

THE UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING
DOCTOR OF NURSING PRACTICE



NNP CLINICAL HANDBOOK

Spring 2021 – Fall 2022

UofL

NEONATAL NURSE PRACTITIONERS: STANDARDS AND ROLES

Nurse Practitioners are registered nurses with the advanced education (Doctor of Nursing Practice or Master of Science in Nursing) and clinical competency that is necessary for the delivery of high-quality acute or primary health care. Neonatal Nurse Practitioners (NNPs) provide health care to preterm (less than 37 weeks gestation) and full-term neonates, infants, toddlers up to 2 years of age, and their families/caregivers. Practice as an NNP requires specialized knowledge and skills if safe, high-quality care is to be delivered to patients. The NNP role includes the assessment, diagnosis and treatment of acute and chronic illness in neonates, infants and toddlers up to 2 years of age. They practice in acute care settings, providing care for neonates in Level I well-newborn nurseries and Levels II, III, and IV Neonatal Intensive Care Units. In addition to diagnosing and managing acute and chronically ill neonates/infants, NNPs emphasize health promotion and disease prevention. Services they provide include, but are not limited to: ordering, conducting and interpreting diagnostic and laboratory tests, attendance at high-risk deliveries, resuscitation management, advanced procedures, prescription of pharmacological agents and non-pharmacological therapies. Teaching and counseling individuals, families and groups is a major part of NNP practice. The NP practices autonomously and in collaboration with health care professionals and other individuals to diagnose, treat and manage the patient's health problems. Nurse Practitioners serve as a health care researcher, interdisciplinary consultant, and patient advocate (AAGNP, 2013). Standards of practice published by professional nursing organizations guide practice. These are: (1) The American Nurses' Association (ANA) Scopes and Standards of Practice for Advanced Practice Nurses and Nurse Midwives, (2) The ANA Code of Ethics, and (3) The American Academy of Nurse Practitioners Scopes and Standards of Practice for Nurse Practitioners, guide practice. Students have copies of the three practice documents and can share and discuss these with you. Specific to the NNP is the National Association of Neonatal Nurse Practitioners (NANNP) Competency and Orientation Toolkit for Neonatal Nurse Practitioners, 2nd Edition (2014), which provides guidelines for NNPs in continued competency as to maintain safe and competent care.

THE UNIVERSITY OF LOUISVILLE NEONATAL NURSE PRACTITIONER PROGRAM

The NNP Clinical Track began in August 1998 at the University of Louisville, School of Nursing. All nurse practitioner students complete the same core courses in nursing theory and role, evidence-based practice, informatics, health care systems, and health promotion disease prevention (*See Appendix A*). When students enter the clinical specialties, their course work reflects the specialty practice needs and courses become different. NNP students enroll in classes that promote the care of preterm (less than 37 weeks gestation) and full-term neonates, infants, toddlers up to 2 years of age, and their families/caregivers. Core and clinical courses for the NNP Program are in *Appendix A*. Other graduate clinical tracks at the University of Louisville are the *Adult-Gerontology Primary Care, Adult gerontology Acute Care, Family Nurse Practitioner, and Psych-Mental Health Nurse Practitioner*. If you would like further information on these clinical tracks, please call 852-8095.

ADMINISTRATORS AND FACULTY

The 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. The Neonatal Nurse Practitioner (NNP) Program Coordinator is Leann Baker, DNP, APRN, NNP-BC. Her telephone number is (502) 852-8470. Dr. Baker ensures that a written contract with the agency and each preceptor are obtained prior to each clinical experience. In addition, this program 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 Coordinator for the NNP concentration is Kimberly Knott, MSN, APRN, NNP-BC. 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 and NNP Program Coordinator, in collaboration with the Clinical Placement Coordinator, are responsible for placement of students in the clinical area. Students are required to complete three semesters of neonatal residency. 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/resume 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

