

THE UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE



CLINICAL HANDBOOK
SPRING 2018 – FALL 2019

UofL

ADMINISTRATORS AND FACULTY

The DNP program is administered through the office of the director of the Doctor of Nursing Practice (DNP) program, Sara Robertson, DNP, APRN. Her telephone number is (502) 852-3801. Dr. Robertson ensures that a written contract with the agency and each preceptor are obtained prior to each clinical experience. Each clinical specialty also has a *Clinical Specialty Coordinator* who, in collaboration with other nurse practitioner faculty from the specialty, is responsible for the quality of the specialty curriculum and coordination of clinical experiences. The Clinical Specialty Coordinators are listed in the following table:

Track	Coordinator
Family	Sara Robertson DNP, APRN, FNP -C
Adult Gerontology Primary Care	Whitney Nash, PhD, APRN, ANP
Adult Gerontology Acute Care	Kimberly Meyer, PhD, APRN, ACNP
Neonatal	Leann Baker, MSN, APRN, NNP
Psychiatric Mental Health	Mary Beth Coty, PhD, APRN, PMHNP

In addition to the coordinators, a Clinical Faculty member is assigned to interact with the clinical preceptors, supervise, and evaluate the nurse practitioner student in the clinical setting. The Clinical Faculty member will be in touch with you and provide contact information. However, if you need to speak with this person and do not have this information or cannot reach the individual, call Dr. Robertson at 502 (852)-3801.

Clinical placement of students

The DNP Program director, in collaboration with the Clinical Placement Coordinator is responsible for placement of students in the clinical area. Students are required to complete three semesters of clinical practicum. Students are taught and supervised by University of Louisville nurse practitioner faculty and clinical faculty preceptors. A University of Louisville clinical faculty is assigned to each clinical student, but the on-site Clinical Preceptor provides the day-to-

day clinical supervision of students. Prior to the clinical placement of a student the following must be in place:

- A current agency agreement
- A preceptor contract
- The preceptor’s CV which includes title, discipline, credentials, licensure, education, and years in the role
- The clinical placement coordinator along with the program director will ensure that the practitioner is academically and experientially qualified. Preceptors:
 - May be an NP, MD or PA, or other licensed personnel that meet national nursing accrediting body requirements
 - Must hold an unencumbered license in the state where the clinical is located
 - Have at least 1 year of experience in the role and population focus for which the student is being prepared
- The preceptor must have received or have access to a copy of the preceptor handbook

Placement at a clinical site within 100 miles of the University of Louisville is guaranteed. Students may request sites outside of the 100 mile radius and those sites will be granted based on faculty availability to monitor and evaluate the student that that site. The preceptor request form can be found on the school of nursing website under DNP resources.

Clinical Hours

The student clinical hour to credit ratio is 6 to 1. The following chart depicts the number of credit hours needed each semester.

Semester	Credit	Hours
Fall	2	168
Spring	3	252
Summer	3	252

Some clinical rotations will have a specific schedule for the student to follow. For example, Best Care Clinic agreed to take a student on Tuesdays and Fridays. If this site is assigned to the student then the student is required to follow the assigned schedule. If there is not an assigned schedule, it is the responsibility of the student to meet with the preceptor and agree on a schedule that works for both parties. The clinical placement coordinator will let the student know if there is an assigned clinical schedule.

Activities other than face to face contact with patient that constitute clinical hours are:

- Up to 8 hours of nursing/nurse practitioner specific political activity
- Up to 16 hours of American Association of Nurse Practitioners (AANP) approved conference attendance at the Kentucky Association of Nurse Practitioners state conference or the AANP national conference (where presented material is not specific to your project topic)
- Time spent in the simulation or standardized patient lab that is arranged by faculty

Responsibilities of the Student, Preceptor and Clinical Faculty

The Nurse Practitioner student's responsibilities are to:

1. Interact with the client and ascertain appropriate historical information.
2. Correctly institute and perform an appropriate examination and perform diagnostic techniques related to the identified health problems
3. Identify the differential diagnoses and final diagnosis.
4. Develop an appropriate plan of care.
5. Verbally present the patient situation to the preceptor.
6. Obtain a satisfactory clinical performance evaluation in order to progress.
7. Contact the preceptor and the course faculty prior to the beginning of the semester to arrange mutually agreeable times for the practicum. Additional hours may be required as determined by the preceptor and faculty.
8. Complete a minimum of one, 6-8-hour-day per week unless the Clinical Faculty and the Clinical Track Coordinator have approved prior arrangement.

