



Whitson-Hester School of Nursing
TENNESSEE TECH

Whitson Hester School of Nursing MSN Clinical Guidelines

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TTU MSN Program

Clinical Placement Guidelines for Students, Preceptors, and Faculty

Introduction

These guidelines are used in conjunction with other University documents such as the TTU Graduate Catalogs and the WH-SON Graduate Student Handbook. The TTU Graduate Catalogs contain essential information about University policies and procedures. The WH-SON Graduate Student Handbook contains additional policies, regulations, resources, and services available for students. The Handbook and Guides are located on the [TTU Whitson-Hester School of Nursing website](#). This document complies with [AACN Essentials of Master's Education for Advanced Nursing Practice](#); [Consensus Model](#) APRN Regulation, Licensure, Accreditation, Certification, Education, NONPF Core Competencies for NP Education, University policy and departmental policy.

These guidelines pertain to the following student NP concentrations:

- Family Nurse Practitioner (FNP)
- Nursing Educator (NUED)
- Nursing Administration (NADM)

Nurse Practitioner Information

Nurse Practitioner Scope of Practice

Upon graduation from an accredited school of nursing, a national professional association such as the American Academy of Nurse Practitioners or the American Nurses Credentialing Center may certify NP graduates based on examination results. State law is the most powerful source of authority for NP practice. The state's Nurse Practice Act regulates the NPs practice and holds authority for state licensure. Statutes of legislators define the scope of practice in some states and the state board of nursing defines others. It is the responsibility of each student to determine the scope of practice for the state where the student will practice and to adhere to the Board of Nursing's requirements upon graduation. Review your state's Nurse Practice Act [here](#).

Nurse practitioner students function in a learning role under the direct supervision of the licensed preceptor. As such, there are certain practices and procedures that NP students are prohibited from performing while unlicensed. Further, patient safety dictates that competency is validated prior to performance.

Nurse practitioner students are prohibited from performing procedures for which they have not received previous clinical validation from faculty or a clinical preceptor through return demonstration and/or clinical competency examination. The clinical preceptor must provide direct supervision of the NP student at all times during any invasive procedures. If a student has questions about whether or not a procedure is

allowable in the clinical site, the student is required to contact the course faculty. Students are encouraged to observe procedures as the opportunity arises.

Nurse practitioner students are also at no time permitted to sign prescriptions, dispense medications, or e-prescribe medications. This is the responsibility of the licensed preceptor and is beyond the student's scope of practice. Prescriptive authority is gained after the student is successfully licensed in the state in which he/she practices. The student is encouraged to confer with the preceptor and make recommendations regarding the need for prescriptions.

Nurse Educator MSN Information

The Nursing Education concentration is designed to prepare students to meet established nurse educator competencies in one of five advanced clinical-focused areas: Adult Health Nursing; Psychiatric/Mental Health Nursing; Critical Care Nursing; Women's Health and Perinatal Nursing and Pediatric Nursing. The program provides a firm foundation in teaching/learning principles, curriculum/program development and evaluation, and methods to evaluate learning. The curriculum prepares graduates to assume the educator role with competence and confidence.

Nursing Administration Information

The Nursing Administration concentration provides a flexible learning environment and a highly individualized experience through which students gain a strong foundation in complex systems, organizational theory, financial management and leadership practice. It is designed for individuals who are interested in managing healthcare personnel and business operations typically found in a hospital or large service provider setting.

The vision of the American Organization of Nurse Executives (AONE) is to shape the future of healthcare through innovative nursing leadership. Innovative nursing leadership requires that nurses in leadership positions are competent.

AONE believes that managers at all levels must be competent in:

Communication and relationship-building

A knowledge of the healthcare environment

Leadership

Professionalism

Business skills

While all nursing leaders share these competency domains, the emphasis on particular competencies will be different depending on the leader's specific position in the organization. [The AONE Nurse Executive Competencies can be located at this link.](#)

General MSN Information

Advanced Health Assessment Skills & Simulation Experiences

MSN students will have the opportunity to develop advanced physical assessment skills through practice. Students are afforded the ability to use equipment, such as otoscopes, ophthalmoscopes, tuning forks, and reflex hammers available in the simulation lab. However, students are strongly encouraged to purchase their own equipment.

Note: Students are required to have access to the following for clinical experiences: ophthalmoscope, otoscope, stethoscope, reflex hammer, 512-Hz tuning fork, smart device (iPhone, droid, tablet, etc.), pen light, and retractable measuring tape. Supplies are often limited in rural health clinics and purchase of these items can ensure the student has essential equipment needed for practice and the clinical practicum experience.

The Simulation Labs at TTU WH-SON also provides students the opportunity to practice additional advanced skills. Labs may offer the following simulation equipment for all students: (a) ventriloscopes (murmurs, heart sounds, lung sounds, etc.); (b) OpthaSim (review technique, normal internal structures of eye and pathology); (c) OtoSim (review technique, normal internal ear structures and pathology); (d) pelvic models (Pap smear, bimanual exam, and rectovaginal exam); (e) prostate models (review technique and pathology); (f) testicular exam models (review technique and pathology).

