Average 1=Below Average N/A= Not Applicable

1. Demonstrated clinical expertise and knowledge of field/specialty
1 2 3 4 N/A
2. Overall teaching effectiveness
1 2 3 4 N/A
3. Allowed opportunities to assume increasing responsibility, see, assess and manage patients while considering limits according to student's level of training
1 2 3 4 N/A
4. Provided direct observation of student's assessment of patient history and exam
1 2 3 4 N/A
5. Encouraged student to ask questions
1 2 3 4 N/A
6. Challenged student to explain findings and treatment plans
1 2 3 4 N/A
7. Provided individual feedback on student skill level
1 2 3 4 N/A
8. Preceptor was sensitive to student's learning needs
1 2 3 4 N/A
9. Preceptor was available for consultation
1 2 3 4 N/A
10. Implemented evidence-based practice and applied continuous quality improvement in delivery of care
1 2 3 4 N/A
11. Collaborated and consulted other members of the health care team when needed
1 2 3 4 N/A
12. Do you recommend this preceptor for future use?
Yes No

IV. Comments

1. What was the most challenging part of the clinical practicum?
2. Are there any issues, concerns, or positive components of this clinical experience faculty needs to be aware of?
3. Additional comments about the clinical experience, site, and/or preceptor. Anything else you would like faculty to know?

**APPENDIX IV Family Nurse Practitioner
Preceptor and Faculty Evaluation of Student**

NOTE THIS INFORMATION IS COLLECTED ELECTRONICALLY VIA E*VALUE

FAMILY NURSE PRACTITIONER STUDENT CLINICAL PRACTICUM

Clinical Competency Evaluation

Student Name: _____ Preceptor Name: _____

Practicum dates: _____ to _____ Course Number: _____

The midterm and final evaluations are based on accepted nurse practitioner competencies* and provide individualized feedback to students regarding strengths and areas for growth. The faculty has established expected averaged competency levels **for each domain** that students should meet by the **END of each clinical course:**

NURS 701 3.0 average
NURS 702 3.0 average
NURS 703 4.0 average
NURS 790 4.5 average

FOR MID-TERM EVALUATION: IT IS NOT EXPECTED THAT THE STUDENT WILL REACH THE END OF COURSE AVERAGES. PLEASE MARK ACCORDINGLY AND PROVIDE COMMENTS DETAILING AREAS FOR IMPROVEMENT.

PLEASE EVALUATE THE STUDENT'S PERFORMANCE BY SCORING EACH ELEMENT USING THE FOLLOWING CRITERIA:

NA = Not applicable or not observed

1 = **Omits** element or achieves **minimal competence** even with assistance

2 = Needs a **lot of direct supervision**

3 = Needs **some direct supervision**

4 = Needs **minimal direct supervision**

5= **Mostly independent** practice

Competencies

DOMAIN I.A: ASSESSMENT OF HEALTH STATUS	1	2	3	4	5	N A
1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family lifecycle using collateral information, as needed.						
2. Performs and documents complete or symptom-focused physical examinations on patients of all ages, (including developmental and behavioral screening, physical exam and mental health evaluations).						
3. Demonstrates proficiency in family assessment , including identification of health and psychosocial risk factors of patients across the lifespan and families in all stages of the family life cycle.						
4. Assesses specific family health needs and identifies and plans health promotion interventions for families at risk, within the context of community.						
5. Assesses the impact of acute and/or chronic illness or common injuries on the family as a whole.						
6. Distinguishes between normal and abnormal change across the lifespan.						
Comments:						
DOMAIN I.B: DIAGNOSIS OF HEALTH STATUS	1	2	3	4	5	N A
1. Identifies signs and symptoms of acute or chronic physical and mental illnesses across the lifespan.						
2. Manages diagnostic testing through the ordering and interpretation of age-, gender-, and condition-specific tests and screening procedures, with consideration of the costs, risks, and benefits to the individual.						
3. Applies theoretical knowledge and current research findings in analyzing and synthesizing data to make clinical judgments and decisions , individualizing care for individuals and families.						
4. Formulates comprehensive differential diagnoses and prioritizes health problems, considering epidemiology, life stage development and environmental and community characteristics.						
5. Assesses decision-making ability and consults and refers, appropriately						
Comments:						

	1	2	3	4	5	N A
DOMAIN I.C: PLAN OF CARE AND IMPLEMENTATION OF TREATMENT						
1. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.						
2. Treats common acute, chronic or acute exacerbations of physical and/or mental illnesses across the lifespan, to minimize complications and promote function and quality of living, including women’s reproductive health, perinatal care and end of life issues.						
3. Prescribes medications , understanding altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women and older adults.						
4. Prescribes therapeutic devices with consideration of the costs, risks, and benefits to the individual.						
5. Manages individual and family responses to the plan of care through evaluation, modification and documentation that includes response to therapies and changes in condition.						
6. Evaluates coping and support systems, lifestyle adaptations and resources for patients and families, facilitates transition and coordination of care between and within health care settings and the community and initiates appropriate referrals to other healthcare professionals.						
7. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, comorbidities, psychosocial, and financial issues.						
8. Facilitates family decision-making about health.						
9. Performs primary care procedures.						
Comments:						
DOMAIN II: NURSE PRACTITIONER-PATIENT RELATIONSHIP &						N A
DOMAIN III: TEACHING COACHING FUNCTION						
1. Maintains a sustainable partnership with individuals and families and communicates effectively with the individual and the family, provides anticipatory guidance and facilitates decision-making.						
2. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy on the ability and readiness to learn and tailor interventions accordingly.						
2. Applies principles of self-efficacy/empowerment in promoting behavior change.						

3. Develops educational interventions appropriate to individual and/or family needs, language and cultural beliefs, values, and cognitive level; reinforces positive health behaviors and incorporates self-care activities.												
4. Demonstrates knowledge and skill in addressing sensitive issues , such as sexuality, finances, mental health, terminal illness and substance abuse and provides anticipatory guidance, teaching, counseling and education for self-care .												
5. Assesses and promotes self-care in patients with disabilities.												
6. Plans and orders palliative care and end-of-life care, as appropriate.												
Comments:												
DOMAIN V: MANAGING / NEGOTIATING HEALTHCARE DELIVERY SYSTEMS & REGULATIONS							1	2	3	4	5	N A
1. Maintains current knowledge regarding state and federal regulations and programs for family healthcare.												
2. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families.												
Comments:												
PRECEPTOR COMMENTS:			STUDENT COMMENTS:			FACULTY COMMENTS:						

* National Organization of Nurse Practitioner Faculties (2013). Population-Focused Nurse Practitioner Competencies. Washington, DC: Author.

* National Organization of Nurse Practitioner Faculties (2017). Nurse Practitioner Core Competencies. Washington, DC: Author.