

**Preceptor Handbook  
Family Nurse Practitioner Track**



**NURSING DEPARTMENT  
Fall 2023**

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Dear Preceptor,

On behalf of the Marian University Nursing Department, I would like to sincerely thank you for agreeing to be a preceptor for our Family Nurse Practitioner (FNP) student. Your willingness to volunteer your time and expertise is greatly appreciated and we could not succeed in providing our FNP students with a quality education without you.


This preceptor orientation packet complies with our accreditation requirements and provides you with information about Marian University, the Nursing Department policies, preceptor/practica guidelines, and several resources related to precepting. Along with the packet, you will also receive specific information about your student, assigned clinical faculty, semester dates and syllabus for the practicum course. Also, you can find more information about the Nursing Department and the FNP track at our website:

<https://www.marianuniversity.edu/degree/family-nurse-practitioner/>

Should you have any questions or concerns, please do not hesitate to contact me or your assigned clinical faculty (as appropriate) at any time.

Have a wonderful semester.

Sincerely,



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# MARIAN UNIVERSITY NURSING DEPARTMENT

## History

Marian University has offered both professional and liberal arts education since 1936. The baccalaureate program in nursing was begun in 1964, absorbing the St. Agnes School of Nursing and Health Professions in 1967. Today the nursing program is considered one of the finest in the Midwest. The MSN program began in 2002 and is accredited by the Commission on Collegiate Nursing Education.

## Accreditation

The baccalaureate degree program in nursing and master's degree program in nursing at Marian University is accredited by the Commission on Collegiate Nursing Education (<http://www.cneaccreditation.org>).

## Vision Statement

Developing potential and enriching lives through teaching and learning—united in service for a just and humane world.

## Mission Statement

Marian University is a Catholic applied liberal arts community that welcomes diverse spiritual traditions. Sponsored by the Congregation of Sisters of St. Agnes, Marian University engages students in the education of the whole person. We embrace justice and compassion and transform lives for professional service and leadership in the global community.

## Core Values

**Community:** Respecting our diversity as individuals, we encourage, challenge and nurture one another, joining together to accomplish our shared mission and vision.

**Learning:** We engage in a collaborative lifelong process of seeking truth and appropriating knowledge and values to transform the individual, our communities and the world.

**Service:** Through active service and ministry, we support one another and seek to meet the needs of the larger community.

**Social Justice:** We work to create individual and societal change which supports the value, dignity and opportunity of every person.

**Spiritual Traditions:** Valuing Marian's Catholic religious heritage, we respect each individual's freedom to explore a diversity of spiritual beliefs.

## **Nursing Program Mission**

The mission and philosophy of the Marian University nursing programs serve as a foundation for the development of graduate nursing program goals, which are to:

- Provide nursing programs grounded in Judeo-Christian tradition.
- Prepare learners for life-long learning in formal and informal settings.
- Provide nursing education that prepares students to practice nursing in various settings with diverse populations.
- The Master of Science in Nursing program offers two tracks: Family Nurse Practitioner and Nurse Educator. Both tracks prepare graduates for advanced nursing practice. The program also promotes continuing education and professional growth.

## **MSN Program Outcomes**

Upon completion of the Marian University Master of Science in Nursing (MSN) program, graduates demonstrate the processes of acquiring/generating knowledge, critical thinking, valuing, decision making, and communicating to:

1. Integrate advanced theoretical and scientific knowledge to guide advanced nursing leadership in diverse practice settings.
2. Integrate outcome data, evidence-based practice recommendations and professional standards of care to improve population health outcomes.
3. Apply leadership and inter-professional skills in healthcare delivery systems to ensure safe and quality care.
4. Apply principles of information systems and population health to deliver evidence-based, culturally relevant strategies for individuals, families and aggregate populations.
5. Employ collaborative strategies to advance the profession of nursing through the integration of theory, research, policy, and practice excellence.
6. Advocate for social justice and healthcare policy that promotes safe, cost-effective, and equitable outcomes.
7. Demonstrate critical and self-reflective thinking that promotes advanced role competency and professional accountability.