Some practice/simulation time may be mandatory for students, this will be communicated in the course syllabi. Students who wish to arrange additional practice and/or simulation time should contact the Lab Coordinator at the Whitson-Hester School of Nursing.

Workshops

During the semester, there may be opportunities to attend workshops in the School of Nursing for skills requiring additional instruction including, but not limited to, suturing, incision and drainage, punch biopsy, x-ray interpretation, EKG interpretation, and intra-articular injection. These workshops will be announced as available. Faculty make every effort to arrange these experiences for NP students during on-site intensives. Workshops, simulation, and/or additional practice time may be required for validation of certain skills (Refer to Scope of Practice information above).

Clinical Competency Examinations-NURS 6102 Health Assessment

Graduate students must successfully pass a 3-part Clinical Competency Examination (CCE) as part of the course requirements for *NURS 6102 Health Assessment throughout the Lifespan Practicum* **prior** to beginning clinical experiences. This includes: (a) a head-to-toe exam; (b) a focused exam; and (c) a special procedures exam. The student must score a minimum of 80% on each component to successfully complete the CCE. Students who do not achieve an 80% on each component are not permitted to enter the clinical practicum site. Specific instructions for the CCEs are located in the course syllabus.

Clinical Site Criteria

Students should seek a variety of clinical experiences during their studies, including but not limited to rural clinics, urban clinics, and other community centers. Clinical site placement is primarily the responsibility of the student; however, the student may get clinical placement assistance from course faculty, concentration coordinators, Graduate Program Coordinator, or TTU Clinical Placement Coordinator. Students **may not** use their workplace (e.g. office, unit, department of employment) as a clinical site. However, if employed at a large health system, the student may obtain a clinical placement at another setting within the system. Obtaining an appropriate clinical site is the student's responsibility. Please refer to the *MSN Student Clinical Site and Preceptor Approval Process* sections.

Students residing in Tennessee may continue the TTU MSN Program if moving to another state. However there are states that will not license NPs who complete online programs. Students are advised to contact the board of nursing in the state to which they are moving to assure that licensure in the state will be permitted upon graduation. Additionally, not all states will allow NP students from other states to complete clinical practicums in that state. For more information, please access this link to the [State Authorization Reciprocity Agreement \(SARA\)](#). Nurse practitioner students should contact the state board of nursing for clarification. Furthermore, prior to relocation the student is responsible for notifying the TTU Whitson-Hester School of Nursing and Office of the Registrar regarding changes in residence.

The patient population seen during clinical experiences should match the student's specialization and courses. For example, NP students in primary care must have clinical experiences in primary care sites/settings, whereas NP students in Pediatrics & Women's Health must have clinical experiences in those sites/settings. Patient volume in the clinical site must be sufficient to allow the student an opportunity to see an array of patients to meet student-learning objectives for the specified course.

Students may spend no more than 12 hours at a clinical site in one clinical day. Transit time to and from the clinical site cannot be counted toward practicum hours. Students are prohibited from direct patient interaction if the clinical preceptor is not physically at the clinical site.

Defining Primary Care

Primary care is generally the patient's first point of entry into the health care system and is most often provided in an outpatient setting. Such healthcare settings provide preventive care and teach healthy lifestyles choices, while identifying and treating common medical conditions. Primary care providers address primary, secondary, and tertiary prevention modalities, health promotion, disease prevention, patient education, counseling, referral, advocacy, comprehensive, and holistic treatment plans. This form of care is performed and managed by a primary provider often in collaboration with other healthcare professionals. Examples of primary care include: (a) nurse practitioner office; (b) community health center; (b) physician practitioner office; (c) long-term care; (d) day care, etc. (AAFP, 2016). Students may also use an urgent care facility for clinical hours.

Defining Acute or Non-Primary Care

Acute care providers or facilities are the health system component or care delivery platform aimed at treating sudden, often unexpected, urgent or emergent episodes of injury or illness that can lead to

disability or death without rapid intervention. Such providers care for immediately life- or limb-threatening health conditions through a care delivery system driven by a response to immediate health threats of individuals with acute surgical needs, myocardial infarctions, acute cerebrovascular accidents, evaluation of patients with abdominal pain, etc. Examples of acute care encompass a range of clinical health locations including: (a) emergency medicine; (b) trauma care; (c) pre-hospital emergency care; (d) acute care surgery; (e) critical care; (f) urgent care; (g) short-term inpatient stabilization, etc. In conjunction with preventive care, acute care services complete a healthcare system paradigm that fully encompasses all essential aspects of the healthcare delivery system. If in doubt students should consult with their course faculty regarding the appropriateness of a clinical site (Hirshon et al., 2013).

