Guidelines for Graduate Field Experiences
Acknowledgement of Field Experience Guidelines

Student:

I _____________________________, have read the guidelines for practicum as stated in the Field Experience Guidelines Manual including the General Overview, Appendix, and section/s specific to my enrolled program of ______________________ and I agree to abide by them.

Student Signature: ___________________________ Date: ____________

Preceptor/Mentor:

I _____________________________, have read and understand the guidelines for practicum as stated in the Field Experience Guidelines Manual including the General Overview, Appendix, and section/s specific to the program I will be precepting/mentoring in of ______________________.

Preceptor/Mentor Signature: ___________________________ Date: ____________

Faculty:

I _____________________________, have read and understand the guidelines for practicum as stated in the Field Experience Guidelines Manual including the General Overview, Appendix, and section/s specific to the program I will be teaching in of ______________________.

Faculty Signature: ___________________________ Date: ____________

APRN Site Supervisor:

I _____________________________, have read and understand the guidelines for practicum as stated in the Field Experience Guidelines Manual including the General Overview, Appendix, and section/s specific to the program I will be evaluating in of ______________________

APRN Site Supervisor Signature: ___________________________ Date: ____________

**Please complete and email to your Field Experience Counselor (FEC/FCC). Student is responsible for collecting all signatures.**
Welcome to your Graduate Field Experience

The purpose of this manual is to assist students, faculty members, and preceptors/mentors, and site supervisors in the tasks of clinical instruction, assessment and mentoring for College of Nursing and Health Care Professions (CONHCP) Graduate Programs and serves as a guide for the Office of Field Experience (OFE). All participants (student, faculty, preceptor, mentor, site supervisor) must sign and return the acknowledgment form at the front of this manual to the OFE for filing. Student is responsible for collecting all signatures. Participants in a program requiring field experiences are required to read Section 1 General Guidelines along with the section(s) specific to your program. Section 2 also applies to all general MSN students. Please note, you may need to read multiple sections if they apply to your degree program.

It is the intent of the CONHCP to assist in developing a more consistent field experience for all graduate students independent of their field assignment or preceptor/mentor. This consistency revolves around appropriate supervision, regular formal and informal feedback, and consistent assessment of students’ clinical proficiencies among other topics and skills. This is an on-going process and we look to each of you and your respective professional and life experiences to aid us in shaping the graduate field experience so that it reflects our mission and goal of developing outstanding future health care professionals. While advisors and faculty are available to guide students with respect to the requirements, students ultimately bear the responsibility of following the requirements.

Office of Field Experience

Please contact the Office of Field Experience (OFE) at 602-639-8401 office hours are 7:30 am – 5:00 pm Monday through Friday.

Please make sure you are referencing the latest edition of this manual available at gcu.edu/conhcpofe

***All communication with the College of Nursing and Health Care Professions must be sent from each student’s GCU issued e-mail address due to confidentiality, HIPAA, and FERPA restrictions. Please do not send emails from your personal email addresses.

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<th>Version</th>
<th>Effective</th>
<th>Changes</th>
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<td>2014-2015</td>
<td>V1.0</td>
<td>7/6/14</td>
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<td>V1.4</td>
<td>6/15/15</td>
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<td>V1.5</td>
<td>7/31/15</td>
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<td>V1.6</td>
<td>9/25/15</td>
<td>MSN-Ed and FNP clarifications</td>
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<td>2015-2016</td>
<td>V1.7</td>
<td>10/27/15</td>
<td>CNS information added. Clarifications in APRN preceptor ratios and student</td>
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<td>2015-2016</td>
<td>V1.8</td>
<td>11/3/15</td>
<td>Clarification on usage of Typhon for APRN students, preceptor ration, and OFE role.</td>
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<td>2015-2016</td>
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<td>2/4/16</td>
<td>Clarifications in MPH vs. MSN-MPH preceptors.</td>
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<td>2016-2017</td>
<td>V2.0</td>
<td>3/9/16</td>
<td>Clarification of Independent Study Hours in DNP</td>
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<td>2016-2017</td>
<td>V2.2</td>
<td>11/15/16</td>
<td>Added ACLS to ACNP. Results from external agencies clarified. Revised MMR and Varicella requirements. Name badge website, FES→FEC, OFE placement acceptance = 24°. Field experience probation-failure to follow all guidelines from manual, notify OFE of any clinical schedule change. Site Supervisor form completed each clinical course within 1 wk. Case logs monitored &amp; audited, skills performed under supervision, Nurse Ed &amp; Leadership practicum hours validated by preceptor prior to midterm &amp; final evals. Removed GCU online teaching practicum, Removed all references to MOU’s, Removed paper forms for: Clinical site visit application, Field experience application, Assessment check-off application, and HIPPA conference agreement.</td>
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<td>2017</td>
<td>V3.1</td>
<td>05/08/17</td>
<td>Added clarification on site supervisor visits with direct and indirect recommended methods. Clarification on clinical evaluations. Direct supervision during clinicals clarified. Statements about APRN’s performing procedures/skills and necessary training needed along with Direct Supervision at all times. New FNP</td>
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<tr>
<td>curriculum table inserted. DNP course expectations clarified.</td>
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</table>
Table of Contents

ACKNOWLEDGEMENT OF FIELD EXPERIENCE GUIDELINES ........................................... 2
WELCOME TO YOUR GRADUATE FIELD EXPERIENCE ........................................... 3
FACULTY AND STAFF CONTACT INFORMATION ...................................................... 9
SECTION 1: GENERAL GUIDELINES FOR ALL GRADUATE FIELD EXPERIENCES ........ 11
EXPECTATIONS OF ALL STUDENTS ........................................................................ 13
ESSENTIAL FUNCTIONS OF STUDENTS ................................................................... 14
STUDENT, FACULTY, AND STAFF LIST OF PROFESSIONAL DISPOSITIONS* ............ 15
COMMUNICATION SKILLS* ...................................................................................... 15
WORK ETHIC* ........................................................................................................... 16
PROFESSIONALISM* ............................................................................................... 16
CODE FOR STUDENTS ............................................................................................. 18
PROFESSIONAL BOUNDARIES ................................................................................. 19
HIPAA GUIDELINES ................................................................................................ 19
OSHA GUIDELINES .................................................................................................. 20
STUDENT RIGHTS AND RESPONSIBILITIES ......................................................... 20
PROFESSIONAL DRESS AND BEHAVIOR .............................................................. 21
TRANSPORTATION/TRAVEL TO CLINICAL SITES ................................................ 21
GENERAL HEALTH AND SAFETY REQUIREMENTS ............................................. 22
COMMUNICABLE DISEASE POLICY ..................................................................... 33
MALPRACTICE INSURANCE .................................................................................... 33
THE OFFICE OF FIELD EXPERIENCE .................................................................... 34
FIELD EXPERIENCE PLACEMENT PROCESS (MPH STUDENTS SEE SECTION 10) ....... 35
AFFILIATION AGREEMENTS ................................................................................... 36
INITIAL CONTACT WITH THE PRECEPTOR/MENTOR .......................................... 37
FIELD EXPERIENCE FEES ....................................................................................... 37
FIELD EXPERIENCE RESTRICTION ....................................................................... 37
FIELD EXPERIENCE PROBATION ........................................................................... 38
SCHEDULING OF FIELD EXPERIENCE HOURS .................................................... 39
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROLES AND RESPONSIBILITIES</td>
<td>39</td>
</tr>
<tr>
<td>LOGGING HOURS</td>
<td>45</td>
</tr>
<tr>
<td>PRECEPTOR/MENTOR AND SITE EVALUATIONS BY THE STUDENT</td>
<td>47</td>
</tr>
<tr>
<td>PRECEPTOR/MENTOR EVALUATIONS OF THE STUDENT</td>
<td>48</td>
</tr>
<tr>
<td>STUDENT EVALUATIONS BY THE FACULTY</td>
<td>48</td>
</tr>
<tr>
<td>EVALUATIONS IN NON-APRN COURSES (MSN-ED, MSN-L, MSN-MPH, MPH)</td>
<td>48</td>
</tr>
<tr>
<td>NURSING STUDENT LICENSURE</td>
<td>48</td>
</tr>
<tr>
<td>ALASKA DNP STUDENTS</td>
<td>48</td>
</tr>
<tr>
<td>SECTION 2: MASTER OF SCIENCE IN NURSING PROGRAM OBJECTIVES</td>
<td>49</td>
</tr>
<tr>
<td>SECTION 3: ADVANCED PRACTICE NURSING (APRN) CLINICAL GUIDELINES</td>
<td>51</td>
</tr>
<tr>
<td>APRN STUDENT AND FACULTY USE OF TYPHON</td>
<td>51</td>
</tr>
<tr>
<td>SECTION 4: PROGRAM INFORMATION FOR FAMILY NURSE PRACTITIONER (FNP)</td>
<td>54</td>
</tr>
<tr>
<td>STUDENTS, FACULTY, AND PRECEPTORS</td>
<td></td>
</tr>
<tr>
<td>FAMILY NURSE PRACTITIONER PROGRAM OBJECTIVES</td>
<td>55</td>
</tr>
<tr>
<td>SELECTION CRITERIA FOR FNP CLINICAL SITES</td>
<td>65</td>
</tr>
<tr>
<td>LINE SELECTION CRITERIA FOR FNP CLINICAL PRECEPTORS</td>
<td>66</td>
</tr>
<tr>
<td>PRECEPTOR FIT</td>
<td>67</td>
</tr>
<tr>
<td>SECTION 5: PROGRAM INFORMATION FOR ADULT-GERONTOLOGY ACUTE CARE</td>
<td>68</td>
</tr>
<tr>
<td>NURSE PRACTITIONER (AG-ACNP) STUDENTS, FACULTY, AND PRECEPTORS</td>
<td></td>
</tr>
<tr>
<td>SCOPE OF PRACTICE FOR AN ACUTE CARE NURSE PRACTITIONER (ACNP)</td>
<td>68</td>
</tr>
<tr>
<td>SELECTION CRITERIA FOR AG-ACNP CLINICAL PRECEPTORS</td>
<td>72</td>
</tr>
<tr>
<td>PRECEPTOR FIT</td>
<td>73</td>
</tr>
<tr>
<td>SECTION 6: NON-APRN GRADUATE NURSING PRACTICUM GUIDELINES</td>
<td>74</td>
</tr>
<tr>
<td>NURSE EDUCATOR COURSE EXPECTATIONS</td>
<td>74</td>
</tr>
<tr>
<td>SELECTING A NURSING EDUCATOR PRECEPTOR AND SITE</td>
<td>75</td>
</tr>
<tr>
<td>DOCUMENTATION OF NURSING EDUCATOR PRACTICUM HOURS</td>
<td>77</td>
</tr>
<tr>
<td>NURSING LEADER COMPETENCIES &amp; PRACTICUM</td>
<td>78</td>
</tr>
<tr>
<td>NURSE LEADER PROGRAM OBJECTIVES</td>
<td>78</td>
</tr>
<tr>
<td>DOCUMENTATION OF NURSING LEADER PRACTICUM HOURS</td>
<td>81</td>
</tr>
<tr>
<td>SECTION 9: PUBLIC HEALTH AND MSN PUBLIC HEALTH PRACTICUM GUIDELINES</td>
<td>82</td>
</tr>
</tbody>
</table>
## FACULTY AND STAFF CONTACT INFORMATION

<table>
<thead>
<tr>
<th>Office Of Field Experience Director</th>
<th>Dean and Professor</th>
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<tbody>
<tr>
<td>Alicia Burns</td>
<td>Lisa G. Smith, PhD, RN, CNE</td>
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<td><a href="mailto:lisa.smith@gcu.edu">lisa.smith@gcu.edu</a></td>
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<tr>
<th>Graduate Program Manager</th>
<th>Assistant Dean, Graduate Studies</th>
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<tbody>
<tr>
<td>Tiffany Taylor, MSL</td>
<td>Tamara Wisely, DNP, APRN, FNP-BC, WHNP-BC</td>
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<tr>
<td><a href="mailto:Tiffany.Taylor@gcu.edu">Tiffany.Taylor@gcu.edu</a></td>
<td><a href="mailto:tamara.wisely@gcu.edu">tamara.wisely@gcu.edu</a></td>
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<tr>
<th>Acute Care Nurse Practitioner/Adult Gerontology Lead Faculty</th>
<th>Family Nurse Practitioner Lead Faculty</th>
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<tbody>
<tr>
<td>Ruth Anne Skinner, MSN, APRN, ACNP-C</td>
<td>Tamara Wisely, DNP, APRN, FNP-BC, WHNP-BC</td>
</tr>
<tr>
<td><a href="mailto:ruth.skinner@gcu.edu">ruth.skinner@gcu.edu</a></td>
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<tr>
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<th>Health Care Informatics Lead Faculty</th>
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<tr>
<td>Tamara Wisely DNP, APRN, FNP-BC, WHNP-BC</td>
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<tr>
<th>Master of Public Health Lead Faculty</th>
<th>Health Care Administration Lead Faculty</th>
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<tr>
<td>Veronica Perez, MPH</td>
<td>Pascale Lee, MHA</td>
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<tr>
<td><a href="mailto:veronica.perez@gcu.edu">veronica.perez@gcu.edu</a></td>
<td><a href="mailto:pascale.lee@gcu.edu">pascale.lee@gcu.edu</a></td>
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<tr>
<th>Nursing Education Lead Faculty</th>
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<tr>
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<td>Ruth Anne Skinner, MSN, APRN, ACNP-C</td>
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<tr>
<td><a href="mailto:tamara.wisely@gcu.edu">tamara.wisely@gcu.edu</a></td>
<td><a href="mailto:ruth.skinner@gcu.edu">ruth.skinner@gcu.edu</a></td>
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Doctor of Nursing Practice Lead Faculty
Jennifer Billingsley, DNP, FNP
jennifer.billingsley@gcu.edu
Section 1: General Guidelines for All Graduate Field Experiences

Please click on the applicable program link below for information regarding programs of study and course descriptions:

**Programs with Clinical Hours**

- Master of Science in Nursing: Clinical Nurse Specialist with an Emphasis in Adult-Gerontology

- Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology

- Master of Science in Nursing: Family Nurse Practitioner

- Post-Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology Certificate

- Post-Master of Science in Nursing: Family Nurse Practitioner Certificate

- Bridge to Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology

- Bridge to Master of Science in Nursing: Family Nurse Practitioner
Programs with Practicum Hours

- Master of Science in Nursing with an Emphasis in Nursing Education

- Master of Science in Nursing with an Emphasis in Public Health

- Master of Science in Nursing with an Emphasis in Nursing Leadership in Health Care Systems

- Post-Master of Science in Nursing: Nursing Education Certificate

- Master of Public Health

- Bridge to Master of Science in Nursing with an Emphasis in Nursing Education

- Bridge to Master of Science in Nursing with an Emphasis in Nursing Leadership in Health Care Systems

- Bridge to Master of Science in Nursing with an Emphasis in Public Health

Programs with Practice Immersion Hours

- Doctor of Nursing Practice
Expectations of All Students

Active Learning
It is our expectation that as a graduate student, you identify your strengths and areas for improvement, set personal goals that address the areas for improvement and actively seek learning opportunities to meet your goals. As active learners it is important that you give critical thought to your learning needs and devise a plan to address them. Students who cannot meet the academic rigor of the courses, as well as prioritize time-demanding program requirements, will likely have a difficult time meeting the requirements of the program.

As you get into clinical areas you might want to discuss your thoughts with your clinical faculty or preceptor/mentor and ask for feedback. We also expect that you actively prepare for every clinical day and set aside time at the end of each clinical day to identify the things you need to look up or review, and then take time during the week to get that learning done.

Preceptor/Mentor Relationships
As active learners, we want to remind you that you are not “following” preceptors/mentors. Following is a very passive term that implies very little learning. The language you use makes a difference in how you are perceived and how you make meaning of your experience, i.e. if you talk about passive following that is likely to be what you are doing. Please talk about “working” with your clinical preceptors/mentors or use some other more active term.

Time Management
You cannot socialize to the role you are learning if most of your energy is in other roles. If you haven’t already, look at your obligations outside of school and identify ways that you can be successful over the course of the program. You may want to seek resources and formulate a plan now so that you can get the most out of this experience.

Communication with Faculty
You will have a designated clinical/practicum faculty member who is responsible for the evaluation of the student’s performance. It is essential that you keep your designated clinical faculty member informed of any change in your clinical site, preceptor/mentor, or schedule, as well as any unanticipated events that occur during the clinical experience, i.e. illness or injury related to experience.

Professionalism
Good communication skills, a positive attitude, and respectful and productive interactions are part of that image. Being a great nurse does not mean you possess manual skills, but that you possess the heart of a nurse who is compassionate, caring, and willing to lead with humility. Your professors can help you network and develop connections within the profession so the impact of your professional image is important to consider. We hold faculty to the same expectations.

Clinical time is also best spent seeking new learning opportunities and discovering your area of interest. Nursing practice involves a variety of activities that include direct care and indirect care experiences. Direct care refers to nursing care activities provided at the point of patient care. Indirect care refers to nursing interventions that are provided on behalf of patients. What counts as clinical experiences in your coursework is tied directly to the clinical learning objectives for that particular setting and are part of meeting the overall program competencies based on the AACN
Essentials. The Essentials provides an important framework for designing and assessing baccalaureate education programs for professional nursing practice.

Also consider that you are the hands of God in action. Strong moral values and character are the backbone to the profession of nursing. It is imperative that nurses maintain collaborative relationships with patients, doctors, fellow nurses, and other health-care staff. If conflict arises, nurses must make an effort to resolve the situation in a way that supports the situation in positive way. Many of you are natural leaders and I encourage you to discover the power of positive leadership as you move toward your future. Faith, religion, and spirituality are distinct components of what defines many human communities and allow individuals to make sense of their experiences. Your ability to understand and support those beliefs is key to your role as a caring, compassionate nurse.

**Essential Functions of Students**

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<tr>
<th>CATEGORIES</th>
<th>ESSENTIAL FUNCTIONS</th>
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<tr>
<td><strong>Motor/Physical Strength</strong></td>
<td>Possess the physical strength and mobility to safely carry out nursing procedures and provide routine and emergency care and treatment to patients of all ages in all assigned health care settings.</td>
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<td><strong>Perceptual/Sensory</strong></td>
<td>Use their senses to make accurate clinical assessments and judgments.</td>
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<td><strong>Math</strong></td>
<td>Accurately calculate medication/solution dosages and any needed information specific to patient care.</td>
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<tr>
<td><strong>Behavioral/Interpersonal</strong></td>
<td>Develop mature, sensitive and effective therapeutic relationships with individuals, families and groups of various social, emotional, cultural and intellectual backgrounds</td>
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<td><strong>(relationships)/Emotional Stability</strong></td>
<td>Adhere to GCU policies, procedures and requirements as described in the college catalog, student handbook, and course syllabi.</td>
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<tr>
<td><strong>Communication</strong></td>
<td>Demonstrate ethical behavior, including adherence to professional and student university honor codes.</td>
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<tr>
<td><strong>Communication</strong></td>
<td>Communicate effectively and accurately in English using speech, reading, writing, language skills, and computer literacy.</td>
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<tr>
<td><strong>Communication</strong></td>
<td>Use of appropriate nonverbal communication is</td>
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also essential.

**Problem Solving/Critical Thinking**
Collect, analyze, prioritize, integrate, and generalize information and knowledge to make sound clinical judgments and decisions to promote positive patient outcomes.

**Punctuality/Work Habits**
Adhere to classroom and clinical schedules.
Complete classroom and clinical assignments and submit assignments in a timely manner.

**General Health**
Work in an environment that puts one at risk for infection.
Meet all health and safety requirements to perform patient care in assigned clinical facilities.

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**Student, Faculty, and Staff List of Professional Dispositions***

One important aspect of your experience here with us is the fulfillment of professional dispositions—ways of working, thinking, and interacting with others—in three areas: Professionalism, Work Ethic, and Communication Skills. In order to support your development and have clear expectations in these areas we are sharing with you a list of key dispositions. Failure to demonstrate these dispositions through your behaviors at any point in the program may jeopardize your continuation in your program or employment. We expect you to monitor your own development of these professional dispositions, beginning now and continuing throughout your career. The ability to reflect on one's own growth, strengths, and challenges is a central characteristic of effective people working in health care.

For Student, Faculty, and Staff Reference

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**Communication Skills***

1. Demonstrate appropriate, professional, respectful verbal communication.
2. Demonstrate appropriate, professional, respectful written communication.
3. Demonstrate a disposition toward inquiry and problem solving.
4. Work collaboratively with students, faculty, and professionals.
5. Demonstrate consistently positive attitudes toward learning and/or teaching.

6. Accept responsibility for decisions and actions.

7. Establish and maintain mutually respectful interactions.

8. Demonstrates understanding of university/program organizational chart by communicating “need to know information” to individuals according to the chain of command.

### Work Ethic*

9. Demonstrate regular attendance.

10. Demonstrate punctuality.

11. Complete work in a timely manner.

12. Demonstrate organizational skills.

13. Know and observe all pertinent policies and procedures.

14. Demonstrate a disposition toward personal ownership of your learning and professional development.

### Professionalism*

15. Demonstrate a commitment to work with patients, their families, students, faculty, and staff in appropriate, professional, and respectful ways.

16. Demonstrate an awareness of community, state, national, and world contexts that have an impact on the profession and the learning process.

15. Treat everyone fairly, equitably, and respectfully.
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<td>17.</td>
<td>Express and demonstrate interest in and enthusiasm for teaching/learning.</td>
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<td>18.</td>
<td>Adapt to new and diverse teaching/learning situations.</td>
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<td>19.</td>
<td>Adapt to differences among people including differences of SES, gender, age, ability, sexual orientation, race, ethnicity, religion, language, etc.</td>
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<tr>
<td>20.</td>
<td>Maintain confidentiality about all student, patient, faculty, and staff records unless disclosure serves a professionally compelling purpose or is required by law.</td>
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<td>21.</td>
<td>Demonstrate discretion when discussing colleagues, faculty, field sites, and personal information.</td>
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<td>22.</td>
<td>Respect the points of view of others.</td>
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<td>23.</td>
<td>Contribute meaningfully, appropriately, professionally, and respectfully to discussions by asking questions, giving opinions, and listening to others.</td>
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<td>24.</td>
<td>Project an appropriate professional appearance in professional settings.</td>
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<td>25.</td>
<td>Project an appropriate professional and respectful demeanor.</td>
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<tr>
<td>26.</td>
<td>Be open to leadership and opportunities for growth.</td>
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<td>27.</td>
<td>Understand and practice professional ethical standards.</td>
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<td>28.</td>
<td>Recognize personal at risk behavior: Behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified.</td>
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<td>29.</td>
<td>Recognize personal reckless behavior: Behavioral choice to consciously disregard a substantial and unjustifiable risk.</td>
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| 30. | Acts overall in a manner that furthers the interests of others (enlightened self-interest). Enlightened self-interest refers to the understanding and trust that what a person does to
enhance another's quality of life enhances one's own quality of life to a similar degree. More simply put, it is the idea that "what goes around comes around."

*These disposition statements do not replace the university code of conduct or Human Resource policies.

**Code for Students**

As students are involved in the clinical and academic environments we believe that ethical principles are a necessary guide to professional development. Therefore within these environments we:

1. Advocate for the rights of all clients.
3. Take appropriate action to ensure the safety of clients, self, and others.
4. Provide care for the client in a timely, compassionate, and professional manner.
5. Communicate client care in a truthful, timely, and accurate manner.
6. Actively promote the highest level of moral and ethical principles and accept responsibility for your actions.
7. Promote excellence in nursing by encouraging lifelong learning and professional development.
8. Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
9. Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
10. Use every opportunity to improve faculty and clinical staff understanding of the learning needs of nursing students.
11. Encourage faculty, clinical staff, and peers to mentor nursing students.
12. Refrain from performing any technique or procedure for which the student has not been adequately trained.
13. Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self, or others.
14. Assist the staff nurse or preceptor in ensuring that there is full disclosure and those proper authorizations are obtained from clients regarding any form of treatment or research.
15. Abstain from the use of alcoholic beverages or any substances in the academic and clinical setting that impair judgment.
16. Strive to achieve and maintain an optimal level of personal health.
17. Support access to treatment and rehabilitation for students who are experiencing impairments related to substance abuse or mental or physical health issues.
18. Uphold school policies and regulations related to academic and clinical performance, reserving the right to challenge and critique rules and regulations as per school grievance policy.

**Professional Boundaries**

Professional codes of conduct are the foundation for caring relationships. These relationships exist primarily during the student’s education within the timeframe of their enrollment in the nursing program. These relationships are developed between client-nurse, student-faculty, faculty-faculty, and student-student. The student–client relationship exists within the timeframe of the nursing course. The National Council of State Boards of Nursing has developed a document that provides the basis for understanding the boundaries for such relationships. Students receive a copy of this document in one of the first nursing courses. It is also available at https://www.ncsbn.org/Professional_Boundaries_2007_Web.pdf

The student who wishes to continue this student-patient/client relationship beyond the end of the course must discuss this with the course faculty prior to the end of the course. Patients/clients may express gratitude to the student for care provided in the context of the student-patient relationship. The College limits a student’s acceptance of gifts from a patient/client to those of less than $3.00 in value.

**HIPAA Guidelines**

As health care providers, one of the covered entities, nurses must be knowledgeable about the various aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). CONHCP offers this guidance below for those persons to ensure compliance with those requirements and asks that all students sign the HIPAA confidentiality Agreement.

Students and faculty are required to do the following:

1. Sign the CONHCP Faculty/Staff/Student Confidentiality Agreement before any involvement in a clinical agency.
2. Attend CONHCP training or in-classroom clinical instruction on requirements relating to patient privacy.
3. Know and adhere to a clinical site’s privacy and procedures before undertaking any activities at the site.
4. Maintain at all times the confidentiality of any patient information, regardless of whether the identifiers listed in the “Do not” section of these guidelines have been removed.
5. Promptly report any violation of those procedures, applicable law, or CONHCP’s confidentiality agreement by a CONHCP student, faculty or staff member to the appropriate CONHCP clinical instructor or faculty member.
6. Understand that a violation of the clinical site’s policies and procedures, of applicable law, or CONHCP’s confidentiality agreement will subject the student to disciplinary action.

Students are not to do the following:

1. Discuss, use or disclose any patient information while in the clinical setting unless it is part of the clinical setting.
2. Remove any record from the clinical site without the prior written authorization of that site.
3. Disclose any information about a patient during the clinical assignment to anyone other than the health-care staff of the clinical site.

4. Use patient information in the context of a learning experience, classroom case presentation, class assignment, or research without attempting to exclude as much of the following information as possible:
   a. Names
   b. Geographical subdivisions smaller than a state
   c. Dates of birth, admission, discharge, death
   d. Telephone and fax numbers
   e. E-mail addresses
   f. Social security numbers
   g. Medical records or account numbers
   h. Certificate/license numbers
   i. Vehicle or device numbers
   j. Web locators/Internet protocols
   k. Biometric identifiers
   l. Full face identifiers
   m. Any other unique identifying number, characteristic, or code
   n. All ages over 89

5. Access any patient information unless patient is clinical assignment.

6. Disclose any personal health information to any entity not requiring PHI for health care purposes without their consent.

OSHA Guidelines

Please review OSHA training for Healthcare training at this OSHA site. You should review all topics across the ribbon including: Culture of Safety, Infectious Disease, Safe Patient Handling, Workplace Violence, Other Hazards, and Standards/Enforcement.

Student Rights and Responsibilities

The University strives to treat students and student organizations in a consistent and fair manner while respecting their rights and responsibilities as members of the GCU community. We are committed to balancing the interest of the individual student or student organization with the needs of the community at large. Our goal is to uphold our institutional values.

All students who attend the GCU should be aware of their rights and responsibilities. GCU policies are listed in the University Policy and Traditional Student Handbooks, including Academic Misconduct, Student Conduct Code, Discrimination, Sexual Harassment, and Instructional...
Grievance. You are expected to follow Grand Canyon University’s policies listed in the University Policy Handbook.

**Professional Dress and Behavior**

You must purchase and wear an official Grand Canyon University student nametag from Apparel Pro. The name tag will read INSERT NAME, CURRENT CREDENTIALS, and STUDENT TYPE.

Example:

Jane Doe, RN, BSN or MSN (if post-master’s)

Grand Canyon University

Family (or Acute Care) Nurse Practitioner Student


Advanced practice nursing students are expected to purchase and wear a white lab coat during their clinical rotations or adjust to the clinical site’s dress code as needed. All other students are expected to dress in business casual attire. All students are expected to present themselves as representatives of Grand Canyon University’s program. All students are expected to be respectful to preceptors, faculty, staff, patients, and their families.

Reports of unprofessional behavior will result in your being counseled by the faculty and/or the respective Lead Faculty and initiation of a Code of Conduct form which is subject to review by the College of Nursing and Health Care Professions. You are expected to follow Grand Canyon University’s official Code of Conduct policy listed in the University Policy Handbook.