- Must have their Master of Science degree or doctoral degree in nursing (MS, MSN, or higher) and be nationally certified as an NNP. Preceptors also may be physicians who are board-certified in neonatology (or seeking board certification).
- NNP preceptors must have a minimum of 1 year full-time equivalent experience in the NP role and have a minimum of 1-year full-time equivalent employment at the clinical site.
These requirements ensure that the preceptor at a given site has both the clinical expertise and the familiarity with the site necessary to provide supervision of the NNP students.
- Must hold an unencumbered license in the state where the clinical is located

- The preceptor-to-student ratio should be such that individual learning and evaluation are optimized. Therefore, the preceptor-to-student ratio should not exceed 1:2
- Preceptors for other clinical experiences (e.g., in antenatal, intrapartum, and primary care) must possess the clinical expertise necessary to provide safe guidance and appropriate education for the NNP students
- Preceptors must be oriented to NNP program requirements and expectations for supervision and evaluation of the NNP students
- 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 at 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 and clinical hours needed each semester.

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

Some clinical rotations will have a specific schedule for the student to follow. If the 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.

The clinical component of the NNP curriculum must include:

1. a minimum of 600 precepted clock hours with critically ill neonates or infants in the delivery room and in Level II, III, and IV NICUs
2. precepted clock hours with neonates with surgical or cardiovascular disease may occur in a pediatric ICU setting and may be included in the minimum 600 hours
3. while clinical experience in pediatric ICU and Level II NICUs caring for critically ill newborns is valid, the majority of the 600 precepted clock hours must be spent in Level III and IV NICUs
4. hours of observational experience may *not* be included in the minimum 600 hours.
5. clinical skills, or simulation laboratory hours and clinical seminar hours, may *not* be included in the minimum 600 hours
6. sufficient clinical experiences, including simulation in the care of NICU graduate patients or long-term hospitalized infants must be included to provide competency in the primary care component of the NNP scope of practice. This is in addition to the 600 hours required in the care of acute/critically ill neonates.
7. while it may be difficult to require a set number of deliveries that must be attended or procedures that must be performed, attention to building competence in these areas through clinical or simulation experiences should be documented.

Responsibilities of the Student, Preceptor and Clinical Faculty

(The following information is from the Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs, National Association of Neonatal Nurses, 2017; this information has been provided to the students.)

The Nurse Practitioner student's responsibilities are to:

1. Discuss specific clinical objectives, schedules, and general guidelines with the preceptor and faculty prior to the clinical rotation.
2. Provide the clinical site with the necessary documentation regarding licensure, health data, liability insurance, and educational information (curriculum vitae or résumé).
3. Observe the policies of the clinical site.
4. Adhere to the standards and scope of professional practice.
5. Communicate with the preceptor and faculty on clinical progress and learning needs.

6. Demonstrate independent learning, diagnostic reasoning skills, and the use of available resources.
7. Maintain and submit a log of clinical skills and activities.
8. Complete self-evaluations and evaluations of preceptor and clinical site as required.
9. Successfully complete the American Academy of Pediatrics/American Heart Association Neonatal Resuscitation Program prior to beginning the clinical preceptorship.
10. Obtain a satisfactory clinical performance evaluation in order to progress.
11. 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.
12. Complete a minimum of one, 6-8-hour-day per week unless the Clinical Faculty and the Clinical Specialty Coordinator have approved prior arrangement.
13. Meet University health requirements, carry an active license to practice nursing, maintain student nurse practitioner malpractice insurance and maintain currency in CPR.
14. Maintain the *APRN patient clinical time log* (Appendix B) that is signed by the preceptor every day, verifying the hours the student spent in clinical.
15. Keep a *Clinical Log on Typhon* (See Appendix B) that documents each patient encounter and submit to Course Coordinator.
16. **Submit a Summary of Clinical Log (See Appendix B) to the clinical faculty at the completion of each semester. Need a screen shot of neonatal page**
17. Be prepared for clinical practicum by reading references pertinent to the clinical situations that are common to the clinical site.
18. Contact the preceptor before clinical absence.
19. Meet the needs of the patient holistically/foster health promotion.
20. Demonstrate consistency in the responsible preparation, documentation, communication, and promotion of continuity in the care of patient.
21. 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.