Types of Experiences Required for NP Practicum			
Practicum Course	Hours	Preceptor Types	Patient Population
FNP Concentration			
NURS 6102 Advanced Health Assessment	N/A	Primary Care	Across the Lifespan
NURS 6611 Adult Health Primary Care I Practicum	120	Primary Care	Ages 18 and older (acute, episodic problems focuses on care of young and middle-aged adults)
NURS 6613 Adult Health Primary Care II Practicum	120	Primary Care	Ages 18 and older (chronic disease and multiple chronic conditions and focus on care of older adults)
NURS 6615 Primary Care Pediatrics and Women's Health Practicum	180	Primary care of children & women	Women: Menarche to senescence & Pediatrics: Birth to age 21
NURS 6616 Final FNP Practicum	120	Primary Care	Across the Lifespan
TOTAL	540		

Types of Experiences Required for Nurse Education Practicum			
Practicum Course	Hours	Preceptor Types	Patient Population
NURS 6102 Advanced Health Assessment	N/A		Across the Lifespan
NURS 6207 Clinical Focus Practicum	120	NP, PA, Physician, CNS	Specialization Area
NURS 6209 Nursing Education Practicum	240	Nurse Educator	Hospital nurses or Nursing Students
TOTAL	360		

Types of Experiences Required for Nurse Administration Practicum			
Practicum Course	Hours	Preceptor Types	Patient Population
NURS 6307 Nursing Management Practicum	120	Hospital Administrator /Nurse Executive	Healthcare Agencies
NURS 6309 Nursing Management Practicum	240	Hospital Administrator /Nurse Executive	Healthcare Agencies
TOTAL	360		

MSN Preceptor Criteria

Students *may not* precept with relatives or close friends as preceptors. Preceptors must have a current, unencumbered state license and national certification, as appropriate, in the population-focused or specialty practice area. Preceptors must hold a master's degree in their field at minimum. The preceptor must have at least one year of experience in the area of advanced practice relevant to the student's clinical focus. Students may spend no more than two semesters with an individual preceptor without faculty approval. Students should have no more than two preceptors during a single clinical course without faculty approval. The required student to preceptor ratio should be 1:1 if preceptor is seeing his/her own patients and 2:1 if preceptor is not seeing his/her own patients. Students are encouraged to precept with nurse practitioners. A nurse practitioner preceptor is required for at least one semester during the program.

MSN Student Clinical Site and Preceptor Approval Process

1. Review this document in its entirety.
2. Review the appropriate Student Handbook for your degree program in its entirety.
3. Learn to navigate MedaTrax (see instructions below).
4. Begin preceptor/clinical site search as early as possible. You may (and should if possible) secure commitments for future semesters beyond the one to two semesters discussed below. Names of previous preceptors/sites are available in MedaTrax. These names provide information for potential preceptors for students.
5. Once a potential preceptor is identified, the student submits the [Preceptor Intent Form](#).
6. Students will submit a Preceptor Intent Form for each preceptor he/she has for a practicum course, even if the student has previously worked with the preceptor.

7. The Preceptor Intent Form is submitted at least one to two semesters earlier than the expected clinical rotation. To facilitate the process, the following deadlines for submitting the Preceptor Intent Form are established:
 - a. Fall Semester – May 1
 - b. Spring Semester – October 1
 - c. Summer Semester – February 1
 - d. **Note:** *Late submissions will be processed, but may not be finalized by the start of the semester. This can delay a student's entry into the clinical site. Students are not permitted to enter the clinical site or work with a preceptor until approved and until the official TTU semester start date.*
8. Once the Preceptor Intent Form is completed in MedaTrax, the Clinical Placement Coordinator or related personnel reviews and assures the preceptor has the following:
 - A. Current unencumbered state license.
 - B. Current national certification.
 - C. Current Preceptor Agreement and Clinical Affiliation Agreement is in place (managed by the TTU Clinical Placement Coordinator).

Note: *If no agreement is in place, one is initiated. These steps are documented in MedaTrax. Depending on the amount of time required for contract processing and approval, the student's entry into the clinical site may be delayed.*
9. After all agreements and the Preceptor Intent Form are finalized the Clinical Placement Coordinator, and the course faculty will review the information in MedaTrax.
10. Clinical placement is confirmed in MedaTrax under the "Preceptor Request Tab" as either "Accepted" or "Accepted with Contingencies". Students cannot proceed with placements marked as "Pending" or "Denied".
11. After confirmation a placement has been accepted in MedaTrax, the student will complete and submit a Clinical Rotation Plan (instructions below) to the course faculty in D2L.
12. After reviewing the Clinical Rotation Plan, the course faculty will notify the student to begin the clinical experience.

Note: *If the preceptor/clinical site is not approved, the student begins an additional search. If the student is unable to find an appropriate preceptor, the student is expected to contact the course faculty, Concentration Coordinator, and/or Program Director/Clinical Placement Coordinator to determine an appropriate course of action.*

[See Preceptor Approval Process Flowchart](#)

Approved, fully executed agreements must be in place before students enter any clinical practicum site as part of the program. Students who begin clinical practicum hours without a preceptor agreement in place are in violation of the Academic Misconduct Policy and will be disciplined according to the policy (see Student Handbook and graduate catalog).