Nursing students are expected to be clear of any felony convictions at the time of admission into the College of Nursing & Health Care Professions and to remain free of felony convictions for the duration of the program. If the prospective student or student is charged with a felony, or undesignated offense either before admission or during the program, he/she must speak with the Program Director and Dean immediately.

**Transportation/Travel to Clinical Sites**

Students must provide their own transportation to the field experience sites and other off campus locations which may be required for class or clinical experiences.

Faculty and administrators work to put together field experiences using a combination of agencies that would provide a varied experience for the students in accordance with the course objectives. When you join the profession, you will be working in different types of settings over your career. Exposure to those settings now, will make you comfortable and competent regardless of which setting you choose to apply to and be employed by.

Agencies that accept students for learning experiences have restrictions based on the number of students that each agency can accommodate at one time, and the days that the agency is available to host students. These agencies are providing mentoring and teaching as part of their professional commitment to supporting the next generation of nurses, but they are not paid for their time or
obligated to serve. Therefore, sometimes it takes a combination of agency placements to meet the required field experience hours, and they may be some distance away. Students must be prepared to accept placements which may be within 100 miles of the work and home.

GCU, in conjunction with these agencies, makes every attempt to minimize the distance that students travel to their field experience, but sometimes additional travel is unavoidable. We know attending field experiences can be challenging, but rest assured your learning is valuable and will guide your future as a well-prepared professional.

**General Health and Safety Requirements**

Students and faculty in the College nursing programs are expected to take measures to maintain their personal health so as not to jeopardize themselves or any patient with which they come in contact. Therefore, students who are accepted into the programs must show evidence of the CONHCP required immunizations and diagnostic procedures as required by the clinical agencies utilized. At any time, a student may be required to receive a medical examination if deemed necessary by the faculty for the wellbeing of the student and/or the patients/clients. Note: students attending the non-Nursing MPH program may be required to meet different site health and safety standards. Please refer to the MPH section.

As students are in contact with clients in a variety of health situations, it is imperative that students maintain protection against communicable illnesses. In addition, students must meet agency health requirements to enter clinical course work. Students are responsible for updating BLS, ACLS if indicated, Professional Liability Insurance, TB screening and Tetanus immunizations when needed. **Students will not be allowed to participate in clinical experiences unless all agency and GCU requirements are current.** Any student that falls out of compliance due to expired documentation will immediately be restricted from clinical participation until renewed documentation is provided and coinciding faculty will be notified. Missing clinical may jeopardize a student being successful in the program.

The information on the following three pages indicates the specific health requirements for graduate admission and continuing enrollment. Guidelines are based on the Center for Disease Control guidelines, Morbidity Mortality Weekly Report. Evidence of all of the following must be uploaded via the student portal prior to your clinical experience. Please see Appendix for appropriate forms. In addition, all results received from outside agencies (ex. Background, drug screen, etc), must be received by the Office of Field Experience two weeks prior to the start of the semester in order to begin that course. A student with any one of these outstanding items would be required to sit out for the semester.
<table>
<thead>
<tr>
<th>Health Assessment Check-Off Application</th>
<th>Students must complete the electronic Health Assessment Check-Off Application and submit to OFE.</th>
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<tr>
<td>Tuberculosis (TB)</td>
<td>Initial Tuberculosis testing must be a 2-step PPD (repeated PPD). If the first PPD is negative, a second skin test is required within 7 – 21 days. Subsequent tuberculosis testing is a one-step PPD repeated annually. The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test. A TB test is valid for one year. TB records must be current and on file. For positive skin tests, an annual symptoms checklist is required and date of positive conversion provided. CXRs will be required only if the clinical site requests this. A chest x-ray is valid for 5 years. The QuantiFERON®-TB Gold blood test may be accepted in lieu of the PPD. The PPD is not contraindicated for anyone including pregnant women, persons who are HIV-infected, or persons who have been vaccinated with BCG. Evaluation will be made on an individual basis.</td>
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| BLS card                               | BLS certification for the Professional Rescuer or Healthcare Provider is required. Information as to the availability of courses may be obtained by calling either the American Heart Association or American Red Cross, or checking online. This certification is valid for a two year period and provides comprehensive training in this area.  

*Other BLS courses will NOT fulfill this requirement. Online-only courses are not acceptable.* |
| ACLS card                              | Required January 1, 2017. ACLS certification for Advanced Cardiac Life Support is required for the Adult Gerontology ACNP students. ACLS requires a baseline knowledge of EKG interruption. Information as to the availability of courses may be obtained by calling the American Heart Association or checking online. This certification is valid for a two year period and provides comprehensive training in this area. |
| Tetanus-Diphtheria (TD/Tdap)           | Documentation of Tetanus/Tetanus-Diphtheria/Tetanus-Diphtheria with Acellular Pertussis vaccination administered within the past 10 years. (Tdap vaccines are preferred.). If you have a medical condition which does not allow current immunization, then you may sign a waiver and upload it into your student portal to document your medical exception. |
**Influenza (Flu)**
For continued enrollment - required annually.

Flu vaccines are available from late September through early May. Students are required to have a current flu vaccine on file in order to enter the clinical setting. Influenza vaccine is required annually. If you have a medical condition which does not allow current immunization, then you may sign a waiver and upload it into your student portal to document your medical exception.

**Professional Liability Insurance**
For continued enrollment - required annually.

**Student-Self Coverage**: Advanced Practice Registered Nurse (APRN) students are required to carry their own professional liability insurance. The **coverage is a minimum of $1 million per event/$3 million total coverage**. This coverage must state that the student is in an advanced practice role. **University Coverage**: The College of Nursing and Health Care Professions carries Medical Professional Liability Insurance on all students in the DNP program. The coverage is $2,000,000 each incident or occurrence and $4,000,000.

**Health Clearance Form**
A physician or other health care provider completes this form following a physical exam of the student. If the physical was performed within the last six months, the form may be completed based off of that exam. (Form in Appendix).

**Hepatitis B**
Hepatitis B vaccine (3 doses), Hepatitis B Waiver, or blood titers are required. A lab confirmation must be presented (see below). You will be required to repeat the vaccine series if there is no immunity. If you have repeated vaccination series and completed a second titer and the results are still negative, equivocal, or borderline, then you may sign a waiver for this disease. A waiver is required if vaccine not administered. (Form enclosed). If you have a medical condition which does not allow current immunization, then you may sign a waiver and contact the OFE for further instructions on where to upload your medical exception. Evaluation will be made on an individual basis.

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<th>HBsAg</th>
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(For more details, see Appendix.)
**MMR: Measles, (Rubeola), Mumps, Rubella**

Students must show proof of immunity as defined by the most current CDC recommendations dated November, 2011:

Presumptive evidence of immunity to measles for persons who work in health-care facilities includes any of the following:

- written documentation of vaccination with 2 doses of live measles or MMR vaccine administered at least 28 days apart,
- laboratory evidence of immunity,
- laboratory confirmation of disease, or
- birth before 1957.

If you have a medical condition which does not allow current immunization, then you may sign a waiver and upload it into your student portal to document your medical exception. Evaluation will be made on an individual basis.

**Varicella (Chicken Pox)**

Students must show proof of immunity as defined by the most current CDC recommendations dated November, 2011:

Evidence of immunity for HCP includes any of the following

- written documentation of vaccination with 2 doses of varicella vaccine
- laboratory evidence of immunity or laboratory confirmation of disease,

If you have a medical condition which does not allow current immunization, then you may sign a waiver and upload it into your student portal to document your medical exception. Evaluation will be made on an individual basis.

**Health Insurance**

Verification of the student’s current health insurance coverage (e.g., copy of insurance card.)
Background Check

APRN students must be completed prior to first clinical rotation. No felonies accepted, and misdemeanors will be subject to review by the Professional Standard committee. Must be completed before first clinical experience.

Drug Screen

APRN students are required to have a negative drug screen prior to beginning first clinical experience. This will be scheduled by the OFE during the first eight weeks of the semester. The student pays the cost of the drug screen (approximately $50). All students should refer to the detailed Policy for Student Drug, Nicotine & Alcohol Screening below.

HIPAA Form

Students, faculty, and site supervisors must electronically sign the confidentiality agreement and return this electronic document to the OFE. (Electronic doc available from OFE).

Universal Precautions

Based on the mandatory CDC and OSHA guidelines, students, faculty, and site supervisors will consistently observe blood and body fluid precautions when working with all clients in all settings.

Policy for Student Drug, Nicotine & Alcohol Screening

The practice of professional nursing demands that the clinician be free from the influence of any substance that would impair judgment and thinking ability. As a result, health care agencies are requiring students who work directly with patients to undergo drug screening. Nursing students must also be free from impairing substances. Health care agencies and the CONHCP require drug screening of all nursing students prior to their first clinical experience. In addition, CONHCP students are subject to screening if either the faculty or preceptor suspects that the student is impaired at any time on campus, or during any health care experience or any other university or work related activity. Any student whose test is deemed positive will not be able to enroll or continue in nursing course for a minimum period of one year. Determination will be made in the Professional Standards Committee. The College is required to report any positive screens and/or suspicion refusal to the appropriate board.

This policy is designed to identify the procedures to be followed for both types of testing as well as to outline the appeal and readmission to the program.

Initial Urine Drug Screening

1. First clinical course and new transfer students will be randomly given a drug screen authorization form and a 24-hour time frame to complete a urine drug screen at one of the laboratory options provided.

2. Students will be required to show picture identification upon arrival. A driver’s license or passport are acceptable forms of identification.

3. The cost for all screening and medical review (if deemed necessary) is the students’ responsibility.

4. A screen with questionable results will be sent by the lab for a medical review. Costs for review and retest will be the responsibility of the student.
5. A negative report is necessary to continue in the program of study in the CONHCP.

6. This screen need not be repeated as long as the student maintains continuous enrollment. Continuous enrollment is defined as enrollment in nursing classes during all consecutive semesters until graduation.

7. Students may be re-tested for cause or reasonable suspicion.

8. Students are required to respond to the request for screen in the required amount of time. This may necessitate taking time off from work.

For Cause or Reasonable Suspicion Drug, Nicotine & Alcohol Screening

The CONHCP may ask a student to submit to a drug and alcohol screening at any time a faculty member or preceptor believes that the student may be under the influence of drugs or alcohol. This includes but is not limited to the following circumstances: evidence of drugs or alcohol on or about the student’s person or in the student’s possession, unusual conduct on the student’s part that suggests possible use or influence of drugs or alcohol, negative performance patterns, or excessive and unexplained absenteeism or tardiness. Determination will be made in the Professional Standards Committee.

1. Students will be asked to submit to an immediate oral drug and alcohol screening test conducted at one of the laboratory options provided.

2. Students may also be given a drug screen authorization form and asked to immediately complete a urine drug screen at one of the laboratory options provided.

3. Students will be required to show picture identification upon arrival. A driver’s license or passport are acceptable forms of identification.

4. The costs for all screening and medical review (if deemed necessary) are the students’ responsibility.

5. A screen with questionable results will be sent by the lab for a medical review by the company completing the drug screen. Costs for review and retest will be the responsibility of the student.

6. A negative report, excluding a positive nicotine result, is necessary to continue in the program of study in the CONHCP.

Follow-up Action: Positive Screen (For Cause or Initial Drug Screen)

1. Positive drug screens (including those medically prescribed) may result in withdrawal from the nursing program for a minimum of 12 months. After this 12-month period, the student may apply for readmission under general guidelines stated in the University Policy Handbook, provided there is submission of evidence of satisfactory participation in a rehabilitation program for alcohol/substance abuse. Determination will be made in the Professional Standards Committee.

2. Sources of evidence include:
   a. Documentation of completed program of rehabilitation.
   b. Acknowledgement of continuance in a twelve step or after-care program.
   c. Letter from therapist or licensed health care provider stating the student is now able to function safely in a clinical facility.

3. The student must have a negative screen prior to being readmitted to the nursing program. The
screen will be done at the direction of CONHCP and may be periodic while the student is in a CONHCP program. The student is responsible for all costs of screening.

4. The decision to readmit will be made by the CONHCP College Administrator after review of submitted materials. As with other applications for readmission, space availability may be a determining factor for that particular semester.

5. A report will be filed with the State Board of Nursing upon withdrawal from the program consistent with the rules and regulations of the State Board of Nursing.

6. Any student who screens positive after one readmission may be permanently dismissed from the nursing program.

Follow-up Action For-Cause Negative Screen

1. Students whose drug screens are negative will meet with the College Administrator to discuss the perceptions of impaired behavior and the implications and steps to avoid similar situations in the future.

2. A review by the Medical Review Officer (MRO) by the company collecting the drug screen for documentation of any medical condition or treatment may be requested.

3. Students will not be counted as absent from clinical during this evaluation process. However, students will be expected to meet the clinical objectives.

4. A reasonable suspicion/cause drug screen that is positive; however, is deemed negative by a medical review officer will follow these guidelines:
   a. The student will meet with the College Administrator.
   b. The student may be required to undergo, at the student’s expense, an evaluation for drug use/prescription drug use/impairment by a psychiatrist recommended by the State Board of Nursing.
   c. The student will follow other recommendations deemed necessary by the College Administrator.
   d. The student will be required to provide a negative drug screen prior to returning to clinical and be subject to periodic drug screens at the student’s expense.
   e. More than one incident of a reasonable suspicion/cause drug screen that is positive; however, deemed negative by a medical review officer may result in withdrawal from the nursing program for a minimum of 12 months. In this case the student will follow the positive drug screening guidelines.

Students Who Refuse Drug Screening

Students who refuse to participate in screening will be required to leave the clinical area and make an appointment with the Dean of Nursing or his/her designee. The student will remain out of the clinical area until an investigation has been done and a recommendation has been made by the College Administrator. Students who refuse screening may be subject to dismissal from the CONHCP. A student who refuses to participate in the aforementioned rehabilitation program will not be allowed into clinical courses; therefore he/she cannot complete the nursing program.

Substances Included in Urine Drug Screen

Amphetamines, Barbiturates, Benzodiazepines, Cannabinoids, Cocaine metabolite, Cotinine
(tobacco/nicotine), Fentanyl, Meperidine, Methadone, Opiates, Oxycodone, Phencyclidine, Propoxyphene

*Please note certain clinical facilities include nicotine as part of their screening and will not allow students to rotate at their facility who test positive from nicotine or its byproduct, cotinine.

**Bodily Fluids Exposure and/or Injury During Field Experiences**

Grand Canyon University acknowledges the inherent risks associated with working around or with patients and health care organizations, including a potential exposure to blood and body fluids. Once in a patient care setting, you will have access to and are expected to utilize appropriate blood-borne pathogen barriers, proper sanitary precautions, and appropriate biohazard disposal equipment and procedures at each clinical site.

The following policy outlines your responsibilities in this area:
- You must have and maintain current health insurance and show verification of coverage each year while matriculated in the program.
- GCU and the clinical agencies that provide practical experiences for our students are not responsible or liable for the costs of medical follow-up or expenses incurred.
- If evaluation and treatment is required by the facility where you are completing clinical experiences, the student is responsible for all costs and associated follow up.
- In the event that you are injured or exposed to blood and body fluids, you will:
  - Wash the area immediately and thoroughly with soap and water.
  - Within 24 hours, follow-up with your own Primary Care Provider who will make a determination of immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
  - Assume full responsibility for disease sequelae.
  - Follow the policies of the agency (if any).
  - Complete a student incident report with the supervising faculty or instructor who was present during incident. A copy of this report will be given to the College Administrator and placed in the student’s file.

**Safety Guidelines for Students in Patient Care Settings**

**Standard Precautions**
- Students will adhere to all guidelines for Standard Precautions within the clinical agencies.

**Protocol for Puncture Wounds and Exposure to Blood or Bodily Fluids**
- Incidents involving any type of needle stick or body-fluid exposure must be reported to the Preceptor/Faculty/Facility immediately! The faculty will then notify the College Administrator.
- All faculty and students should observe the protocol for safe needle usage when practicing or performing parental injections, IV starts, blood draws, or using syringes, or performing any invasive procedure as part of a skills check off, or in a clinical setting. The faculty/student should follow the protocol for needle usage at the agency where clinical is being held.
Uncontaminated Needle Stick or Intact Skin Exposure

- A student who accidentally punctures him/herself with an uncontaminated needle or is exposed to blood or bodily fluid that is an intact skin exposure should:
  1. Wash the area immediately and thoroughly with soap and water
  2. Follow-up with your or your own Primary Care Provider or other facilities listed on the resource page who will make a determination of Tetanus immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
  3. Complete a student puncture wound incident report (available from the CONHCP) to be filled out by the student and the supervising faculty or instructor who was present during the incident. A copy of this report will be given to the College Administrator and placed in the student’s file.
  4. Counseling referral and other referrals can be arranged through the health center.
  5. If student is outside Maricopa County, please contact the College Administrator for specific information related to resources for medical treatment.

Contaminated Needle Stick or Non-Intact Skin or Mucous Membrane Exposure

- If the exposure is via a contaminated needle or if a bodily fluid exposure to non-intact skin, or to mucous membranes the student should continue with the following:
  1. Wash the skin area immediately with soap and water. If exposure is to mucous membranes flush area with water immediately
  2. Report the incident to your clinical preceptor/faculty/supervisor.
  3. Immediately seek medical attention. If in an acute care setting, always follow agency guidelines. This may include reporting to either Occupational Health or the agency Emergency Department.
- In the event that this incident occurs, in the community setting, GCU recommends that you seek immediate treatment at an Urgent Care or Physician’s Office equipped to treat contaminated needle stick injuries. If follow up visits are required you may schedule them with your Primary Care Provider.
- Student puncture wound incident report (available from the CONHCP) will be filled out by the student and the faculty or instructor who was present during incident. A copy of this report will be given to the Program Manager to be placed in the student’s file.
- Financial responsibility for testing and recommended care following an exposure rests solely with the student. This could include testing, evaluation, treatment, and counseling.
- If you have questions about the appropriate medical treatment, the Centers for Disease Control and Prevention recommend that you call a 24 hour assistance line at 1.888.448.4911 (Clinicians’ Post Exposure Prophylaxis Hotline).

Potential Resources for Medical Treatment near GCU Locations

- Emergency Departments
- Primary Care Physicians
- Occupational Health Services
- Urgent Cares
- Health and Wellness Center Located on GCU Main Campus
  - Hours of Operation are Monday- Thursday 8 am – 5 pm and Friday 8 am – 12 pm
  - Phone 602.639.6215
  - Call to verify provider availability
Phoenix Baptist Hospital
  o 2000 W. Bethany Home Rd Phoenix, AZ 85015
  o (602) 249-0212 ER - (602) 246-5747

Ambulance Service/Phoenix Fire Station 18
  o 602-262-6318, Phoenix Fire Station 26  602-262-6326
  o Concentra Urgent Care Facilities near on GCU Main Campus
    o Located at 1818 E Sky Harbor Cir N. Building 2, Suite 150, Phoenix
    o Open 24 hours/day, 7 days/week
    o Phone 602.244.9500
  o Presbyterian Hospital – New Mexico Campus
    o 1100 Central Ave. SE
    o Albuquerque, NM
    o 505.841.1234
  o Banner – University Medical Center – Tucson Campus
    o 1501 N. Campbell Avenue
    o Tucson, AZ 85724
    o Phone: 520. 694.0111

Tuberculosis Exposure Plan
According to the CDC, "It is important to know that a person who is exposed to TB bacteria is not able to spread the bacteria to other people right away. Only persons with active TB disease can spread TB bacteria to others."

"Some people develop TB disease soon (within weeks) after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason. Many people with TB infection never develop TB disease." [http://www.cdc.gov/tb/topic/basics/exposed.htm](http://www.cdc.gov/tb/topic/basics/exposed.htm)

Students will not be held from clinical experiences unless they have an active TB infection, not TB disease. Active TB is determined by the use of TB screening and confirmation by qualified health care providers/professionals based on symptoms of active TB.

Tuberculosis (TB) exposure potential is defined as any exposure to the exhaled or expired air of a person with suspected or confirmed TB disease. A high hazard procedure involving an individual with suspected or confirmed TB disease is one that has the potential to generate potentially infectious airborne respiratory secretions such as aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation, and suctioning. Workplaces with inherent exposure potential to TB disease:
  o Health care facilities
  o Corrections facilities
  o Homeless shelters/clinics for homeless
  o Long term health facilities
  o Drug treatment centers
  o Post-exposure Procedure
1. When a Tuberculosis (TB) exposure occurs, the involved student will report the incident to the clinical instructor and the appropriate administrative staff at the involved institution or agency.

2. The student will be counseled immediately and referred to his or her personal health care provider, the local Health Department, or the Canyon Health and Wellness Center.

3. A baseline Tuberculosis Skin Test (TST) should be administered as soon as possible after the exposure.

4. Frequency of follow-up TSTs will be performed per provider protocol. A TST performed 12 weeks after the last exposure will indicate whether infection has occurred.

5. A student with evidence of new infection, (TST conversions) needs to be evaluated for active TB. Even if active TB is not diagnosed, prophylactic therapy for latent TB is recommended.

6. A student with a previously documented reactive TST need not be retested but should have a baseline symptom screen performed following the exposure and repeated 12 weeks after the exposure. If the symptom screen is positive a chest x-ray is required.

7. Any active case of TB must be reported to local Health Department.

Return to Class for Active TB

- A student diagnosed with active pulmonary or laryngeal TB may be highly infectious; and will not be able to attend class or clinical experiences until he/she is noninfectious.
- In order to return to school the student will need to provide documentation from the health care provider that he/she is noninfectious. The documentation needs to include evidence that:
  - The student has received adequate therapy for a minimum of 2 weeks.
  - The cough has resolved, and the student is not experiencing chest pain, hemoptysis, fever or chills.
  - The results of three consecutive sputum acid-fast bacilli (AFB) smears collected on different days are negative
- Note: The Health and Wellness Center can perform TST, but will refer the student to local Health Department for treatment and AFB testing if indicated.

Documentation and Financial Responsibility

- After the student returns to school and remains on anti-TB therapy, periodic documentation from their health care provider is needed to show that effective drug therapy is being maintained for the recommended period and that the sputum AFB smear results remain negative.
- The student is responsible for all costs related to the exposure incident.
- The student’s health records will be maintained in a confidential file within the College of Nursing & Health Care Professions.

Return to Class

- A student diagnosed with active pulmonary or laryngeal TB may be highly infectious; and will not be able to attend class or clinical experiences until he/she is noninfectious.
- In order to return to school the student will need to provide documentation from the health care provider that he/she is noninfectious. The documentation needs to include evidence that:
  - The student has received adequate therapy for a minimum of 2 weeks.
The cough has resolved, and the student is not experiencing chest pain, hemoptysis, fever or chills.

The results of three consecutive sputum acid-fast bacilli (AFB) smears collected on different days are negative.

Note: The College will refer the student to County Health Department for treatment and AFB testing if indicated.

Documentation and Financial Responsibility

After the student returns to school and remains on anti-TB therapy, periodic documentation from their health care provider is needed to show that effective drug therapy is being maintained for the recommended period and that the sputum AFB smear results remain negative.

The student is responsible for all costs related to the exposure incident.

The student’s health records will be maintained in a confidential file within the College of Nursing & Health Care Professions.

Communicable Disease Policy

You may not participate in classroom or field experiences during the time you are affected by or suspect you have a communicable disease. A communicable disease is a health disorder that can be passed from one person to another. If suspected of communicable disease, you must immediately visit the student health center or personal physician for evaluation. If the evaluation shows possible communicable disease, you must remain out of contact with patients for the duration suggested by the physician and report this to the course faculty and program director. You may not return to participation in field experiences until you have been re-evaluated by a physician, nurse practitioner, or physician assistant and released with written verification from the medical provider. You must contact the clinical preceptor and faculty upon suspicion and verification of the disease.

The following are examples of communicable diseases:

<table>
<thead>
<tr>
<th>Disease</th>
<th>Disease</th>
<th>Disease</th>
</tr>
</thead>
<tbody>
<tr>
<td>AIDS</td>
<td>Influenza</td>
<td>(whooping cough)</td>
</tr>
<tr>
<td>Shingles (Herpes Zoster)</td>
<td>Tetanus</td>
<td>Rubella</td>
</tr>
<tr>
<td>Chickenpox</td>
<td>Impetigo</td>
<td>Shigellosis</td>
</tr>
<tr>
<td>Strep pharyngitis</td>
<td>Yellow Fever</td>
<td>Streptococcal pneumonia</td>
</tr>
<tr>
<td>Measles</td>
<td>Hepatitis A, B or C</td>
<td>Scabies</td>
</tr>
<tr>
<td>Cholera</td>
<td>Herpes Simplex</td>
<td>Hand, foot, mouth syndrome</td>
</tr>
<tr>
<td>Conjunctivitis</td>
<td>Meningitis</td>
<td>Viral and acute hepatitis</td>
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<tr>
<td>Diphtheria</td>
<td>(bacterial)</td>
<td></td>
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<tr>
<td>Diarrhea-infectious</td>
<td>Mumps</td>
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<td></td>
<td>Pertussis</td>
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<td></td>
<td></td>
<td>Lice (pediculosis)</td>
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<td></td>
<td></td>
<td>Lyme disease</td>
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<td></td>
<td></td>
<td>Escherichia coli (E coli)</td>
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<td></td>
<td></td>
<td>Tuberculosis</td>
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<td></td>
<td>Group A Strep</td>
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<tr>
<td></td>
<td></td>
<td>Pinworms</td>
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<td></td>
<td></td>
<td>Ringworm</td>
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</tbody>
</table>

Malpractice Insurance

© 2015. Grand Canyon University. All Rights Reserved.
University Insurance Coverage:
The College of Nursing carries Medical Professional Liability Insurance on all students in the Master of Science in Nursing and Post-Master Science in Nursing programs. The coverage is $2,000,000 each incident or occurrence and $4,000,000 in the aggregate. Please contact the Office of Field Experience if your practicum site requires a Certificate of Insurance from GCU.

Please refer to information regarding self-insurance and University provided insurance in the University Policy Handbook. Student-Self Coverage: Advanced Practice Registered Nurse (APRN) students are required to carry their own professional liability insurance. The coverage is a minimum of $1 million per event/$3 million total coverage. This coverage must state that the student is in an advanced practice role. University Coverage: The College of Nursing and Health Care Professions carries Medical Professional Liability Insurance on all students in the DNP program. The coverage is $2,000,000 each incident or occurrence and $4,000,000.

Anticipated Costs
Below are anticipated additional costs for the clinical portion of your program (outside your tuition and textbook expenses).

- Drug Screen ($44-$60)
- Malpractice Insurance (Cost varies, around $250-$350)
- Immunizations (Cost varies)
- White Lab Coat (Cost varies)
- GCU Name Tag (Magnetic: $15, Pin: $10.00, Shipping: $5.00)
- Background Check ($65)

The Office of Field Experience
Grand Canyon University College of Nursing and Health Care Professions faculty and the Office of Field Experience (OFE) placement team will partner with you to secure clinical sites and preceptors based upon your specialty and location. Your placement specialist and clinical faculty will carefully monitor each of your placements to ensure they meet GCU’s high academic standards.

Responsibilities of the Office of Field Experience
The GCU Office of Field Experience (OFE) will determine if you have met all of the application requirements necessary to begin the field experience courses. Additional responsibilities of the OFE Coordinator are as follows:

- Ensure that you have a copy of the current version of the Graduate Guidelines for Field Experience and have acknowledged your understanding of the contents.
- Ensure that the clinical affiliation agreement between the GCU CONHCP and the clinical agency is in place.
- Ensure that students have all the required health documentation for the assigned healthcare agency.
- Be available to counsel with you as situations dictate.
- Communicate with the field experience instructors and preceptors as necessary.
• Ensure all students will be assigned to sites according to the learning needs of the student, individual course requirements and availability of clinical sites.

Field Experience Placement Process (MPH Students See Section 10)

Identifying a Preceptor/Mentor/Site

As a student in a placement program here at GCU, the OFE will be working with you to ensure that all placement requirements are met. We ask students to work collaboratively and cooperatively with us in order for your placements to be timely and successful. With this collaboration we can better ensure your preferred placement. We have found it is best to begin preceptor and site placement as soon as possible. As you begin your program you will be contacted by OFE to briefly discuss placement requirements. GCU offers both traditional and distance learning options for many programs requiring a practicum experience. Therefore, practicum placements outside of the U.S. are possible for non-APRN programs if approved by GCU Compliance Department. Requirements for student placement are similar for the different types of placements and all will adhere to the same policies as indicated in this manual. A Field Experience Counselor (FEC/FCC) within OFE will contact you to discuss the specific requirements for placement in your chosen program. OFE is here to assist you in identifying your preferred site. Getting your first selection for practicum or clinical site requires both students and OFE to work closely together. We encourage you to consider your options well in advance of your practicum or clinical course so that you may be placed at your preferred site. We will discuss already approved locations and preceptors as possible options. If there is not an already approved option we strongly encourage you to identify 2-3 preferred preceptors and sites as your first choice may not be viable.

