

Franklin University

NURSE PRACTITIONER SPECIALIZATION

Master of Science in Nursing (MSN)
Post-Graduate Certificate in Nursing (PGC)
Doctor of Nursing Practice (DNP)

HANDBOOK



June 1, 2021



PREFACE

The [Franklin University Catalog/Bulletin](https://www.franklin.edu/current-students/academic-resources/university-bulletin) Policies and Procedures, accessible at <https://www.franklin.edu/current-students/academic-resources/university-bulletin>, contains policies applicable to all students. The student Handbook is provided to all Master of Science in Nursing (MSN), Post-Graduate Certificate (PGC), and Doctor of Nursing Practice (DNP) nurse practitioner students as a supplemental guide related to specialized topics associated with completion of their degree program. The information in this handbook 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 require adherence to all policies, procedures, and regulations as stipulated by the MSN, post-graduate certificate or DNP programs, 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 and an acknowledgement of receipt is required.

This handbook is not intended to state contractual terms and does not constitute a contract between the student and the University.

Doctor of Nursing Practice Overview

DNP students please refer to the DNP handbook for the degree overview and program outcomes.

MSN Nurse Practitioner and Post-Graduate Certificate Overview

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.

The MSN nurse practitioner track is designed for those nurses who want to pursue more advanced positions in today's challenging health care environments. This MSN prepares the student to become an advanced practice registered nurse (APRN) who provides healthcare to individuals, families, and communities at various points across the lifespan. 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.

The Post-Graduate Certificate (PGC)

The post-graduate certificate is designed for nurses with an MSN who wish to increase their scope of practice into a nurse practitioner specialty role.

Graduates of the MSN or the PGC are prepared for the national certification examination as a Nurse Practitioner through the American Nurses Credentialing Center or the American Association of Nurse Practitioners.

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

MSN/PGC/DNP Practice Curriculum: The MSN, PGC and DNP advanced practice curricula are designed to meet the standards of the profession for graduate nurses. The curricula are informed by the American Association of Colleges of Nursing, the American Nurses Association, National Organization of Nurse Practitioner Faculties, National Task Force on Quality Nurse Practitioner Education and other professional bodies. Detailed information for the [MSN](#), [PGC](#) and [DNP](#) curricula is [located](#) on the Franklin University website.

Resources and Guides: Franklin University offers extensive resources to all students. Each course provides links to general and course-specific resources. Students are expected to become familiar with all resources, policies, and expectations as outlined in the [University Catalog](#) (Bulletin).

APA Format and Writing Mechanics: Unless otherwise stated, all assignments are in APA format (American Psychological Association (2020) *Publication manual of the American Psychological Association* (7th ed.). **Students are expected to be familiar with, 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 and tutoring are available through Franklin University's Learning Commons. Grammarly, a writing feedback service, is also available. Students are expected to submit papers and assignments in Microsoft Word (unless otherwise instructed).

Course Examinations: Examinations may be required in some graduate nursing courses. These examinations will be proctored. A fee may be 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.

Nurse Practitioner 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). If a student's cumulative grade point average falls below a 3.0 in one of the nurse practitioner courses, the Academic Standard for Probation and Dismissal will go into place. This policy can be found in the [Franklin University Bulletin](#).
2. 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" (84%) or better to pass the class.
3. A nurse practitioner student must achieve a "B" or better in each nurse practitioner course, as well as NURS 644 (Advanced Pathophysiology), and 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 or withdraws from a nurse practitioner course must repeat the course.
4. If a student receives a grade less than a B (B+ or B) or withdraws from 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. In lieu of academic dismissal, Nurse practitioner students who do not satisfy these standards will have the option to change to a different graduate program, provided they satisfy the admission requirements for that program and are in compliance with the University's academic standards for graduate students.
6. Academically dismissed graduate students seeking reinstatement to Franklin University may submit an appeal to the Graduate Council. (Please see the Academic Standards policy in the Academic Catalog)

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 Policies for All NURSE PRACTITIONER Students

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 and the student will not be able to progress to the next course until NURS 700 is completed. Please consult the Academic Calendar and course syllabus for more information.