Clinical Rotation Plan

The [Clinical Rotation Plan \(CRP\)](#) allows faculty and students to ensure clinical hour requirements are met by establishing a plan for scheduled clinical time early in the semester. Faculty are required to know when and where students are during the clinical experience and be available for student/preceptor consultation

as needed. It is the student's responsibility to complete the CRP and submit it to the appropriate Dropbox in D2L.

Nurse Practitioner students are not permitted to schedule clinical time during days when the university is closed, as identified in the [TTU Academic Calendar](#). Students may participate in clinical rotations during TTU's Spring and Fall break with faculty approval. Students must keep the clinical faculty informed of the dates, times, and locations of clinical hours via the CRP. Completion of the CRP is required prior to the start of each practicum course. Students are not permitted to begin clinical rotations before the official University semester start date. All required clinical hours must be completed by the official last day of classes, as identified in the TTU Academic Calendar.

To complete the CRP:

1. The student will work with the preceptor to establish an appropriate schedule.
Note: Students are strongly encouraged to place priority on the preceptor's needs when establishing a schedule. It is recommended that clinical hours are evenly distributed throughout the semester (e.g. 12 hours per week). In the event of an unplanned preceptor absence during a scheduled clinical day, students are not permitted to work with a new preceptor unless the new preceptor has been approved through the process outlined in the Preceptor Approval Process above or there is a Clinical Affiliation Agreement. To determine if a Clinical Affiliation Agreement is in place, please contact the TTU Clinical Placement Coordinator or course faculty. In the case that no approved preceptor is available, students will need to leave the clinical site and initiate the process for changing the CRP as described below.
2. Clinical course faculty will review the CRP and provide final, written approval to start clinical via email or feedback in D2L.
3. A separate CRP must be completed in each clinical course.
4. Changes in the CRP should occur only in an emergency. If, during the semester, changes are necessary, it is the student's responsibility to revise the CRP as follows:
 - a. Transcribe the change(s) in the "Schedule Changes" section of the CRP.
 - b. Resubmit the revised CRP to the course D2L Dropbox.
 - c. Notify the preceptor and course faculty of change(s).
5. Students should notify the preceptor and the course faculty as soon as possible when a change is deemed necessary. The student must await faculty approval before implementing the changed schedule.

Note: Students are not permitted to be in the clinical site when the University is closed. Nights, holidays and weekends may or may not be approved by the faculty, depending on faculty availability. Faculty members reserve the right to reject requests for clinical rotations, clinical hours, clinical sites, or clinical preceptors at any time during the semester or program.

Clinical Attendance

The MSN student will adhere to the CRP schedule once established with the preceptor and approved by the faculty member. Any changes to the CRP must follow the process outlined above in the section, *Clinical Rotation Plan*. Students are expected to arrive at the clinical site on time and remain on site for the full duration of the clinical experience as outlined in the CRP. Students may leave the premises for a lunch break. Consistent or excessive tardiness and/or absences, and/or failure to adhere to the CRP may result in disciplinary action, including, but not limited to, dismissal from the clinical site, course failure, and/or

program dismissal. The preceptor and/or clinical site administration reserve the right to dismiss the student from the clinical site if the student fails to follow standards of professional behavior and conduct, including but not limited to, disinterest, excessive tardiness and/or absences, lack of professionalism, and/or failure to follow clinical site policies or procedures.

The student will notify the clinical site, preceptor, and faculty member if there is a late arrival or absence from clinical. Students who are absent for a scheduled clinical day (due to illness, family emergency, etc.), should contact the preceptor before the beginning of the clinical day. The process by which the student notifies the preceptor should be established between the student and the preceptor prior to the start of the clinical experience. It is also the student's responsibility to notify the course faculty and initiate the process of revising the CRP as outlined above.

Should a student fail to complete the required number of clinical hours for a semester or course, it is not assumed that they will be permitted to make up these hours with their preceptor. Approval for extending clinical practicum hours beyond the semester end date requires approval from the following: (a) course faculty; (b) course coordinator; (c) the appropriate Program Director/Coordinator.

Students who cannot complete the required clinical hours due to unforeseen events (due to illness, family emergencies, et.) should contact the course faculty immediately to determine if the situation warrants an extension of the clinical practicum and under what conditions it will occur. These situations are evaluated on an individual basis. Students who are scheduled to be in the clinical site during periods of inclement weather should refer to the Student Handbook and university [inclement weather policy](#).

Clinical Hours Required

FNP Students

Nurse practitioner students are required to complete a *minimum of 540 supervised clinical hours* of direct patient care, distributed and defined by the population-focused clinical practicum course. Information about the number of required clinical hours for each course can be found in the respective course syllabus. Clinical hours must be distributed over the entire semester.

Nurse practitioner students are encouraged to complete interprofessional education (IPE) experiences as part of the program. Interprofessional educational experiences can be achieved through collaboration with professionals in other disciplines including, but not limited to, pharmacists, physicians, physical therapists, speech therapists, dieticians, audiologists, etc. Interprofessional clinical experiences should be documented in MedaTrax. More information can be found in the Interprofessional Education and Practicum Policy in the Student Handbook.