9. Meet University health requirements carry an active license to practice nursing, maintain student nurse practitioner malpractice insurance and maintain currency in CPR.
10. Keep a *Clinical Log* (See *Appendix A*) that documents each patient encounter and submit to Course Coordinator.
11. Submit a Summary of *Clinical Log* (See *Appendix A*) to the clinical faculty at the completion of each semester.
12. Be prepared for clinical practicum by reading references pertinent to the clinical situations that are common to the clinical site.
13. Contact the preceptor and clinical faculty before clinical absence.
14. Meet the needs of the patient holistically/foster health promotion.
15. Demonstrate consistency in the responsible preparation, documentation, communication, and promotion of continuity in the care of patient.
16. Practice within the guidelines of the Kentucky Nursing Laws (KRS 314), the ANA Scopes and Standards of Practice, The ANA Code of Ethics, and the AANP Scopes and Standards of Practice, the guidelines set forth in the course syllabus, the University of Louisville School of Nursing Graduate Student Handbook, and the rules and regulations of the health care agency or agencies that are the site of the clinical practicum.

The Clinical Preceptor's responsibilities are to:

1. Review the clinical objectives and assess how they can be accomplished within the uniqueness of his/her practice setting.
2. Orient the student to the practice setting and prepare site staff for student's arrival.
3. Provide adequate clinical space for the student to take patient's histories and to perform adequate physical examinations.
4. Obtain the patient's permission for the encounter or delegate this to the student.
5. For each patient presentation by the student:
 - a) Validate and give feedback regarding student's findings and assessment/impression,
 - b) Discuss the management plan consistent with his/her role and skill
6. Act as the student's liaison with other practice colleagues, clinical and office staff.

7. Provide the student with ongoing evaluation of clinical performance weekly and at the termination of the clinical rotation with the clinical faculty.
8. Alert the clinical faculty member to problems in student performance; this may be prior to on-site visits by Clinical Faculty as needed. Additional clinical experiences (over the required) may be necessary if, in the preceptor and/or faculty's opinion, the student is in need of additional experience.
9. Provide the student with opportunities to assess, diagnose, and treat clients with supervision according to the student's level of competency.
10. The number of patients that students can see independently will vary according to the course in which they are enrolled. Generally, we expect student's productivity to increase over time with a minimum of 5-8 patients per 8-hour clinical day. Preceptors facilitate this expectation by selecting patients that are appropriate for each student's current level of competence and observing them in patient interaction and provide feedback on performance.
11. *Selected Office Procedures for Clinical Practice* is included in the course of study. Students may perform these procedures only with supervision after didactic preparation. Procedures may include but are not limited to those listed in Appendix C.

The Clinical Faculty's responsibilities are to:

1. Contact the Preceptor at the beginning of each semester to answer questions and clarify student's learning needs. Thereafter, be available to the preceptor and student for consultation and assistance throughout the semester.
2. Serve as a liaison between the student, preceptor and the School of Nursing.
3. Consult with the preceptor in person at the time of the student visit.
4. Evaluate the student's performance during the semester.
 - a. Meet with the preceptor during the visit to the student.
 - b. Observe the student in the clinical situation (with a minimum of 2 clients).
 - c. Consult with the student and provide feedback.
5. Obtain and utilize preceptor input in course grade assignment.
6. Visit practice site(s) 1-2 times during each semester and more often if needed. On-site visits will generally be about 4 hours in length.

Documentation

The art of documentation is critical to the delivery and evaluation of high quality care as well as achieving proper reimbursement for services. These skills are essential for students to learn. Students may document services in the medical record; however, the preceptor may only refer to the student's documentation of an E/M service that is related to the Review of Systems and/or Past Family and/or Social History. According to the Centers for Medicare & Medicaid Services (2011), elements of student documentation that must be re-documented by the preceptor include the history of present illness, physical exam, and medical decision making. A preceptor may also choose to have students document on paper rather than directly in the EMR. Students should use the SOAP note format.