While attending Franklin University, students will participate in clinical placement experiences designed to help you meet clinical course competencies. The nurse practitioner placement team will collaborate with students 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.

Clinical and Practicum Placement:

Students are expected to locate their own preceptor and clinical/practicum 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 the visit. The student should approach this initial visit as an “interview” as well as an excellent opportunity to “sell” their abilities/interest for becoming a leader in the organization or nurse practitioner. The practice site may be an excellent opportunity for future employment and/or valuable professional connections. Another option is direct messaging providers/preceptors via LinkedIn. Students may also have professional relationships in the workplace, community group, church, etc. who may be able to serve as a preceptor or personally introduce them to someone who may be available.

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.

If students encounter difficulty finding a site/preceptor after multiple documented attempts, we offer assistance and support to ensure students are able to access the clinical and practicum experiences they need. Please contact clinicals@franklin.edu for any questions. Nurse practitioner students are expected to have a site identified and secured six (6) months prior to the first clinical course.

Clinical/Practicum sites, if outside of the student's state of residence, must be in a state where Franklin is authorized to host a practicum experience. Please contact the clinical coordinator at clinicals@Franklin.edu if you have any questions about a potential location and state approval.

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.

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.
- 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.
- An email will be sent out to students two weeks prior to the start of clinical from clinicals@franklin.edu confirming placement for the semester.

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 EXXAT 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 EXXAT.

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, they 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 and 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.

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. This evaluation will be available and completed in EXXAT.

Preceptors receive a log in and password from EXXAT, reminders are sent out via the preceptor email address on record when evaluations are due to be completed. The preceptors will fill out a midterm and final evaluation on the student each term.

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, they 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 EXXAT record. Students maintain an official clinical log in an electronic format. For this purpose, Franklin University utilizes EXXAT. The use of EXXAT 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 EXXAT following each patient encounter or at the end of their clinical day. Entries later than 24 hours will not be considered valid.

All students must complete 150 hours as verified by your clinical supervising faculty member and required case logs in EXXAT to pass the course.

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 EXXAT and pulling a report. Patient confidentiality, consistent with the Health Insurance Portability and Accountability Act (HIPAA) must be observed. Specifically, the information in EXXAT will disclose no patient identifiers. Students will receive information and instructions on the use of EXXAT during orientation to the clinical experience.

Student Health: Illness/Injury During Clinical

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 course faculty of any such events.

In non-emergency situations, the student may verbally tell the course instructor 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.

Clinical Disruption Policy

The Clinical Disruption Policy applies to any in student who is a qualified individual with a documented disability causing a temporary lapse in progress within their clinical coursework.

Clinical Disruption Policy Details

Students will be provided the appropriate amount of time as is medically necessary to navigate their disability with required clinical coursework. Keeping this in mind, the time provided to assist the student cannot fundamentally alter the requirements of the clinical assignment.

- This policy is specific to the Nurse Practitioner Programs at Franklin University. As such, it does not override any legislation or policies current with the American Nurses Association or applicable Clinical Site Provider Policies.
- Faculty will demonstrate flexibility in working with students who follow the abovementioned procedure.
- Standard accommodations may include but are not limited to: (1) Allowance of a student to achieve a grade of Incomplete (“I”) in a course should the student have forty (40) clinical hours left to complete. Student would be required to complete all clinical course hours by a date predetermined by the Lead Faculty/Program Chair. (2) Allowance of a student to withdraw from a course at no charge via application for a Tuition Fee Waiver should it be deemed that they do not meet the hour threshold for receiving an Incomplete or are unable to complete the course due to their recorded disability.