Nurse Educator Students

Nurse Educator students are required to complete a minimum of 360 supervised clinical hours. 120 hours will be in the clinical area of specialization and 240 hours in the education area (either University or Hospital Education). Practicum hours must be distributed over the entire semester.

Nursing Educator students are encouraged to complete interprofessional education (IPE) experiences as part of the program. Interprofessional educational experiences can be achieved through collaboration with professionals in other disciplines including, but not limited to, pharmacists, physicians, physical therapists, speech therapists, dieticians, audiologists, etc. and other disciplines at the University.

Nurse Administration Students

Nurse Administration students are required to complete a minimum of 360 supervised clinical hours with a Nurse Executive or Hospital Administrator in a Healthcare Facility. Practicum hours must be distributed over the entire semester. Nursing Admin students are encouraged to complete interprofessional education (IPE) experiences as part of the program. Interprofessional educational experiences can be achieved through collaboration with professionals in other disciplines including, but not limited to, healthcare providers, pharmacists, Human Resources, Financial, etc. and other disciplines at the University (Business, Management, Human Resources).

Clinical Participation and Experiences

Students are expected to abide by University, School of Nursing, and clinical site policies and procedures while in the clinical setting. Students are also expected to be fully engaged in the clinical experience and participate in direct patient care under the supervision of the approved preceptor(s). Cell phone use in the clinical site is prohibited unless it is related to the clinical experience (use of Epocrates, UpToDate, etc.) or in the case of an emergency.

Preparation

The student should prepare for the clinical practicum as recommended by the preceptor, course faculty, course coordinator, and/or Program Director/Coordinator. To help ensure the most beneficial clinical experience, students should be self-directed in learning.

Orientation to the clinical site is at the discretion of the clinical site. The process by which orientation occurs should be determined before the student starts the clinical practicum. If a formal orientation is required, (an 8-hour day; 2-day class; 4-hour workshop, etc.) these hours cannot be used toward the total required number of clinical hours.

Supplies Needed

In addition to the supplies identified above in the section *Advanced Health Assessment Skills & Simulation Experiences*, students are required to purchase a School of Nursing white lab coat (purchase at uniform shop or University Book Store) and a student name badge (provided free to students upon request to School of Nursing) to wear during the clinical practicum. Lab coats should be clean, wrinkle free, and worn to every clinical practicum experience. Refer to the *Professional Dress Guidelines* policy in the Student Handbook for more information.

Participation

Students are expected to be active participants in practicum experiences. At a minimum, students are expected to:

- Discuss with the preceptor the most common types of patients or diagnoses seen in the clinical site.
- Review and identify evidence-based treatment guidelines, referral resources, and educational materials for managing patients.
- Discuss reporting/documentation preferences.
- Review the logistics of patient flow/clinic flow with the preceptor.

- Engage the preceptor in discussions about patient interactions, practice approaches, treatment options, protocols/guidelines, teaching handouts, requisitions, documentation, follow-up practices, and overall patient management.
- Report to the preceptor the chief complaint, complete HPI, ROS, and physical exam with an assessment/differential diagnosis(es) and a potential plan after each patient encounter.
- Read/review clinical guidelines and course texts.
- Review evidence-based clinical support resources (UpToDate, Epocrates, etc.).
- Review examination techniques, lab protocols, diagnoses and clinical management approaches including pharmacologic agents.
- Request feedback from the preceptor regarding clinical performance after each clinical day.
- Accept responsibility for expenses incurred during clinical, including travel expenses to and from the clinical sites.
- Accept responsibility for individual actions.
- Notify faculty at any time that consultation is needed.
- **Note:** *Neither the University nor the clinical sites are liable for injuries, diagnoses, or treatment of any illness a student may contract while in an agency for clinical purposes. Neither the University nor the clinical sites are liable for the loss of personal property.*

Electronic Medical Record (EMR) Access and Documentation

Students may be required to obtain access to the EMR system used at the clinical site. Any fees associated with gaining access to EMR systems are the responsibility of the student. Students may not count hours for any required EMR training toward the total clinical hours for the practicum.

Students should follow the policies and procedures outlined by the clinical site regarding medical record documentation. Students are expected to sign medical records as identified by the Name and Credential Signature policy found in the Student Handbook. Misrepresentation of credentials is prohibited and may result in regulatory sanctions as outlined by the University School of Nursing and State Board of Nursing.

Clinical Experience Documentation

Nurse Practitioner Students

Students are required to document all patient encounters and clinical hours in all NP practicum courses. Although not required, it is recommended that students document experiences on a handwritten [clinical log](#) during or at the end of each clinical day. Nurse practitioner students are required to enter clinical practicum information into MedaTrax. Clinical practicum experiences will be viewed by course faculty who will routinely review and evaluate information in clinical logs and MedaTrax as part of assessing the student's learning needs and/or evaluating previous clinical experiences. Clinical practicum experiences documented on clinical logs and/or in MedaTrax are to be in compliance with HIPAA. Students are to remove all patient identifiers.