All sites and preceptor/mentors will need to be approved in advance of placement. Students will complete an electronic Field Experience Application Form and return to OFE. Faculty must approve all preceptors/mentors in all programs. The Office of Field Experience (OFE) will work with you to arrange the field experience placement. OFE will offer placement with known and established sites, however you also have the option of reaching out to preceptors in your area for possible availability. You are responsible for maintaining contact with the OFE so that field experience placement and all the proper forms are completed in a timely manner. You are required to take the preceptor/mentor and site provided, even if travel is involved, and accept or decline the placement offer within 24 hours. If you refuse a preceptor/mentor/site, you will be responsible for finding your own replacement.

Most clinical experiences require motor vehicle transportation, and some may require overnight accommodations. Students are responsible for their own housing, transportation and expenses associated with clinical experience.

Preceptor/Mentor and Site

• The on-site ratio per clinical day for direct supervision is 1:1 (preceptor/student).
• It is recommended that if a student arrives to a site and another student (from any other program) is assigned that day, he/she needs to notify OFE immediately and leave the site as other arrangements may need to be made.
• Non-APRN and DNP students will want to consider nurse leaders and/or providers who can aid in navigating the health care organization and those who have special knowledge and experience in Leadership, Education, and Public Health as appropriate.
• While you may be able to consider placement at your place of employment, you may not count work hours toward your student clinical or practicum time, and placement must be outside the unit or department you are employed.
Due to a conflict of interest, family members are not appropriate preceptors.

For Students who have Identified a Preceptor/Mentor they Agree to Serve

Once a preceptor/mentor has agreed to serve in the role, you must notify the OFE immediately so that the appropriate forms can be completed in a timely manner. Faculty (with the assistance of OFE) will approve all sites and preceptors/mentors according to student learning needs and specific course objectives. The OFE will verify that a Memorandum of Understanding (MOU) or an Affiliation Agreement for the approved site is on file (not both) or submit necessary paperwork to get to the site to gain approval. Prior to the start of the field experience, a copy of the preceptor/mentor’s license and certification, CV and Qualified Preceptor/Mentor form must also be on file with the OFE. Preceptors/mentors will receive an email directly from OFE directing them to email these documents directly to OFE.

Affiliation Agreements

An Affiliation Agreement or Memorandum of Understanding (MOU) must be obtained and fully executed between Grand Canyon University and the selected facility prior to the field experience. If the student has provided a preferred site is the student’s responsibility to give his/her Field Experience Counselor (FEC/FCC) the site coordinator’s contact information (including name, phone, email, and name of site). The contact is the person who is responsible for overseeing the contract and is usually different than the preceptor. The FEC/FCC will relay the information to the Affiliation Agreement Coordinator who work directly with leadership at the facility to obtain the signed legal agreement or MOU. It is the student’s responsibility to provide accurate contact information, as inaccurate information can cause for a delay in the process.

If a current agreement is already in place, the FEC/FCC will reach out to the provided contract and confirm compliance requirements.

The Office of Field Experience recommends sharing facility contact information with the FEC/FCC as soon as possible, as processing agreements is lengthy and can take up to 6 months. The Affiliation Agreement must be in place at least four weeks prior to the course start date.

Once an Affiliation Agreement has been finalized, students will be notified via email and provided the details of the clinical/practicum placement. Facilities may have specific requirements regarding documentation for a placement. The student is to work with both the facility and his/her FEC/FCC to insure all requirements are met (e.g. a hospital may require a background check different from the original background check and has the right to specify their own institutional requirements that are not within the control of the University). Family Nurse Practitioner students are required to have an Affiliation Agreement for the purposes of preceptor stipends, where applicable.

Please note that some programs require students to carry more liability insurance than the amount provided by the College of Nursing and Health Care Professions. The student will be expected to obtain a private policy to make up the difference. For nurses: the Nurses Service Organization provides professional liability insurance. http://www.nso.com/professional-liability-
Initial Contact with the Preceptor/Mentor

Once a preceptor/mentor is approved, you should contact him/her within 48 hours of receiving the notification. You are encouraged to call your preceptor/mentor’s office as the initial contact to make an appointment to meet with him/her in person and arrange for one day of observation. This is a great way to learn about the role of your preceptor/mentor. If you do not contact a preceptor/mentor in a timely manner and the preceptor/mentor can no longer serve in that role because no contact was made, you will be responsible for finding a replacement. This is considered unprofessional behavior. You are expected to share (1) your course syllabus, (2) these guidelines, and (3) the course faculty contact information for the preceptor/mentor’s reference and use. DNP students also share their Individual Success Plans (ISPs).

Please remember that preceptors/mentors are providing mentoring and teaching as part of their professional role. It is important to express your appreciation and write a thank you note at the end of the course.

Orientation for Preceptor/Mentor

- You will provide the preceptor/mentor with the course description and objectives, and refer the preceptor/mentor to the course faculty to answer questions about the responsibilities and role of precepting.
- Ensure that the OFE has all the required student and preceptor credentials on file prior to entering the setting.
- Learn something about the preceptor/mentor, when possible, in order to acknowledge the preceptor’s background such as preceptor education, work experience, community, and practice as ways to broaden your educational experience.
- Review the objectives as outlined in the respective course syllabus. DNP students will share their Individual Success Plans.
- Practicum objectives must be measurable, reflect on the level of competency you would like to achieve at the end of the practicum component of the respective course, and be congruent with and complement the course objectives.

Field Experience Fees

Generally, the cost of the practicum is the cost of the regular University tuition and fees. All University fees will be collected by the University business office. You will not be asked to pay fees to the preceptor or hosting agency. You are responsible for your own transportation and fees pertaining to any background fingerprint checks, vaccinations, chest x-rays, or other medical clearances that may be required by the host site.

Field Experience Restriction

Field experience/clinical restriction is the official means of restricting the student from any field experience when students have missing, expired, or insufficient immunizations or documentation
requirements on file with the Office of Field Experience. You will be notified by the OFE 4 weeks before documentation is set to expire. Once documentation has expired, the OFE will notify your course faculty of your restriction status. **At all times it is your responsibility to ensure that your health and safety documentation is up to date and current, and that all other program requirements have been met.** Health and safety requirements are mandatory for all students where indicated in this manual.

**Field Experience Probation**

Field experience/clinical probation is the official means of notifying you of unacceptable behavior or unsatisfactory performance. Being placed on probation can affect the field experience/clinical grade and will result in a Code of Conduct violation and may result in being administratively withdrawn from the course as determined by the Professional Standards Committee.

Field experience/clinical probation status is conferred at the discretion of the course instructor, clinical instructor, and respective Lead Faculty for any unsafe or unprofessional behaviors. The following are examples of behaviors that lead to probation:

- Participating in a setting with expired or outstanding immunizations or documentation.
- Unexcused absences
- Tardiness
- Insufficient preparation for the field experience
- Failure to follow instructor’s or preceptor’s guidance
- Failure to follow policies as outlined in this Graduate Field Experience Manual
- Causing a client unnecessary suffering or harm
- Failure to report abnormal data in a timely manner to the appropriate persons
- Conduct inappropriate to the role of the student as outlined in this manual and professionalism rubric (rubric for APRN students).
- Failure to dress in approved program attire
- Poor field experience performance leads to cancelation of the clinical experience by the provider/site. (GCU is not responsible or held liable for this type of cancelation).

**Field Experience Probation Procedure**

- All clinical concerns and issues will be reviewed by the Professional Standards Committee.
- Code of Conduct will be initiated.
- A copy of the letter will be sent to the College Administrator and will be placed in your file.
- Refer to the University Policy Handbook for more information.

**Field Experience Failure/Program Expulsion**

If you fail to meet the course objectives, policies, and procedures outlined in the classroom and this manual, you may face failure or program expulsion. You must repeat any failed courses before moving on to the next course outlined in your program of study. A Code of Conduct form will be filed by the course faculty for any action that results in clinical failure. Field Experience/Clinical course failure may result in a failure of the co-requisite theory course at the judgment of the Lead Faculty and Professional Standards Committee.

Examples of clinical failure, program expulsion, or Code of Conduct violation actions:

- Compromising GCU’s relationship with any site.
- Compromising safety in any form.
• Plagiarism and ethical conduct resulting in Code of Conduct Violations.

“All criteria/competencies need to be met at the meets expectation, level by the end of the clinical experience. Any student performing Below Expectation level at the end of the assigned clinical hours may not pass the clinical component for the clinical course and may receive a “Clinical Failure” grade”

Scheduling of Field Experience Hours

• Hours are to be scheduled at the convenience and availability of the preceptors/mentors. **Students are not to ask preceptor/mentor to conform to a schedule to meet their personal and employment needs.**

• The student’s personal and work schedules are expected to accommodate the required number of hours required in each course.

• APRN students are required and expected to contact the preceptor within 48 hours of receiving their clinical assignment. Failure to do so may result in loss of clinical placement.

• Once the day of week for rotation has been agreed to by preceptor, student is required to notify OFE of the day of week to insure the 1:1 ratio is maintained.

• If changes to the clinical schedule are necessary, the student is required to notify the Field Experience Counselor before these changes are made to confirm there are no other students scheduled with the preceptor on the new clinical day. If changes are not reported prior to clinical participation, the hours obtained may be lost.

• APRN students are expected to notify the preceptor if they need to miss a day. Failure to notify the preceptor as negotiated is unacceptable and may result in loss of clinical placement and being placed on clinical probation.

• Students must meet all orientation, health and safety, and administration expectations of the facility before scheduling field experiences.

• Students are not permitted to begin hours PRIOR to the start date of the course or complete them after. Students are also not permitted to participate in clinical/practicum hours during the time the university is closed, for holiday breaks (i.e. Winter and Spring Break) or during time off between classes.

Roles and Responsibilities

Preceptor, Student, Site Supervisor, and Faculty Responsibilities

Preceptors/mentors are in the field with the students and oversee, along with faculty, their practice experiences. All students also work with a College of Nursing and Health Care Professions faculty who reviews all of their documentation and evaluations and works with the students to ensure they are progressing in the program. Site supervisors are adjunct faculty members who perform evaluations of students and clinical sites and check off certain procedures and skills. The site supervisor works closely with the course faculty and preceptor to deliver a safe, effective, and high quality education for the student. Site supervisors are only used for FNP and ACNP students.
Preceptor Responsibilities

- Complete preceptor/mentor training. Student to preceptor ratio is 1:1.
- Once preceptors/mentors are entered into Typhon (student tracking system), they will be sent a link to access Typhon with a temporary password which is only good for 24 hours. If you have not received that email link, please contact the Office of Field Experience (OFE) at 602-639-8401 office hours are 7:30 am – 5:00 pm Monday through Friday.
- Typhon training materials can also be obtained through the OFE.
- Upload current CV into Typhon prior to student beginning clinical experience.
- Upload copy of license and specialty certification to Typhon.
- Complete the student clinical evaluations-- links sent directly from Typhon.
- Orient student to the clinical site and agency policies. Discuss with student the preferred method for communication with clinical preceptor and/or clinic site.
- Review with student the site’s patient population, most frequent diagnoses and procedures commonly performed, if applicable.
- Discuss preceptor/mentor and agency expectations.
- Facilitate an informal collaborative and mutually respectful environment in which to learn.
- Promptly communicate to faculty regarding issues of concern or unsafe practice.
- Review the objectives of the course and student’s learning objectives to determine the type of learning opportunities that will enhance the student’s learning. Direct the student to resources and evidence based readings and areas for quality improvement.
- Provide regular feedback to improve the student’s knowledge and skills.
- Provide a variety of appropriate learning experiences. If available, encourage participation in interdisciplinary team meetings.
- Facilitate student’s progressive independence in knowledge and skills by supporting the student’s autonomy.
- Share your expertise, tools, and references that will aid the student in role transition. Provide time to mentor student learning by answering questions and reviewing material.
- Facilitate professional advanced education socialization.
- Complete student’s clinical evaluations via Typhon and review with clinical faculty during phone conference and/or email communication. Mid-course (if required) and final evaluations must be completed by the clinical preceptor and reviewed with the student. (Student’s final clinical grade will be awarded by the course faculty based on a summative evaluation).
- Students will provide clinical preceptors with a copy of their Typhon time log at the midterm and final evaluations. Clinical preceptors will verify the student’s time log and document this on the midterm and final evaluations by signing off. The student will then upload that document into Typhon under My External Documents. DNP students are not required to provide mentors with a time log.
- Nurse Educator preceptors serve as a role model to the student and as an educator who demonstrates competencies in all areas outlined in the NLN Competencies for nurse educators:
  - Facilitate Learning
  - Facilitate Learner Development and Socialization
    - Use Assessment and Evaluation Strategies
  - Participate in Curriculum Design and Evaluation of Program outcomes
  - Function as a Change Agent and Leader
  - Pursue Continuous Quality Improvement in the Nurse Educator role
  - Engage in Scholarship
  - Function within the Educational Environment
Nurse Leader preceptors serve as a role model to the student and as a leader who demonstrates competencies in all areas outlined in the AONE competencies below for nurse leaders:

- Communication and relationship building
- Knowledge of the health care environment
- Leadership skills
- Professionalism
- Business skills

**Student Responsibilities**

- Student to preceptor ratio is 1:1.
- Students will be sent a link to access Typhon, which is the student tracking system. If you have not received that email link, please contact the Office of Field Experience (OFE) at 602-639-8401 office hours are 7:30 am – 5:00 pm Monday through Friday.
- Complete the Typhon tutorial in advance of the first clinical/practicum course.
- Integrate personal learning objectives with course objectives.
- Ensure Affiliation Agreement has been approved. The student may then contact approved clinical preceptor and determine the schedule for the field experience.
- Ensure preceptor/mentor CV, licenses, and MOU or Affiliation Agreement form are completed and submitted prior to starting field experiences.
- APRN students are to develop the calendar of dates and times the student will be in clinic with the preceptor. Weekly clinical hours must be consistent throughout the course and may not be completed early.
- All clinical hours must be completed during the specified course.
- APRN students must notify preceptor and faculty as soon as possible if unable to attend clinical as scheduled and arrange make-up clinical day. Communicate the date of the make-up to the OFE if the make-up is with another site or preceptor. (The student must then negotiate a make-up date with the preceptor).
- Develop and share course objectives and learning needs with preceptor/mentor and discuss strategies to meet them.
- Adhere to professional attire that is in accordance with site requirements.
- Maintain professional behavior in the setting at all times.
- Collect and enter all patient encounter data in Typhon (electronic clinical log) within 72 hours of the clinical experience. **If not entered within 72 hours (2 weeks for DNP students), the hours for that day may not count and will need to be made up by the student.**
- Demonstrate increasing competency.
- Function in the role of the professional role under the supervision of the preceptor/mentor incorporating evidence-based practice guidelines.
- Attend all scheduled field experiences on time and be prepared, completing all required hours by the final date of each course. DNP students may extend practice immersion hours to Extension Courses if not completed within their 8 week course; however, the course objectives must still be met.
- Notify OFE and faculty as soon as possible if there is an incident that compromised the student’s or patient’s safety (needle stick, complication after a procedure a student completed, injury).
- Complete preceptor/mentor and site evaluations when links are sent directly from Typhon.
- APRN students will create and print a log of clinical hours that the preceptor will review, verify, and sign off confirming completion of hours when the final rotation with each preceptor is done. Instructions regarding how to create a Time Log from Typhon are located in these guidelines.

Instructions regarding how to create a Time Log from Typhon are located in these guidelines. This
signed document is then uploaded into Typhon under My External Documents and submitted to your course faculty via your LoudCloud classroom.

- FNP students will develop a Typhon pie chart of clinical experiences for the course to evaluate personal learning needs in the clinical setting.
- APRN students may write orders/prescriptions as long as they are signed off by their preceptor before they are implemented.
- APRN students may only perform skills/procedures under direct supervision of their preceptor in which they have received didactic education and passed a check off approved by course faculty.
- APRN students should only communicate with assigned site supervisor when contacted. Clinical sites and preceptors need to be confirmed at the time of contact. At no time should a student contact faculty services directly regarding site supervisor assignments. Any questions should be directed to your Field Experience Counselor (FEC/FCC).
- DNP students must regularly check the DC Network, DNP Page, for program and document updates.

**Faculty Responsibilities**

- Faculty will be sent a link to access Typhon, which is the student tracking system. If you have not received that email link, please contact the Office of Field Experience (OFE) at 602-639-8401 office hours are 7:30 am – 5:00 pm Monday through Friday.
- Complete the Typhon tutorial in advance and contact the OFE if additional Typhon training materials are needed.
- Faculty must approve all mentors/preceptors in all programs. Faculty please refer to program specific section for faculty approval process.
- Course faculty must conduct the midterm evaluation (formative) face-to-face or using technology such as a telephone conference, Skype, or FaceTime. DNP students are only evaluated at the end of the course. Final evaluations are completed by faculty (site supervisors) and the preceptor.
- Feedback must be shared with the student. Documentation of student feedback should take place 24-48 hours after the discussion and shared with the course faculty in the Individual Forum.
- Assist student and clinical preceptor to optimize clinical learning environment.
- Review and approve (or not-approve if incomplete or inaccurate) all Typhon clinical electronic log entries weekly and provide educational feedback for all students in your course.
- Ensure the student uploads the clinical calendar to Typhon within first 2 weeks of start of course. DNP students do not use clinical calendars.
- Review the clinical graphics report (only FNP students have graphics report) and hours logged with the student at mid-course and final in order to assess learning objectives and appropriate clinical placement.
- Communicate with student as needed throughout the semester.
- Provide preferred method of communication and be available answer questions or concerns regarding the student’s clinical experience.
- Share all information with the course faculty so they may award student’s final grade upon achievement of clinical competencies.
- Provide written documentation to the preceptor of the semester, year, course, and hours worked with the student at the end of the course as requested.
- Extra site-visits will need to be arranged if there are concerns regarding student’s performance and requirements of specific clinical rotation that cannot be resolved by indirect clinical supervision.
- Review and stamp as approved (or not-approve) all student/preceptor evaluations in Typhon before issuing grade related to evaluation entries in LoudCloud classroom.
• Communicate with the student and course coordinator if there are concerns about the student’s clinical performance. Issue an Early Alert for borderline or unsatisfactory academic or professional behaviors.

• Create an Early Alert if there are no Typhon entries within the first two weeks of a clinical course (if student have clinical placement). If students did not complete their Typhon clinical log within 72 hours after your clinical day, the student will have to make up the clinical day. Extenuating circumstances are considered individually.

• Ensure the student submits the mid-course and final evaluations via Typhon by due date. DNP students only complete end of course evaluations.

• Incompletes may need to be issued when students have not completed all items in Typhon so long as it falls within GCU policy.

APRN Site Supervisor Responsibilities—Clinical Evaluations

• Site Supervisors contracted to conduct student clinical evaluations (not health assessment check offs) will be sent a link to access Typhon, which is the student tracking system. If you have not received that email link, please send an email to typhon@gcu.edu.

• Complete the Typhon tutorial in advance and contact the OFE if additional Typhon training materials are needed.

• Feedback must be shared with the student. Documentation of student feedback should take place 24-48 hours after the discussion and shared with the course faculty.

• Assist student and clinical preceptor to optimize clinical learning environment.

• Clinical site visits allow faculty the opportunity to interact with the student in their clinical environment, assess the safety and appropriateness of the clinical site, and to assess students’ clinical proficiency.

• Each student should be contacted and evaluated by one of the clinical faculty each clinical course. The clinical faculty can determine a student may benefit from more than one site visit if the student is not progressing as expected during the course and will communicate that to the course faculty.

• Site visits are required in every clinical rotation. Site Supervisors will contact the student to arrange timing: Eight week course site visits will be scheduled between weeks 4-7. Sixteen week courses will be scheduled between weeks 8 -14. Students will not be able to finish their clinical hours until your final site visit evaluation has been scheduled and completed.

• Students who are new to their clinical experience (students in first semester of their first clinical rotation) or students who are not progressing as expected as evidenced by substandard clinical notes, may benefit from site visits that are completed earlier in the semester. This will be communicated by the course faculty.

• During the student evaluation the clinical faculty will assess the student’s clinical proficiency. Methods of assessing the student’s proficiency can include using direct and or indirect evaluation methods such as student-faculty conferences, computer simulation, and telecommunication technologies. (NONPF, 2016) Direct observation of the student is the preferred evaluation method when possible. Indirect evaluation methods of evaluating the student’s clinical experience can include collaboration with the clinical preceptor. Students may be asked the following questions when evaluated:

  • What has been the most difficult case you have cared for? What was the plan of care and what was the outcome?
  • What skills have you completed or observed?
• What are the most common illnesses, diseases or patients you care for?
• If the preceptor is available, ask them how well they feel the student has performed.
• Once the site visit is completed answer any questions the student may have and provide valuable feedback on their strengths, opportunities for growth, and share your recommendations regarding what they can do to enhance their clinical experience going forward.
• Each site visit must be documented in Typhon or it was not completed. Go to the EASI: Evaluation and Survey Instrument. Under Clinical Site and Preceptor Visits click “Begin New Evaluation”. Select the student you evaluated. Fill out the survey and submit. Additional instructions are found in your training module.

APRN Site Supervisor Responsibilities—Health Assessment Check Offs

• As part of an Advanced Health Assessment course, students will be performing a complete history and physical exam as part of our final course check-offs under the direct supervision of an adjunct faculty member. This exam must be performed without the use of a written guideline or notes. For the purpose of this exam the genital, breast, and rectal exams are deferred. Participants for the complete history and physical are self-selected and must be 18 years of age or older. Faculty must witness these consents. Consents will be uploaded by the student into Typhon under “My External Documents”.
• Complete the Typhon tutorial in advance and contact the OFE if additional Typhon training materials are needed.
• The demonstration of a complete health assessment will be completed with an adjunct faculty/preceptor present during the exam. During the patient encounter the faculty member/preceptor will provide feedback and guidance. The patient encounter should be completed within a one hour time period.
• The check-off procedure is as follows:
• Students will be contacted by our GCU Office of Field Experience (OFE) in Week 1 of the course. Students will be asked to submit their name, student number, best contact information, zip code of the requested exam location and the location (setting) they anticipate completing their check-offs on the form found in the classroom. This form may then be faxed or scanned to their OFE specialist. Our OFE will share this information with GCU Faculty Services to ensure that we procure an appropriate adjunct faculty match for each student.
• Check-offs must be scheduled in Week 14 of the course. The check-off is a pass-fail exam. Each student must achieve a grade of 85% or higher in the exam to pass, or the student will be required to remediate in Week 15 and complete a re-exam in Week 16.
• If a student requires remediation and a re-exam, the remediation skills will be identified by the adjunct faculty/preceptor in a formal remediation plan which is developed and reviewed at the time of unsuccessful completion and is filled out at the back of the assessment check off document. The document is signed by the student and the adjunct faculty member. Remediation may include re-reading course materials, watching videos again, and practicing skills or a combination of these.
• If a student does not pass the exam on the first attempt, the adjunct faculty/preceptor will contact the course faculty AND Faculty Services to inform them that the student did not pass on the first attempt and that remediation and a re-exam date are required.
• The course faculty will then 1) submit an early alert for the student, and 2) contact that student directly to discuss a remediation and re-examination timetable as well as address any questions and concerns surrounding the check-off process.
• Each student is responsible for making sure that s/he has selected a patient and a site in which to conduct the exam check-off which takes place in a private setting, such as their own private
practice location or other non-general workplace location, and also be prepared to complete this exam check-off on time. Each student should work closely with the adjunct faculty/preceptor to identify a neutral site in which to complete the check-off. A private residence is acceptable only if mutually agreed upon by the student and adjunct faculty/preceptor.

- For students who do not pass the exam check-off in Week 14, the adjunct faculty/preceptor and the course faculty will remediate each student according to a standardized plan and the re-test will take place in Week 16. Note: Please make sure that your selected patient is aware that a second exam may be required in the event that you do not pass the check-off the first time, and who will be available for the re-check if required. You are required to complete the exam check-off on the same individual; if the patient is not available for both occasions, the student will be required to repeat the entire exam and not the remediated procedures.

- Consent is required for each individual selected patient, each time, and will be obtained by the student and signed by the patient and adjunct faculty/preceptor at the time of the check-off exam.

- Once all signatures are obtained on the consent forms, it is the student’s responsibility to upload those final documents in Typhon in the “My External Documents” section. (In Typhon, click “Add a Document” in the left hand corner and look for the corresponding drop down).

- The faculty member conducting the check-off exam in Week 14 will submit the completed “Skills Check Off Exam” Packet to both the course faculty and Faculty Services. If remediation and a recheck are required, please see the steps outlined in this document. In addition, a second appointment will be scheduled for the re-examination in Week 16.

Logging Hours

Students completing either clinical or practicum hours should coordinate their hours based on their assigned preceptors’ availability. Students are not permitted to complete clinical/practicum hours during the designated winter break. The winter break schedule will be posted in the students’ Loud Cloud course shell during the Fall semester. Students are expected to plan accordingly in order to facilitate completion of their hours.

Typhon is the software system students use to track clinical hours, practice immersion hours, practicum hours, and patients (if applicable). You will receive a Typhon username and password and will be introduced to the Typhon system during the immersion before clinical courses begin. You will pay a one-time fee to Typhon for access to the software system.

Steps to Initiate Access to Typhon

This information will introduce you to Typhon Group’s student tracking system. It is an Internet-based system, so you can log in from anywhere you have Internet access. As a graduate student at GCU, you will be using Typhon in all of your clinical/practicum courses to log and document required hours and patient case logs, if applicable.

1. You will need a specific login and password. This will be provided to you through your GCU specific email at the beginning of one of your first courses before you will start the clinical classes.

2. Access to Typhon will be only be granted, and delivered via email, once all Health and Safety requirements have been submitted to the Office of Field Experience.

3. Once you have the specific login and password, use this link: http://www.typhongroup.net/gcu.
4. Bookmark this link, as you will be accessing Typhon frequently during your classes.

5. You will be prompted to change your password. Save the new password and then go back to the login page to use your new custom password. Once you have saved your password, you will be prompted to login using your new password.

6. Upon initial login you will need to accept the End-User License Agreement by selecting “OK”. A second page will appear with additional agreement detail. At the bottom select “I agree” and save data.

7. You will now see the Home Page.

8. To help in your understanding of how you will be using Typhon in your classes we strongly recommend you review the tutorial videos on the home page found under the Help Section.
   a. Please review Data Entry & Reports. This set of videos will fully describe the capabilities of Typhon and help orient you to the system.

9. Once you have reviewed the videos you will need to set-up your default choices. You will be able to adjust your default choices once you establish a clinical rotation.
   a. Current Course/date
   b. Faculty/preceptor/mentor
   c. Practice Site
   d. If your preceptor/mentor, or field experience site, is not listed please email your OFE coordinator or call 602-639-8401.

If you have any technical difficulties logging into Typhon, please contact OFE at 602-639-8401 and you will be directed to support. Standard work hours are M-F 8 a.m. to 5 p.m. MST from Oct-Feb and PDT Mar-Sept. Please do not contact your faculty with Typhon technical issues.

Student Typhon Documentation Requirements for DNP ONLY

Please Note: Students use time logs when it comes to additional hours or Independent study. Students need to get additional hours pre-approved with the faculty and then once uploaded in time logs, the mentor goes in and approves those additional hours.

- Please fill in the complete form, but know the red arrows are required to continue to the next screen.
- Complete all drop down boxes
- Because Typhon is modified for use in the DNP program, the Patient Demographic area is unnecessary, but is required. Please use 1 and male each time.
- Please make sure to accurately log the actual amount of time spent on patients, projects, assignments or deliverables as well as consulting with your preceptor/mentor.
- We will NOT use the conference logs OR time logs in this program so ALL hours are documented only in the CASE LOG section.
- Procedures/Skills are aligned with the program domains and competencies. You are required to meet and document them for all completed case logs.
- Other Notes Section asks what evidence you used in the practice experience: data, literature, guidelines, etc. You have 100 spaces to report this.
• The Clinical Notes Section is where you describe in detail what you actually did.
• Click ‘Save Data’ once all required information has been entered. This is critical!
• Please record ALL hours in weekly lump sums. It is not in the best interest of time to record every activity individually.
• If hours are not recorded in Typhon, they were never done and will not be counted toward graduation. This is your responsibility.

Student Typhon Documentation Requirements for Non-APRN Programs

• Please fill in the complete form, but know the red arrows are required to continue to the next screen.
• Complete all drop down boxes
• Students in the following programs use the Time Log ONLY (not case logs) to record actual clock hours: MSN-Ed, MSN-L, MSN-MPH, MPH
• Time logs must be approved by faculty who click on the green box and locking the weekly log.