The Clinical Log

The student is responsible for keeping a daily *Clinical Log* (*Appendix A*). This clinical log is maintain via the Typhon electronic system. The information recorded by the student on the form is verified by the clinical faculty. The Clinical Faculty member reviews the information at the mid and endpoint of the clinical rotation to assure that the student has had the appropriate learning experiences for the course and forwards the form with recommendations, if appropriate, to the *Clinical Specialty Coordinator*. The information in needed to verify that the student has had the appropriate clinical experiences and to provide data for accreditation and traineeships.

Preceptor Feedback and clinical evaluation of the Student

The Preceptor will have the opportunity to use The Preceptor Feedback form (*Appendix B*) to provide feedback to the student and clinical faculty at a mid-point and at the conclusion of the clinical experience. The student will have the opportunity to rate him/her self on a similar form. The Clinical Faculty will review the preceptor's and student's self-evaluation forms regarding the student and will talk one-on-one with the preceptor and the student regarding student performance. With input from the preceptor, the Clinical Faculty will determine the final clinical pass/fail grade and assists the student in developing a plan to improve or maintain clinical performance. The Clinical Faculty Evaluation Form (*Appendix C*) mimics the Preceptor Feedback Form and the student self-evaluation form and contains

the same components. The student's self-evaluation form can be found in the clinical course syllabus.

The Clinical Faculty reports any unusual problem that threatens the success of the student to the Course and/or Clinical Specialty Coordinator.

Dress

Students should dress in a professional manner that is in line with standards of the clinical site.

Restrictions on dress include:

- Heels greater than 2 inches
- Short skirts
- Low hanging tops (remember you will be bending over)
- Pants that fit too low which allow for undergarments to be seen

Students should take their cues from their preceptor as to how to dress.

Hair should be pulled back from your face and should not be loose enough to fall on then patient when you are performing an exam.

The white coat is optional depending on the setting. If the setting requires a white coat then it is required.

You are required to display your U of L name badge at all times either on your coat or on your shirt. If your clinical site requires a picture ID then you will also need to wear your U of L picture ID.

Clinical Compliance

General clinical compliance for the School of Nursing is as follows:

1. **CPR Certification:**

Must complete CPR training through the American Heart Association: BLS for Healthcare Providers.

Requirement fulfilled by providing a copy of the CPR card to OSS.

2. **HIPAA Training Courses:**

Registering for HIPAA courses offered via the CITI platform (www.citiprogram.org)

Upon completion, a printout of the completion page for HIPAA security and HIPAA basic must be submitted to OSS. Only required prior to first semester of clinicals. Does

not have to be renewed unless notified by the university.

Requirement fulfilled by providing a copy of the Completion Page to OSS.

3. **Bloodborne Pathogen Compliance:**

Course offered online by the university and provides a Certificate of Completion.

Required yearly.

Requirement fulfilled by providing a copy of the Certificate of Completion to OSS.

4. **(BSN-DNP Only) Professional Liability Insurance:**

Please apply early. It may take 4-6 weeks to receive your policy after you apply. Effective date of policy should be first day of semester. Student Coverage with limits of \$1,000,000 to \$3,000,000.

Requirement fulfilled by submitting a copy of the policy cover page that has been issued with an effective date and coverage limits. An application is NOT proof of coverage.

5. **Proof of Registered Nursing Licensure:**

Requirement fulfilled by turning in a printed verification from the KBN registry or state where you are licensed.

6. **Immunization Compliance:**

This must be completed at the Campus Health Services office. Check with the immunization specialist at 852-2708 to confirm you are in compliance. For list of required immunizations go to:

<http://louisville.edu/campushealth/information/immunizations/health-professional-students/health-professional-students-immunizations>

7. **(BSN-DNP Only) Drug Screening:**

Please go to the following website for instructions on how to register for the test. <https://mycb.castlebranch.com> Use the same account that you used when you established your background check. If you don't know your account information, contact the CBC Customer Service Department at (888) 666-7788 ext. 7194. Your package code for UofL is **NI53dt**.

Required for first semester clinicals.

Requirement fulfilled upon the SON receipt of test results from the Castlebranch company. All results will be kept confidential.

The testing site closest to you can be found on this website. Please keep your login and password in case it is needed for future use. Students will be required to pay for the testing.