Students are required to document clinical skills performed during each patient encounter in MedaTrax. Clinical skills are listed in MedaTrax in experience, under the procedures tab and include, but are not limited to the following: (a) orthopedic maneuvers; (b) joint injections (c) joint aspirations; (d) fundal height measurement, etc.

Falsifying documentation related to clinical experiences (submitting the same patient experience in more than one course, fabrication of patient data, etc.) or related to completion of clinical hours (such as

falsifying arrival and departure times) is prohibited. Students who falsify documentation related to clinical experience and/or the completion of clinical hours are subject to disciplinary action as described in the university and school Academic Misconduct Policy. Directions for use of MedaTrax are provided during new student orientation and below.

Nurse Educator and Administration Students

Nurse Educator and Administration Students are required to document their clinical hours in the MedaTrax. Clinical time logs will be reviewed by the course faculty.

Evaluations

Nurse Practitioner Students

Assessment and evaluation is essential to the teaching-learning experience. Nurse practitioner student evaluation is an essential part of ensuring minimum achievement of [The National Organization of Nurse Practitioner Faculties Core \(2017\) and Population-Focused NP \(2013\) Competencies](#). Both formative and summative evaluation processes are used in education.

Formative evaluation is iterative, occurring throughout the semester while allowing for feedback to the student and opportunities to improve as part of teaching-learning experience. The formative evaluation process is depicted on the *Flowchart Roles & Responsibilities/Student Formative Evaluation* document ([link](#)). This document provides guidance to students, preceptors, and faculty as part of the overall formative evaluation process. Please refer to the Flowchart for guidance regarding identified student deficiencies and/or immediate safety issues. Formative evaluation is used to guide the student's mid-semester clinical evaluation. Summative evaluation is the final evaluation and is focused on an overall appraisal of student competency achievement. Information in the summative evaluation should reflect the student's progress based on the mid-semester formative evaluation and performance for the remaining clinical practicum experience. Both the preceptor and the faculty complete a final, summative evaluation.

Students who are identified as having a knowledge deficit including, but not limited to, patient safety issues, will be required to work with faculty to complete a [Performance Improvement Contract](#) per the process outlined below in Faculty Responsibilities. Competency testing via a simulation experience in the TTU WH-SON simulation lab may be a component of a performance improvement contract. Preceptors and clinical faculty should notify any student in jeopardy of clinical failure **no later than the mid-point** of the NP student's clinical practicum hours and/or semester to allow for remediation. Preceptors should also notify the clinical faculty and the appropriate course coordinator whenever student performance is substandard. Students who receive failing grades on summative evaluations will not be allowed to progress in the program. Students who do not complete the requirements set forth on the Performance Improvement Contract will not pass the course. Students will complete evaluations of the preceptor, faculty, and clinical site. Preceptors will complete a mid-term and final evaluation of the student as defined in the course syllabus. Faculty will complete evaluations of the student, preceptor, and clinical site.

Nurse Educator and Administration students

Nurse Educator and Administration students will be required to evaluate their preceptor and their clinical site. This will ensure that we are utilizing appropriate sites and preceptors to meet your educational needs. All evaluations will be completed in the MedaTrax.

All evaluations are completed in MedaTrax and include the following:

Evaluations		
Student	Preceptor	Faculty
Student Evaluation of Preceptor	Preceptor Mid-term Evaluation of Student	Faculty Evaluation of Student
Student Evaluation of Clinical Site	Preceptor Final Evaluation of Student	Faculty Evaluation of Clinical Site
Performance Improvement Contract** (as needed)		Faculty Evaluation of Preceptor
		Performance Improvement Contract (as needed)

Faculty Site Visits

Clinical site visits from faculty are mandatory and will occur at least once per semester for each clinical practicum course and should occur by mid-semester between weeks 5 - 8. Depending on the individual situation, evaluation may be conducted in one of three ways: (a) face-to-face on-site visit (if <150 miles from university one-way); (b) videoconferencing via a HIPAA Compliance Office approved platform (e.g. Skype for Business or ZOOM); or (c) scheduled phone or videoconference with the preceptor (if method a and b are not possible). Additional site visits, phone calls, and/or videoconference sessions may be necessary and are at the faculty's discretion and/or by request from the preceptor.

Faculty site visits may be announced or unannounced. If, during the course of the site visit, the student's behavior, performance, punctuality, or professionalism is found to be unsatisfactory, the student will be required to work with faculty in the completion of a [Performance Improvement Contract](#). Failure to meet the specifications outlined in the Performance Improvement Contract may result in a failing grade and/or overall failure in the clinical practicum.

Instructions /resources for clinical practicum faculty site visits are found in the following links:

[Face to face on-site visit instructions](#)

[Phone/Video Conference with Preceptor](#)

Significant Medical or Psychiatric Event

In the event of a significant medical or psychiatric event before or during the semester in which the student is enrolled, the student will be required to disclose and provide a release from their health care provider to the course faculty and the appropriate program director/coordinator to resume clinical practicum hours. The release must include a statement granting full medical/psychiatric release without restrictions to continue in the clinical practicum course.