Performance Evaluations Roles and Responsibilities for Preceptor/Mentors, Faculty, and Site Supervisors

Please note: Students who have not logged in any hours are in jeopardy of not receiving the end of the course evaluations

• If the student’s performance is unsatisfactory on any given day, the preceptor/mentor will initiate an informal conference with the student. This informal conference will provide the student with constructive feedback to assist them in on-going improvement in clinical practice.
• Should the student’s performance continue to be unsatisfactory, the preceptor/mentor will notify the course faculty who will assist the clinical preceptor in formulating a written plan explaining areas of concern and behaviors necessary to correct these deficiencies. This process will be completed by mid-course, if possible, so the student has time to improve. The course faculty will issue an Early Alert after communicating with the clinical preceptor to acknowledge the preceptor’s concerns and develop a written remediation plan.
• The Lead Faculty and/or College Administrator will receive a copy of the written incident report and remediation plan. A copy of the written plan will be placed in the student’s record.
• If the conditions of the Early Alert are not met by the student by the last clinical day, the student’s clinical performance will be unsatisfactory on the final evaluation and the student will receive a failing grade. At any time if a student’s clinical performance in a clinical course indicates an inability to perform at a safe and/or professional level of practice, the clinical faculty and clinical preceptor, in consultation with the Lead Faculty, will assign a failing grade regardless of the point in time such a decision is made. In such case, the student will ineligible to continue in the course.
• If midterm* and final evaluations indicate course competencies are not being met, students may be required to obtain additional clinical hours as determined by clinical faculty and the Lead Faculty.

*Please note that all APRN programs and courses require midterm (formative) and final (summative) evaluations, however, DNP students only have an end of course evaluation.

Preceptor/Mentor and Site Evaluations by the Student

Students must evaluate the site and/or the preceptor/mentor at the end of the course. These evaluations
are imperative and provide necessary feedback for future placements with the preceptor/mentor/site. The evaluations are found and completed in Typhon. These evaluations are not shared with the preceptor/mentor since a formative/summative assessment is not the intent of these evaluations. Evaluations will be sent directly to the person needing to complete the evaluation via an email from Typhon.

**Preceptor/Mentor Evaluations of the Student**

A Typhon link will be emailed directly to the preceptor/mentor so it is important to be sure that email addresses are correct in Typhon and that they check their junk mail for a message from Typhon. Preceptors will login using their regular Typhon passwords (please save them for future use). Please note that Gmail accounts will not work for this purpose. Nurse practitioner students will also provide a self-evaluation to their clinical preceptor midterm and at the end of the course. This will be provided to the clinical preceptor one week prior to evaluations being completed by the clinical preceptor. Students and faculty will review the mid-course and final evaluations during each clinical course in Typhon.

**Student Evaluations by the Faculty**

Faculty must evaluate the student along with the input of the preceptor/mentor. These evaluations are imperative and provide necessary feedback for future placements with the preceptor/mentor/site. The evaluations are sent via a Typhon email link.

**Evaluations in Non-APRN Courses (MSN-Ed, MSN-L, MSN-MPH, MPH)**

Students must evaluate the site and/or the preceptor/mentor at the end of the course. Faculty must evaluate the student along with the input of the preceptor/mentor. These evaluations are imperative and provide necessary feedback for future placements with the preceptor/mentor/site. The evaluations are in paper format and submitted to the course faculty via the LMS.

**Nursing Student Licensure**

You are responsible for obtaining and maintaining a current or unencumbered registered nurse licensure or advanced practice licensure as applicable in the state(s) in which you are participating in clinical experiences. Failure to do so will result in loss of credit for those clinical hours, and administrative withdrawal from the courses involved. You must have a copy of the nursing license (RN and/or APRN) and state of licensure on file with the OFE. GCU’s post-master’s DNP program does not result in new licensure, certification, or scope of practice.

**Alaska DNP Students**

According to the Alaska Board of Nursing, students who reside in Alaska and are approaching their practice immersion courses (beginning in DNP 805 forward) will have to have a DNP as their preceptor AND will have to apply to the Board for permission to do their preceptorship. You are responsible for the completion of these tasks and requirements set forth by your state board. Please contact your Student Services Advisor for additional information.
Section 2: Master of Science in Nursing Program Objectives

Research
Graduates of Grand Canyon University’s Master of Science in Nursing program will be able to critique research for validity and utility that will lead to improved patient outcomes through evidence-based changes in health care and nursing practice.

- Identify a problem, issue, or concern in a professional work setting that is amenable to a research-based solution.
- Utilize information systems to access relevant data, clinical guidelines, and established best practices for the improvement of patient care.
- Evaluate qualitative and quantitative research findings.
- Synthesize new knowledge in order to inform nursing practice.
- Communicate the utilization of evidence-based practice for the optimization of patient care outcomes.

Policy, Organization, and Financing of Health Care
Graduates of Grand Canyon University’s Master of Science in Nursing program will be able to assume a leadership role in the design and implementation of quality cost-effective health care in a variety of delivery systems.

- Integrate state, national, and World Health Organization (WHO) goals into the delivery of equitable health care.
- Develop a comprehensive knowledge of how health policy is formulated, financed, and implemented.
- Analyze the role of government and the private sector in providing health care.
- Communicate to policymakers, health care providers, and consumers the role of the nursing profession in the provision of health care.
- Demonstrate personal accountability in making cost-effective choices in the use of health care resources while providing quality care.

Ethics and Professional Role Development
Graduates of Grand Canyon University’s Master of Science in Nursing program will be able to analyze how values and ethics shape professional practice and influence decision making. Transitioning into the advanced professional nursing role includes the ability to deal with role ambiguity and collaborate effectively, and recognize the similarities and uniqueness among various stakeholders.

- Identify and analyze common ethical dilemmas and the ways that these dilemmas impact professional practice.
- Integrate resources to resolve ethical dilemmas.
- Incorporate professional and regulatory standards in practice.
- Actively participate in the ongoing development of self and the nursing profession.
- Demonstrate advocacy for the nursing profession.

Theoretical Foundations of Nursing Practice
Graduates of Grand Canyon University’s Master of Science in Nursing will be able to apply a wide range of theories from nursing and related disciplines to professional practice.
• Identify and analyze theoretical concepts.
• Critique and evaluate theories from nursing and related disciplines.
• Integrate concepts and relevant theories into specialized nursing practice.

**Human Diversity and Social Issues**

Graduates of Grand Canyon University’s Master of Science in Nursing will be able to understand and appreciate human diversity and social issues in health and illness.

• Utilize epidemiological principles to collect and analyze data.
• Demonstrate an awareness of the effects social, cultural, and economic issues have on accessibility and delivery of health care.
• Recognize how social inequalities impact individual and group care disparities.
• Incorporate determinants of health, i.e., age, gender, ethnicity, and race in the provision of culturally sensitive individualized care to individuals and communities.
• Examine human diversity and social issues within the context of a Christian heritage.

**Health Promotion and Disease Prevention**

Graduates of Grand Canyon University’s Master of Science in Nursing will be prepared with a strong theoretical and empirical foundation to promote health, prevent illness, and maintain health across the lifespan for individuals, families, and communities.

• Utilize epidemiological, social, and environmental data to draw inferences regarding the health status of client populations.
• Develop and monitor comprehensive, holistic plans of care that address health promotion and disease prevention.
• Incorporate teaching and counseling strategies to promote and preserve health and healthy lifestyles in client populations.
• Collaborate with others to empower clients in achieving optimal health.
• Participate in regulatory, legislative, and political processes to promote and preserve healthy communities.
Section 3: Advanced Practice Nursing (APRN) Clinical Guidelines

To our Preceptors:

Thank you for agreeing to share your expertise. Each APRN student comes to your practice with a background in basic nursing practice and at least one year of master’s level study at the College of Nursing and Health Care Professions. The student will be expanding his/her knowledge base in advanced practice nursing. Your responsibility is to provide clinical experiences and guidance for the APRN student(s) to develop the skills necessary to provide appropriate role specific, population-based care to clients. Please review the Roles and Responsibilities description in Section 1 so you understand the expectations we have for you, as well as our students.

As students progress through the program, their skills will develop. Their skills and our expectations for their performance are described in the following guidelines for each program:

Section 4: Family Nurse Practitioner (FNP)

Section 5: Adult Gerontology Acute Care Nurse Practitioner (AG-ACNP)

Section 6: Adult Gerontology Clinical Nurse Specialist (AG-CNS)

APRN Student and Faculty Use of Typhon

During the clinical experiences, students are in the learner role and will not assume primary responsibility for client care. Students’ primary responsibility is for acquisition of advanced professional knowledge and skills. During each experience, course faculty will be available by phone. If questions or problems arise, students should contact their assigned faculty. FNP students are recommended to see a minimum of 4-6 patients per 8-hour clinical day initially in the first clinical course gradually working up to 8-10 patients per 8-hour day by midterm of their second clinical course. In subsequent clinical courses, students may see 10-15 patients in an 8-hour period. ACNP students are recommended to see a minimum of 1 patient per every 1-2 hours in their clinical day. In subsequent clinical courses, students will be expected to increase their independence and their patient load.

Faculty understand that patient numbers may vary depending on the clinical site and level of acuity. FNP students must see a mixture of patient populations as well as ages. APRN students are required to complete and evaluate their personal Typhon graphical (pie) chart detailing the demographics of patients they have seen at mid-course and final when evaluations are due. Course faculty will review Typhon graphical charts documented at mid-course and final to ensure learning objectives are met, but students are ultimately responsible for making sure they are exposed to a mixture of ages and patients. The Typhon graphical chart will assist the student in assessing what further clinical experiences are needed. In addition, at mid-course and final evaluation times, students must ensure the clinical preceptor validates the dates and hours the student attended in the clinic on the Typhon evaluation form sent to them via email. (Please see Appendix I for directions on how to create the Typhon graphical and time log reports.)
It is imperative that you keep current with your Typhon logs. Students are expected to complete the Typhon log **within 72 hours** of the clinic day just as healthcare providers’ complete patient documentation in the clinic setting. All patients must be entered into Typhon for whom you have participated in their care. Delay in completion of Typhon often means information required is lost. You will receive an Early Alert if there are no Typhon entries **within the first two weeks of a clinical course** (if you have clinical placement). If you do not complete your Typhon clinical log **within 72 hours** after your clinical day, **you may have to make up the clinical day**. You are expected to complete half of your clinical hours per clinical course by mid-course and the calendar of clinical days and hours should reflect this.

**Any observation time (shadowing your preceptor) in the clinic setting will not count toward the total amount of clinical hours required for each course.** As stated in the National Organization of Nurse Practitioner Faculties (NONPF, 2012) guidelines,

> “Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one of the three population-focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement.”

- Go to the Main Menu
- Look for Time and Conference Log
- Click Enter/Edit Daily Time Log
- Choose the appropriate course
- The blue section is automatically entered from your case logs for each patient.
- Fill in the white sections for the other clinical activities. At the end of the day, the time log should reflect all the time spent in clinical that day where 480 minutes = 8 hours. If you spend more than 8 hours in a setting and your Daily Time Log should reflect this. Actual clock time in minutes should be recorded.
- In the end, your Shift Time and/or Time Log Report for each course must at least equal the time required. For instance, the clinical courses are usually 75-150 hours and practicum is 200 hours.
- Breaks, meals, and travel time should not be included in this calculation.

> **Shift Hours** = the total number of clinical hours from “clock in” to “clock out” of direct patient care and direct supervision per clinical day. This direct supervision also encompasses the oversight of clinical charting. Students cannot do charting outside of direct supervision from their preceptor on any clinical day.
APRN Student Typhon Documentation Requirements

- Complete all drop down boxes
- Students need to be aware of differences between ICD10 vs. CPT codes (see Billing, Coding and Compliance Information)
- Complete which Social Problems section, noting what was addressed in the visit (Typhon lists this as a problem but any social issue or topic addressed for education and/or intervention should be listed here)
- All time logs will be monitored and audited throughout the semester. Clinical Case logs need to be completed on all encounters.
- Under the student participation section of Typhon:
  - Primary = greater than 50% effort by student
  - Shared = 50--50 equal student--preceptor effort
  - Less than shared = less than 50% student effort
    - *As the first semester progresses, the NP student should advance steadily from Less than Shared visits to Shared visits. It is expected that 90% of student-patient contacts will be Primary visits by the end of the third course.

Helpful Guidelines Regarding Billing and Coding for APRN Students

- Be specific with your documentation as this supports your visit and diagnostic coding.
- The first diagnosis listed on the billing form should be the primary reason for the encounter or visit.
- Signs and symptoms are considered acceptable diagnoses and should be coded accordingly.
- Use V---codes for situations/services where a diagnosis or condition is not currently present.
- Working diagnoses such as “suspected” or “questionable” or “rule out” are acceptable to document but are not considered valid diagnoses on the billing form.
- Chronic disease may be listed on the billing form as long as the patient is still receiving treatment for the condition; use the V---codes for “history of” if the patient is no longer receiving treatment or care for the condition.
- If any codes are used from the injury and poisoning section (800---900), they must be accompanied by a reason as to how the condition occurred.
- Obtain a billing form from your clinic setting to use for your student documentation.
- Talk with providers and billing staff about documentation requirements for billing in the clinical setting. Stay up to date by checking websites regarding billing updates (see Website list below for some suggestions). Attend continuing education presentations on documentation, compliance and billing information.
Section 4: Program Information for Family Nurse Practitioner (FNP) Students, Faculty, and Preceptors

Family Nurse Practitioner Competencies & Practice

The family nurse practitioner performs comprehensive health assessments, diagnoses illness and prescribes pharmacologic and non-pharmacologic treatments to manage acute and chronic health problems to achieve quality cost-effective outcomes in a culturally sensitive context. The role of the nurse practitioner includes educating, consulting and collaborating; using research to make practice decisions; and influencing professional and public policies. Within various practice settings, the family nurse practitioner provides health care for clients across the lifespan.

This program includes a 650-hour practicum experience: 500 hours of direct patient care specific to the program population foci and up to 150 hours in specialty rotations (new curriculum is a total of 651 and 150 specialty hours). The population for the FNP program is primary care across the lifespan according to the APRN Consensus Model. Primary care across the lifespan is diverse and the majority of hours shall be spent in primary care with family practice specialists (physicians and nurse practitioners). However, there is value added learning in specialty rotations because of the need to learn when to refer out, to whom, and what practice guidelines are being used (e.g. asthma care). Course objectives are used to determine what specialty hours are applicable. The clinical experience is completed along with didactic coursework. Didactic content must be completed before or concurrently participating in the clinical care of a patient. For example, adult health students may not care for pediatric patients as the didactic has not yet been received.

You will collaborate with faculty members and the Office of Field Experience to select a community-based primary or family health-focused clinical site. This clinical practicum affords you the opportunity to apply clinical-decision management of primary health problems for diverse clients across the lifespan.

Summary:

- For FNP education: 500 clinical hours are required to take place in primary care across the lifespan. It is important that we see diversity in the Typhon pie chart.
- Of the program’s required 650 hours, 150 hours can be done in specialty areas of your choosing based on availability of preceptors and sites. Those students transferred into the new curriculum are required to complete 651 clinical hours allowing for 151 specialty hours.
- This is not site specific, but population specific and the types of care that is required. For example:
  - Primary care pediatrics is not considered a specialty, but pediatric cardiology is.
  - Women’s health and geriatrics is primary care, but oncology-gynecology is a specialty. The emergency room is not primary care, but the urgent care may be.
- APRN specialty practice includes training and certification above and beyond the foundational population foci educational training.
- APRNs cannot practice in a population focus for which they were not trained. If, for example, you want to work in pediatrics or women’s health you would need that additional PNP or WHNP education and certification…
“The caveat would be that they (NP would) have to stay within their scope. It may be perfectly appropriate for an FNP to work in Pediatrics if they are seeing generalist type cases. They should not be seeing the more complicated cases as that is outside the scope of an FNP.”

“In Women’s health is appropriate if the FNP is doing physical and well pregnancy checks but would be outside the scope to work with complicated pregnancy or WH issues. It goes back to what the Practitioner is educationally prepared for and in which competency is achieved and maintained.”

“The Arizona State Board of Nursing does not regulate setting—an FNP can work in a pediatric office, however cannot call themselves a PNP. However, to renew certification, most certifying organizations require practice across the lifespan for FNP so difficulties may be encountered when renewing national certification. The job description for the FNP should not include care of complex pediatric clients.”

For more information about the APRN Consensus Model, please visit: https://www.ncsbn.org/736.htm

Family Nurse Practitioner Program Objectives

Gradsates of Grand Canyon University’s Master of Science in Nursing: Family Nurse Practitioner program will be able to:

- Perform focused and comprehensive health assessments across the lifespan.
- Diagnose and manage health and illness states.
- Prescribe non-pharmacologic and pharmacologic therapies.
- Educate, consult, counsel, refer, and provide follow-up, as appropriate.
- Participate in case management and interdisciplinary collaboration to achieve optimal outcomes within socioeconomic and health system realities.

Guidelines for Family Nurse Practitioner Specialty Experiences

Learning Objectives

- Identify the scope of practice of the specialist.
- Determine guidelines for health across the lifespan as a basis for health education focused on prevention of health problems.
- Identify the initial management strategies for common health problems and when to refer to that specialist.

Learning Activities

- Discuss commonly used guidelines with the specialist.
- Observe the specialist assess and treat common and complex health problems.
- Practice assessment and treatment of common health problems.
Family Nurse Practitioner Course Expectations

NUR-675-C Advance Practice Management of Adult Health Care Problems in Primary Care

The focus during this course should be on adults with acute minor health problems and stable chronic health problems and with routine health promotion needs. All visits should be "staffed" with the preceptor.

During their clinical time students should:

- obtain focused histories and exams for adults with acute minor and stable chronic illnesses
- make an appropriate differential diagnosis
- develop a treatment plan including pharmacological and non-pharmacological therapy
- identify appropriate follow-up

Examples of types of visits the student should be scheduled for are:

- adult with upper and lower respiratory symptoms
- adult with urinary tract complaints
- adult with Type 2 DM
- adult with hypertension

NUR-668/C Advanced Practice Management of Pediatric & Adolescent Health Care Problems in Primary Care

During this course, the focus should be on children with acute minor health problems and stable chronic health problems and with routine health promotion needs. All visits should be "staffed" with the preceptor. Pediatric placements may include primary care clinics that see >50% of patients < 18 years of age.

During their clinical time they should:

- obtain focused histories and exams for children with acute minor and stable chronic illnesses
- make an appropriate differential diagnosis
- develop a treatment plan including pharmacological and non-pharmacological therapy
- identify appropriate follow-up

Examples of types of visits the student should be scheduled for are:

- child with an earache
- routine well child visits
- child with asthma or diabetes

Example of specialty hour determination:
NUR-667/C Advance Practice Management of Women’s Health Care Issues in Primary Care

During this course, the focus should be on women with acute minor health problems and stable chronic health problems and with routine health promotion needs. All visits should be "staffed" with the preceptor. Women’s Health placements may include primary care clinics that see >50% of patients who are women.

During their clinical time they should:

- obtain focused histories and exams for women with acute minor and stable chronic illnesses
- make an appropriate differential diagnosis
- develop a treatment plan including pharmacological and non-pharmacological therapy
- identify appropriate follow-up

Examples of types of visits the student should be scheduled for are:

- women presenting with acute vaginal bleeding
- pre-menopausal woman with vaginal symptoms
- routine pre-natal and wellness visits
• women with family planning needs

**NUR-669/C Advance Practice Management of Geriatric Issues in Primary Care**

During this course, the focus should be on older adults with acute minor health problems and stable chronic health problems and with routine health promotion needs. All visits should be "staffed" with the preceptor. Geriatric placements may include primary care clinics that see >50% of patients who are older adults (65+).

During their clinical time they should:

• obtain focused histories and exams for older adults with acute minor and stable chronic illnesses
• make an appropriate differential diagnosis
• develop a treatment plan including pharmacological and non-pharmacological therapy
• identify appropriate follow-up

Examples of types of visits the student should be scheduled for are:

• older adults with dementia
• older adult with atrial fibrillation or congestive heart failure
• routine wellness visits
• older adult with psychosocial needs

**NUR-682C Advanced Practice Clinical Practicum**

This is the final clinical course and the emphasis is on synthesis and application of previous content in addition to management of more complex patients. Students should be making appropriate clinical decisions on patients with problems that are within the family nurse practitioner scope of practice. Job offers do not substitute for the mandatory total number of primary care hours across your program of study.

**Family Nurse Practitioner Clinical Skills Checklist**

Students are required to track their observation, assistance, and completion of clinical skills in the Typhon Clinical Tracking System. Students should also keep track of the skills they perform in clinical using the APRN Skills Checklist in the appendix. Not all skills are required and students must have didactic training and check offs completed by a faculty member. All skills and procedures must be performed under supervision. All NP students must be educationally prepared with theory/didactic instruction and established competency before performing any procedure or task under the DIRECT supervision (at all times) of their preceptor. As a preceptor it would be required to obtain documentation that the student successfully completed the additional education required to perform any procedure/skill. The students are to obtain permission from all current facilities/sites to perform any procedure and inquire about any written policies or procedures before any procedure/skill is performed. Safe, high quality care is priority.
Laboratory skills:
- hemoglobin (capillary)
- pH with litmus paper urinalysis – microscopic
- urine dipstick
- cultures (wound, throat, genital) fecal occult blood
- rapid strep antigen
- saline wet mount
- potassium hydroxide (KOH) prep
- glucose (capillary)
- prepare lab for transport, handle media/specimens/use fixative

Therapeutic skills:
- wound care
- suturing
- electrocautery
- chemical cautery liquid nitrogen
- cerumen removal
- incision & drainage
- splint application
- cast application
- eye irrigations
- nail care
- corn removal

Diagnostic skills:
- Woods light and fluorescein staining of eyes drops for ophthalmic exam
- tympanometry
- audiometry
- EKG
- PFTs/spirometry
- anoscopy
- growth/development tests/charts
- pap smear/thin prep
- radiologic screening of chest and other x-rays
Family Nurse Practitioner New Curriculum

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<tr>
<th>Course 1</th>
<th>Course 2</th>
<th>Course 3</th>
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<td>FNP-630CE</td>
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*Those finishing NUR-634 in March 2017 will move into the new FNP-630

*Those in clinical courses- NUR-675c, NUR-668c, NUR-667c, NUR-669c, and NUR-682c will finish in their current Program of Study.

*New enrollees in January 2017 will begin with the new core courses as listed below

*All Student and Preceptor responsibilities/expectations/requirements listed in the graduate manual remain the same for the new curriculum.

Nur-513: Introduction to Advanced Registered Nursing

**Course Description:** This course examines nursing theory and the role of ethics for advanced registered nurses within the Christian worldview and through a leadership perspective focused on improving health care outcomes. Students explore the moral/ethical responsibilities and legal and regulatory obligations of advanced registered nurses in health promotion and disease prevention. Students also review evidence-based practice (EBP) literature and the research process with application to their program of study and learn to navigate scholarly EBP literature, resources, and guidelines. No clinical 8 week course

Nur-514: Organizational Leadership and Informatics

**Course Description:** This course examines the role of leadership, organizational science, policy, and informatics in supporting safe, high-quality, cost-effective patient care within interprofessional, dynamic health care environments. Students explore various organizational relationships within health care systems and prepare to participate in the design of cost-effective, innovative models of care delivery and practice change proposals. Professional leadership theories and how they shape the nurse leader in such things as collaboration, conflict resolution, decision-making, and negotiation are introduced. Students discuss change management theories. No clinical 8 week course
and evaluate the ethical, social, legal, economic, and political implications of practice change and health care informatics along with strategies for managing human, fiscal, and health care resources in a variety of organizational systems. Students also examine the uses of patient-care, information systems, and communication technologies and discuss the design, implementation, and evaluation of electronic health record systems and clinical decision support systems.

<table>
<thead>
<tr>
<th>Course Code and Title</th>
<th>Course Description</th>
<th>Prerequisite</th>
<th>Clinical Hours</th>
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<tbody>
<tr>
<td>Nur-550: Translational Research and Population Health Management</td>
<td><strong>Course Description:</strong> In this course students examine the process of scientific inquiry, knowledge generation, utilization, and dissemination of evidence into advanced nursing practice in order to propose quality-improvement initiatives that advance the delivery of safe, high-quality care for patient populations. Students critically evaluate evidence, including scientific findings from the biopsychosocial fields, epidemiology, biostatistics, genetics, and genomics, and apply levels of evidence and theoretical frameworks to design culturally appropriate clinical prevention interventions and population-based care that reduces risks, prevents disease, and promotes health and well-being. Students also consider strategies to evaluate health policy and advocacy issues, the state of health care delivery, patient-centered care, and ethical principles related to health beliefs, health promotion, and risk reduction for diverse populations. Students apply these strategies to work towards recognizing gaps in nursing and health care knowledge, identifying potential solutions or innovations for those gaps, planning and implementing practice changes, and evaluating the outcomes in order to improve practice. Prerequisite: NUR-513.</td>
<td>NUR-513</td>
<td>No clinical hours</td>
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<tr>
<td>Nur-590: Evidence-Based Practice Project</td>
<td><strong>Course Description:</strong> This course provides an opportunity for students to complete their evidence-based practice (EBP) project proposal that addresses a problem, issue, or concern in their specialty area of professional practice. Students previously identified a problem amenable to a research-based intervention, searched the literature, and proposed a solution. Now students will explore implementation considerations and</td>
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<td>Course Code</td>
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<td>Nur-631: Advanced Physiology and Pathophysiology</td>
<td><strong>Course Description:</strong> This course focuses on advanced physiology and pathophysiology principles. This course is used to guide the advanced nursing practice student in understanding normal function and interpreting changes in normal function that result in symptoms and diagnostic markers indicative of illness. Emphasis is placed on the following systems: cellular environment and inflammatory changes; fluids, electrolytes and acid-base balance; genetics, genetic diseases, and the role of the environment; stress, disease, and the development of neoplasms; hematology and alterations in immunity. In addition, the physiology and pathophysiology of the endocrine, pulmonary, renal, digestive and integumentary, cardiovascular and lymphatic, musculoskeletal, reproductive, and neurological systems, including mood disorders, are addressed. Prerequisite: Admission to the graduate nursing program or college approval. Prerequisite: Admission to the graduate nursing program or college approval.</td>
<td>No clinical hours</td>
<td>16 week course</td>
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<tr>
<td>Nur-635: Advanced Pharmacology</td>
<td><strong>Course Description:</strong> This course focuses on the basic concepts and principles of pharmacokinetics and pharmacodynamics and their practical implication in clinical practice. This course also places an emphasis on the strong influence of physiological variables (age, ethnicity, or pregnancy) and pathological conditions (hepatic or renal insufficiency, cardiac dysfunction) on drugs' pharmacological response. An in-depth understanding of the relationship between patient's physiological/pathological variables and pharmacodynamics/pharmacokinetics can provide additional insight for practitioners in predicting potential drug interactions, and thus will provide additional guidance in prescribing strategies. This</td>
<td>No clinical hours</td>
<td>16 week course</td>
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<td>NUR-634</td>
<td>Advanced Health Assessment and Diagnostic Reasoning</td>
<td><strong>Course Description:</strong> This course builds upon the student's undergraduate and clinical assessment skills, offering advanced health assessment content to provide the foundation for the advanced practice nursing role. This course addresses the completion and interpretation of a head-to-toe assessment in addition to focused assessments for chief complaints that include physical, psychosocial, spiritual, risk, and functional assessments in diverse populations and across age groups. Students learn a systematic method of diagnostic reasoning and clinical decision making to establish differential diagnoses. Prerequisites: NUR-631, and either NUR-632, NUR-633, or NUR-635</td>
<td>No clinical hours 16 week course</td>
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<tr>
<td>FNP-630</td>
<td>Health Promotion</td>
<td><strong>Course Description:</strong> This course covers preventive health care practices and integrates cultural and spiritual considerations, environmental factors, genetic influences, and national public health objectives. Emphasis is placed on development of the advanced practice registered nurse-patient relationship to enhance the effectiveness of patient education, counseling, and promotion of healthy lifestyle changes. Students explore concepts relevant to primary care, including family systems theory and developmental theory. Students are also introduced to well visits across the life span and build upon advanced health assessment skills in assessing the well child, adolescent, woman, and man. Specific emphasis is placed on clinical diagnostic reasoning and interpretation and the development of differential diagnoses based on clinical practice guidelines. Students examine professional and patient community resources and evaluate the use of integrative healing strategies in assisting patients to</td>
<td>Mandatory 3 day On-Campus Experience that will occur between the weeks of 6 and 8. Dates provided by your OFC and SSC</td>
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<td>Course Description</td>
<td>FNP-652 Clinical hours= 225</td>
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<td><strong>Course Description:</strong> This course focuses on the three levels of prevention and comprehensive primary care management of individuals with common, acute, and chronic conditions across the life span within a culturally and spiritually diverse environment. Evidence-based research is utilized to develop comprehensive, cost-effective, least invasive, quality health care. Care includes health promotion counseling, screening, and patient education to optimize patient and family health. Emphasis is placed on critical thinking and diagnostic reasoning to guide clinical decision making. Management of patient illness includes ordering diagnostic tests, prescribing pharmacological and nonpharmacological integrative healing therapies, collaborating with other health professionals and community agencies, and pursuing appropriate follow-up. Practicum hours: 217. Prerequisites: FNP-650.</td>
<td>FNP-652 Clinical hours= 225 FNP-652N Clinical hours= 217 Clinical hours to be completed across the lifespan. Please refer to the clinical requirement criteria below. All clinical hours are to be documented in typhon within 72 hours of each clinical day.</td>
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<td><strong>Course Description:</strong> This course deepens its focus on the three levels of prevention and comprehensive primary care management of individuals with common, acute, and chronic conditions across the life span within a culturally and spiritually diverse environment. Students integrate evidence-based research in the development of comprehensive, cost-effective, least invasive, quality health care. Care includes health promotion counseling, screening, and patient education to optimize patient and family health. Students further advance their critical thinking and diagnostic reasoning skills to guide clinical decision making in the management of patient illness. Students also further develop their competence in ordering appropriate diagnostic tests, prescribing pharmacological and nonpharmacological integrative healing therapies, collaborating with other health professionals and community agencies, and pursuing appropriate follow-up. Practicum hours: 217. Prerequisite: FNP-652</td>
<td>FNP-654 Clinical hours= 225 FNP-654N Clinical hours= 217 Clinical hours to be completed across the lifespan. Please refer to the clinical requirement criteria below. All clinical hours documented in typhon within 72 hours of each clinical day.</td>
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Course Description: This practicum course is the final synthesis of the theoretical and clinical foundation of advanced practice nursing in the primary care management of individuals and families across the life span. Emphasis is placed on scope of practice, roles, contract negotiation, prescriptive authority, licensure, certification, and credentialing. Updates on legislation and health policy are incorporated utilizing multidimensional clinical case studies. Students also examine ethical issues that arise in clinical practice. This course includes a required 1-day, on-campus experience. Practicum hours: 217. Prerequisites: FNP-654.