You will receive the results of your drug screen. However, if you are unable to provide evidence of a negative drug screen, you will not be allowed to attend clinical and thus must withdraw from all clinical courses. Please note that Kentucky Revised Statute (KRS) 314.031 has mandatory reporting requirements for licensed nurses that the SON must follow.

You may upload your proof of compliance documents using the [DNP - Document Submission Webform](#).

Some sites have additional clinical compliance requirements. The clinical placement coordinator will notify students if a site has additional requirements. Examples of additional requirements include: Additional HIPAA training; EMR training; organization orientation day ect.


Clinical Incident Reports

A clinical incident is an event or circumstance resulting from health care which could have, or did, lead to unintended harm to a person, loss or damage, and/or a complaint. In the context of this document, a 'person' includes a patient, client, visitor, clinical site staff, student, or instructor. If a student believes a clinical incident has, or may have, occurred the procedure to be followed is:

1. Student must notify faculty member as soon as an incident has occurred.
2. Faculty must ensure (a) the student completes the clinical incident report in an accurate and timely manner and (b) the agency receives communication about the incident.
3. If the incident involves a student injury and/or exposure, the student should contact the HSC Student Health Services at 852-6446. There is a HSC Student Health Services physician on-call 24 hours a day, 7 days a week to advise individuals.
4. In the event of a non-sterile needle stick, the physician will determine the need for any required interventions. IF an intervention is determined to be necessary, the physician will explain the process and make arrangements for the student to obtain emergency post-exposure drugs, available 24 hours a day. Any required blood work may be completed during routine office hours (Monday-Friday, 8:00am-4:30pm) up to 3-4 days after the exposure. Students who are rotating out of town should also follow the same process. The HSC Student Health Office will make arrangements for any necessary drugs through a local hospital or pharmacy as needed. The cost of the on-call service, diagnostic testing for the student and the initial 5 day starter supply of medications is included in the student health fee.

5. Any incident involving a student(s) must be reported by completion of the Clinical Incident Report Form within 24 hours of the occurrence.
6. The completed Clinical Incident form must be submitted within 72 hours of the occurrence to the course coordinator who will then forward the form to the Associate Dean for Academic Affairs for signature.
7. Associate Dean for Academic Affairs should forward to the Dean for signature.
8. Signed form should be filed in the Office of Associate Dean.

Appendix A: Electronic Clinical Log



Facility: University of Louisville (Facility #7278)
Case ID #: 1302-20091027-002

Nurse Practitioner Student Tracking - Data Entry Section
CASE INFO SCREEN

Student, Sample is logged in. [Log Out](#)
Date of Service: 10/27/2009 [Edit](#)

REQUIRED FIELD

Student Information

Semester: Fall

Course: NURS 624

Preceptor: ADAMS, Robert M.

Clinical Site: Norton Community Medical Associates-Barret AVE

Rural Visit

Underserved Area/Population

Patient Demographics

Group Encounter

Age: _____ years Pre-Term CHM?

Prenatal visit? Enter fetus age: _____ weeks

Gender: --Select One--

Race: --Select One--

Insurance: --Select One--

Clinical Information

Time with Patient: _____ minutes

Consult with Preceptor: _____ minutes (not part of patient time)

Type of Decision-Making: --Select One--

Student Participation: --Select One--

Reason for Visit: --Select One--

Chief Complaint: _____

Encounter #: --Select One--

Type of H & P: --Select One--

Axis IV (Psychosoc./ Environ.): _____

Axis V (GAF Scale 0-100): _____

Social Problems Addressed

<input type="checkbox"/> Abused Child/Adult	<input type="checkbox"/> Nutrition/Exercise
<input type="checkbox"/> Caretaking/Parenting	<input type="checkbox"/> Palliative/End of Life Care
<input type="checkbox"/> Education/Language	<input type="checkbox"/> Prevention
<input type="checkbox"/> Emotional	<input type="checkbox"/> Role Change
<input type="checkbox"/> Grief	<input type="checkbox"/> Safety
<input type="checkbox"/> Growth & Development	<input type="checkbox"/> Sanitation/Hygiene
<input type="checkbox"/> Housing/Residence	<input type="checkbox"/> Sexuality
<input type="checkbox"/> Income/Economic	<input type="checkbox"/> Social Contact/Isolation
<input type="checkbox"/> Interpersonal Relationships	<input type="checkbox"/> Spiritual Issues
<input type="checkbox"/> Issues w/Community Resources	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Legal	<input type="checkbox"/> Other: _____
<input type="checkbox"/> Neglected Child/Adult	