# Clinical Policies

## Dress and Appearance Code

*Clinical agency policy takes precedence. Where there is no policy, the following dress code is to be followed:*

Professional appearance and cleanliness have long been important to the nursing profession. The following policy has been established by the Nursing Senate:

1. Master's Students: business casual dress with consultation/lab coat if required
  - a. For men: button down or polo shirt and slacks
  - b. For women: blouse or shirt with skirt or slacks
  - c. For men and women: shoes according to practicum agency policy
  - d. Marian University Student ID card with picture which is provided to students during orientation. The name tag serves to identify the student for admission to clinical departments or nursing units.
2. All students:
  - a. No visible skin from neck to knees with exception of arms
  - b. No denim, sweats, leggings, short skirts, deep cut necklines, or exposed backs
  - c. Uniforms, shoes, and other appropriate clothing must be kept clean, neat, and pressed.
  - d. Meticulous personal hygiene is expected.
    - i. The student and/or uniform must not smell of tobacco products, perfume/cologne, or other scented products.
  - e. Hair
    - i. Unnatural color (i.e. blue, green, pink) not allowed
    - ii. Clean and worn off the collar neatly secured away from the face without large accessories
    - iii. Facial hair must be kept short
  - f. Jewelry
    - i. Smooth wedding bands are allowed
    - ii. A necklace, if worn, must be limited to a simple chain
    - iii. Earring, if worn, must be plain post-type earrings and not over one half inch in diameter. Once one earring per ear is allowed. No other visible body piercings (including tongue) are allowed.
  - g. Makeup, if worn, is to be modestly applied
  - h. Fingernails must be clean, free of polish, and short enough to not scratch clients or interfere with clean/sterile technique. Acrylic nails are not allowed.
  - i. No visible tattoos.
3. Students who appear for clinical or practicum inappropriately dressed or with poor hygiene will be dismissed from clinical/practicum which will count as an unexcused absence. Consistent or periodic failure to abide by this policy are grounds for clinical/practicum failure.

## **Confidentiality Policies and Procedures**

All students are must uphold confidential and all protected health information in accordance to the Graduate Nursing Student Handbook.

## **Preceptor Information**

### **Preceptor Eligibility**

The course faculty or the Associate Dean approves the use of any clinical preceptor. The following criteria are utilized in selecting clinical preceptors specific to the emphasis of the student:

1. Current licensure to practice in Wisconsin.
2. Master's in Nursing or Doctor of Nursing Practice degree with clinical preparation as an advanced practice registered nurse or an advanced degree in the appropriate field, or a physician. Physician Assistants may be considered with the approval of supervising physician. Certification in the appropriate area is strongly preferred.
3. At least two years of experience in the clinician role in germane settings.
4. Interest in assuming the responsibilities of the preceptor role.

## **Preceptor, Student and Clinical Faculty Responsibilities**

### **Preceptor Responsibilities**

1. Orient student to the clinical site and agency policies. Review the preferred method for communication with preceptor and/or clinic site.
2. Review advanced practice procedural and management protocols specific to the setting.
3. Communicate general guidelines to be used for preceptor/student interactions and for review and feedback of student performance.
4. Facilitate a collaborative and mutually respectful environment in which to learn.
5. Discuss expectations for the documentation of patient encounters.
6. Review the objectives of the course, and student's clinical objectives to determine the type of learning opportunities that will enhance the student's learning.
7. Discuss the overall plan for progression of student assignments regarding the number and complexity of patients.

8. Perform initial assessment of student's current level of proficiency through observation of history taking, physical assessment skills, and management plans and through guided questioning.
9. Facilitate student's progressive independence in clinical knowledge and skills.
10. Listen and provide constructive feedback on student's case presentation of each patient seen.
11. Provide daily feedback to improve the student's assessment and management skills.
12. Provide a variety of learning experiences with appropriate client populations.
13. Assist in providing a substitute preceptor in the event of an absence.
14. Promptly communicate issues of concern or unsafe practice (student behavior, clinical skills, and/or student progression) regarding the student to the clinical faculty.
15. Complete student's mid-term and final clinical evaluation and review with clinical faculty during site visit.
16. Student's final clinical grade will be awarded by the assigned clinical faculty.
17. Complete final student clinical evaluation in Typhon.