Delay in the completion of required clinical hours for the practicum within the time frame of the current semester may result in the inability to progress in the program.

Substance Abuse

Students who are suspected of substance abuse are subject to the [Substance Abuse Policy](#) as described on Policy Central.

Other General Policies and Procedures

Clinical Course Requirements

Refer to the Student Immunization Policy for information regarding *Clinical Course Requirements*. Clinical course requirements **must be** maintained throughout the duration of the entire program. Students who fail to maintain clinical course requirements will not be permitted in the clinical site.

OSHA

Students are required to comply with Occupational Safety and Health Administration standards for healthcare workers. [OSHA standards and information must be reviewed here](#). After completing a review of this information please complete the OSHA training certificate [available here](#) and upload to MedaTrax.

HIPAA

Students are required to comply with the University, School of Nursing, and clinical site policies and procedures for the Health Insurance Portability and Accountability Act (HIPAA). In some instances, students may be required to complete more than one HIPAA training exercise/program (e.g. HIPAA training for TTU and HIPAA training for the clinical site). At a minimum, students are required to complete annual HIPAA training as part of the Clinical Course Requirements prior to entry into the clinical site.

Patient confidentiality is of utmost importance and must be observed. Students are strictly prohibited from removing patient data and/or information in paper or electronic form from the clinical site. De-identified information required for completion of course assignments should be obtained during or after patient encounters while at the clinical site. Students are strongly encouraged to review the information on [Medscape](#) and on this U.S. Department of Health and Human Services [website](#).

Students who are in breach of HIPAA are subject to disciplinary action including, but not limited to, clinical site dismissal, course failure, program dismissal, University expulsion, and/or potential litigation. Students with questions about HIPAA should contact the TTU Office of Research.

Background Check

Students beginning their first clinical placements must complete a background check through our approved vendor. You can see instructions for starting your TrueScreen Background Check [here](#).

Professional Dress and Behavior

Students are required to abide by the *Professional Dress Guidelines* policy as described in the Student Handbook. Students are also expected to behave in a manner consistent with professional standards at all times as outlined by the *General Professional Behavior* policy in the Student Handbook. Failure to comply with these policies may result in disciplinary action including, but not limited to, clinical site dismissal, course failure, or program dismissal.

Employment

Given the rigorous nature of graduate education, students may find it difficult to maintain full-time employment. If the student makes the decision to maintain employment during graduate education, it is expected that employment will not interfere or impede any portion of the student's academic responsibilities. This includes, but is not limited to, attendance at mandatory on-campus Intensive sessions, synchronous class sessions, examinations, clinical lab experiences, completion of assignments,

and clinical practicum experiences. More information can be found in the *Employment of Students* policy in the Student Handbook.

Social Media/Networking

Students are expected to abide by the *Social Media/Networking* policy described in the Student Handbook. Failure to comply with the policy may result in disciplinary action, including but not limited to clinical site dismissal, course failure, program dismissal, and/or University expulsion.

MSN Student Responsibilities

Note: *This information is only a summary of responsibilities for the student. The Student Handbook and policies described in this document are the official references for students regarding clinical requirements and contain additional important information.*

It is the responsibility of the student to:

- Follow the Clinical Placement Guidelines for Students, Preceptors, & Faculty.
- Abide by TTU and School of Nursing policies as identified in the Student Handbook.
- Abide by all clinical agency policies and procedures.
- Complete all necessary paperwork prior to entering the clinical site.
- Exchange direct contact information with the preceptor.
- Develop personal learning objectives for each practicum course.
- Provide preceptor with copies of (a) course syllabus (course objectives, student learning outcomes, and faculty contact information); (b) personal learning objectives; (c) course skills list (if required by course).
- Develop a [Clinical Rotation Plan](#) as described above with the preceptor and submit the document to the appropriate course Dropbox.
- Be prepared to work the day(s) and hours of the preceptor and as agreed upon per the Clinical Rotation Plan.
- Request feedback from your preceptor on a regular basis, including review of the mid-semester and final evaluations.
- Maintain appropriate clinical logs as described above.
- Notify the clinical faculty and Clinical Placement Coordinator as early as possible of any difficulties experienced in the clinical rotation.
- Communicate regularly with your faculty member keeping them apprised of your clinical experiences and progress in meeting the clinical course objectives and competencies.
- Document all required experiences in the MedaTrax as directed.
- Send preceptor a formal thank-you note or letter.

[See flowchart describing student responsibilities for clinical placement.](#)

Preceptor Responsibilities

- Provide licensure and other documentation as required during the preceptor approval process.
- Exchange direct contact information with the student.
- Complete the Clinical Rotation Plan with the student.