- All students seeking medically based extensions or accommodations to clinical requirements or coursework in the Nurse Practitioner program are required to obtain and provide medical clearance documentation in order to continue in or return to clinical coursework. A health care provider providing treatment for the documented disability must provide documentation.

Procedure

- 1) Student should alert the Lead Faculty/Program Chair regarding a temporary or permanent disability that would necessitate a temporary lapse in their clinical coursework.
- 2) Student must contact and register with the Office of Disability Services and provide appropriate documentation of the need for an accommodation.
- 3) The Office of Disability Services will engage in the interactive process with the student in order to determine the appropriate accommodation to support the documented disability. This may involve engagement with the Faculty/Department Chair to assess the appropriate and acceptable accommodation.
- 4) Office of Disability Services will contact Lead Faculty/Program Chair officially identifying the recommended accommodation to be provided to the student.
- 5) Lead Faculty/Program Chair will implement and oversee the applicable accommodation(s).

Clinical Disruption Policy Notes

- Students who receive a grade of Incomplete are able to begin a subsequent clinical course. Should the student fail to complete the course by the predetermined date, they are not permitted to continue in the subsequent course. Students in this scenario will be dropped from the subsequent course at no charge.
- Students should work with the Program Chair/Lead Faculty and Clinical Site to determine how to complete remaining hours in the course. Appropriate alternatives will be explored by all parties to provide assistance to the student.

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 their 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 their 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. Zoom), 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 in a 12-week course (or weeks 6-8 and 13-15 in a 16-week course). 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. 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 towards clinical requirements (see Appendix II), 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 EXXAT 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 EXXAT 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 to the Clinical Placement Request Form at least six (6) months prior to the start of a clinical course as instructed by the clinical coordinator.
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. **All students must complete 150 hours as verified by your clinical supervising faculty member and required case logs in EXXAT to pass the course.**
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 EXXAT.

8. Adhere to all Franklin University policies and procedures and 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 or DNP 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 EXXAT 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; set up virtual site visits; ensure mid-term and final preceptor evaluation of student are completed (See Appendix III).

14. Demonstrate to the preceptor competence of specific skill(s) prior to performing them on the patient without direct supervision.
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 expectation algorithm.
16. Arrange appointments, either in person or electronically, with the supervising clinical faculty to discuss progress toward goal achievement.
17. Check Franklin University email account at least 3 times a week for messages.
18. Simulation experiences may be available for clinical hours and/or additional practice with permission from clinical supervising faculty.

Appendix I Clinical/Practicum Documentation

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.

SUBMITTED ONCE	SUBMITTED EVERY YEAR (AS APPLICABLE)
Tuberculin* 2-Step TST OR QuantiFeron Gold OR T-SPOT TB blood tests are not affected by the BCG vaccine	Tuberculin* 1-Step Annual TST OR T-Spot OR QuantiFeron Gold OR Known positive annual symptom check from health care provider Tuberculosis Chest X-Ray: required only for a first time positive TB test
Hepatitis B Choice of either the 2 or 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	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)
Measles, Mumps, Rubella (MMR) 2 dose series documentation OR Titre Tetanus/Diphtheria/Pertussis Tdap OR Td vaccination with date within 10yr Varicella (Chicken Pox) vaccine OR immunity by titer	Professional Liability Insurance must be current through a semester to be placed in clinical/practicum
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)	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)
Authorization for Release of Record to clinical/practicum site General Waiver and Release of Liability form	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
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	

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

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

*TB Screening and Testing of Health Care Personnel: <https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm>

APPENDIX IIa FRANKLIN UNIVERSITY FNP Clinical Requirements

This chart represents the recommended minimum requirements for clinical hours, visits, and procedures for completion of the FNP Clinical Competencies