Mandatory 1-day On-Campus Experience will occur between the weeks of 8 and 12. OFC and SSC will have the official dates. FNP-690 Clinical hours= 225 FNP-690N Clinical hours= 217 Clinical hours to be completed across the lifespan. Please refer to the clinical requirement criteria below. All clinical hours documented in Typhon within 72 hours of each clinical day.

Selection Criteria for FNP Clinical Sites

The College of Nursing and Health Care Professions requires that nurse practitioner student clinical experiences occur in clinical sites that meet the criteria below, and follow the state board of nursing scope of practice. Students are expected to review and become knowledgeable of the Scope of Practice for their particular state board of nursing. In order to meet the criteria, students should be prepared to travel to clinical sites outside of the city in which they reside during any semester.

- As a primary care nurse practitioner focusing across the lifespan, student clinical placements should mostly be in primary care clinics. These experiences should be based upon student learning objectives and students are encouraged to discuss this with faculty. For example, an FNP student may want to spend a few days in a pulmonary clinic to learn more about evidence-based asthma care. A maximum of 50 hours of specialty experiences are allowed in each clinical course or a maximum of 150 hours over the entire program.
- In the final practicum, students may use specialty hours (150) (151 in new curriculum) if not used throughout the program and their 500 primary care hours have been obtained.
- The recommended preceptor/student ratio (direct supervision) is 1:1.
- Patient characteristics represent the appropriate population age for scope of practice and reflect course objectives.
  - Appropriate site for pediatric population would need to have 50% of patients that are less than 18 years.
  - Appropriate site for geriatric population would need to have 50% of patients that are 65 and older.
- Patient characteristics represent diversity (education, income, insurance, race/ethnicity).
• Patient volume is adequate to ensure sufficient patients per day for student to acquire the skills required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation
• Space is available for student (examination room, area for documentation)
• Adequate resources available on site
  o Preceptor
  o Medical record system (electronic preferred but not required)
  o Current medical reference books or Internet access for searching

Selection Criteria for FNP Clinical Preceptors

APRN students engage in clinical practice under the guidance of a qualified clinical preceptor. The clinical preceptor must be:

• Formally educated for professional practice:
  o Advanced practice nurse (APRN) - A student must have the majority of clinical experiences with preceptors from the same population focus (e.g. ACNP students should be placed with ACNP preceptors). As well, to promote the student’s understanding of the APRN role and ability to meet the core competencies, it is preferred to place the student with an APRN. Placing ACNP students with FNP preceptors is not appropriate.
  o Physician- Residents are acceptable as long as they have been at the practice for at least one year.

• Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
  a. Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN or physician license in the United States;
  b. Have at least one year clinical experience as a physician or an advanced practice nurse
  c. Practice in a population focus comparable to that of the APRN program;
  d. For nurse preceptors, have at least one of the following:
     i. Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
     ii. Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
     iii. If an advanced practice preceptor cannot be found who meets the requirements of educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board. Approvals will be obtained only by the College Dean.

• Be actively involved in clinical practice.
• The Office of Field Experience collects preceptor licensing, credentialing, CV/Resume and certification information. These documents are sent to the Lead Faculty who reviews and provides final approval or denial of the preceptor.

• Approved preceptors complete mandatory preceptor training, and sends certification of completion to APRNPreceptors@gcu.edu

Preceptor Fit

It is intended that students stay with the clinical preceptor and site arranged by themselves or the OFE during the course. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations, which is determined by the midterm and final clinical evaluations, the clinical faculty and student will discuss the need to identify another clinic site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site and must be in communication with the OFE and their faculty regarding any preceptor and site changes as soon as practical. The College and faculty must be apprised of your placement at all times.
Section 5: Program Information for Adult-Gerontology Acute Care Nurse Practitioner (AG-ACNP) Students, Faculty, and Preceptors

**Adult-Gerontology Acute Care Nurse Practitioner Competencies & Practice**

The Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology program prepares experienced registered nurses to provide competent advanced practice nursing care in managing acutely ill, critically ill and complex chronic patients through an evidence-based program of study. Graduates are eligible for certification as adult-gerontology acute care nurse practitioners from the American Nurses Credentialing Center (ANCC) or the American Association of Critical Care Nurses (AACN). The adult-gerontology program combines courses in advanced health assessment, clinical diagnosis, procedural skill acquisition, and care management of acute and chronically ill adults. Clinical experiences emphasize the physiological and psychosocial impact of acute and critical illness on the patient, family, and community, and prepare the ACNP-AG in the diagnosis and management of acute and life-threatening health problems.

**Scope of practice for an acute care nurse practitioner (ACNP)**

The role of the ACNP is to provide advanced nursing care across the continuum of health care services to meet the specialized physiologic and psychologic needs of patients with complex acute, critical, and chronic health conditions. This care is continuous and comprehensive. The patient population of the Adult-Gerontology Acute Care NP practice includes acutely and critically ill patients experiencing episodic illness, exacerbation of chronic illness, or terminal illness. Based on educational preparation, ACNPs practice with a focus on a variety of specialty based populations including neonatal, pediatric, and adult. The ACNP practices in any setting in which patient care requirements include complex monitoring and therapies, high-intensity nursing intervention, or continuous nursing vigilance within the range of high-acuity care. While most ACNPs practice in acute care and hospital based settings including sub-acute care, emergency care, and intensive care settings, the continuum of acute care services spans the geographic settings of home, ambulatory care, urgent care, and rehabilitative care.

You will collaborate with faculty members and the Office of Field Experience to select an appropriate population foci clinical site. The program includes 550 hours of directly supervised clinical practice with qualified preceptors. These hours are divided among acute care preceptorships with acute care specialists (physicians and nurse practitioners) and supplemental preceptorships (specialties). A minimum of 550 hours must be earned in the delivery of direct patient care according to the program population foci. A maximum of 50 hours of specialty experiences are allowed over the entire program. The clinical experience is completed along with didactic coursework. Students must have received the didactic content before (or concurrently) participating in the clinical care of a patient. Adult health and gerontology students may not care for pediatric patients under the age of 17. According to the National Organization of Nurse Practitioner Faculties (NONPF, 2012),

“The patient population of the Adult-Gerontology Acute Care NP practice includes young adults (including late adolescents and emancipated minors), adults, and older adults (including young-old, old, and old-old adults). Preparation of the graduate with the entry-level
competencies delineated in this document, unless otherwise specified, includes preparation across the entire adult-older adult age spectrum.”

**AG-ACNP Program Objectives**

Graduates of Grand Canyon University’s Master of Science in Nursing: Acute Care Nurse Practitioner program will be able to:

- Synthesize data from a variety of health resources to make clinical judgments and decisions regarding appropriate recommendations and treatments related to symptom-focused presentation and implications for complex acute, critical and chronic illness states.
- Formulate a plan of care to address complex acute, critical, and chronic health care needs as well as incorporating health promotion, health protection and injury prevention measures.
- Prescribe appropriate pharmacologic and nonpharmacologic treatment modalities.
- Participate in interprofessional and intraprofessional relationships in the acute care setting.
- Review systems, analyze and synthesize current theory and research related to symptom presentation.
- Develop individual and/or population-based programs of care through implementation and evaluation that demonstrates quality, cost-effective nurse sensitive outcomes.
- Utilize knowledge obtained from differential diagnoses of illness to formulate nursing interventions that will prevent or alleviate illnesses through comprehensive, holistic assessment of patients.
- Integrate evidence-based interventions, best-practice guidelines, and professional nursing standards that will direct nursing personnel and other healthcare providers to improve outcomes across an organization.
- Demonstrate leadership and support for the delivery of nursing care, sensitive to a variety of organizational system levels while facilitating health policy, ethical decision-making, resource management and quality, cost-effective outcomes of nursing care.

**Guidelines for AG-ACNP Specialty Experiences**

**Learning Objectives**

- Identify the scope of practice of the specialist.
- Determine guidelines for health across the lifespan as a basis for health education focused on prevention of health problems.
- Identify the initial management strategies for common health problems and when to refer to that specialist.

**Learning Activities**

- Discuss commonly used guidelines with the specialist.
- Observe the specialist assess and treat common and complex health problems.
- Practice assessment and treatment of common health problems.
AG-ACNP Course Expectations

NUR-636/C ACNP-AG Didactic I/Practicum I*
This course focuses on evidenced-based theory and research related to adult-gerontology patients experiencing acute illnesses. Students synthesize data from a variety of health resources related to the care of the acutely ill adult-gerontology patient.

During their clinical time students should:
- obtain focused histories and exams for adults with acute illnesses
- make an appropriate differential diagnosis
- develop a treatment plan including pharmacological and non-pharmacological therapy
- identify appropriate follow-up

NUR-637/C ACNP-AG Didactic/Practicum II*
This course continues the focus on experience provides comprehensive health care to complex, acute, and critically ill adult-gerontology and frail elderly patients.

During their clinical time they should:
- obtain focused histories and exams for acute, and critically ill adult-gerontology and frail elderly patients
- make an appropriate differential diagnosis
- develop a treatment plan including pharmacological and non-pharmacological therapy
- identify appropriate follow-up

NUR-638/C ACNP-AG Practicum III*
This culminating practicum experience continues the development of knowledge, skills, and abilities in the provision of health care to complex, acute, and critically ill adult-gerontology and frail elderly patients. Clinical practice affords students the opportunity to refine their clinical decision-making skills in advanced health assessment, clinical diagnosis, procedural skill acquisition, and care management of acute and chronically ill adult-gerontology patients. Clinical experiences emphasize the physiological and psychosocial impact of acute and critical illness on patients, family, and community, and prepare the adult-gerontology acute care nurse practitioner (ACNP-AG) in the diagnosis and management of chronic, exacerbated, acute, and life-threatening health problems.

*Students who enrolled in the AG-ACNP program before May 7, 2015 will be enrolled in the following clinical courses according to their current Program of Study: (1) NUR 671, (2) NUR 672, and (3) NUR 673. Those courses replace: (1) NUR 636, (2) NUR 637, and (3) NUR 638.

AG-ACNP Clinical Skills Checklist

Students are required to track their observation, assistance, and completion of clinical skills in the Typhon Clinical Tracking System. Students should also keep track of the skills they perform in clinical
using the APRN Skills Checklist in the appendix. Not all skills are required and students must have didactic training and check offs completed by a faculty member before performing the skill independently. All NP students must be educationally prepared with theory/didactic instruction and established competency before performing any procedure or task under the DIRECT supervision (at all times) of their preceptor. As a preceptor it would be required to obtain documentation that the student successfully completed the additional education required to perform any procedure/skill. The students are to obtain permission from all current facilities/sites to perform any procedure and inquire about any written policies or procedures before any procedure/skill is performed. Safe, high quality care is priority.

**Therapeutic skills:**
- wound care
- suturing
- local anesthetic application
- incision & drainage
- arterial puncture/cannulation
- central venous line insertion
- chest tube insertion
- endotracheal intubation

**Diagnostic skills:**
- Woods light and fluorescein staining of eyes drops for ophthalmic exam
- EKG
- pap smear/thin prep
- radiologic screening of chest and other x-rays/imaging
- hemodynamic monitoring
- lumbar puncture

**Selection Criteria for AG-ACNP Clinical Sites**

The College of Nursing and Health Care Professions requires that nurse practitioner student clinical experiences occur in clinical sites that meet the criteria below, and follow the state board of nursing scope of practice. Students are expected to review and become knowledgeable of the Scope of Practice for their particular state board of nursing. In order to meet the criteria, students should be prepared to travel to clinical sites outside of the city in which they reside during any semester.

- As an AG-ACNP student, clinical placements should be in facilities that manage acutely ill, critically ill and complex chronic patients. These experiences should be based upon student learning objectives and students are encouraged to discuss this with faculty. For example, an ACNP student may want to spend a few days in a pulmonary critical care service to learn more about evidence based management of acute respiratory failure.
- The recommended preceptor/student ratio (direct supervision) is 1:1.
• Patient characteristics represent the appropriate population age for scope of practice and reflect course objectives.
• Patient characteristics represent diversity (education, income, insurance, race/ethnicity).
• Patient volume is adequate to ensure sufficient patients per day for student to acquire the skills required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation.
• Space is available for student (examination room, area for documentation)
• Adequate resources available on site:
  o Preceptor
  o Medical record system (electronic preferred but not required)
  o Current medical reference books or Internet access for searching

Selection Criteria for AG-ACNP Clinical Preceptors

APRN students engage in clinical practice under the guidance of a qualified clinical preceptor. The clinical preceptor must be:

• Formally educated for professional practice:
  o Advanced practice nurse (APRN) - A student must have the majority of clinical experiences with preceptors from the same population focus (e.g. ACNP students should be placed with ACNP/ANP preceptors). As well, to promote the student’s understanding of the APRN role and ability to meet the core competencies, it is preferred to place the student with an APRN. Placing ACNP students with FNP preceptors is not an appropriate.
  o Physician- Residents are acceptable as long as they have been at the practice for at least one year.

• Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
  a. Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN or physician license in the United States;
  b. Have at least one year clinical experience as a physician or an advanced practice nurse
  c. Practice in a population focus comparable to that of the APRN program;
  d. For nurse preceptors, have at least one of the following:
     i. Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
ii. Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or

iii. If an advanced practice preceptor cannot be found who meets the requirements of subsection (B)(6)(d)(i) or (ii), educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board. Approvals will be obtained only by the College Dean.

- Be actively involved in clinical practice.
- The Office of Field Experience collects preceptor licensing, credentialing, CV/Resume and certification information. These documents are sent to the Lead Faculty who reviews and provides final approval or denial of the preceptor.
- Approved preceptors complete mandatory preceptor training, and sends certification of completion to APRNPreceptors@gcu.edu

Preceptor Fit

It is intended that students stay with the clinical preceptor and site arranged by themselves or the OFE during the course. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations, which is determined by the midterm and final clinical evaluations, the clinical faculty and student will discuss the need to identify another clinic site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site and must be in communication with the OFE and their faculty regarding any preceptor and site changes as soon as practical. The College and faculty must be apprised of your placement at all times.
Section 6: Non-APRN Graduate Nursing Practicum Guidelines

To our Preceptors

Each student comes to your practice with a background in basic nursing practice and at least one year of master’s level study at the College of Nursing and Health Care Professions. The student will be expanding his/her knowledge base in advanced practice nursing. The preceptor's responsibility is to provide clinical experiences and guidance for the non-APRN student to develop the skills necessary to provide appropriate role. As students’ progress through the program their skills will develop. Their skills and our expectations for their performance are described in these guidelines.

Section 7: Nursing Educator Competencies & Practicum

The Nursing Education program provides an educational experience to prepare advanced-professional nurses to address the ever-changing and expanding educational needs of the nursing profession. The track is designed for students in the Master of Science in Nursing program who are interested in pursuing or advancing in a position in Nursing Education. The nurse educator graduate will be prepared for a variety of roles in nursing education, either as a clinical educator or academic educator in both traditional and non-traditional settings in nursing education.

A Post-Masters Certificate program is available if you already have a Master of Science in Nursing degree, and includes the same practicum experience.

The goal of the 150-hour practicum experience is to explore an area of nursing education you would like to explore. Some options are academic education (community college or university), clinical staff education (hospitals or other health care facilities) or patient education (out-patient settings or in-patient units). Other opportunities do exist and must be approved by the faculty member for the practicum course.

Nurse Educator Program Objectives

Graduates of Grand Canyon University’s Master of Science in Nursing: Nurse Educator program will be able to:

- Facilitate learning, learner development, and socialization into the professional role.
- Participate in curriculum design and evaluate learning outcomes.
- Promote continuous development of the nurse educator role by engaging in scholarly activities.
- Function within the educational environment as a change agent and leader.
- Integrate evidence-based practice into teaching, assessment, and evaluation strategies.

Nurse Educator Course Expectations

NUR-665E Nursing Education Practicum

This is a culminating practicum experience completed with a nurse educator preceptor in a selected setting. This clinical practicum affords students the opportunity to refine educational expertise in their selected areas of interest (e.g., assessment of learning needs, program/curriculum planning, implementation and assessment/evaluation in either an academic ground or online environment,
clinical facility, or nontraditional setting). This course offers opportunities for students to begin integrating the role of the nurse educator into their professional behaviors and is based on meeting the objectives of the practicum course. 150 practicum hours are required.

Selecting a Nursing Educator Preceptor and Site

Once you have decided upon your area of interest in nursing education, you are ready to select your preceptor. You may already know a nurse educator with whom they would like to work. If you do not know what you want to do, you might look at the National League for Nursing (NLN) Competencies for Nurse Educators. Your practicum experience should allow you to mature into one or more of those competencies. *You cannot be paid for your practicum time.*

Nursing Educator Preceptor Requirements

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing.
- Provide opportunities to work with other nursing educators as appropriate to augment your practicum experience.
- Minimum of 2 years current work experience in a nursing education position. This can be clinical or academic site.
- Minimum of 3 months at current employer.
- Be committed to continual professional improvement.
- Able to provide an educational experience that will help you meet overall practicum objective and personal learning objectives.
- Readiness to allow you to gain experience in planning, delivering, and evaluating educational activities.
- Preceptor willingness and time available to mentor students learning by serving as a resource during the practicum time.

Make an appointment to interview your potential preceptor. Share your objectives for your practicum with him/her. What do you want to learn and how do you best see yourself learning it? Discuss this with your potential preceptor and see if their response fits with your learning needs and learning style. Are you comfortable with this potential preceptor? More importantly, are you comfortable making a mistake and taking feedback from this person? Those are critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor you select and how you work with that person. So this selection process may be one of the most important steps in your overall practicum experience.

Do not hesitate to thank a prospective preceptor for their time, but do not select them as your preceptor if you do not feel it is a good fit. It just is not the foundation for a good learning experience. **Do not make a final commitment to your potential preceptor until you have OFE approval.**

Nursing Educator Practicum Objectives

- Review the practicum objectives as outlined in the respective course syllabus.
• Write practicum objectives at the start of the practicum course according to your individual learning needs. Obtain faculty approval before presenting to the preceptor.
• Practicum objectives must be measurable, reflect on the level of competency you would like to achieve at the end of the practicum component of the respective course, and be congruent with and complement the course objectives. Refer to Benjamin Bloom’s Taxonomy for objectives presented in earlier courses for additional help in this area.
• Students are required to meet all practicum objectives and hours to successfully pass the course.

Nursing Educator Practicum Hours

• Schedule hours at the convenience and availability of the preceptor. Your personal and work schedules are expected to accommodate the preceptor’s schedule.
• Performing practicum hours at the negotiated times and days with the preceptor is required.
• If you cannot attend the practicum on a scheduled practicum day, you must notify your preceptor and faculty prior to the experience. Students are responsible for making up any missed practicum time with their preceptor within the time allotted for the course. Alternate preceptors will not be found if the student misses valuable practicum time.
• Failure to complete all hours, objectives, and practicum expectations will result in failure of the practicum.
• You are encouraged to seek diverse experiences to afford a balanced view of the selected nurse educator role. You and your preceptor can determine the best approach to accomplish these experiences.
• You are responsible to consult with your preceptor and faculty on any nursing concerns and organizational issues.
• You are to maintain the following records for evidence:
  o Nursing Education Practicum Documentation form (NEPD) located in the LoudCloud classroom.
  o Typhon will be used to document practicum hours. Please read the guidelines in Section 1 and contact the OFE if you have any questions or need additional training materials.
  o Documents related to specific projects (i.e., objectives, lesson plan, PowerPoint for classes, written policies, and overviews of major projects accomplished) must be uploaded in the LoudCloud classroom in the Individual Forum if no drop box is available.
• Complete 150 practicum hours for the Nurse Educator Practicum.

Preparation for and Follow-Up with Nurse Educator Preceptor

• Prepare by becoming familiar with the practicum objectives as outlined in each course syllabus and writing individual practicum objectives, as previously outlined.
• Review in your textbooks, professional journals, and Internet sites common challenges relevant to the practicum site population. Your preceptor may recommend specific materials and topics for review prior to the practicum rotation as well. An example would be if you are working with a specific population of students or clients in a patient education situation.
• Following the practicum day, seek evidence-based resources to enhance the critical analysis of educational activities.
Documentation of Nursing Educator Practicum Hours

Nursing Educator Practicum Hours

- Maintain a weekly time log that includes the dates and hours of each practicum experience in Typhon. See Section 1 for details.
- Practicum hours must be validated by your preceptor in Typhon prior to submission of mid-term and final practicum evaluations. Failure to have hours validated will result in reduction of points on the evaluation and may lead to course failure.
Section 8: Program Information for Nursing Leader Students, Faculty, and Preceptors

To our Preceptors

Each student comes to your practice with a background in basic nursing practice and at least one year of master’s level study at the College of Nursing and Health Care Professions. The student will be expanding his/her knowledge base in nursing leadership. The preceptor's responsibility is to provide clinical experiences and guidance for the student to develop the skills necessary to provide appropriate role specific. As students progress through the program their skills will develop. Their skills and our expectations for their performance are described in these guidelines.

Nursing Leader Competencies & Practicum

The Master of Science in Nursing: Nursing Leadership in Health Care Systems degree program prepares nurses for leadership roles in today’s rapidly changing health care delivery systems. The program consists of graduate nursing core courses and leadership courses taken with Master of Science Leader (MSL) students from the Colangelo College of Business. From the graduate nursing core students gain the knowledge, values, and skills needed for advanced generalist practice in an evolving health care system. The nursing portion of the program focuses on the critical analysis of nursing and health care research as well as ethics, policy and finance in health care. Coursework in leadership presents contemporary leadership issues related to success in the workplace, provides an overview of leadership styles and the functioning of organizations in the health care system, as well as the health care system itself. The full complement of coursework facilitates the development of the values and skills necessary to function as leaders in contemporary health care systems.

The 150-hour culminating practicum provides an opportunity for you to explore an area of nursing leadership with which you would like to become more familiar. Some options are nurse managers, directors of specific medical areas or senior operations of the organization. Other opportunities do exist and must be approved by the faculty member. Your practicum will allow you to apply the theoretical knowledge and skills gained in both the nursing core and leadership courses by engaging in leadership activities (e.g., committees, projects, staff education, and quality improvement). You will then analyze and evaluate leadership behaviors and processes through self-reflection and writing.

Nurse Leader Program Objectives

Graduates of Grand Canyon University’s Master of Science in Nursing: Nursing Leadership in Health Care Systems program will be able to lead others effectively and manage resources to achieve organizational goals while incorporating ethical and other professional standards. Graduates of the program will be able to:

- Effectively communicate and develop interpersonal relationships.
- Develop a comprehensive understanding of the health care environment.
- Exercise skills for leading self and others.
- Exhibit professionalism (advocacy, accountability, ethics, and membership in the profession).
- Incorporate business skills and principles in managing the quality and cost of health care.

**Nurse Leader Course Expectations**

**NUR-670 Leadership in Health Care Organizations Practicum**

This course promotes the synthesis and application of knowledge and skills from the nursing core course and the leadership courses. Students identify a preceptor and develop a relationship through which they examine the connection between theory and practice. Students engage in leadership activities (e.g., committees, projects, staff education, and quality improvement) and, through reflection and writing, analyze and evaluate leadership behaviors and processes.

**Selecting a Nursing Leader Practicum Preceptor and Site**

Once you have decided upon your area of interest in nursing leadership, you are ready to select your preceptor. You may already have a nurse leader whose leadership role you would like to experience. If you do not know what you want to do, you might look at the [American Organizations of Nurse Executives Competencies](#). Whatever you decide to do as your practicum experience, it should allow you to mature into one or more of the executive competencies. *You cannot be paid for your practicum time.*

**Nursing Leader Practicum Preceptor Requirements**

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing or other leadership role.
- Provide opportunities to work with other health care leaders as appropriate to augment your practicum experience.
- Minimum of 2 years current work experience in a leadership position. This can be clinical or academic site.
- Minimum of 3 months at current employer.
- Be committed to continual professional improvement.
- Able to provide an educational experience that will help you meet overall practicum objective and personal learning objectives.
- Readiness to allow you to gain experience in planning, delivering, and evaluating leadership activities.
- Preceptor willingness and time available to precept your learning by serving as a resource during the practicum time.

Make an appointment to interview your potential preceptor. Share your objectives for your practicum with the potential preceptor. What do you want to learn and how do you best see yourself learning it? Discuss this with your potential preceptor and see if the response fits with your learning needs and learning style. Are you comfortable with this potential preceptor? Critical pieces of a practicum
experience and the success of the practicum may be directly related to the preceptor you select and how you work with that person, so this selection process may be one of the most important steps in your overall practicum experience.

Do not hesitate to thank prospective preceptors for their time, but do not select a preceptor with whom you do not feel a good fit. This would not provide the foundation for a good learning experience. **Do not make a final commitment to your potential preceptor until you have OFE approval.**

### Nursing Leader Practicum Objectives

- Review the practicum objectives as outlined in the respective course syllabus.
- Write additional practicum objectives at the start of each practicum course according to your individual learning needs. Obtain faculty approval before presenting to the preceptor.
- Practicum objectives must be measurable, reflect on the level of competency the student would like to achieve at the end of the practicum component of the respective course, and be congruent with and complement the course objectives. Refer to Benjamin Bloom’s Taxonomy for objectives presented in earlier courses for additional help in this area.
- Students are required to meet all practicum objectives and hours, to successfully pass the course.

### Nursing Leader Practicum Hours

- Schedule hours at the convenience and availability of the preceptor. Your personal and work schedules are expected to accommodate the preceptor’s schedule.
- Performing practicum hours at the negotiated times and days with the preceptor is required.
- If you cannot attend the practicum on a scheduled practicum day, you must notify your preceptor and faculty prior to the experience. Students are responsible for making up any missed practicum time with their preceptor within the time allotted for the course. Alternate preceptors will not be found if the student misses valuable practicum time.
- Failure to complete all hours, objectives, and practicum expectations will result in failure of the practicum.
- You are encouraged to seek diverse experiences to afford a balanced view of the selected leadership role. You and your preceptor can determine the best approach to accomplish these experiences.
- You are responsible to consult with your preceptor and faculty on any nursing concerns and organizational issues.
- You are to maintain the following records for evidence:
  - Typhon will be used to document practicum hours. Please read the guidelines in Section 1 and contact the OFE if you have any questions or need additional training materials.
  - Documents related to specific projects (i.e., objectives, lesson plan, PowerPoint for classes, written policies, and overviews of major projects accomplished) must be uploaded in the LoudCloud classroom in the Individual Forum if no drop box is available.
- Complete 150 practicum hours for the Nurse Leadership Practicum.
Preparation for and Follow-Up with Preceptor

- Prepare by becoming familiar with the practicum objectives as outlined in each course syllabus and writing individual practicum objectives, as previously outlined.
- Review in your textbooks, professional journals, and Internet sites common challenges relevant to the practicum site population. Your preceptor may recommend specific materials and topics for review prior to the practicum rotation as well.
- Following the practicum day, seek evidence-based resources to enhance the critical analysis of leadership activities.