### **Student Responsibilities**

1. Complete all preceptor agreements prior to the start of the practicum.
2. Discuss practicum objectives and personal objectives and learning needs for the course with the preceptor.
3. Determine the schedule for the clinical experience, including days of week and hours per day. Submit clinical calendar via e-mail to the student's clinical faculty.
4. Adhere to professional attire that is in accordance with clinical site requirements and Marian University.
5. Maintain professional behavior in the clinical setting at all times.
6. Complete required clinical course paperwork and submit on time.
7. Collect and enter patient encounter data in clinical log as required in each clinical course.
8. Demonstrate increasing competencies and progressive independence in clinical knowledge and skills.
9. Function in the role of the nurse practitioner under the supervision of the preceptor incorporating evidence-based practice guidelines and clinical site policies.
10. Complete preceptor and clinical site evaluations at end of practicum.
11. Attend all scheduled practicum experiences on time and prepared, completing all required clinical hours for each clinical course.
12. Notify preceptor and clinical faculty as soon as possible if unable to attend clinical as scheduled and arrange make-up clinical day.

### **Clinical Faculty Responsibilities**

1. Assist student and preceptor to optimize clinical learning environment.
2. Regularly review clinical log entries.
3. Evaluate written assignments and provide feedback.



4. Conduct at least one site visit with the preceptor to observe the student and to discuss the student's clinical evaluation.
5. Be available to the preceptor to answer questions or concerns regarding the student's clinical experience.
6. Provide preceptor with preferred method of communication and be available.
7. Award student's final grade based upon achievement of clinical competencies.

### Preceptor Pointers

The one-minute preceptor model with 5 quick steps is a helpful guide for working with students. The modified micro-skills that make up the model are;

1. Get a commitment,
2. Probe for supporting evidence,
3. Teach general rules,
4. Reinforce what was done right, and
5. Correct mistakes.

Recently, Danielson (2008) concisely explained these steps:

1. **Get a verbal commitment from the student to an aspect of a case.** Ask questions such as "What do you think is going on with this patient?" or "What other diagnoses would you consider in this setting?" The act of stating a commitment pushes the student beyond his or her comfort level and makes the teaching encounter more interactive and personal.
2. **Probe for a rationale.** Determine if there is an adequate rationale for the student's answers to your questions. Encourage an appropriate reasoning process.
3. **Reinforce what was done well.** Positive comments should focus on specific behaviors that demonstrated knowledge, skills, or attitudes that you value as a preceptor. At the same time, it is important to tell the student what areas need improvement in as specific a manner as possible.
4. **Teach a general principle.** Take the information and data gleaned from an individual learning situation and apply them as a broader concept to other situations.
5. **Provide closure.** Time management is a critical function in clinical precepting. This final step serves the very important function of ending the teaching moment and defining what the role of the student will be in the next precepting opportunity. (p 1)

### Preceptor Resources

Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the preceptor role: challenges of clinical teaching. *Journal of Pediatric Health Care, 20*(3), 172-183. doi: S0891-5245(05)00437-2, from <http://www.paeaonline.org/index.php?ht=a/GetDocumentAction/i/80708>

Danielson, R. (2008). Is clinical precepting a lost art? *Clinician Reviews*, 18(7), 1.

MAHEC Office of Regional Primary Care Education. The one-minute preceptor: Five microskills for one-on-one teaching Retrieved 12/23/10, from <http://www.oucom.ohiou.edu/fd/monographs/microskills.htm>

Neher, J. O., Gordon, K. C., Meyer, B., & Stevens, N. (1992). A five-step "microskills" model of clinical teaching. *Journal of the American Board of Family Practice*, 5(4), 419-424 from, [http://www.siumed.edu/dme/downloads/2\\_five\\_microskills\\_article.pdf](http://www.siumed.edu/dme/downloads/2_five_microskills_article.pdf)