Diagnosis/ICD Codes

#1	<input type="text"/>	#5	<input type="text"/>
#2	<input type="text"/>	#6	<input type="text"/>
#3	<input type="text"/>	#7	<input type="text"/>
#4	<input type="text"/>	#8	<input type="text"/>

[AXIS I-III Translation](#)

Procedures/CPT® Codes

#1	<input type="text"/>	#7	<input type="text"/>
#2	<input type="text"/>	#8	<input type="text"/>
#3	<input type="text"/>	#9	<input type="text"/>
#4	<input type="text"/>	#10	<input type="text"/>
#5	<input type="text"/>	#11	<input type="text"/>
#6	<input type="text"/>	#12	<input type="text"/>

Birth & Delivery

Medications

OTC Drugs taken regularly: _____

Rx currently prescribed: _____

New/Refilled Rx This Visit: _____

Types of New/Refilled Rx This Visit

- Analgesic & Antipyretic
- Cardiology
- Dermatology
- Endocrinology
- ENT
- GI Agents
- Gynecology
- Hematology/Oncology
- Infectious Diseases
- Neurology
- Ophthalmology
- Psychiatric
- Pulmonary
- Rheumatology
- Urology
- Vaccines
- Wound Management
- Miscellaneous

Compliance Issues with Medications

- Caretaker failure
- Complexity/demands of treatment
- Denial of need
- Disappearance of symptoms
- Disbelief in benefits/efficacy
- Fear of addiction
- Financial concerns
- Forgetfulness
- Knowledge deficit
- Physical disability
- Pregnancy
- Psychiatric diagnosis
- Religious reasons
- Other/side effects: _____

Other Questions About This Encounter

Appendix B: Preceptor Feedback Form

Preceptor Clinical Feedback Form

University of Louisville DNP Program

The preceptor clinical feedback form is designed for the preceptor to give feedback to the clinical faculty and the student on the student's performance in clinicals. The student, over the course of the program, is expected to progress from the basic skills level in their first clinical course to intermediate or possibly high skills level during practicum. The form provides feedback and is intended to generate discussion and future performance goals with the clinical faculty. The clinical faculty will use the feedback from this form or verbally from the preceptor to evaluate the student and assign a final pass/fail grade. The clinical faculty evaluation form mimics the preceptor feedback form and has all of the same components.

Rating	Skill Level	Definition
1	Poor	Significant gaps exist in gathering patient information, interpretation of findings, and in the ability to generate even simple plans. Consistently requires substantial assistance/supervision to perform task adequately and is not demonstrating growth towards independence. Skill techniques are commonly incorrect. Communication is inaccurate and/or unclear. Does not demonstrate the ability to apply didactic content to the clinical setting. Does not understand practice parameters and/or there are concerns for unsafe practice.
2	Novice	There is a good attempt but gaps exist in gathering patient information, interpretation of findings and in the ability to generate a plan. A significant amount of assistance/supervision is needed, but student is moving toward independence. Skills demonstrate technique that is mostly correct but tentative and may need some correction. Communication is accurate but requires a lot of prompting from the preceptor and is disjointed or missing information. Beginning to incorporate didactic knowledge and has little clinical experience from which to build or may know didactic content but has not had the opportunity to apply.
3	Competent	Performs clinical duties with skill and able to gather patient information, interpret findings and generate a simple plan accurately most of the time. Requires some assistance/supervision. Skills demonstrate correct technique but may be slow or uneven. Communication is accurate but is

		disjointed or not succinct. Demonstrates ability to incorporate didactic knowledge and previous clinical experience
4	Proficient	Performs clinical duties with proficiency and skill. Gathers patient information, interprets data, and generates a plan with consistently accurate judgment. Needs minimal assistance/supervision. Psychomotor skills are smooth and sure. Communication is accurate, clear and succinct. Demonstrates clear ability to build on didactic knowledge and previous clinical experience.
0	Not Observed	There was not an opportunity to observe or verbally challenge the student with this competency. If > 4 competencies are not observed, the evaluator must assess the site and make a plan in conjunction with the student to meet all competencies.