Documentation of Nursing Leader Practicum Hours

Nursing Leader Practicum Hours

- Maintain a weekly time log that includes the dates and hours of each practicum experience in Typhon. See Section 1 for details.
- Practicum hours must be validated by your preceptor in Typhon prior to submission of mid-term and final practicum evaluations. Failure to have hours validated will result in reduction of points on the evaluation and may lead to course failure.
Section 9: Public Health and MSN Public Health Practicum Guidelines

Program Information for Public Health Students, Faculty, and Preceptors

To our Preceptors

Each student comes to your practice with a background in basic public health knowledge and at least one year of master’s level study at the College of Nursing and Health Care Professions. The student will be expanding his/her knowledge base in public health. The preceptor's responsibility is to provide practical experiences and guidance for the PH student to develop the skills necessary to provide appropriate role specific, population-based care to clients. As students progress through the program their skills will develop. Their skills and our expectations for their performance are described in these guidelines.

Public Health Competencies & Practice

The practicum experience is an opportunity to develop and use the knowledge and skills acquired in the academic program in a public health agency or other environment in which a public health function is performed (e.g., health education programs in a health department or nonprofit organization, hospital infection control program, global health organization). This learning experience will allow you to become acquainted with the workplace environment, and will provide networking opportunities that could lead to employment following completion of the program. During the practicum experience, classroom assignments focused on introspection and identifying personal change, professional growth, and self-assessment will document professional development. Examples include the development of policy, the enhancement of communication skills, an understanding of public and private financing mechanisms, and a comprehension of organizational behavior and change. 150 practicum hours are required.

Public Health Objectives

The GCU MPH program is designed to draw on knowledge and skills from a variety of disciplines to define, assess and ultimately resolve public health problems. The primary goal of the program is to provide academic preparation for people interested in disease prevention and community health. Graduates of the GCU MPH program will be able to:

Biostatistics

- Describe the roles biostatistics serves within the discipline of public health
- Describe the basic concepts of probability, random variation and commonly used statistical probability distributions
- Describe preferred methodological alternatives to commonly used statistical methods when assumptions are not met
- Distinguish among the different measurement scales and the implications for selection of statistical methods to be used based on these distinctions
- Apply descriptive techniques commonly used to summarize public health data
- Apply common statistical methods for inference
• Apply descriptive and inferential methodologies according to the type of study design for answering a particular research question
• Apply basic informatics techniques with vital statistics and public health records in the description of public health research and evaluation
• Interpret results of statistical analysis found in public health studies
• Develop written and oral presentations based on statistical analysis for both public health professionals and educated lay audiences

Environmental Health Sciences

• Describe the direct and indirect human, ecological and safety effects of major environmental and occupational agents
• Describe genetic, physiologic and psychosocial factors that affect susceptibility to adverse health outcomes following exposure risks to human health and society
• Describe federal and state regulatory programs, guidelines and authorities that control environmental health issues
• Specify current environmental risk assessment methods
• Specify approaches for assessing, preventing and controlling environmental hazards that pose risks to human health and safety
• Explain the general mechanisms of toxicity in eliciting a toxic response to various environmental exposures
• Discuss various risk management and risk communication approaches in relation to issues of environmental justice and equality
• Develop a testable model of environmental insult

Epidemiology

• Identify key sources of data for epidemiologic purposes
• Identify the principle and limitations of public health screening programs
• Describe a public health problem in terms of magnitude, person, time and place
• Explain the importance of epidemiology for informing scientific, ethical, economic and political discussion of health issues
• Comprehend basic ethical and legal principles pertaining to the collection, maintenance, use and dissemination of epidemiologic data
• Apply the basic terminology and definitions of epidemiology
• Calculate basic epidemiology measures
• Communicate epidemiologic information to lay and professional audiences
• Draw appropriate inferences from epidemiologic data
• Evaluate the strengths and limitations of epidemiologic reports

Health Policy Management

• Identify the main components and issues of the organization, financing, and delivery of health services and public health systems in the US
• Describe the legal and ethical bases for public health and health services
• Explain methods of ensuring community health safety and preparedness
• Discuss the policy process for improving the health status of populations
• Apply the principles of program planning, development, budgeting, management, and evaluation in organizational and community initiatives
• Apply principles of strategic planning and marketing in public health
• Apply quality and performance improvement concepts to address organized performance issues
• Apply “Systems Thinking” for resolving organizational problems
• Communicate health policy and management issues using appropriate channels and technologies
• Demonstrate leadership skills for building partnerships

Social and Behavioral Sciences

• Identify basic theories, concepts, and models from a range of social and behavioral disciplines that are used in public health research and practice
• Identify the causes of social and behavioral factors that affect health of individuals and populations
• Identify individual, organizational and community concerns, assets, resources and deficits for social and behavioral science interventions
• Identify critical stakeholders for the planning, implementation, and evaluation of public health programs, policies, and interventions
• Describe steps and procedures for the planning, implementation and evaluation of public health programs, policies, and interventions
• Describe the role of social and behavioral science interventions and policies
• Describe the merits of social and behavioral science interventions and policies
• Apply evidence-based approaches in the development and evaluation of social and behavioral science interventions
• Apply ethical principles to public health program planning, implementation, and evaluation
• Specify multiple targets and levels of intervention for social and behavioral science programs and/or policies

Public Health Practicum

The practicum course(s) is designed to provide students with an opportunity to transition from theory to practice. The student reinforces and integrates concepts, principles, and skills gained during coursework that are essential to professional competency. Students are required to complete a minimum of 150 hours of on-site work, under close supervision, during the practicum experience. The practicum experience should relate to at least one of the core areas of public health:

• Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis;
• Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health;
• Environmental Health Sciences – environmental factors including biological, physical and chemical factors that affect the health of a community;
• Health Services Administration – planning, organization, administration, management, evaluation and policy analysis of health and public health programs;
• Social and Behavioral Sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems

The practicum experience is an opportunity to develop and use the knowledge and skills acquired in the academic program in a public health agency or other environment in which a public health function is performed (e.g., health education programs in a health department or nonprofit organization, hospital infection control program, global health organization). This learning experience will allow students to become acquainted with the workplace environment, and will provide networking opportunities that could lead to employment following completion of the program. During the practicum experience, classroom assignments focused on introspection and identifying personal change, professional growth, and self-assessment will document professional development. Examples include the development of policy, the enhancement of communication skills, an understanding of public and private financing mechanisms, and a comprehension of organizational behavior and change. Grand Canyon University’s Office of Field Experience is here to assist students in finding placements when they are unable to do so themselves. It is assumed that students have taken steps to ensure their practicum placements prior to beginning the practicum courses. It is an expectation of all Public Health students to actively seek placement. It is each student’s responsibility to complete a satisfactory field experience that fulfills program requirements; the role of the practicum faculty is to guide and advise during the process. Once a completed practicum application has been submitted to the Office of Field Experience (OFE), the MPH program director will review proposed field placements and approve those that are appropriate.

**HLT-665 Public Health Practicum**

The practicum course is designed to provide students an opportunity to transition from theory to practice. The student reinforces and integrates concepts, principles, and skills gained during coursework that are essential to professional competency. Students are required to complete a minimum of 150 hours of on-site work under close supervision of a faculty member and an on-site preceptor approved by the college or university.

**Planning Ahead for the Public Health Practicum Experience**

You should identify an interest area or focus for your practicum and schedule a time to meet with practicum preceptor to discuss potential placement options in the area of focus. For assistance in identifying a practicum preceptor, please contact the Office of Field Experience. In order to have all the required clearances and releases in place to start the practicum course, you must initiate a formal application for the practicum experience with the OFE at least 16 weeks prior to the start date that you plan to begin the practicum. Your first step is to contact your SSA to determine the start date of your practicum course.

*In certain circumstances, students may receive approval for a non-U.S. training site, provided that it has an identified preceptor who is willing to comply with GCU policies and procedures. However, requests for a non-U.S. training site must be submitted in writing to the MPH program director for review. This request must also include a written proposal that contains information about the training site and preceptor information.*
Selecting a Public Health Practicum Site

Approved practicum sites may include health departments or other governmental agencies, medical centers, community-based organizations, faith-based organizations, health-related nonprofit organizations, related private industry, community-based research projects, or research centers. Sponsoring sites designate a qualified member of their staff to serve as your preceptor. Preceptors will guide your experience on site, helping you think critically about the meaning of activities, while facilitating interactions with staff and community members.

Selecting a Public Health Preceptor

Public health is a multi-disciplinary field; therefore, preceptors may come from various professional backgrounds. A qualified public health preceptor must meet the following criteria:

### MPH Preceptor Qualifications

- Hold a Master’s degree* in a health related discipline (MPH preferred but not required)
- Preceptors with bachelor degrees in a health related discipline with extensive public health experience and/or related certifications will be considered.
- Have at least two years of public health experience relating to one or more of the core public health areas of biostatistics, epidemiology, environmental health, health service administration/policy, or social & behavioral sciences.

### MSN-PH Preceptor Qualifications

- Current RN license
- Master’s degree in nursing, or in a related public health field (Examples can include an MS in natural or social sciences, MPH, MHA, MBA, or MSW)

Preceptor responsibilities include:

- Provide an environment for you to gain experience in planning as part of a leadership team while regarding the student as a professional colleague.
- Communicate expectations to you.
- Objectively review and validate your competencies through intermittent observation, discussion, mid-term and final evaluation.
- Share educational expertise, tools, and references that will aid you in role transition to a competent public health professional. Provide time to mentor you learning by answering questions and reviewing progress on practicum work, etc.

Time Commitments to the Public Health Practicum Experience

You should plan ahead to meet the commitments of the practicum experience. Most host organizations
are often limited to daytime and weekdays for providing practicum hours, and if you do not complete 150 hours of work during the practicum course, you will not be able to move on to the final capstone portion of the program. Additionally, if you do not complete a minimum of 150 hours of practicum experience during the practicum course, you will have to enroll in additional credits of practicum coursework to complete your degree. You must complete all of your professional time commitment to the host agency even if you have successfully completed your logged clock hour commitment. You must discuss, and agree upon, your practicum experience start and end dates with your preceptor. It is important for you to confer with the preceptor on how you will be expected to provide closure to your assigned projects. Please Note: Failure to complete the required minimum hours or failing to properly document completed hours for the public health practicum will result in failure of the course.

**Using a Current Place of Employment to Complete the Public Health Practicum Experience**

If you plan to use your current place of employment to complete your practicum, you must inform the Office of Field Experience that this is your intention, and obtain approval from the MPH program director in advance of the start date. If you already have paid employment with a host agency, your hours can be logged only after they have been approved and begun a practicum course. You must be able to define a project for your practicum that is distinct from your day-to-day employment duties, with specific goals and objectives defined.

**Step-by-Step Directions for Gaining Approval to Begin the Public Health Practicum Experience**

Each prospective student is responsible for the timely fulfillment of the following application process.

1. At the start of the program, students must identify one preferred and two alternative sites where they may want to conduct the practicum. It is assumed that students have taken steps to ensure their practicum placements prior to beginning the practicum courses. It is an expectation of all Public Health students to actively seek placement.

2. Prepare resume and cover letter for site interviews.

3. Interview with potential preceptor(s).

4. Questions that students should ask in the interview include:
   a. What is the overall mission of the host agency? (A brochure, mission statement, or purpose statement would be helpful.)
   b. What is a brief history of the organization?
   c. What is the structure of the organization (e.g., local, national, private, public, nonprofit or profit-making, church-related, affiliating organizations, if any, etc.)?
   d. What is the planning process of the organization?
   e. What roles do this agency’s employees with graduate degrees in public health have?
   f. How is one’s performance reviewed?
   g. What are the major problems and difficulties encountered by this organization?
   h. What, if any, career development opportunities are available?
5. Prepare and submit a Practicum Application to the OFE for review. Completion of this form will assist in clarifying the student’s needs and goals for the practicum experience and will help identify an appropriate practicum experience placement.

6. Confirm eligibility with the OFE and the MPH lead faculty.

At Least 16 Weeks Prior to Beginning the Practicum Course and Experience

1. Select a site.
2. Once the student has received confirmation that a potential site has agreed to provide the practicum experience, A Site Information Sheet, Preceptor Information Form and Acknowledgement of Practicum Guidelines should be completed and e-mailed or faxed to the Office of Field Experience by the student for approval of the practicum site.
3. Confirm with the Office of Field Experience that the site is approved. If you change sites you must repeat the site approval process described in this manual.
4. Name tags should also be purchased by all students in NON-APRN programs. See Section 1 for details.

At Least 8 Weeks Prior to Beginning the Practicum Course and Experience

1. Complete any necessary site requirements that might be required by your site (e.g., contracts, vaccinations, fingerprints, chest x-rays).

Four Weeks Prior to Beginning the Practicum Course and Experience

1. Confirm start date, times and practicum plan with site supervisor.

Required Forms (see appendix)*

*Note: A student’s practicum site may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

**MPH Required Forms**
- Field Experience Application
- Medical Clearance
- HIPAA Confidentiality Agreement
- Copy of Health Insurance Card
- Site Information Sheet
- Preceptor/Mentor Information Sheet
- Acknowledgement of Field Experience Guidelines as stated in this manual.

**MSN-PH Required Forms**
- Field Experience Application
- Medical Clearance
- HIPAA Confidentiality Agreement
- Copy of Health Insurance Card
- Site Information Sheet
- Preceptor/Mentor Information Sheet
- Acknowledgement of Field Experience Guidelines as stated in this manual.
- CPR/BLS or ACLS
- Immunization or Approved Waiver for Medical Reason for the following:
  - Measles, Mumps, Rubella
  - TB Symptoms
GUIDELINES FOR GRADUATE FIELD EXPERIENCES MANUAL

- Influenza
- Varicella
- Hepatitis Waiver
- Td/Tdap

Documentation of Public Health Practicum Hours

Public Health Practicum Hours

Maintain a weekly time log that includes the dates and hours of each practicum experience in Typhon. See Section 1 for details.
## Preceptor Evaluation of Public Health Practicum Student

*This form must be completed by the Preceptor and submitted by the student to the LoudCloud Classroom.*

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID#:</th>
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<tbody>
<tr>
<td>Practicum Course:</td>
<td>Evaluation Start Date:</td>
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<tr>
<td></td>
<td>Evaluation End Date:</td>
</tr>
<tr>
<td>Site Name:</td>
<td>Preceptor’s Name:</td>
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</tbody>
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### Evaluation Metrics and Scale

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<tr>
<th>Not Observed</th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Superior</th>
</tr>
</thead>
</table>

- Understanding of Administrative Processes
- Understanding of Public Health Objectives
- Understanding of Public Health Policy Considerations
- Understanding of Public Health Program Implementation
- Understanding of Public Health Impact
- Ability to Work With Partners
- Ability to Work With Clients
- Ability to Work With Co-Workers
- Respectful
- Self-Motivated
- Emotional Maturity
- Listening Skills
- Analytical Skills
- Verbal Skills
- Written Skills
- Ability to Contribute With Meaningful Suggestions

**Comments:**

---

**Required Signatures:**

Student

Preceptor

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Public Health Student
Evaluation of Preceptor

This form must be completed by the student submitted to the LoudCloud Classroom.

<table>
<thead>
<tr>
<th>Student Name:</th>
<th>Student ID#:</th>
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</thead>
<tbody>
<tr>
<td>Practicum Course:</td>
<td>Evaluation Start Date:</td>
</tr>
<tr>
<td>Site Name:</td>
<td>Evaluation End Date:</td>
</tr>
</tbody>
</table>

Did you receive weekly supervision? YES [ ] NO [ ]

Evaluation Metrics and Scale

<table>
<thead>
<tr>
<th>Quality of the Supervision Provided</th>
<th>Not Observed</th>
<th>Poor</th>
<th>Below Average</th>
<th>Average</th>
<th>Above Average</th>
<th>Superior</th>
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<tr>
<td>Provided Clear and Consistent Expectations</td>
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<td>Approachable</td>
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<td>Professional Ethics</td>
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<td>Respectful to You</td>
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<td>Respectful to Clients</td>
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<td>Respectful to Staff</td>
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<td>Teaching Ability</td>
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<td>Overall Supervision Experience</td>
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What was the most helpful/useful part of your practicum experience?

What areas and/or experiences in your practicum could have been better?

Additional Comments:

Required Signatures:

Student ___________________________ Date ______________

Preceptor ___________________________ Date ______________
Section 11: Program Information for Doctor of Nursing Practice Students, Faculty, and Mentors

To our Mentors

Each student comes to your practice with a background in nursing practice and at least one year of master’s level study at the College of Nursing and Health Care Professions. The student will be expanding his/her knowledge base in advanced nursing practice. The mentor’s responsibility is to assist the learners in navigating the organization in order to complete the applications based course assignments earning practice hours and develop the skills necessary to provide appropriate role. As students progress through the program their practice leadership skills will develop. Their skills and our expectations for their performance are described in these guidelines. This arrangement will be for 8 week courses though a student may remain with the same practice mentor for the duration of their program. Serving as a mentor is a different role than serving on the Direct Practice Improvement (DPI) Project Committee which is toward the end of the program; however, you may elect to serve in both roles.

Purpose of the Doctor of Nursing Practice Program

In the early 2000s, the American Association of Colleges of Nursing (AACN) initiated dialogue among nursing leaders across the country regarding the need for doctoral preparation of nurses in advanced practice roles. Advanced practice within nursing refers to the highest level of professional nursing practice, defined by the AACN (2006) as:

“Any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy” (p.2).

While traditional advanced practice roles (APRN) include nurse practitioners (NPs), clinical nurse specialists (CNSs), certified nurse midwives (CNMs), and certified registered nurse anesthetists (CRNAs), advanced nursing practice roles also include nurse administrators (NA) and nurse informaticists (NI). The AACN (2006) proposed doctoral preparation for advanced nursing practice to address societal demands for greater knowledge and expertise. Such preparation is needed in the face of an increasingly fragmented and broken health care system and the growing health disparities in our nation that have been documented by the Institutes of Medicine (IOM, 2003) and the National Research Council of the National Academies (2005). For these reasons, the IOM called for the restructuring of educational preparation of all health professionals, including nurses, with a specific emphasis on specialty practice, information systems, quality improvement, and patient safety expertise. The DNP program is aimed at achieving these goals. The AACN (2015) published a white paper to further clarify and define the DPI project, curriculum considerations, DNP graduate scholarship, program length, practice experiences, efficient use of resources, and collaborative partnership guidelines.

You can read more about the history of the DNP degree by clicking on the following links:
Doctor of Nursing Practice Direct Practice Improvement (DPI) Project

The goal of the Direct Practice Improvement (DPI) project is to translate existing knowledge or guidelines into clinical practice to improve patient outcomes. When considering a potential project topic, you will start by developing a PICOT question. All of the components in your potential project must be feasible. Learners will need to have access to a clinical site and the population you would like to study. Vulnerable populations are discouraged as this would require you to submit for a full IRB review. Some examples of vulnerable populations include homeless, pregnant women, cognitively impaired, pediatric, etc. You are encouraged to utilize an existing valid and reliable tool to measure your intervention. You will also need to consider your timeline for data collection and ensure you have measurable outcomes. You are encouraged to review the AACN DNP White paper (2006) and DPI project resources on the DC Network.

Doctor of Nursing Practice Student Learning Outcomes

GCU’s DNP program is not intended for nurses in academic practice.

Consistent with the Agency for Healthcare Research and Quality (AHRQ) goal of translating research into practice, GCU’s DNP program prepares students to

“accelerate the impact of health services research on direct patient care and improve the outcomes, quality, effectiveness, efficiency, and/or cost effectiveness of care through partnerships between health care organizations and researchers” (p. 1).

Students are encouraged to seek out practice improvement projects that eliminate disparities through enhanced efforts at preventing disease, promoting health, and delivering appropriate care.

Graduates of Grand Canyon University’s Doctor of Nursing Practice program will be able to:
Scientific Underpinnings

- Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
- Apply science-based theories and concepts to determine the nature and significance of health and health care delivery phenomena.
- Employ science-based theories and concepts to describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate.
- Develop and evaluate new practice approaches based on nursing theories and theories from other disciplines.

Leadership and Transformational Change

- Employ principles of business, finance, economics and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of health care delivery.
- Demonstrate leadership, influence, and advocacy in the development and implementation of institutional, local, state, federal, and/or international health policy.
- Employ consultative and leadership skills to lead intraprofessional and interprofessional teams in the analysis and resolution of complex practice and organizational issues to create change in health care and complex healthcare delivery systems.
- Provide leadership in the evaluation and resolution of ethical and legal issues within healthcare systems.

Systems Management

- Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
- Evaluate current consumer health information sources for accuracy, timeliness, and appropriateness.
- Analyze and communicate critical elements necessary to the selection, use, and evaluation of health information systems and patient care technology.
- Design, select, use, and evaluate programs that monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.

Population Management

- Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
- Synthesize concepts to develop, implement, and evaluate interventions to improve individual, aggregate, and population health management.
- Advocate for social justice, equity, and ethical policies within all healthcare arenas.
- Develop and evaluate care delivery models and/or strategies for improved individual, aggregate, and population health management.
Analytic Foundations for Practice

- Apply analytic methods to critically appraise existing literature and other evidence to identify and implement health care best practices.
- Design and implement processes/strategies that evaluate outcomes of practice, practice patterns, and systems of care for individual, aggregate, and populations against national benchmarks.
- Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
- Disseminate and apply relevant findings from evidence-based practice and research to enhance practice guidelines and enrich practice leading to improved healthcare outcomes.
- Employ information technology and research methods to appropriately manage data for the creation, evaluation, and application of evidence that leads to improved health care.

Purpose of Practice Immersion Experience

Practice immersion is an essential component of the DNP educational program that combines scholarly activities with practice environment experiences designed to provide in-depth, application-based learning for all students. Given the intense practice focus of DNP programs, practice experiences are designed to help students build and assimilate knowledge for advanced specialty practice at a high level of complexity. Practice immersion hours are gained through real world application-based course assignments or approved independent study assignments that are based on current course objectives. Only assignments with a Practice Portfolio Statement in the syllabus qualify, in addition to pre-approved independent study. A minimum of 50 practice immersion hours will be obtained through coursework in each of the DNP courses beginning from DNP 805 forward and will focus on the current course content and learning objectives.

In the practice immersion experience, you will integrate and synthesize didactic learning into the practice environment which is customized to meet your personal and professional goals. Practice experiences are also designed to help you achieve specific learning objectives related to the DNP Essentials (AACN, 2006) and specialty competencies, all of which align with GCU’s DNP Outcomes listed above. These experiences provide systematic opportunities for feedback and reflection and provide the context within which the final Direct Practice Improvement (DPI) Project is completed.

You are expected to reflect upon and critically think about practice experiences and integrate scholarly reading, educational offerings, and clinical experience to develop case reports that demonstrate increasingly complex and proficient practice with the assistance of a practice mentor who helps you navigate the organization/practice setting. Graduates of the DNP program are expected to demonstrate highly refined clinical and professional nursing skills. Proficiency may be acquired through a variety of methods, such as attending case conferences, practice immersion hours, completing specified independent study projects, demonstrating advanced nursing practice competencies, or a combination of these elements. Practice immersion experiences can include a wide variety of sites where you practice at the doctorate level. Practice experiences may provide additional hours in leadership, practice inquiry, and policy as part of the fabric of professional preparation for the practice doctorate (NONPF, 2012). This boundary must be clearly and distinctly different from current clinical practice. If you are currently functioning in an advanced nursing practice role, you may be able to complete your
practice immersion hours in your place of employment, but you will be expected to demonstrate doctoral-level practice. Please note that advanced nursing practice and advanced practice nursing are not the same thing.

Gaps in learning experiences and professional growth to meet DNP competencies are identified at regularly scheduled intervals with your course faculty and practice mentor. Individual arrangements are made to enhance and expand the practice immersion experience. Practice immersion settings may include ambulatory, inpatient, outpatient, long-term rehabilitative, and subspecialty care. All experiences are logged into the Typhon Student Tracking System which has been modified for DNP use and will be recorded in case logs and verified by faculty and/or mentors. Individual patient care is NOT the focus of the post-master’s DNP program.

**Key Aspects of the Practice Immersion Experience**

- Integrative practicum for DNP students
- Essential component of DNP education
- Synthesis and application of didactic learning and knowledge
- Documentation of having achieved all related competencies and practice hours
- Demonstrate the ability to write and communicate professionally

**Practice Immersion Hours and Independent Study Hours**

You are expected to continue your practice or have access to an organization/practice setting in order to be successful in this program. An academic setting will not suffice since practice immersion hours are earned through completion of coursework which are real world, practice-based applications. A minimum of 1,000 post-baccalaureate practice hours are required as part of a supervised academic program. Students must meet all program competencies, minimum practice hours, and successful completion of the Direct Practice Improvement Project to graduate, in addition to any other graduation requirements set forth by the University. When additional hours are needed to reach the 1,000 hour minimum requirement, you may enroll in DNP extension courses or develop independent study objectives in each course (documented in your Individual Success Plan or ISP, approved by, and submitted to your course instructor).

For post-master’s students, a maximum of 500 hours of practice integration at the graduate level can be applied to the 1,000 total hours. Please contact your Student Services Advisor for the number of practice hours that you have been credited with upon program entry, if it was not listed in your letter of acceptance. Hours are determined on an individual basis using an equation of 50 practice hours per credit hour based on courses involving completion of a Master’s theses, evidence based projects, capstones, or equivalents AND practicum hours. Documentation of post-baccalaureate practice hours is required upon admission to GCU’s DNP program. Additional information on calculating practice immersion hours can be found in the Appendix.

Incorporated into this practice immersion experience are 100 hours related to your unique area of interest that support the practice improvement project (and assignments in the final 3 Direct Practice Improvement Project courses). The remaining 400 hours are achieved through coursework. Any additional practice immersion hours above the 500 earned through coursework can include independent study practice immersion hours such as leadership, replication of coursework in other contexts, practice
inquiry, and policy projects; however, these must be based on current course objectives and include an assignment or deliverable that you submit to the courses faculty in the Individual Forum. For courses without course objectives, the content should be based on the program outcomes.

The following activities are some examples of time that can be applied toward independent study practice immersion hours, so long as they meet your current course objectives:

- Special projects related to specialization and work in regards to practice protocol, guidelines and process improvement.
- Time spent in a clinical agency’s committee to evaluate a practice protocol, guidelines and process improvement project.
- Time spent participating in a health initiative in the state’s health department.
- Only course assignments that have a Practice Hours Portfolio statement in the syllabus information.
- Program milestone assignments.

Practice immersion hours do not include:

- Time spent traveling to and from seminars/conferences.
- Time spent in CE programs will be applied to DNP clinical hours on a case-by-case basis.
- Time meeting with mentors/faculty/documenting in Typhon.
- Course assignments that do not have a Practice Hours Portfolio statement in the syllabus information (except program milestone assignments).

With independent study, you and your faculty must determine that as part of your ISP which is developed in the first week of the course. Independent study is a mode of instruction whereby a student enrolls for a class with a regular faculty member. The subject content, objectives to be achieved, credits to be awarded, and the effort to be expended by the student, are all matters to be individually decided by the instructor and student and should be based on the course objectives. For courses without course objectives (DNP 966, DNP 967, and DNP 968), the content should be based on the program outcomes listed above. The number of hours you work on that is actual clock time that you record in case logs within Typhon.

Logging Practice Immersion Hours

You will take DNP 801 during the program. This is where you will learn how to use an electronic logging system, Typhon, to document the hours accrued to reflect practice outcomes as they relate to the GCU DNP Competencies. You will obtain a Typhon user name and password in Week 3 of the first course. You will pay a one-time fee to Typhon for access to the system. Please review the DNP Typhon Tutorial Power Point in the DC Network and create a practice case log in Typhon in which you will enter in zero practice immersion hours in DNP 801. Practice hours that are not logged in Typhon will not count toward your graduation requirements and will not be allowed to be logged at a later date.

All hours that are spent researching, investigating, and creating the final doctoral level project or application of the GCU DNP Competencies through coursework counts towards practice immersion hours; however, that will not begin until the final DPI Project courses. The course syllabus will indicate which activities earn practice immersion hours and the potential number of clock hours associated with
that activity; however, the actual clock hours a student spends on the activity will be logged accordingly into Typhon. Typhon is separated by DNP Course and date (please select the correct date of your corresponding course or notify your faculty if that date is not included as a drop down option), allowing you to show evidence of achieving mastery of the culminating outcomes expected of a DNP graduate. When applicable, you are allowed to count hours accrued while working in your chosen specialty, however:

*The line between current employment and clinical application hours must be clear. The individual is not permitted to simply state “I accrued 8 hours today toward a given essential.” The individual must be purposeful with their objectives towards a given GCU DNP Competency and demonstrate and document thoughtful reflection.*

**Practice Hours Portfolios (AKA Typhon)**

Typhon is your practice portfolio. The development and maintenance of a practice hours portfolio reflects your self-responsibility in your own learning, actively constructing how competencies are met, while faculty provide guidance, teaching and mentoring. **Please review the Self-Guided Typhon PowerPoint for information on where to place this information as Typhon is being used in a way that was not originally intended.** Even if you have used Typhon in other programs, please review these instructions. This and all other program resources and documents are found in the DC Network. Please check often for updated documents. Students are responsible for uploading and maintaining their practice portfolio.