Population	Total Hours (Recommended)	Minimum Number of Visits (Recommended)	Procedures/Visits (Recommended)	Percent of Time	Course Focus
Lab	16 hours prep and activities		Suturing, biopsy, toe nail removal, I&D	0%	NURS 700
Pediatric	50-100 hours	50 total		15%	NURS 701, 702, 703, 790
Newborn (0-4 weeks) exams		5			
Well child (5 weeks – 5 years)		15	15 well child exams		
School age (5-12 years)		15	5 well child exams		
Adolescents (13-17)		15	5 wellness exams or sports PE		
Adult	300-500 hours	300 total		60%	NURS 701, 702, 703, 790
Ages 18-65 and Geriatric 66+			150 episodic, acute and wellness exams 150 chronic care		
Women's Health	50-100 hours	50 visits		15%	NURS 701, 702, 703, 790
			5 pelvic examinations		
Specialty **	100 hours		See below for options.	10%	NUR 790

Potential sites include: clinics, medical offices, mobile clinics, rural health centers, telehealth, retail health (limited), long-term care settings, school or college health centers, employee health, health department, and other settings that are appropriate for the course and content.

Women's Health Visits may include well-woman examinations, dysmenorrhea, STI testing, pelvic pain, breast mass, menopause and menopause related problems, contraception, pregnancy and post-partum.

**Specialty areas may include dermatology, urgent care, pediatrics, women's health, gerontology, long-term care, interprofessional education and care, etc. The application for a specialty rotation must be pre-approved and submitted 6 weeks prior to the end of NURS 703.

APPENDIX IIb FRANKLIN UNIVERSITY AGPCNP Clinical Requirements

This chart represents the recommended minimum requirements for clinical hours, visits, and procedures for completion of the AGPCNP Clinical Competencies

Population	Total Hours (Recommended)	Minimum Number of Visits (Recommended)	Procedures/Visits (Recommended)	Percent of Time	Course Focus
Lab	16 hours prep and activities		Suturing, biopsy, toe nail removal, I&D	0%	NURS 700
Pediatric	50-100 hours	50 total		15%	NURS 701, 702, 710, 791
Adolescents (13-17)		15	5 wellness exams or sports PE; 15 well child exams		
Adult	300-500 hours	300 total		60%	NURS 701, 702, 710, 791
Ages 18-65 and			75 episodic, acute and wellness exams 75 chronic care		
Geriatric 66+*			75 episodic, acute and wellness exams 75 chronic care		
Women's Health	50-100 hours	50 visits		15%	NURS 701, 702, 710, 791
			5 pelvic examinations		
Specialty **	100 hours		See below for options.	10%	NUR 791

*Potential sites include: gerontologist, long term care, community based clinic, senior center, palliative care, geriatric hospice, CHF or other chronic disease specialties focusing on older adults, and other settings that are appropriate for the course and content.

Women's Health Visits may include well-woman examinations, dysmenorrhea, STI testing, pelvic pain, breast mass, menopause and menopause related problems, contraception, pregnancy and post-partum.

**Specialty areas may include dermatology, urgent care, pediatrics, women's health, gerontology, long-term care, interprofessional education and care, etc. The application for a specialty rotation must be pre-approved and submitted 6 weeks prior to the end of NURS 710.

APPENDIX III Family Nurse Practitioner

Preceptor Evaluation of Student

NOTE THIS INFORMATION IS COLLECTED ELECTRONICALLY VIA EXXAT

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 / NURS 710	4.0 average
NURS 790 / NURS 791	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 psycho- social 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:						

DOMAIN I.C: PLAN OF CARE AND IMPLEMENTATION OF TREATMENT	1	2	3	4	5	N A
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 &	1	2	3	4	5	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.						
3. Applies principles of self-efficacy/empowerment in promoting behavior change.						

4. 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.							
5. 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.							
6. Assesses and promotes self-care in patients with disabilities.							
7. Plans and orders palliative care and end-of-life care, as appropriate.							
Comments:							
DOMAIN V: MANAGING / NEGOTIATING HEALTHCARE DELIVERY SYSTEMS & REGULATIONS							N
	1	2	3	4	5		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.