## Family Nurse Practitioner Practica Information

### FNP Practica Descriptions

**NUR 623 Practicum 1: Family Nurse Practitioner and Role Development (3 credits)** The graduate student begins to implement the role of the family nurse practitioner. Using critical thinking, the student develops decision-making and clinical management skills in family-centered health when caring for individuals and their families across the lifespan. The student utilizes data-gathering techniques and diagnostic reasoning in order to enhance, maintain, and restore health. The focus of the first practicum is on practicing advanced health assessment skills, establishing therapeutic relationships with clients, the differential diagnostic process, and collegial relationships with other health care providers. Health education is emphasized. The student manages acute and chronic health problems, as well as integrating health protection, health promotion, and disease prevention while under the direction of a health care preceptor provider. Discussion of practicum experiences with a focus on the client case presentations and role development are integrated throughout the course. Employee and occupational health will also be addressed. **(Minimum 234 clinical hours).**

**NUR 632 Practicum II: Family Nurse Practitioner and Role Development (3 credits)** The graduate student continues to implement the role of the Family nurse practitioner. Using critical thinking, the student continues to develop decision-making and clinical management skills in caring for individuals and their families. The student utilizes data-gathering techniques with analysis in order to enhance, maintain, and restore health. Health education is emphasized. The student manages acute and chronic health problems in cooperation with a health care preceptor provider. Discussion of the practicum experiences with a focus on the client profile and role development occurs weekly. The areas of radiology, office procedures, cardiac emergencies and electrocardiograms will be addressed. **(Minimum 234 clinical hours).**

**NUR 642 Practicum III: Family Nurse Practitioner and Role Development (3 credits)** Graduate students synthesize the role for the family nurse practitioner. Using critical thinking skills, the graduate student synthesizes decision-making and clinical management skills for individuals and their families. The graduate student utilizes data-gathering and diagnostic reasoning techniques with analysis in order to enhance, maintain, and restore health of complex clients and families. Health education and program planning are emphasized. Students manage acute and chronic health

problems in collaboration with a health care provider and demonstrate the ability to recognize less common health issues. Discussion of practicum experiences with a focus on the client case studies and role development occurs regularly. The course focuses on greater responsibility and accountability in managing care of acute clients as well as family groups. Collaborative management of acute and chronic problems for the complex client and family with multi-system problems is explored. **(Minimum 209 clinical hours).**

**Family Nurse Practitioner  
Practicum Course Focus of Study**

Course #	Course Name	Credits	Hours Per Week	Focus of Study	Student Development
NUR 623	Practicum I	3 credits	16 hr/wk over 15-wk semester (Minimum of 234 clinical hours)	<ul style="list-style-type: none"> <li>History/physical exam with all age groups.</li> <li>SOAP charting, coding; introduction to dictation/EHR documentation</li> <li>Scheduled health maintenance activities with all age groups.</li> <li>Differential diagnosis and management for common conditions.</li> <li>Concurrent didactic course foci: women's health, men's health, sexuality, well child, ears, eyes, nose and throat (EENT), pulmonology, and the renal system.</li> </ul>	<p>Beginning student</p> <ul style="list-style-type: none"> <li>Gradually take on increasing aspects of patient care.</li> <li>Much direction required from preceptor at first, but over time, preceptor learns to trust student skills, knowledge base, and competency levels.</li> <li>Less prompting required as practicum progresses.</li> <li>Being to allow student more independence.</li> </ul>
NUR 632	Practicum II	3 credits	16 hr/wk over 15-wk semester (Minimum of 234 clinical hours)	<p>All of the above plus:</p> <ul style="list-style-type: none"> <li>Assumes increased independence in FNP role.</li> <li>Differential diagnosis and management for most common acute conditions seen in primary care.</li> <li>Concurrent didactic course foci: endocrinology and metabolic, hematology and immunology, cardiovascular, musculoskeletal, and dermatology.</li> </ul>	<p>Intermediate student</p> <ul style="list-style-type: none"> <li>Students knowledge and comfort level increased.</li> <li>May require less prompting, but continues to need guidance and direction.</li> <li>Will require guidance and direction in the management of complex patient encounters.</li> </ul>
NUR 642	FNP Practicum III	3 credits	16 hr/wk over 15-wk semester (Minimum of 209 clinical hours)	<p>All of the above plus:</p> <ul style="list-style-type: none"> <li>Assumes increased independence in FNP role caring for patients across the lifespan with various clinical presentations; by the end of semester managing complex patients with multiple system concerns/drug interactions.</li> <li>Concurrent didactic course foci: neurology, psychiatric, gastrointestinal, pain management, urgent/emergency</li> </ul>	<p>Advanced student</p> <ul style="list-style-type: none"> <li>Student is expected to perform all role functions for increasingly complex patients</li> <li>Time management, organization and skills sufficient to allow student more independence.</li> <li>Displays knowledge of professional role, interprofessional collaboration, consultation and referral.</li> </ul>