Student Name	
Date of Evaluation	
Number of Hours completed	Semester _____ Total _____
Clinical Course Number	

	Preceptor
Scientific Foundation	
1. Critically analyzes data and evidence	
2. Discusses pathophysiology and course of diseases	
3. Applies psychosocial concepts related to health and illness	
Practice, Practice Inquiry, Quality	
4. History	
a. Obtains and accurately documents problem focused/ comprehensive age appropriate health histories	

b. Includes a complete or focused evaluation of the ROS is appropriate	
c. Modifies interview technique to meet differences in age, gender, and cultural factors	
d. Includes pertinent developmental assessment across the lifespan	
e. Performs risk assessment as appropriate	
5. Physical Assessment	
a. Performs episodic or complete physical examination accurately as appropriate	
b. Performs physical exam techniques that are supported by subjective data	
c. Displays consideration to safety, infection control, and cultural factors during the exam	
6. Distinguishes between normal and abnormal	
7. Assessment	
a. Formulates a list of differential diagnoses	
b. Formulates accurate problem list supported by patient data	
c. Produces and accurate list of client health risk behaviors and environmental health risks	
d. Demonstrates ability to identify “red flags” requiring urgent or emergent care, consultation or referral	
Plan	
8. Includes appropriate follow-up/referral/consultation in the plan of care	
9. Selects age and condition specific diagnostic tests and screening procedures	

10. Identifies and plans appropriate health promotion education, counselling, and anticipatory guidance to the patient/family/caregiver	
11. Identifies appropriate interventions (pharmacological & non-pharmacological)	
12. Synthesizes data from a variety of sources including evidence-based practice recommendations to approach patient management	
Ethics	
13. Integrates ethical principles in decision making and protects patient confidentiality	
Technology	
14. Translates technical and scientific information appropriately for patients	
Leadership	
15. Maintains a climate of mutual respect and shared values	
16. Communicates practice knowledge orally and in writing	
17. Consistently and effectively participates in and/or leads an inter-professional team in the provision of care.	
Policy & Systems	
18. Demonstrates an understanding of the interdependence of policy and practice	
19. Discusses ways to minimize risk of adverse patient outcomes	

20. Evaluates access, cost, care processes and health care structure when developing a management plan	
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Total points _____/ 116

NURS 787 – 73 points or above is passing

NURS 788 - 88 points or above is passing

NURS 789 - 102 Points or above is passing

Number of competencies not observed

Student’s strengths and overall comments about performance:

Areas for improvement or remediation:

Preceptor Name and Location:

Appendix C: Clinical Evaluation Form

Clinical Evaluation Form

University of Louisville DNP Program

This clinical evaluation form is designed to evaluate students during their clinical courses and to highlight areas in which the student is progressing satisfactorily and areas that require improvement. The student, over the course of the program, is expected to progress from the basic skills level in their first clinical course to intermediate or possibly high skills level during practicum. The clinical faculty will evaluate the student during the on-site visit and seek feedback from the preceptor and the student on the student performance and experience. The clinical faculty will submit the clinical evaluation form and assign a pass/fail grade based on the evaluation form.

Rating	Skill Level	Definition
1	Poor	Significant gaps exist in gathering patient information, interpretation of findings, and in the ability to generate even simple plans. Consistently requires substantial assistance/supervision to perform task adequately and is not demonstrating growth towards independence. Skill techniques are commonly incorrect. Communication is inaccurate and/or unclear. Does not demonstrate the ability to apply didactic content to the clinical setting. Does not understand practice parameters and/or there are concerns for unsafe practice.
2	Novice	There is a good attempt but gaps exist in gathering patient information, interpretation of findings and in the ability to generate a plan. A significant amount of assistance/supervision is needed, but student is moving toward independence. Skills demonstrate technique that is mostly correct but tentative and may need some correction. Communication is accurate but requires a lot of prompting from the preceptor and is disjointed or missing information. Beginning to incorporate didactic knowledge and has little clinical experience from which to build or may know didactic content but has not had the opportunity to apply.
3	Competent	Performs clinical duties with skill and able to gather patient information, interpret findings and generate a simple plan accurately most of the time. Requires some assistance/supervision. Skills demonstrate correct technique but may be slow or uneven. Communication is accurate but is disjointed or not succinct. Demonstrates ability to incorporate didactic knowledge and previous clinical experience

4	Proficient	Performs clinical duties with proficiency and skill. Gathers patient information, interprets data, and generates a plan with consistently accurate judgment. Needs minimal assistance/supervision. Psychomotor skills are smooth and sure. Communication is accurate, clear and succinct. Demonstrates clear ability to build on didactic knowledge and previous clinical experience.
0	Not Observed	There was not an opportunity to observe or verbally challenge the student with this competency. If > 4 competencies are not observed, the evaluator must assess the site and make a plan in conjunction with the student to meet all competencies.