- Orient the student to the office and clinic facilities (e.g. staff members, policies, attire, protocols, patient flow, records/documentation, requisitions, accessing other departments, communications, preceptor practice preferences and expectations).
- Demonstrate professional role-modeling.
- Provide the student with access to patient clinical records, documentation, and electronic health records systems if available.
- Explain to the student your organization, prioritization, patient evaluation, exam, diagnostic decisions, management, patient education, and follow-up for patients.
- Discuss expectations and parameters for practice with the student. Be direct about what you want relative to patient flow, sharing in the management of visits, and documentation. Students are **limited to observation to the first 1-2 days** after which the student should begin seeing a few patients in a dependent clinical role. Over the next several clinical days/weeks, the student should become increasingly independent, but always with preceptor oversight of student practice.
- Assist the student with the selection/inclusion of appropriate and increasingly challenging learning experiences.
- Be available to consult with the student or to assume responsibility for care as needed.
- Encourage and expect the student to become increasingly more responsible, pro-active, and self-reliant during the semester.
- Review clinical experiences daily and approve or reject.
- Document any learning deficiencies or clinical performance issues as they occur.
- Provide constructive feedback to the student via formative assessment.
- Address conflicts or concerns with the student as early as possible, clarifying your expectations and identifying solutions or necessary adjustments.
- Notify any student who is in jeopardy of failure **no later than mid-point** of the clinical practicum.
- Notify clinical faculty and course coordinator if student performance is substandard, failing, or if there are any other clinical or professional problems or concerns.
- Complete the mid-term preceptor evaluation.
- Complete the final preceptor evaluation.

[See flowchart describing student responsibilities for clinical placement.](#)

Clinical Placement Coordinator Responsibilities

- Review the Preceptor Intent Form for appropriateness of preceptor.
- Assist students in choosing a preceptor if they have difficulty achieving this on their own.
- Provide preceptor verification of preceptor hours for professional certification.
- Ensure recognition of preceptors at the end of each semester in cooperation with the clinical faculty.

Clinical Faculty Responsibilities

- Maintain ultimate responsibility for the clinical practicum course.
- Be available to students and preceptors. Information regarding availability should be provided to students and preceptors at the beginning of the semester and included on the course syllabus.
- Collaborate with students and preceptors regarding development of specific learning goals;
- Communicate frequently with students regarding clinical experiences and progress via emails, phone, in-person, and/or video conferencing.

- Communicate with preceptors on a regular basis via phone, email, in-person, and/or videoconferencing for collaboration regarding student learning needs.
- Review all clinical course documents (clinical logs; Clinical Rotation Plan, etc.).
- Meet with students outside of the clinical setting, as necessary.
- Notify the student promptly if problems with the clinical practicum experience are identified (e.g. inadequate numbers or types of patients to meet the clinical course objectives).
- Complete at least one site visit per semester as described above in *Faculty Site Visits*. If scheduling conflicts or an emergency arises, it is the responsibility of the clinical faculty to make arrangements with another faculty member for coverage and to notify the Course Coordinator and the appropriate Program Director of the change.
- Evaluate student competencies in the clinical site to ensure optimal care and adherence to agency expectations, guidelines, and standards.
- Notify student, Course Coordinator, Advisor, and appropriate Program Director as early as possible in the case of at-risk or unsatisfactory clinical performance.
- Document, in collaboration with the preceptor, specific deficiencies and establish a defined plan for remediation using [the Performance Improvement Plan Contract](#). Meet with the student to review the plan. Provide a copy of the contract to the student, the preceptor, the Course Coordinator, and the appropriate program director for placement in the student's academic file.
- Facilitate faculty/student/preceptor problem-solving when necessary, communicating with the Course Coordinator and/or appropriate Program Director as needed.
- Evaluate, score, and provide feedback on all SOAP notes and clinical assignments.
- Complete the *Faculty Evaluation of NP Student Clinical Performance*.
- Provide verification of preceptor hours.
- Ensures recognition of preceptors at the end of each semester in cooperation with the clinical placement coordinator.

[See faculty responsibilities for clinical placement flowchart.](#)

Clinical Management System

The School of Nursing has adopted the use of Medatrax as the Clinical Management System for the purpose of clinical course documentation including:

1. Student's [Clinical Health Requirements](#)
2. HIPAA & OSHA Training Certificates
3. Student's Preceptor Intent Form (PIF)
4. Student's clinical experiences including patient encounters
5. Student's skills checklist
6. Student's evaluation of preceptor/clinical site
7. Faculty evaluation of preceptor/clinical site
8. Student's clinical hours

Preceptors, students, and faculty are provided a MedaTrax account and training found currently on the Medatrax website. Preceptor login information is delivered via email to the preceptor after review and approval of preceptor intent form.

Nurse practitioner students will enter clinical experiences and skills in the MedaTrax. Clinical faculty review the student's submissions (patient encounters and clinical hours) into MedaTrax routinely throughout the semester. For questions or guidance with Medatrax, please contact Amy Hamlett at 1-800-647-4838 or webmaster@medatrax.com.

References

American Academy of Family Physicians (AAFP). (2016). Primary care. Retrieved from <https://www.aafp.org/about/policies/all/primary-care.html>.

Hirshon, J.M., Risko, N., Calvillo, E.J., Ramirez, S., Narayan, M., Theodosis, C., O'Neill, J. (2013). *Health systems and services: The role of acute care*. Retrieved from <http://www.who.int/bulletin/volumes/91/5/12-112664/en/>