The practice hours portfolio will include:

- Individualized success plans that are signed by your mentor (you are responsible for obtaining approvals from faculty and mentors and upload the final version)
- Comprehensive clinical log of hours applied to doctoral level learning outcomes
- Student evaluations of mentor (end of course)
- Mentor evaluations of student (end of course)
- Faculty evaluation of student (end of course)
- Current and updated CV (update each course as necessary)
- MOUs, if no Affiliation Agreement is used
- Certain programmatic assignments such as: ISP, Case Reports/Studies, Reflective Journals, Scholarly Activity Reports
- CITI training date (done as an assignment in DNP 830)

**Maintaining Typhon Case Logs**

It is imperative that you keep current with your Typhon logs. You are expected to complete the Typhon log within 2 weeks of the project/assignment as healthcare providers’ complete and perform timely documentation in the practice setting. You will receive an Early Alert if there are no Typhon entries within the first two weeks of a practice immersion course (if you have a placement). **If you do not complete your Typhon clinical log within 2 weeks after your project/assignment, you will have to make up the project/assignment and will not be allowed to enter your case logs at a later date.**

Any observation time (shadowing your mentor) in the practice setting will not count toward the total
amount of practice immersion hours required for each course.

Selection Criteria for Practice Immersion Mentors

You will select, with the input and approval from the course faculty, a mentor for your practice experience. If you have more than one practice location for your practice immersion experience, additional mentors and practice immersion contracts (MOU or affiliation agreement) may be needed. The mentor must be an expert in the clinical, educational, or administrative area in which you wish to develop expertise. There are currently very few nurses prepared at the DNP level who can serve as a mentor to DNP students. Therefore, the practice mentor will not necessarily be a DNP-prepared advanced practice nurse. A mentor may be:

- A professional with a doctoral degree
- An advanced practice nurse with a doctoral degree or considerable experience and recognition as an expert certified in a particular clinical field
- An MD with specialized training and experience
- An administrative position such as the Director, Vice President, President or CEO within a health care organization
- An expert in the area of study within the organization, preferably with a doctoral degree
- The mentor must hold a position in the organization where he/she can facilitate your access to organizational information, decision makers, and other personnel in order to complete the course based assignment over the 8 week courses.
- If applicable, the mentor must be nationally certified in their specialty.
- They must have worked at their site for at least one year and be willing to complete a mentor evaluation and student evaluations as required.
- Mentors cannot be relatives or personal friends.
- Sometimes it is not possible to have a mentor that is within the system or organization due to the nature of the organization. In that case, the other criteria must be met.
- Mentors must be on-site, except in the case of an independently owned practice. In that case, the other criteria must be met and the mentor must be nearby.

When possible and practical, you are encouraged to select a mentor outside of your current work role. In large organizations, for example you could be placed for the practice scholarship courses with a mentor outside the department or unit where you are employed. The line between current employment and practice scholarship hours and projects must remain clear to the organization, the mentor, the faculty, and you. You must be able to demonstrate the achievement of the DNP competencies, regardless of whether they are in your current place of employment or a different practice setting.

Prior to the beginning of the practice experience, all required information from the approved mentor must be uploaded into Typhon by your mentor. All required documents (current CV, licenses etc.) must be uploaded and completed prior to starting any hours by your mentor. Please ensure this understanding and contact the OFE if additional training materials are needed.
The course faculty communicates with the mentor during the course. The ISP will be reviewed and evaluated by the course faculty before practice immersion hours are sought. Lines of communication with the mentor and course faculty will be established, if needed. Expected student outcomes and the evaluation process will be reviewed and approved by course faculty. Telephone conferences will be held as needed to monitor and evaluate the student’s progress as needed. If there is any concern regarding individual student progress, contacts with the mentor may occur initiated by either the mentor or supervising course faculty.

**Selection Criteria for Practice Immersion Sites**

You are responsible for securing your own practice sites according to your areas of personal and professional interest, however, the Office of Field Experience can assist with placement if needed. You are encouraged to identify potential practice sites and mentors immediately after admission to the program.

The practice site may include a paid or unpaid position. When considering paid positions, you are advised to consider the position responsibilities as well as your learning needs and negotiate unpaid time for academic experiences, clinical learning opportunities, and practice scholarship, which are all part of the practice immersion experience.

You may change mentors every 8 weeks depending on the goals of the course and/or personal/professional interests. The clinical site for the practice immersion experience is also important to the development and implementation of the Direct Practice Improvement (DPI) Project. You are encouraged to select a practice site that can provide the required facilities and practice experts for your growth. The practice site may be a hospital, a health care system, a public health agency, a clinic, or other healthcare organization. Most DNP students find that their current place of practice is the most favorable setting as it also provides a potential benefit to their employer/organization and the support systems and relationships are already in place.

**Worksite Practice Immersion Hours**

The practicum will facilitate your professional practice goals as well as meet student learning objectives of the DNP program. The site for the practicum is determined in accordance with your interest, skill level, and geographic needs, as well as availability of sites and mentors. You may be exposed to a variety of clinical settings and have opportunities to interact with professionals from a variety of disciplines. You may complete your practice immersion hours in your workplace setting as described below. The final DPI Project may be implemented at your practice site. Conditions for approving the worksite for practicum hour completion include:

- Program goals
  - If the placement will permit accomplishment of learning goals
  - If the student is doing an evidence-based project appropriate for doctoral study
- Change in current practice
  - If the student can identify how his/her practice has changed while incorporating the DNP competencies
If the project represents a change in the system or leadership activity to improve care
• Clear boundaries
  o If the student is in a department other than his/her current work environment
  o If boundaries are made clear and agreeable to the faculty, manager, mentor and student

You may consider your practice immersion hours and practice at your worksite an advantage, allowing you to “give back” to your agency by improving practice. DPI project ideas are successful when they come from the organization and have buy-in. Ask what the practice problems are within your organization and find an evidenced based solution as your intervention. Evaluate that intervention.

DNP with Emphasis in Educational Leadership Program and Practicum
Grand Canyon University’s Doctor of Nursing Practice with Educational Leadership Emphasis program provides broad and in-depth preparation for advanced practice and leadership roles in nursing and education. The program expands on current theoretical and scientific foundations of health care practice, including the discipline knowledge base, the design and evaluation of clinical solutions, and clinical and organizational change leadership. The program prepares nurse leaders to design and implement evidence-based strategies for practice that improve health care delivery, patient outcomes, and educational programs. Emphasis will be placed on employing methods of curriculum design and development, applying teaching strategies, and designing assessments to evaluate teaching and learning outcomes to prepare advanced practice nurses, faculty, program directors and deans to lead nursing education programs in academia or institutions. Graduates will be prepared to practice from the foundation of our Christian heritage through an intentional focus on values and ethics.

The goal of the three 50-hour practicum experiences is to examine an area of nursing education you would like to explore. Some options are academic education (community college or university), clinical staff education (hospitals or other health care facilities) or patient education (out-patient settings or in-patient units). Other opportunities do exist and must be approved by the Office of Field Experience and college for the practicum course. Please note that in this emphasis program, the goal of the DPI project is still to translate existing knowledge and guidelines into clinical practice to improve patient outcomes. The DPI project will need to be conducted in a clinical setting.

DNP with Educational Leadership Courses

DNP-836 Facilitation of Learning in Nursing Education
This course explores the role of the nurse educator in higher education settings with specific emphasis on effective methods of facilitating learning and fostering critical thinking skills in diverse student populations. Learners are introduced to instructional strategies and methods grounded in evidence-based practice and learning theory and engage in the selection of appropriate strategies to facilitate learning. Learners also consider the effective integration of technology and simulation into teaching practice. Learners are expected to integrate the educational leadership competencies through completion of 50 education practicum hours during this course.

DNP-837 Curriculum Design and Assessment
This course focuses on curriculum design and assessment of student learning outcomes in nursing education. Learners examine best practices for curriculum development including performing needs
assessments, writing learning objectives, and creating formative and summative assessments. Learners also consider selection of content and instructional strategies based on diverse student needs and collecting and employing assessment data to improve teaching and learning outcomes. Learners are expected to integrate the educational leadership competencies through completion of 50 education practicum hours during this course.

**DNP-838 Nursing Program Development and Educational Leadership**

In this course, learners examine issues related to nursing program development within the complex and highly regulated environment of nursing education. With a focus on regulatory and accrediting bodies, learners determine the best methods for designing, evaluating, and improving nursing education programs in order to meet the diverse needs of industry and other stakeholders. Learners also explore leadership issues in nursing education and the professional development and scholarly obligations of the nurse educator-scholar in the academic community. Learners are expected to integrate the educational leadership competencies through completion of 50 education practicum hours during this course.

**Educational Leadership Course Expectations**

**DNP-836, DNP-837, DNP-838 Practicum Experiences**

This is a culminating practicum experience completed with a nurse educator mentor in a selected setting. This clinical practicum affords students the opportunity to refine educational expertise in their selected areas of interest (e.g., assessment of learning needs, program/curriculum planning, implementation and assessment/evaluation in either an academic ground or online environment, clinical facility, or nontraditional setting). This course offers opportunities for students to begin integrating the role of the nurse educator into their professional behaviors and is based on meeting the objectives of the practicum courses. A total of 50 practicum hours are required in each of the three educational leadership practicum courses.

**Selecting a Nursing Educator Mentor and Site**

Once you have decided upon your area of interest in nursing education, you are ready to select your mentor. You may already know a nurse educator with whom you would like to work. If you do not know what you want to do, you might look at the National League for Nursing (NLN) Competencies for Nurse Educators. Your practicum experience should allow you to mature in one or more of those competencies. You cannot be paid for your practicum time.

**Nurse Educator Mentor Requirements**

- Holds an unencumbered and current nursing license.
- Doctoral degree is preferred.
- Must hold a master's degree in Nursing.
- Provide opportunities to work with other nursing educators as appropriate to augment your practicum experience.
- Minimum of 2 years current work experience in a nursing education position. This experience can be clinical or academic site.
- Minimum of 3 months at current employer and be willing to complete student evaluations as
required.

- Be committed to continual professional improvement.
- Able to provide an educational experience that will help you meet overall practicum objective and personal learning objectives.
- Readiness to allow you to gain experience in planning, delivering, and evaluating educational activities.
- Mentor willingness and time available for student learning by serving as a resource during the practicum time.
- Mentors cannot be relatives or personal friends.
- Sometimes it is not possible to have a mentor that is within the system or organization due to the nature of the organization. In that case, the other criteria must be met.
- Mentors must be on-site, except in the case of an independently owned practice. In that case, the other criteria must be met and the mentor must be nearby.

**Educational Leadership Practicum Objectives**

- Review the practicum objectives as outlined in the respective course syllabus.
- Students are required to meet all practicum objectives and hours to successfully pass the course.
- Schedule hours at the convenience and availability of the mentor. Your personal and work schedules are expected to accommodate the mentor’s schedule.
- Performing practicum hours at the negotiated times and days with the mentor is required.
- If you cannot attend the practicum on a scheduled practicum day, you must notify your mentor and faculty prior to the experience. Students are responsible for making up any missed practicum time with their mentor within the time allotted for the course. Alternate mentors will not be found if the student misses valuable practicum time.
- Failure to complete all hours, objectives, and practicum expectations will result in failure of the practicum course.
- You are encouraged to seek diverse experiences to afford a balanced view of the selected nurse educator role. You and your mentor can determine the best approach to accomplish these experiences.
- You are responsible to consult with your mentor and faculty on any nursing concerns and organizational issues.

**Educational Leadership Practicum Documentation**

- Typhon will be used to document practicum hours in Time Logs NOT CASE LOGS. The learner will submit the actual time spent each week completing practicum hours in the time log, notating in the “Notes Section” the actual activity that was completed. Please contact the OFE if you have any questions or need additional training.
- Practicum hours must be validated by your mentor in Typhon. Failure to have hours validated will result in reduction of points on the evaluation and may lead to course failure.
- Complete 50 practicum hours for each Educational Leadership Practicum course.
- Prepare by becoming familiar with the practicum objectives as outlined in each course syllabus.
- Review in your textbooks, professional journals, and Internet sites common challenges relevant to the practicum site population. Your mentor may recommend specific materials and topics for review prior to the practicum rotation as well. An example would be if you are working with a
specific population of students or clients in a patient education situation.

- Following the practicum day, seek evidence-based resources to enhance the critical analysis of educational activities.

**Programmatic Assessments**

**Reflective Journals**

Students are required to maintain a formal, professional reflective journal integrating leadership and inquiry into current practice. Your journal will reflect on the personal knowledge and skills gained in the current course addressing a variable combination of the following:

- new practice approaches
- intraprofessional collaboration
- healthcare delivery and clinical systems
- ethical considerations in healthcare
- population health concerns
- the role of technology in improving healthcare outcomes
- health policy
- leadership and economic models
- health disparities

You will outline what you discovered about your professional practice, personal strengths and weaknesses that surfaced, what additional resources and abilities could be introduced to a given situation to influence optimal outcomes, and finally how you met the competencies aligned to this course. This allows you to synthesize what has been learned. These reflective narratives will be completed at the end of each course in the learning management system (LoudCloud) and stored in the Typhon Student Tracking System. The reflective journal produces a tangible and deliverable academic product that is derived from the practice immersion experience and is reviewed and evaluated by the course faculty. The reflective journal along with the competency self-assessment in Typhon (included in the case logs), documents the outcomes of your educational experiences, and summarizes your growth in knowledge and expertise. Reflective journals are course based assignments. Additional information/instructions are available in the DC Network.

**Scholarly Activities**

Although the practice immersion experience is central, you will participate in multiple academic and scholarly activities outside of clinical practice. You are expected to attend conferences, seminars, journal club, grand rounds, morbidity and mortality meetings, interdisciplinary committees, quality improvement committees and any other opportunities available at your site, in your community or nationally. You are required to post four scholarly activities while you are in the DNP program which should be documented by the end of the program. In addition to this, you are required to be involved and contribute to interdisciplinary initiatives.
Scholarly activities are *not* course based assignments and are submitted to Typhon and the LoudCloud classroom when specified. Documentation of these activities is required in DNP-810, DNP-820, DNP-830, and DNP-840. All scholarly activities must first be approved by the course faculty and be related to a program competency listed in the ISP. Practice immersion hours are earned and documented as a case log in Typhon. Teaching students does not qualify as a scholarly activity.

**Case Reports**

You are required to write case reports addressing the personal knowledge and skills gained in each course potentially solving an identified practice problem. Case reports include the following:

- an introduction with a problem
- brief literature review
- a description of the case/situation/conditions
- a discussion that includes a detailed explanation of the synthesized literature findings
- a summary of the case
- proposed solutions
- a conclusion

Case reports are course based assignments submitted to Typhon and the LoudCloud classroom when specified. Additional information/instructions are available in the DC Network.

**Individual Success Plans**

The Individual Success Plan (ISP) requires collaboration with the course faculty early on to establish a plan for successful completion of mutually identified and agreed upon specific deliverables for your programmatic requirements. ISPs are intended to guide you in developing your own learning plan over the 8-week course. Programmatic requirements are: (1) completion of required practice immersion hours, (2) completion of work associated with program competencies, (3) work associated toward completion of your Direct Practice Improvement Project. ISPs are course based assignments submitted to Typhon and the LoudCloud classroom when specified. ISPs are complete at the beginning of every course beginning from DNP 805 forward to set you up for success. The template can be located in the DC Network/Practice Immersion Workspace. There is also an example ISP in the DC Network.

**Practice Immersion Objectives Listed in the ISP**

The purpose of the practice immersion experience is to increase your exposure to and involvement in doctoral level practice under the direction of a mentor and work toward independent advanced nursing practice. The specific objectives, requirements and evaluation criteria will depend on the current course. **Please include all current course objectives within the ISP.** Objectives and requirements must address your active involvement in the clinical experience and how it impacts patient outcomes and should align with your ISP. Course faculty will review and approve the ISP with stated objectives before the mentor signs, including all independent study objectives. After approval, the contract must be signed by the student and mentor and uploaded into Typhon. The mentor must also sign off on the ISP indicating the student reached the outlined goals and objectives of the contract.
Doctor of Nursing Practice Immersion Course Expectations

DNP-805 Health Care Informatics
This course provides the foundations for using information systems/technology to support and improve patient care and health care systems. Learners must be able to document a minimum of 50 concurrently or previously logged practice hours in association with this course.

DNP-810 Emerging Areas of Human Health
This genetic-based course gives learners insight into emerging areas of human health to improve health outcomes and establish programs of clinical excellence and emphasizes guidance and coaching of individuals and families through developmental, health-illness, and situational transitions from a holistic perspective. Learners must be able to document a minimum of 50 concurrently or previously logged practice hours in association with this course.

DNP-815 Scientific Underpinnings
This course creates a base for the application of science into advanced nursing practice and includes philosophical, ethical, and historical foundations. Learners must be able to document a minimum of 50 concurrently or previously logged practice hours in association with this course.

DNP-820 Translational Research and Evidence-Based Practice
This course focuses on a core set of skills and knowledge application activities related to the translation of research into practice, the evaluation of practice, and improvement of health care outcomes. Learners must be able to document a minimum of 50 concurrently or previously logged practice hours in association with this course.

DNP 825 Population Management
This course examines ideas that promote understanding of aggregate, community, environmental/occupational, and cultural/socioeconomic dimensions of health. Learners must be able to document a minimum of 50 concurrently or previously logged practice hours in association with this course.

DNP-830 Data Analysis
This course focuses on the analysis of data that is grounded in clinical practice and designed to solve practice problems or to inform practice directly. Learners must be able to document a minimum of 50 concurrently or previously logged practice hours in association with this course.

DNP-835 Patient Outcomes and Sustainable Change
This course prepares learners to develop effective strategies to ensure safety and quality health care for patients and populations and includes evaluation of health care outcomes. Learners must be able to
document a minimum of 50 concurrently or previously logged practice hours in association with this course.

**DNP-840 Leadership for Advanced Nursing Practice**

Learners conceptualize new interprofessional care delivery models that are based in contemporary nursing science and that are feasible within current organizational, political, cultural, and economic perspectives. Learners must be able to document a minimum of 50 concurrently or previously logged practice hours in association with this course.

**DNP-955 DPI Project: Part I**

Learners finalize an issue in health care that will become the basis of an evidence-based research project to be carried out prior to completion of the doctoral program. Learners must be able to document a minimum of 100 concurrently or previously logged practice hours in association with the three DPI Project courses. In the first course, DNP learners will work with an assigned Chairperson and they will then select a Content Expert which is different than a mentor for practice immersion experiences; however, the person may be the same individual across the program. The Chairperson, who is also the course faculty, and the Content Expert will be the learner’s DPI committee. Learners will be required to submit their DPI Proposal to Academic Quality Review (AQR) within the designated timeframe to move forward to DNP-960.

**DNP-960 DPI Project: Part II**

Learners continue to develop and revise their DPI proposal to submit to Institutional Review Board (IRB). The learner and chair must submit to GCU’s IRB by the end of Week 7 to move forward to DNP-965.

**DNP-965 DPI Project: Part III**

Learners continue to complete their DPI project and final manuscript. If the learner does not submit their final manuscript to AQR by the designed submission date in the course, the learner will earn a failing grade in the course.

Learners will submit the full manuscript by the end of Week 8 in the course for department review by the DNP program reviewer or designee. If the manuscript is not deemed ready to be Dean-reviewed, the learner will have the opportunity to complete one iteration during a one week timeframe. If the revised manuscript is still not ready to be submitted to the Dean, the learner will be required to take an extension course to continue working with their chair.

**DNP-966, DNP-967, DNP-968, DNP-969, DNP-970: Extension Courses**

Learners can take the DNP extension courses to 1) complete the DPI Project or 2) complete the practice immersion hours. The faculty will collaborate with the learner to utilize the program objectives to create their own independent study assignments. The learner will compose an ISP to include specific deliverables. Learners may also log practice immersion hours for any time committed to editing their DPI project.
Graduation and Commencement

Please note that graduation and commencement are different terms. Learners are considered complete once all degree requirements are fulfilled and grades have been posted. Learners are eligible for graduation upon submission of the Graduation Application, graduation fee, and clearance of financial responsibilities. Learners must have a Dean-signed Direct Practice Improvement project and a minimum of 1000 Practice Immersion Hours as a part of their requirements for graduation.

To attend the commencement ceremony, all graduation requirements must be completed as well as the Dean’s signature on the completed committee-approved DPI project with a signed project sheet by close of business **60 days prior to the date of the commencement ceremony**. See the GCU University Policy Handbook and contact your SSC for further details.

Calculating Practice Immersion Hours

Please check with your SSA on how many hours were transferred over from your MSN work. This has already been calculated by the Enrollment Team upon admission. 1,000 post-baccalaureate hours are required to graduate. 500 practice immersion hours are built into the curriculum. If you have a deficit, you will need to create independent study deliverables based on the course and program objectives. E.g. 300 hours transferred=700 hours required - 500 hours from curriculum = 200 hours of independent study.

100 hours may be pushed to the DPI Project courses. 100 hours are divided over the 8 core courses. This equates to 62.5 practice hours rather than just the 50 built in course hours.
Practice Hour Algorithm

Masters in Nursing: APRN

May enter program with up to 500 supervised post-baccalaureate direct practice hours as evidenced by:
(1) transcripts
(2) programs of study

DNP students will log 50 practice hours as part of the coursework in each of the following courses:
DNP-805 Health Care Informatics
DNP-810 Emerging Areas of Human Health
DNP-815 Scientific Underpinnings
DNP-820 Translational Research and Evidence-Based Practice
DNP-825 Population Management
DNP-830 Data Analysis
DNP-835 Patient Outcomes and Sustainable Change
DNP-840 Leadership for Advanced Nursing Practice
(Independent study hours are optional in each course for added practice hours as needed.)

Totaling a minimum of 400 practice hours

Masters in Nursing: Non-APRN

May enter program with up to 500 supervised post-baccalaureate direct or indirect practice hours as evidenced by:
(1) transcripts
(2) programs of study

DNP students will apply 100 practice hours to support the Direct Practice Improvement project over 3 courses:
DNP-955 DPI Project: Part I
DNP-960 DPI Project: Part II
DNP-965 DPI Project: Part III
(Independent study hours are optional in each course for added practice hours as needed.)

Totaling a minimum of 500 practice hours

Combined with supervised post-baccalaureate hours, students are required to document 1,000 total supervised practice hours for graduation

Master theses or equivalents will also be accepted using the following calculation:
1 credit hour = 50 practice hours
(up to a maximum of 10 credit hours or a combined 500 practice hours)
### Practice Hour Accumulation Chart

<table>
<thead>
<tr>
<th>Hours</th>
<th>Source</th>
<th>Guidelines</th>
</tr>
</thead>
<tbody>
<tr>
<td>50</td>
<td>Potential Transfer hours</td>
<td>Two transfer options: 1. Advanced practice nurses may enter program with up to 500 supervised post-baccalaureate direct practice hours as evidenced by transcripts or programs of study. 2. Nurses without an advanced practice degree may enter program with up to 500 supervised direct or indirect practice hours as evidenced by transcripts or programs of study. Master theses or equivalents will be also accepted using the following calculation: <strong>1 credit hour=50 practice hours</strong> [up to a maximum of 10 credit hours or a combined 500 practice hours]</td>
</tr>
<tr>
<td>100</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>150</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>200</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>250</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>300</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>350</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>400</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>450</td>
<td>Potential Transfer hours</td>
<td></td>
</tr>
<tr>
<td>500</td>
<td>Logged in classroom and Typhon during DNP-805</td>
<td>400 practice hours are earned throughout the following courses: - DNP 805, DNP 810, DNP 815, DNP 820, DNP 825, DNP 830, DNP 835, and DNP 840. - 50 practice hours are built into the coursework in each of those courses. Independent study practice hours are optional in each course for added practice hours as needed. Examples of independent study hours are repeated assignments using a different practice context or problem, or leadership, practice inquiry, and policy projects.</td>
</tr>
<tr>
<td>550</td>
<td>Logged in classroom and Typhon during DNP-810</td>
<td></td>
</tr>
<tr>
<td>600</td>
<td>Logged in classroom and Typhon during DNP-815</td>
<td></td>
</tr>
<tr>
<td>650</td>
<td>Logged in classroom and Typhon during DNP-820</td>
<td></td>
</tr>
<tr>
<td>700</td>
<td>Logged in classroom and Typhon during DNP-825</td>
<td></td>
</tr>
<tr>
<td>750</td>
<td>Logged in classroom and Typhon during DNP-830</td>
<td></td>
</tr>
<tr>
<td>800</td>
<td>Logged in classroom and Typhon during DNP-835</td>
<td></td>
</tr>
<tr>
<td>850</td>
<td>Logged in classroom and Typhon during DNP-840</td>
<td></td>
</tr>
<tr>
<td>900</td>
<td>Logged in Practice Immersion classroom during DPI Courses</td>
<td>100 hours related to the student’s unique area of interest that supports the Direct Practice Improvement project. Independent study practice hours are optional in each course for added practice hours as needed. Examples of independent study hours are leadership, practice inquiry, and policy projects.</td>
</tr>
<tr>
<td>950</td>
<td>Logged in Practice Immersion classroom during DPI Courses</td>
<td></td>
</tr>
<tr>
<td>1000+</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

*****Please note that DNP program information and orientation materials are located in the DC Network.*****
Content Expert for the DPI Project Courses

As part of the DPI Project Courses in your DNP program, you will identify a qualified Content Expert to help guide you in the development of your selected project. The Content Expert will perform a similar role as the Mentor in prior program courses. You will no longer have a Mentor as you enter the DPI project coursework.

This Content Expert (CE) is ideally someone who holds special knowledge and experience in the area of your selected project, and because the project is applied in an organizational environment, the ideal candidate for the CE is someone who has strong knowledge of the organization. The CE will be one of two members of your DPI Project Committee, which will be composed of the CE and the Faculty member.

The Office of Field Experience and your assigned Field Experience Counselor (FEC/FCC) are also available for consultation if you should have questions. (OFE direct line is 602-639-8401).

Please review the information below to ensure you understand and/or follow the proper procedures for selection of a Content Expert to serve on your DPI Committee.

Processes and Procedures

- **Step 1** – The learner identifies and talks with possible Content Expert (CE) candidates. Refer to appropriate qualifications in the "Content Expert Requirements" section below.

- **Step 2** – Learner to notify OFE and his/her assigned Field Experience Counselor (FEC/FCC) with DNP DPI Project Committee Content Expert form for selection of the CE and a copy of the CE CV/Resume. The Content Expert form will be reviewed by the FEC/FCC for completeness and entered in Typhon for review and approval by the course faculty.

- **Step 3** - At the same time as submission to OFE, the student must also upload the CE CV/Resume in Topic 1 via the individual form for review by Faculty. Once Faculty has reviewed the CV/Resume, approval will be noted by the faculty member in Typhon. © 2015. Grand Canyon University. All Rights Reserved.

- **Step 4** – The FEC/FCC will forward CE information to the CONHCP Program Manager for creation of the Learner Direct Practice Improvement Project Page (LDP) in the DC Network which serves as a documentation point for all committee members.

- **Step 5** – The Learner will use case logs within Typhon to document hours spent with the CE (i.e., in the role of mentor)/ Faculty will approve these hours in Typhon as is done in prior DNP courses.

Content Expert Role: Defined

The individual each learner selects to serve as the Content Expert member of the DPI Committee should be an expert in the content area of the specific project. The Content Expert's role is to assist the learner with development of expertise in the area of the project focus, and should possess expertise with the population of focus in the practice improvement project. Selecting faculty as a Content Expert may not be ideal, as they are not working with the learner in their workplace of other organization to be included in the project.