Student Name	
Date of Evaluation	
Number of Hours completed	Semester _____ Total _____
Clinical Course Number	

	Faculty
Scientific Foundation	
21. Critically analyzes data and evidence	
22. Discusses pathophysiology and course of diseases	
23. Applies psychosocial concepts related to health and illness	
Practice, Practice Inquiry, Quality	
24. History	
f. Obtains and accurately documents problem focused/ comprehensive age appropriate health histories	
g. Includes a complete or focused evaluation of the ROS is appropriate	

h. Modifies interview technique to meet differences in age, gender, and cultural factors	
i. Includes pertinent developmental assessment across the lifespan	
j. Performs risk assessment as appropriate	
25. Physical Assessment	
d. Performs episodic or complete physical examination accurately as appropriate	
e. Performs physical exam techniques that are supported by subjective data	
f. Displays consideration to safety, infection control, and cultural factors during the exam	
26. Distinguishes between normal and abnormal	
27. Assessment	
e. Formulates a list of differential diagnoses	
f. Formulates accurate problem list supported by patient data	
g. Produces and accurate list of client health risk behaviors and environmental health risks	
h. Demonstrates ability to identify “red flags” requiring urgent or emergent care, consultation or referral	
Plan	
28. Includes appropriate follow-up/referral/consultation in the plan of care	
29. Selects age and condition specific diagnostic tests and screening procedures	
30. Identifies and plans appropriate health promotion education, counselling, and anticipatory guidance to the patient/family/caregiver	

31. Identifies appropriate interventions (pharmacological & non-pharmacological)	
32. Synthesizes data from a variety of sources including evidence-based practice recommendations to approach patient management	
Ethics	
33. Integrates ethical principles in decision making and protects patient confidentiality	
Technology	
34. Translates technical and scientific information appropriately for patients	
Leadership	
35. Maintains a climate of mutual respect and shared values	
36. Communicates practice knowledge orally and in writing	
37. Consistently and effectively participates in and/or leads an inter-professional team in the provision of care.	
Policy & Systems	
38. Demonstrates an understanding of the interdependence of policy and practice	
39. Discusses ways to minimize risk of adverse patient outcomes	
40. Evaluates access, cost, care processes and health care structure when developing a management plan	

Total points _____ / 116

NURS 787 – 73 points or above is passing

NURS 788 - 88 points or above is passing

NURS 789 - 102 Points or above is passing

Number of competencies not observed

Student's strengths and overall comments about performance:

Areas for improvement or remediation:

Evaluator: faculty _____ Preceptor _____ student (self) _____

Signature: _____

Appendix D: Objectives for Clinical Courses

NURS 787	NURS 788	789
<p>The purpose of this course is to provide clinical experiences in comprehensive patient assessment, diagnosis, and management of common health problems among select patient populations. Students will begin practicing the role of an APRN under preceptor supervision.</p>	<p>The purpose of this course is to provide advanced clinical experiences in comprehensive patient assessment, diagnosis, and management of complex problems among select patient populations. Students will strengthen and enhance their advanced practice skills with preceptor supervision.</p>	<p>This clinical experiences focuses on synthesis of theoretical, scientific, clinical knowledge and practice-based skills in the diagnosis and management of existing and potential health problems. Emphasis will be placed on the collaborative and leadership roles of the advanced practice nurse in health care delivery.</p>
<ol style="list-style-type: none"> 1. Use a systematic approach to identify health concerns of patients and their families. 2. Employ evidence-based clinical guidelines for use in the management of common health problems. 3. Synthesize clinical data to formulate health management plans. 4. Collaborate with patient, family, and other health professionals to develop and provide a health care plan. 5. Develop a philosophy of the role of the nurse practitioner as a member of the interprofessional health care team. 6. Incorporate culturally competent health care in advanced nursing practice. 	<ol style="list-style-type: none"> 1. Use a systematic approach to identify health concerns of patients and their families. 2. Employ evidence-based clinical guidelines for use in the management of complex health problems. 3. Synthesize clinical data to formulate comprehensive health management plans. 4. Collaborate with patient, family, and other health professionals to develop and provide a comprehensive health care plan. 5. Develop a philosophy of the role of the nurse practitioner as a member of the interprofessional health care team. 6. Incorporate culturally competent health care in advanced nursing practice. 	<ol style="list-style-type: none"> 1. Demonstrate clinical competence in advanced practice nursing based on selected specialty standards of practice. 2. Employ evidence-based clinical guidelines for use in the management of complex health problems. 3. Synthesize individual and aggregate data to formulate a comprehensive health management plan. 4. Lead an interprofessional team in the delivery of healthcare that includes appropriate referral, consultation, and continuity of care for clients. 5. Integrate an evolving personal philosophy of nursing and healthcare into the advanced practice role. 6. Analyze the impact of culture and environment on health behavior of individuals and families.

Appendix E: Program Goals and Student Learning Outcomes

University of Louisville School of Nursing Student Learning Outcomes

2017-2018

DNP Program

Institutional Effectiveness Program Goals 1-7		Program Outcomes	Student Learning Outcomes	Measures & Targets
Program Goal : Competency related to Professional Practice and training experiences	1	Demonstrate moral, ethical and legal behavior in the advanced nursing role. Essentials I, II, IV, V	1. Students will meet professional behavioral standards.	1 Clinical Evaluation (direct): 95% of students will satisfactorily meet clinical evaluation clinical indicator (13, 15, 19) on final evaluation.
Program Goal : Competency related to Content Knowledge	2	Apply knowledge and leadership skills in the provision of quality advanced nursing care. Essentials II, VII, VIII, IX	2. Students will meet leadership objectives related to final clinical evaluation/practicum evaluation.	2 Clinical Evaluation (direct): 95% of student will satisfactorily meet leadership indicators (8, 11, 12, 16) on final evaluation.
Program Goal : Competency related to Engagement in Research	3	Synthesize current evidence to plan and provide advanced nursing care. Essentials I, III, IV	3. Students will synthesize evidence to provide advanced nursing care.	3 Class assignment (direct): 3.1 95% of students will receive a satisfactory grade on their DNP project proposal defense.
Program Goal : Competency related to Professional Practice and Training experiences	4.	Use effective communication strategies with individuals, families, and groups in providing advanced nursing care. Essentials IX	4. Students will demonstrate effective communication in an advanced nursing role.	4 Clinical Evaluation (direct): 95% of students will satisfactorily meet clinical communication indicator (16) on final evaluations.

Program Goal: Competency related to major	5.	Develop, participate on, and/or lead inter-professional teams to improve patient and population health outcomes. Essentials II, IV, VII	5 Students will demonstrate inter-professional collaborative skills.	5. Clinical Evaluation (direct): 95% of students will satisfactorily meet clinical evaluation clinical indicator (16, 17) on final evaluation.
Program Goal : Competency related to Content Knowledge	6.	Demonstrate critical thinking in advanced nursing care of individuals, families, groups, and communities. Essentials I, IV, IX	6. Students will demonstrate critical thinking skills in the care of individuals, family, and groups.	6. Class assignment (direct): 95% of students will receive a satisfactory grade on their DNP practice project defense.
Program Goal : Competency related to community engagement	7.	Analyze the role of health policy and advocacy in the provision of health care. Essentials VI, VII, IX	7. Students will advocate for a change in or maintenance of a health policy related to a selected health care issue.	7. Class assignment (direct): 95% of students will receive a satisfactory grade on their health policy written assignment.

AACN directed DNP Program Goal:

Graduate education resulting in a **Doctor of Nursing Practice (DNP)** prepares nurse leaders to:

- a. Synthesize and apply knowledge to improve population outcomes
- b. Collaborate with other disciplines to improve the delivery of health care
- c. Assume clinical, leadership, executive, public policy and/or teaching roles
- d. Affect health policy through the application of knowledge. The DNP is the terminal practice degree in nursing.