**Program Total Direct Care Hours: FNP 3=375, FNP 1 & 2 =750 (plus 48 clinical seminar hours)**

**NATIONAL ORGANIZATION OF NURSE PRACTITIONER FACULTIES  
CORE COMPETENCIES OF NURSE PRACTITIONER PRACTICE**

**2017**

**POPULATION-FOCUSED NURSE PRACTITIONER COMPETENCIES  
FAMILY/ACROSS THE LIFESPAN 2013**

The graduate of an FNP program is prepared to care for individuals and families across the lifespan. The FNP role includes preventative healthcare, as well as the assessment, diagnosis and treatment of acute and chronic illness and preventative health care for individuals and families. Family nurse practitioners demonstrate a commitment to family –centered care and understand the relevance of the family’s identified community in the delivery of family-centered care.

**Scientific Foundation Competencies**

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

**Leadership Competencies**

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

**NP Competencies**

1. Works with individuals of other professions to maintain a climate of mutual respect and shared values.
2. Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.
3. Engages in continuous professional and interprofessional development to enhance team performance.

4. Assumes leadership in interprofessional groups to facilitate the development, implementation and evaluation of care provided in complex systems.

### **Quality Competencies**

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

### **Practice Inquiry Competencies**

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice.

### **Technology and Information Literacy Competencies**

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users' needs.
  - a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
  - b. Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

### **Policy Competencies**

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

7. Advocates for policies for safe and healthy practice environments.

### **Health Delivery System Competencies**

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

### **Ethics Competencies**

1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

### **Independent Practice Competencies**

1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
  - a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
  - b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
  - c. Employs screening and diagnostic strategies in the development of diagnoses.
  - d. Prescribes medications within scope of practice.
  - e. Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
  - a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
  - b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
  - c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
  - d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

- e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.
- f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.

### **FNP Competencies**

1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle using collateral information, as needed.
2. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations).
3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.
4. Identifies and plans interventions to promote health with families at risk.
5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.
6. Distinguishes between normal and abnormal change across the lifespan.
7. Assesses decision-making ability and consults and refers, appropriately.
8. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.
9. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.
10. Formulates comprehensive differential diagnoses.
11. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living.
12. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.
13. Prescribes therapeutic devices.
14. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, co-morbidities, psychosocial, and financial issues.
15. Assesses and promotes self-care in patients with disabilities.
16. Plans and orders palliative care and end-of-life care, as appropriate.
17. Performs primary care procedures.
18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families.
19. Facilitates family decision-making about health.
20. Analyzes the impact of aging and age- and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly.
21. Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse.
22. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities).
23. Applies principles of self-efficacy/empowerment in promoting behavior change.



24. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.
25. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families

## **TYPHON NURSE PRACTITIONER STUDENT TRACKING SYSTEM**

All students in the Family Nurse Practitioner track are required to use Typhon Group Nurse Practitioner Student Tracking (NPST) electronic system for documenting clinical experiences. Because the system is web-based, students can log on from anywhere without downloading software. All data entered onto the system are stored on a secure, HIPAA compliant server. Students can quickly and easily enter all patient encounter information on one page, including demographics, clinical information, diagnosis and procedure codes, medications, and clinical notes. A special section is available to log the observation, assistance, or completion of various competencies that are appropriate to the student's educational program. Dates and hours of clinical experiences are entered on a time log. Students and faculty are able to access information in "real-time" and run reports by date, course, semester, clinical site, and preceptor for individual students or in aggregate for an entire class.

Preceptors will also be provided with a username and password that will allow them to view and update their professional information (including uploading current CV's and profile picture). Preceptors will also complete all student evaluations online through the Typhon system. Information will be emailed to all preceptors regarding access and timing of the evaluations. Students will be able to access and view all evaluations immediately upon completion of the evaluation.