Clinical Preceptor Responsibilities

1. Meet with the student prior to the preceptorship to discuss clinical objectives, schedules, and general guidelines. The preceptor should inform the student of any institutional orientation requirements. These should be completed prior to the beginning of the clinical experience. Refer the student to any standardized procedures and management protocols applicable to unit management.
2. Assign an initial caseload of patients. Expansion of the caseload will depend on the evaluation of the student's readiness, knowledge, and skill level.
3. Permit the student to perform all the required management activities for assigned patients under appropriate supervision. These activities include, but are not limited to, the following:
 - a. Participating in resuscitation and stabilization of neonates in the delivery room
 - b. Admitting patients to the nursery, obtaining the perinatal and neonatal history, performing physical examinations, developing the differential diagnosis, and proposing the initial management plan
 - c. Providing ongoing management of infants in collaboration with the preceptor and revising the management plan based on the evaluation of the infant's progress
 - d. Performing diagnostic tests and procedures as dictated by the status and needs of the patient
 - e. Responding to emergency situations to stabilize an infant
 - f. Documenting the infant's clinical status, plan of care, and response to therapy in the medical record
 - g. Evaluating the need for consultations and requesting them
 - h. Facilitating an understanding of the infant's current and future healthcare needs and providing support to parents and staff
 - i. Developing discharge plans
 - j. Participating in post-discharge primary care management
 - k. Participating in high-risk newborn transport if this service is available and if permitted by hospital and school protocol
 - l. Providing staff development by participating in educational programs.

4. Provide direct supervision when the student is involved in patient care. The preceptor should be available on site for ongoing consultation and evaluation of the care delivered throughout the clinical experience.
5. Review the student's documentation and make constructive suggestions for improvement.
6. Meet with the student on an ongoing basis to discuss specific learning objectives and experiences. These meetings should focus on patient management and documentation, successful completion of procedures, comprehension of pathophysiology and management, interaction with staff and family, and role transition. Plans should be made for future learning experiences to meet the student's evolving learning needs. This information must be communicated to the NNP faculty in a timely manner throughout the clinical preceptorship.
7. Evaluate the student. The preceptor must communicate with the student and the faculty member or program director. This should include written evaluation(s) of the student's performance furnished at specified intervals and upon completion of the preceptorship.
8. Contact the program director or appropriate faculty member in a timely fashion with concerns or questions regarding the preceptor's ability to fulfill responsibilities or if there are problems concerning the student's performance.
9. Sign the student's clinical time log at the end of each day, verifying the time the student spent in clinical.

Helpful Hints from *The One-Minute Teacher: Six Micro skills for Clinical Teaching*

1. Get a commitment: What do you think is going on? What would you like to accomplish on this visit?
2. Probe for supporting evidence: What led you to that conclusion? What else would you consider?
3. Teach general rules: When this happens, do this . . .
4. Reinforce what was right: Specifically, you did an excellent job of . . .
5. Correct mistakes: Next time this happens, try . . .

6. Identify next Learning steps: What do we need to learn more about?

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.
7. Develop clinical and didactic portions of the NNP program, as outlined in the section on curriculum.
8. Provide the preceptor with the program objectives, outlines of didactic material, student's required reading list, and clinical course outline prior to the beginning of the clinical rotation.
9. Develop an evaluation process and the necessary forms to be used for formative and summative evaluation throughout and upon completion of the clinical preceptorship.
10. Consult with the student and preceptor to provide clarification of clinical objectives, activities, specific individual responsibilities, and requirements.
11. Ensure that clinical site visits are conducted as outlined in NTF guidelines.
12. Give approval of the student's clinical evaluation and competency throughout the program.

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. A preceptor may also choose to have students document

on paper rather than directly in the EMR. Students should use the SOAP note format. Students are not required to document on every patient they see and can learn from discussion while the preceptor fills in the electronic note.

The Clinical Log and Time Log

The student is responsible for keeping a daily *Clinical Patient Log and APRN Clinical Patient Hour Time Log (Appendix B)*. This clinical log is maintained 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 is needed to verify that the student has had the appropriate clinical experiences and to provide data for accreditation and traineeships. NNP students will also be required to submit a weekly Clinical Reflective Journal via Typhon. The time log is a daily hours chart that is to be signed by the preceptor every day that the student is in clinical to verify the number of clinical hours.