Content Expert Requirements:
• A nursing or healthcare professional with a doctoral degree (PhD, DNP) appropriate to the role and study of the program;

• An advanced practice nurse with a doctoral degree or considerable experience and recognition as an expert certified in a particular clinical field;

• An MD or DO with specialized training and experience relevant to the DPI Project content;

• A nursing or healthcare administrator such as Director, Vice President, President or CEO within a healthcare organization with a minimum of a master's degree but preferably with an advanced degree;

• An expert in the area of study within a healthcare organization, preferably with a doctoral or professional degree;

• The Content Expert must hold a position in the organization where he/she can facilitate the learner's access to organizational information, decision makers, and other personnel in order to complete the course-based deliverables over the span of the each of the three eight-week courses of the DPI Project progression;

• If applicable to the Project focus, the Content Expert should be nationally certified in his or her specialty;

• The Content Expert must have worked at their current site for at least one year;

• Content Experts cannot be relatives or personal friends;

• Sometimes it is not possible to have a Content Expert working within the system or the organization due to the nature or policies of the organization. In that case, the other criteria for Content Expert must be met;

• Content Experts must be located on-site, except in the case of an independently owned practice. In that case, the other criteria must be met and the Content Expert must be geographically nearby;

• Content Experts will not be required to complete Learner evaluations.

**DNP DPI Project Committee Content Expert Submission Form**

Learners are required to submit the "DNP DPI Project Committee Content Expert Submission Form" as the final step in securing their DPI Project Content Expert. Please see the DC Network for more information on your Direct Practice Improvement Project including Project Milestones, IRB process, Committee Roles and Expectations, and templates.
Appendix

Definition of Terms

**Early Alert:** Notification to a student by faculty that the student’s course work and/or clinical/practicum/practice immersion performance is not acceptable or at risk of failing; and/or the student is exhibiting unprofessional behaviors in the clinical settings. The early alert warning includes a written plan for the student to work towards successful completion of the course/program requirements and will determined by the course faculty and shared with the student and College Administrator. Written plans will be housed in the Individual Forum of the course and placed in the student’s record.

**Clinical Affiliation Agreement:** A facility contract between GCU and the clinical site.

**Clinical Hours:** Clinical hours are direct patient care hours. As stated in the National Organization of Nurse Practitioner Faculties guidelines, “Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one of the three population-focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement.”

**Course Faculty:** The faculty assigned to students in a clinical or practicum course. This may or may not be the same faculty as the didactic portion of the course.

**Site Supervisor:** The faculty assigned to supervise students in a clinical course. This may or may not be the same faculty as the clinical/didactic portion of the course.

**Clinical Preceptor:** A board certified physician, or APRN, who provides clinical mentorship and teaching to an NP student at an approved clinical site.

**Affiliation Agreement Request Form:** The coordinator contact information must be submitted to the Office of Field Experiences in order to start the process of a clinical affiliation agreement between GCU and the clinical/practicum/practice immersion site.

**Office of Field Experience:** The GCU department involved in coordinating the clinical/practicum/practice immersion experiences for the students enrolled in those programs.

**Lead Faculty:** The College of Nursing and Health Care Profession faculty assigned to coordinate the CNS, FNP, ACNP, MPH, or DNP programs.

**Mentor:** DNP students will select, with the input and approval from the course faculty, a mentor for the practice experience. The mentor must be an expert in the clinical, educational, or administrative area in which the DNP student wishes to develop expertise.
**Practice Immersion:** Practice immersion is an essential component of the Doctor of Nursing Practice educational program that combines scholarly activities with practice environment experiences designed to provide in-depth, application based learning for students.

**Practicum:** A course of study designed especially for the preparation of students that involves the supervised practical application of previously studied theory.

**Practicum Preceptor:** A practicing person who gives personal instruction, training, and supervision to students.
Directions for Creating Typhon Reports

Generating Clinical Graphics Report (Typhon graphical pie chart) to demonstrate age demographic of patients seen during a particular semester

1. Log in
2. Page opens and lists different reports you can generate (choose patient age)
3. See Case Log Reports (1) and click on Case Log Totals (Graphical)
4. Choose filters, e.g. name, semester, and course (should be adequate for mid-term and final semester patient checks)
5. Click Apply Filters
6. Copy and save the age pie chart to your desktop. Then save as a JPEG on lowest quality. This JPEG file should be saved with your name, course number, semester and year.
7. Use this chart to evaluate your learning needs.
8. You can also create one for your complete clinical experience that you can use when you interview for positions upon completion of the program!

Creating a Time Log for Preceptor (or Mentor) to review clinic date/time attendance at mid- and end- semester:

1. Log in
2. Page opens and lists different reports you can generate
3. See Time Reports (4)
4. Click on Time Logs
5. Choose filters, e.g. name, date range, and course
6. Click Apply Filters
7. Print report for preceptor’s review. The preceptor will verify the hours on the Typhon evaluation that is emailed to them.
8. Remember your student evaluation should be sent at the same time at midterm and end of course. You will submit your student evaluation(s) of the preceptor and clinic site.
GUIDELINES FOR GRADUATE FIELD EXPERIENCES MANUAL

TIME LOGS
This report shows your daily timed logs, most recent first, formatted in hours. Optionally, you can add filters to the report.

FILTERS
- Date Range: From ___ To ___
- Course: [Select]
- Display patient, consult & conference time
- Show data as: hours [ ] minutes [ ]
- Apply filters

Add a Daily Time Log

<table>
<thead>
<tr>
<th>Date</th>
<th>Course</th>
<th>Shift</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>6/2/11</td>
<td>MCRP400-Advanced Clin...</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6/2/11</td>
<td>MCRP400-Advanced Clin...</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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# Medical Clearance Form

## STUDENT DETAILS

Name: ________________________________

ID Number: ____________  Date of 1st Field Experience: ________________________

## MEDICAL PRACTITIONER’S SITE DETAILS

Name: ________________________________

Address: ________________________________

Phone Number: ________________________

## MEDICAL CLEARANCE

☐ This student is in adequate health to provide services in a direct contact clinical environment.

☐ This student presents concerns that may be a potential risk to the student or others. Please explain:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

## ADDITIONAL COMMENTS

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

## MEDICAL PRACTITIONER’S DETAILS

Signature: ____________________________

Printed Name: ________________________

Date: _______________________________
Measles, Mumps, Rubella Waiver

Full Name (PRINT): __________________________

I have been given the opportunity to be vaccinated with the Measles, Mumps, Rubella vaccine and wish to declare the following as cause for my exemption, by checking “yes” to the applicable statement:

Part 1: To be completed by the Healthcare Provider

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student have a life-threatening allergy to the antibiotic neomycin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the student have a life-threatening allergy to any component of the vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the student have pervious history of adverse reactions to the MMR or MMRV vaccine? Please specify: _______ / _______ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the student receiving immunosuppressive drug therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the student pregnant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the student have any kind of cancer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Is the student being treated for cancer with radiation or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has the student ever had a low platelet count?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Has the student recently had a transfusion or received other blood products?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. The student has received his/her first MMR or MMRV vaccination followed by a negative titer for Measles. The student has received his/her second MMR or MMRV vaccination followed by a second negative titer for Measles.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If you answered YES to any of Questions 1 thru 10, proceed to Waiver of Vaccine Section.

WAIVER OF VACCINE — Complete if not eligible to receive vaccine or have no positive titer to the virus.

☐ I am not eligible to receive the MMR or MMRV vaccine based on my medical history (questions 1-9).

☐ I have received two MMR or MMRV vaccination series and have not developed a positive titer to Mumps.

I am not eligible to receive the MMR or MMRV vaccine or have not developed immunity to Mumps, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Grand Canyon University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to the Mumps vaccine. I can access a copy, MMR VACCINE — WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of immunity to the Mumps virus may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student Signature: ______________________________________________________

Date: __________/__________/__________

Healthcare Provider’s Signature

Name: ________________________________________________________________ Certification: MD / NP /

PA / RN HCP Signature: ______________________________________________

Date: __________/__________/__________
TB Symptoms Review Checklist/Waiver

Full Name (PRINT):_____________________

Part 1: To be completed by the Healthcare Provider

<table>
<thead>
<tr>
<th>Please check if the above name has had any of the following:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Previous TB skin test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Previous POSITIVE TB skin test</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. BCG Vaccine</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Active TB</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. INH (isoniazid) medication</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Date Received: __<strong><strong><strong><strong><strong><strong><strong><strong><strong><strong>/</strong></strong></strong></strong></strong></strong></strong></strong></strong></strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. No screening is required by current employer’s policy and employee has been cleared on 3 prior negative screening tests.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Has the above named experienced any of the following symptoms:</th>
<th>Y</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. New, productive cough for more than 2 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Coughing up blood</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Hoarseness lasting more than 3 weeks</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Night sweats lasting more than a week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Fever and/or chills lasting more than 1 week</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Unintentional weight loss over the past 2 months</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Unusually/excessively tired over the past 3 weeks</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Healthcare Provider’s Signature

Name:_________________________________________________________Certification: MD / NP / PA / RN

And, I certify that the above mentioned student does NOT show signs of active Tuberculosis.

HCP Signature: _____________________________________________

Date: __________/__________/_________
Influenza Vaccine Waiver

Full Name (PRINT): _______________________

Influenza vaccine is STRONGLY RECOMMENDED FOR HEALTHCARE WORKERS, not only to protect themselves, but to reduce the risk of spreading Influenza to the patients and community. Influenza infection can lead to serious complications and can be fatal, especially in elderly or sick persons, including those who are hospitalized. When infection occurs despite vaccination, it is usually milder. It is the goal of our clinical sites to ensure the health and well-being of their employees, employee’s families and patients. I have been given the opportunity to be vaccinated with the Influenza vaccine and wish to declare the following as cause for my exemption, by checking “yes” to the applicable statement:

**Part 1: To be completed by the Healthcare Provider**

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student have a history of allergy to chicken eggs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Is the student allergic to mercury, or to the preservative Thimerosal, which contains mercury?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the student have previous history of adverse reactions to influenza vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify: _______ / _______ / _______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the student have any active neurologic disease, or with a past history of Guillain-Barre syndrome?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the student receiving immunosuppressive drug therapy?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YOU HAVE ANSWERED YES TO ANY OF QUESTIONS 1 THRU 5, PROCEED TO WAIVER OF VACCINE SECTION.**

**WAIVER OF VACCINE** – Complete if not eligible to receive the Influenza vaccine.

☐ I am not eligible to receive the Influenza vaccine based on my medical history (questions 1-5).

I am not eligible to receive the Influenza virus vaccine and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Grand Canyon University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to the Influenza virus vaccine. I can access a copy, INFLUENZA VACCINE – WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of immunity to the Influenza virus result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student Signature: ____________________________
Date: ____________________________

**Healthcare Provider’s Signature**

Name: ____________________________ Certification: MD / NP / PA / RN

HCP Signature: ____________________________

Date: ________/ ________/ _______
Varicella Vaccine Waiver

**Full Name (PRINT):______________________**

I have been given the opportunity to be vaccinated with the Varicella vaccine and wish to declare the following as cause for my exemption, by checking “yes” to the applicable statement:

### Part 1: To be completed by the Healthcare Provider

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student have a life-threatening allergy to the antibiotic neomycin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the student have a life-threatening allergy to gelatin?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the student have a life-threatening allergy to any component of the vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Does the student have a previous history of adverse reactions to the Varicella vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify: ________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Is the student receiving immunosuppressive drug therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Is the student pregnant?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Does the student have any kind of cancer?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Is the student being treated for cancer with radiation or drugs?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. The student has received his/her first Varicella vaccination series followed by a negative titer for Varicella. The student has received his/her second Varicella vaccination series followed by a second negative titer for Varicella.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YOU ANSWERED YES TO ANY OF QUESTIONS 1 THRU 9, PROCEED TO WAIVER OF VACCINE SECTION.**

### WAIVER OF VACCINATION

☐ I am not eligible to receive the Varicella vaccination series based on my medical history (questions 1-8).

☐ I have received two Varicella vaccination series and have not developed a positive titer to Varicella.

I am not eligible to receive the Varicella vaccination series or have not developed immunity to Varicella, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Grand Canyon University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to the Varicella vaccine. I can access a copy, CHICKENPOX VACCINE – WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of immunity to the Varicella virus may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student Signature: __________________________
Date: __________/__________/__________

Healthcare Provider’s Signature

Name: __________________________
Certification: MD / NP /

PA / RN HCP Signature: __________________________
Date: __________/__________/__________

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Hepatitis Vaccine Waiver

Full Name (PRINT): ______________________

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine and wish to declare the following as cause for my exemption, by checking “yes” to the applicable statement:

Part 1: To be completed by the Healthcare Provider

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does the student have a life-threatening allergy to yeast?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the student have a life-threatening allergy to any component of the vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the student have a history of adverse reactions to the Hepatitis B vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify: __________________________________________________________</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the student receiving immunosuppressive drug therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. The student has received his/her first Hepatitis B vaccination series followed by a negative titer. The student has received his/her second Hepatitis B vaccination series followed by a second negative titer.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

IF YOU HAVE ANSWERED YES TO ANY OF QUESTIONS 1 THRU 5, PROCEED TO WAIVER OF VACCINE SECTION.

WAIVER OF VACCINATION

☐ I am not eligible to receive the Hepatitis B vaccine based on my medical history (questions 1-4).

☐ I have received the two Hepatitis B vaccine series and have not developed a positive titer.

I am not eligible to receive the hepatitis B virus vaccine or have not developed immunity to hepatitis B, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Grand Canyon University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of immunity to the Hepatitis B virus vaccine. I can access a copy, HEPATITIS B VACCINE – WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of immunity to the Hepatitis B virus may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student Signature: ____________________________________________________________

Date: _______________________________________________________________________

Healthcare Provider’s Signature

Name: ____________________________________________________________Certification: MD / NP / PA / RN

HCP Signature: _____________________________________________________________

Date: __________/________________________
### Td/Tdap Vaccine Waiver

**Full Name (PRINT):______________________**

I have been given the opportunity to be vaccinated with the Td/Tdap vaccine and wish to declare the following as cause for my exemption, by checking “yes” to the applicable statement:

#### Part 1: To be completed by the Healthcare Provider

<table>
<thead>
<tr>
<th>Questions</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Has the student have a life-threatening allergic reaction after a dose of any tetanus, diphtheria, or pertussis containing vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Does the student have a severe allergy to any component of a vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Does the student have pervious history of adverse reactions to Tdap of DTP vaccine?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Please specify:<em><strong><strong><strong>/</strong></strong></strong></em>/_______</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Is the student receiving immunosuppressive drug therapy?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Has the student has a coma, or long or multiple seizures with 7 days after a dose of DTP or DTaP?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Does the student have epilepsy or another nervous system problem?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Has the student had severe swelling or severe pain after a previous dose of DTP, DTaP, DT, Td, or Tdap</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8. Has the student had Guillain Barre Syndrome (GBS)?</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**IF YOU ANSWERED YES TO ANY OF QUESTIONS 1 THRU 10, PROCEED TO WAIVER OF VACCINE SECTION.**

#### WAIVER OF VACCINE

WAIVER OF VACCINE – Complete if not eligible to receive vaccine.

☐ I am not eligible to receive the Tdap vaccine based on my medical history (questions 1-8).

I am not eligible to receive the Tdap vaccine, and I understand my risk and responsibility. I hereby release, hold harmless, and agree to indemnify Grand Canyon University, its staff, and clinical sites from any and all responsibility or consequences which may result from my lack of inoculation with the Tdap vaccine. I can access a copy, Tdap VACCINE – WHAT YOU NEED TO KNOW, a vaccine information statement developed by the U.S. Department of Health and Human Services (Centers for Disease Control and Prevention) for detailed information regarding this virus. Further, I understand that my lack of inoculation with the Tdap vaccine may result in the refusal of a clinical placement based on individual clinical partnership contracts.

Student Signature: __________________________________________________________

Date: __________/__________/________

**Healthcare Provider’s Signature**

Name: ____________________________________________________________ Certification: MD / NP / PA / RN

HCP Signature: __________________________________________________________

Date: __________/__________/________
## APRN Skills List

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Confident &amp; Independent</th>
<th>Fairly Confident Minimal Supervision Needed</th>
<th>Moderate Supervision Needed</th>
<th>Performed Once with Supervision</th>
</tr>
</thead>
</table>
Field Experience Documentation Checklist All Students

The following documentation is required and may be scanned and uploaded to your student file, via your student portal. Request: Please organize the required documents after the checklist in the order of the checklist if possible. Note: A student’s practicum site may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

- Field Experience Application Form for clinical practicum (Non-APRN ONLY)
- Copy of student and preceptor/mentor current Nursing License, if applicable.
- Background Check/Drug screen. Not required for Non-APRN or DNP unless specified by the placement facility. Please confirm with your OFE rep to verify requirement.
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable; MPH exempt unless specified by practicum site)
- HIPAA form
- Immunizations, Titors or approved waivers (MPH exempt unless specified by practicum site)
- Malpractice Insurance Coverage ($1M per incident, $3M aggregate) (APRN ONLY, unless specified by the placement facility)
- Student and Preceptor Current Curriculum Vitae or Resume
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Qualified Preceptor Form
- DNP Student Site and Mentor Information Request Form for Typhon (DNP only) – form is currently in DC network. Either add verbiage to state where it is housed or pull from DC network and add to this manual.
- DPI Project Content Expert Selection Process and DNP DPI Project Committee Content Expert Submission Form (DNP students with DPI project only). Either add verbiage to state form in DC network or add to this manual. Request from below to also make this an acknowledgment form.
- Acknowledgment of Practicum Guidelines
- Education Coordinators Information has been sent to your OFE representative to ensure that the Memorandum of Understanding or Affiliation Agreement is executed prior to your practicum.

The deadline to submit your required documentation is generally a minimum of 8 weeks prior to your planned practicum/clinical course. Documentation submitted late will result in a later registration of the practicum/clinical course. Please submit your documentation early to avoid a delay in your practicum/clinical start date.
Nurse Practitioner Student Clinical Evaluation Instructions

Consent to Use Videotelephony
As a reserve option and only when circumstances do not permit an in-person Clinical Evaluation, nurse practitioners students may complete a Clinical Evaluation with their faculty observer using videotelephony (FaceTime, Skype, etc.). The attached letter and permission form is intended for use in the Clinical Evaluation of the nurse practitioner student. It is the student nurse practitioner’s responsibility to distribute the following Consent Form to the patients and parents of each underage child (<18 years old) that the nurse practitioner student is caring for in the clinical setting during the videotelephony Clinical Evaluation. Nurse practitioner students may not complete their Clinical Evaluation using videotelephony on any patient without their expressed written consent using this form. No recordings of the Clinical Evaluation are permitted at any time.

Upon collection of the Consent Form, the nurse practitioner student will scan and upload the pages into the Learning Management System (Individual Forum) where they are easily accessible for later reference or retrieval if needed.

Videotelephony Permission Request
This letter is in regards to__________________________, a nurse practitioner student currently enrolled in a Grand Canyon University regionally accredited and approved program. This program is offered by the College of Nursing and Health Care Professions for students who are preparing for an advanced practice nursing career as a nurse practitioner seeking initial certification. Clinical practice and evaluations are standard for the candidate's academic program of study.

As part of the evaluation process, the nurse practitioner student requires observation by faculty evaluating and treating a patient. The videotelephony will focus primarily on the nurse practitioner student, but may also involve patients in the room. The purpose of the videotelephony evaluation is for reflection and professional development for the nurse practitioner student, and evaluation by the faculty supervisor. There will be no recorded video since videotelephony occurs in real-time.

Please complete the Consent Form below by writing your name/child’s name, parent name (if applicable), and sign the approval of this request. Thank you for supporting the development of our GCU nurse practitioner students who are the future of health care!
Videotelephony Consent

I give my permission to film in real-time (including audio and video) myself or my child as I/he/she participates in a Clinical Evaluation of the GCU nurse practitioner student by the faculty supervisor during the evaluation and treatment of my health condition. Approval or compensation will not be offered to patients or parents.

By signing below, I hereby knowingly, freely and voluntarily agree to waive, release and discharge any and all claims that may have, or that may subsequently accrue to me as a result of my participation in and/or me being featured during the videotelephony conference.

I have read this Consent Form before signing it and fully understand and agree to its terms.

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Parent Name (if applicable):</td>
<td>Patient/Parent Signature:</td>
</tr>
</tbody>
</table>

*If Patient is under the age of 18, this Form must be signed by a Parent or Legal Guardian with authority to execute this release.
After Completing APRN Programs

Students are to follow the Graduation Requirements policy found in the University Policy Handbook. http://www.gcu.edu/Policy-Handbook.php

Now that you are graduating, what do you do now? Specific items may be different for you depending on your specialty and state. Please check with your state boards for specific details. This serves as an example for one program:

Post APRN Algorithm

1. Are you ready to apply? If yes, go to #2, if no then return to #1.
   a. You can start the process at any time, but the process will not proceed until the following documents are received:
      i. Official transcripts with degree and coursework
      ii. Official Letter from the University
      iii. This official letter is sent from the Office of Academic Records at GCU, not the College of Nursing. This letter is the letter that verifies:
          1. Eligibility to test for National Board or National Board Test results

2. Have you had fingerprints in the last 2 years? If Yes, then go to #3, If No, go to #3.

3. Apply to the State Board of Nursing (SBON) for the state you plan to work (Only AZ will be discussed)
   a. Arizona SBON application-Make sure to read this thoroughly.
   b. If you have not had fingerprints in the last 2 years, make sure to pay the extra $50 fingerprint fee. A fingerprint card will be sent to you after the SBON receives your application. You must use this card and obtain fingerprints. This can be done many places. Click here to see where I have obtained my fingerprints. http://www.cwsoa.com/locations.phtml.
   c. Make sure to pay for prescribing and dispensing authority $150
   d. Do you want temporary license?
      i. You can obtain a temporary license before receiving national boards
      ii. Pay $35
      iii. You must obtain the verification of eligibility to test for national certification from testing agency and send to AZ SBON
iv. AZ SBON also needs Official transcripts with degree and coursework and Official Letter from School.

e. If you are a foreign graduate, there are additional requirements, be sure to review.

f. Total Cost for AZ SBON will vary, but plan for:

   i. Application fee  $150
   ii. Prescribing and Dispensing Fee  $150
   iii. Fingerprint fee  $50
   iv. Temporary License  $35
   v. Total AZSBON Costs  $385

4. Register with a professional organization such as ANA, AACN, or AANP. This is not necessary, but will give you a considerable discount on the exam. Cost for student membership is $55, so get it now. The AANP is the strongest lobbying body for NP’s.

5. Register/Apply to the National Board Testing Agency

   a. Both require online registration to begin application

American Nurses Credentialing Center (ANCC) for AGACNPs and FNPs

1. ** This exam requires a Validation of Advanced Practice Nursing Education Form to be completed and signed by Program Director. This is best done by contacting the graduate program manager: Tiffany Taylor Tiffany.Taylor@gcu.edu. Tiffany can e-mail the form directly to ANCC. I would suggest that you register and apply with ANCC prior to this step.

2. Cost for AACN exam: AANP Student Members $290, ANA Members $270, Non-Members $395

3. Blueprint: Foundation of Advanced Practice (59 Q 34% of test), Professional Practice (46 Q 26% of test), Independent Practice (70 Q 40% of test).

4. Uses Clinical practice hours, CEUs, Preceptor and publication for Recertification

5. Must wait 60 days before retest, only able to test 3X/yr, other documentation may be requested, but none is required.

American Associations of Nurse Practitioners (AANP) for FNPs
1. AANP Members $240, Non-Members $315

2. Practice Exam:  
   http://www.aanpcert.org/ptistore/control/about/practicetests

3. Only uses Clinical practice hours and CEUs for recertification

4. If fail must complete 15 contact hours prior to retesting, only able to test 2X/yr

**Note: Exams can be scheduled for a test date, but that date must be AFTER graduation. I have seen students sit the exam just after the end of school.

5. Complete your classes and then wait for grades:
   a. Make sure you have no administrative or financial holds
   b. You cannot request transcripts with conditional hold. This means you can’t say please send transcripts after final grades post.
   c. Wait for grades, this is the process.

   1) Your faculty will post the final grades. They go to OAR (Office of Academic Records) who will comb through them to make sure everything is correct on the final transcript and then confer the degree. The OAR (not the College of Nursing) will send a list of those students the AZBN so that they can verify you are a graduate of an accredited FNP University.

6. You will send official transcripts to the testing agency of choice. Pay for a few official copies just to have an extra just in case.
   a. ANCC says they will assign a caseworker that you can direct your documents to.
   b. AANP is easy to navigate on this end.

**America Association Critical-Care Nurses (AACN) for ACNP-AGs**

1. AACN Members $225, Non-Members $330

2. How to prepare:  
   http://www.aacn.org/wd/certifications/content/examsprepare.pcms?menu=certification&lastmenu=#Self-Assessment_Exam_(SAE)

3. Only uses Clinical practice hours and CEUs for recertification
**DEA License**

DEA license application only after AZ SBON has completed your application. You must have you AZ license and National Board certification sent to DEA. After you receive your number, then you must submit the DEA registration back to the AZ SBON. The fee is $731 for 3 years [https://www.deadiversion.usdoj.gov/webforms/](https://www.deadiversion.usdoj.gov/webforms/)

You can be hired without the DEA, just don’t write controlled substances, or have the physician sign them.

**National Provider ID**

The practice you work for will get you credentialed (empaneled) on their insurance companies. You will also obtain an NPI number which is our identifier for all the health plans that you will bill to. *On that note, the NPI number belongs to you.* You will be paid by either a W-2 or a 1099 as an independent provider. If you are working independently, then all claims are billed under your NPI number. If you are working as part of a practice, they will likely bill under the physician’s NPI number for the 100%. That provider must be present at the time of service. The office cannot bill your work for your services at 100% if the owner is not physically in the building. Make sure your employer is savvy to this. Simply asking at interview “my services will be billed under my NPI number when I am working alone and under your number when we are working together, is that correct?”


**Estimated Costs**

<p>| | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>AZ SBON application and fees</td>
<td></td>
</tr>
<tr>
<td>Application</td>
<td>$150</td>
</tr>
<tr>
<td>Prescribing and Dispensing</td>
<td>$150</td>
</tr>
<tr>
<td>Fingerprints</td>
<td>$50</td>
</tr>
<tr>
<td>Temporary License</td>
<td>$35</td>
</tr>
<tr>
<td>National Board Exam Fee</td>
<td>$240-$395</td>
</tr>
<tr>
<td>DEA License</td>
<td>$731</td>
</tr>
<tr>
<td>Malpractice Insurance</td>
<td>$1500-2000</td>
</tr>
<tr>
<td>------------------------</td>
<td>------------</td>
</tr>
<tr>
<td><strong>Totals</strong></td>
<td><strong>$2856-$3511</strong></td>
</tr>
</tbody>
</table>
Student Governance and Organizations

Nurses Christian Fellowship

Grand Canyon University College of Nursing & Health Care Professions is proud to host a chapter of Nurses Christian Fellowship. Nurses Christian Fellowship is both a professional and a student organization that assists students in connecting their Christian faith to their nursing practice. Through weekly Bible Study, fellowship and prayer, students learn that being a Christian nurse means one is called to provide holistic care for the sick, the poor and the needy, demonstrating the character of God to the world. Through weekly discussions, the students learn how to bring the light of Christ into dark situations with humility, love, passion and power.

Town Hall Meetings

All students are encouraged and invited to attend the monthly Town Hall Meetings to have dialogue with your College leaders. The meetings are facilitated by the Assistant/Associate Deans and are held monthly. The goals for Town Hall meetings are to:

1. Facilitate communication between faculty, staff, and students.
2. Increase student input regarding College of Nursing & Health Care Professions activities.
3. Identify areas for improvement in the College of Nursing & Health Care Professions.

Sigma Theta Tau

In 1922 six nurses founded Sigma Theta Tau International (STTI) at the Indiana University Training School for Nurses, now the Indiana University School of Nursing, in Indianapolis, Ind., USA. The founders chose the name from the Greek words Storgé, Tharsos and Timé meaning "love," "courage" and "honor." The honor society became incorporated in 1985 as Sigma Theta Tau International Inc., a nonprofit organization with a 501(c)(3) tax status in the United States.

The mission of the Honor Society of Nursing, Sigma Theta Tau International is to support the learning, knowledge, and professional development of nurses committed to making a difference in health worldwide. The vision of the Honor Society of Nursing, Sigma Theta Tau International is to create a global community of nurses who lead in using knowledge, scholarship, service and learning to improve the health of the world’s people.

Grand Canyon University chapter of STTI is Nu Upsilon, Chapter 330. Membership is by invitation to baccalaureate and graduate nursing students who demonstrate excellence in scholarship, and to nurse leaders exhibiting exceptional achievements in nursing. To be considered for membership, the graduate student must meet the following requirements:

- have completed 1/4 of the nursing curriculum.
- achieve academic excellence. (At schools where a 4.0 grade-point average system is used, this equates to a 3.5 or higher.)
- meet the expectation of academic integrity.

*Students in graduate programs who are registered nurses, legally recognized to practice in their
country and have a minimum of a baccalaureate degree or the equivalent in any field, shall be eligible to be considered as a Nurse Leader at any point in the program.

If a student is invited, the notice will be sent to the students GCU email address. Historically, invitations have been sent in the spring. For more information please visit gcu.edu.
References