Evaluation

The Clinical Faculty uses the form (*Appendix D*) to evaluate the student at a mid-point and at the conclusion of the clinical experience. The Clinical Faculty reviews and discusses their evaluation with the student, the preceptor's evaluation of the student, and the student's perceptions of their performance. With input from the preceptor, the Clinical Faculty determines the final clinical grade and assists the student in developing a plan to improve clinical performance. The Clinical Faculty reports any unusual problem that threatens the success of the student to the Course and/or Clinical Specialty Coordinator. This form can be accessed on the school of nursing website under DNP resources and is titled "Clinical Evaluation Instrument".

Students are required to fill out the Preceptor Evaluation Form which is accessed through Typhon Group Software. The preceptor evaluation is an essential component of feedback which ensures the student clinical experiences are valuable.

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 the 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 white 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 etc.

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 clinical faculty as soon as an incident has occurred.
2. Clinical 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 provider will determine the need for any required interventions. If an intervention is determined to be necessary, the provider 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 Report Form must be submitted within 72 hours of the occurrence to the course coordinator who will then forward the form to the DNP Program Director.
7. Signed form should be filed in the Office of the DNP Program Director

Appendix A: Neonatal Nurse Practitioner Curriculum

Core DNP Courses	Semester Hours	Total
NURS 741 Advanced Pathophysiology	4	
NURS 605 Theoretical Applications to Practice	3	
NURS 607 Foundational Concepts of EBP	3	
NURS 749 The Business of Healthcare	3	
NURS 744 Synthesis and Evaluation of Evidence Based Practice	3	
NURS 743 Epidemiology	3	
NURS 745 Health Information Technology	3	
NURS 746 Program Development and Evaluation	3	
NURS 747 Finance Management in Health Care Delivery	2	
NURS 725 Leadership and Health Policy for the Doctorally Prepared Nurse	3	
NURS 791 Advanced Statistical Applications	3	
NURS 657 Health Promotion & Disease Prevention in Culturally Diverse Populations	3	
NURS 748 Transformational Leader	3	
Total NNP Core Hours		39
NURS 761 Pediatric and Adolescent Well Child Theory	2	
NURS 763 Advanced Neonatal Physiology and Pathophysiology I	3	
NURS 765 Advanced Neonatal Physiology and Pathophysiology II	3	
NURS 764 Neonatal Diagnostic Reasoning I	1	
NURS 766 Neonatal Diagnostic Reasoning II	1	
NURS 767 Neonatal Residency I	3	
NURS 768 Neonatal Residency II	3	
NURS 769 Neonatal Residency III	3	
NURS 784 Advanced Neonatal Pharmacology	3	
NURS 785 Advanced Neonatal Assessment	3	
NURS 786 Human Embryology and Genetics	3	
TOTAL NNP HOURS		28
Total Credit Hours without project		67
Project Practicum:		
NURS750 DNP Project I: Project Inception	3	
NURS751 DNP Project II: Project Implementation	3	
NURS752 DNP Project III: Project Evaluation, Analysis, and Dissemination	3	
Total Project Practicum Hours		9
Total Program Hours		76

Note: To be considered as a candidate for the NNP program, the equivalent of 2 years of full-time clinical practice experience (within the last 5 years) in the care of critically ill neonates or infants in critical care inpatient settings is required *before a student begins clinical (residency) courses*. Students may enroll in preclinical courses while obtaining the necessary practice experience.

Appendix B: NNP Electronic Clinical Log and Clinical Time Log



Nurse Practitioner Student Tracking - Data Entry Section
CASE INFO SCREEN

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

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

[Save Data](#) [Cancel](#)

▶ = 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 Child?

Prenatal visit? Enter fetus age: _____ weeks

▶ Gender: --Select One--

▶ Race: --Select One--

▶ Insurance: --Select One--

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"/>

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--

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:

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 | |

Other Questions About This Encounter

APRN Student Clinical Patient Hour Time Log

Student Name _____ Semester _____ Course _____

Date	Clinical Site	Patient Clinical Hours	Clinical Preceptor Name	Signature
TOTAL HOURS FOR PAGE		XXX		

Appendix C: Selected Procedures for Clinical Practice

Performance of procedures for neonates and infants, including but not limited to:

1. Lumbar puncture
2. Umbilical vessel catheterization
3. Percutaneous arterial and venous catheters
4. Arterial puncture
5. Venipuncture
6. Capillary heel-stick blood sampling
7. Suprapubic bladder aspiration
8. Bladder catheterization
9. Endotracheal intubation
10. Laryngeal airway placement
11. Intraosseous
12. Needle aspiration of pneumothorax
13. Chest-tube insertion and removal
14. Exchange transfusion
15. Replacement of g-tube

There may be procedures not covered in an NNP program but that *are* part of the NNP scope of practice that the NNP graduate would be allowed to perform if credentialed by the facility. These may include:

- A. Circumcision
- B. Pericardial tap
- C. Ventricular tap
- D. Superficial suturing
- E. Removal of skin tags or extra digits by suture ligation

Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs (NANN, 2017).

Appendix D: Clinical Evaluation Form

Clinical Evaluation Form
University of Louisville DNP Program

This clinical evaluation tool 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 student will rate him or herself first, give the form to the preceptor who will then rate the student, and both will review the form together to generate discussion and generate future performance goals. The clinical faculty will use the same form and rate the student during the on-site visit.

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	

	Student	Preceptor	Faculty
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			

Total points _____ / 116

N787 – 73 points or above is passing

N788 - 88 points or above is passing

N789 - 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 E: Objectives for Clinical Courses

NURS 767	NURS 768	NURS 769
<p>The purpose of the NNP Residency is to provide neonatal nurse practitioner students with learning opportunities that facilitate continued development in the Neonatal Nurse Practitioner role. Students will work with preceptors in a variety of Level III-IV NICUs to advance the knowledge and skills acquired in previous coursework. This course provides the student with an immersion into the Neonatal Nurse Practitioner (NNP) role that allows development of increased skill and independence in decision-making as a NNP. Students are expected to identify, interpret, and apply current evidence to their practice and clinical decision-making in the care of critically ill infants.</p>	<p>This is the second clinical residency course for NNP students. The purpose of the NNP Residency is to provide students with learning opportunities that facilitate continued development in the Neonatal Nurse Practitioner role. Students will work with preceptors in a Level III-IV NICUs to advance the knowledge and skills acquired in previous and coursework. This course provides the student with an immersion into the Neonatal Nurse Practitioner (NNP) role that allows advance their skills and independence in decision-making as a NNP working with infants with increasingly complex medical problems. Students are expected to identify, interpret, and apply current evidence to their practice and clinical decision-making in the care of critically ill infants.</p>	<p>This is the third and final clinical residency course for the NNP student. The purpose of the NNP Residency is to provide neonatal nurse practitioner students with learning opportunities that facilitate continued development in the Neonatal Nurse Practitioner role. Students will work with preceptors in a variety of Level III-IV NICUs to advance the knowledge and skills acquired in previous coursework. This course provides the student with an immersion into the Neonatal Nurse Practitioner (NNP) role that allows continued development of skills and independence in decision-making as a NNP. Students are expected to identify, interpret, and apply current evidence to their practice and clinical decision-making in the care of critically ill infants and lead the health care team in infant management.</p>
<ol style="list-style-type: none"> 1. Apply the concepts of normal neonatal physiology and development when providing direct patient care. 2. Identify the genetic and/or pathophysiologic basis of common neonatal health disorders. 3. Manage the care of sick neonates of varying acuity with simple medical problems under the supervision of the NNP preceptor. 	<ol style="list-style-type: none"> 1. Apply the concepts of normal neonatal physiology and development when providing direct patient care. 2. Identify the genetic and/or pathophysiologic basis of common neonatal health disorders. 3. Manage the care of a caseload of sick neonates of varying acuity with complex medical problems under the supervision of the NNP preceptor. 	<ol style="list-style-type: none"> 1. Apply the concepts of normal neonatal physiology and development when providing direct patient care. 2. Identify the genetic and/or pathophysiologic basis of common neonatal health disorders. 3. Manage and provide leadership in the care of sick neonates of varying acuity under the supervision of the NNP preceptor.

<p>4. Demonstrate the advanced practice nurse practitioner role within the neonatal ICU setting consistent with established professional standards.</p> <p>5. Discuss indications, contraindications, and side effects of drugs commonly prescribed in the neonatal ICU.</p> <p>6. Apply the concepts of pharmacology of neonatal drug therapy in the clinical setting.</p> <p>7. Accurately obtain and record complete history and physical examination of the neonatal patient.</p> <p>8. Accurately document care of the neonatal patient in the medical record.</p> <p>9. Perform basic technical skills inherent to the neonatal nurse practitioner role.</p> <p>10. Present oral patient summaries and case analysis in a clear, concise and systematic manner.</p> <p>11. Accurately interpret common diagnostic lab data, tests and radiographs.</p> <p>12. Develop objectives for individual learning experience in student's chosen area of interest (e.g., cardiac or surgical care, radiology, nutrition, end of life care, etc.).</p> <p>13. Demonstrate the ability to make independent judgments in clinical practice.</p>	<p>4. Demonstrate the advanced practice nurse practitioner role within the neonatal ICU setting consistent with established professional standards.</p> <p>5. Discuss indications, contraindications, and side effects of drugs commonly prescribed in the neonatal ICU.</p> <p>6. Apply the concepts of pharmacology of neonatal drug therapy in the clinical setting.</p> <p>7. Accurately obtain and record complete history and physical examination of the neonatal patient.</p> <p>8. Accurately document care of the neonatal patient in the medical record.</p> <p>9. Increase competency in performing basic technical skills inherent to the neonatal nurse practitioner role.</p> <p>10. Present oral patient summaries and case analysis in a clear, concise and systematic manner.</p> <p>11. Accurately interpret common diagnostic lab data, tests and radiographs.</p> <p>12. Develop objectives for individual learning experience in student's chosen area of interest (e.g., cardiac or surgical care, radiology, nutrition, end of life care, etc.).</p> <p>13. Demonstrate the ability to make independent judgments in clinical practice.</p> <p>14. Establish and maintain collaborative relationships with health care colleagues.</p> <p>15. Analyze the effectiveness of care.</p>	<p>4. Demonstrate the advanced practice nurse practitioner role within the neonatal ICU setting consistent with established professional standards.</p> <p>5. Discuss indications, contraindications, and side effects of drugs commonly prescribed in the neonatal ICU.</p> <p>6. Apply the concepts of pharmacology of neonatal drug therapy in the clinical setting.</p> <p>7. Accurately obtain and record complete history and physical examination of the neonatal patient.</p> <p>8. Accurately document care of the neonatal patient in the medical record.</p> <p>9. Perform basic technical skills inherent to the neonatal nurse practitioner role.</p> <p>10. Present oral patient summaries and case analysis in a clear, concise and systematic manner.</p> <p>11. Accurately interpret common diagnostic lab data, tests and radiographs.</p> <p>12. Develop objectives for individual learning experience in student's chosen area of interest (e.g., cardiac or surgical care, radiology, nutrition, end of life care, etc.).</p>
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<p>14. Establish and maintain collaborative relationships with health care colleagues.</p> <p>15. Analyze the effectiveness of care.</p> <p>16. Apply concepts of Family Centered Care in the daily care of neonates.</p>	<p>16. Apply concepts of Family Centered Care in the daily care of neonates.</p>	<p>13. Demonstrate the ability to make independent judgments in clinical practice.</p> <p>14. Establish and maintain collaborative relationships with health care colleagues.</p> <p>15. Analyze the effectiveness of care.</p> <p>16. Apply concepts of Family Centered Care in the daily care of neonates.</p>
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Appendix F: Program Goals and Student Learning Outcomes

University of Louisville School of Nursing Student Learning Outcomes

DNP Program

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.

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.