College of Nursing and Health Care Professions
Graduate Field Experience Manual
2019-2020
Dear Students,

Welcome to the clinical, practicum or practice immersion component of your program. The following Graduate Field Experience Manual describes student expectations related to clinical or practice preparedness and successful achievement of outcomes. This procedural document is intended to augment the policies contained in the University Policy Handbook. Students should read and become familiar with the University Policy Handbook for general University policies, in addition to reviewing the specific sections of admission, progression, and graduation policies for the CONHCP program in which you are enrolled.

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. This consistency revolves around appropriate supervision, regular formal and informal feedback, and consistent assessment of students’ clinical and practice 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 both GCU’s and CONHCP’s missions of developing outstanding future health care professionals. While counselors and faculty are available to guide students with respect to the requirements, students ultimately bear the responsibility of their education and their career.

If you have any questions about the clinical, practicum or practice immersion requirements of your program please contact your assigned Office of Field Experience Counselor. They are a valuable resource to guide you through the clinical or practice requirements of your program.

Lisa G. Smith PhD, RN, CNE
Dean, Professor
College of Nursing & Healthcare Professions
Grand Canyon University
Contact Information

The College of Nursing and Health Care Professions Administration and Faculty welcome you to the clinical component of the program. Below are some College Administration contact information:

Dean and Professor
Lisa G. Smith, PhD, RN, CNE
lisa.smith@gcu.edu

Assistant Dean, Graduate Studies
Tamara Wisely, DNP, APRN, FNP-BC, WHNP-BC
tamara.wisely@gcu.edu

Acute Care Nurse Practitioner
Adult Gerontology Lead Faculty
Richard Pembridge, EDD, ARNP, ACNP-C
richard.pembridge@gcu.edu

Family Nurse Practitioner Lead Faculty
Tamara Wisely, DNP, APRN, FNP-BC, WHNP-BCInterim Lead
Tamara.wisely@gcu.edu

3P Program Lead Faculty
Melissa Sarhan, MSN, APRN, AGACNP-BC
Melissa.Sarhan@gcu.edu

Graduate Program Manager
Tiffany Taylor, MSL
tiffany.taylor@gcu.edu

Master of Science in Nursing - Leadership Lead Faculty
Master of Science – Healthcare Administration
Sarah Schroyer, MSN, RN, CHPN, NE-BC, CNE
Sarah.boneschroyer@gcu.edu

Health Care Informatics Lead Faculty
Pamela Hess, MA, RHIA, CDIP, CCS, CPC
Pamela.hess@my.gcu.edu

Master of Public Health Lead Faculty
Veronica Perez, MPH
veronica.perez@gcu.edu

Nursing Education Lead Faculty
Jennifer Brodie, DNP, APRN, CPNP
Jennifer.Brodie@gcu.edu

Doctor of Nursing Practice Lead Faculty
Amanda Ziemendorf, DNP, MSN, RN
amanda.ziemendorf@gcu.edu

Graduate Program Manager
Ryan Masterson, MBA, MSL, MSHI
Ryan.Masterson@gcu.edu
Office of Field Experience
Grand Canyon University College of Nursing and Health Care Professions faculty and the Office of Field Experience (OFE) team serve as a support to students in programs with practicum, practice immersion or clinical experiences. The assigned Field Experience Counselor or Field Clinical Counselor will communicate with students throughout their program to ensure they meet GCU’s high academic standards. The OFE team will determine if all of the site requirements necessary to begin the field experience courses have been met. Additional responsibilities of the OFE Counselor are as follows:

- Reinforce the students understanding of the clinical or practicum experience and the expectations involved.
- Assist in ensuring all required health and safety documents and site requirements have been met.
- Be available to counsel students as situations dictate.
- Communicate with the field experience instructors and faculty as necessary.

Office of Field Experience Director
All Programs of Study
Alicia Burns, M.Ed.
Alicia.burns@gcu.edu

Graduate Program Field Experience Manager
Alicia Velasco, MSP
alicia.velasco@gcu.edu
## Version Record

<table>
<thead>
<tr>
<th>Edition</th>
<th>Version</th>
<th>Updated</th>
<th>Changes Made</th>
</tr>
</thead>
<tbody>
<tr>
<td>2015-2016</td>
<td>V1.0</td>
<td>6/5/15</td>
<td>• New document</td>
</tr>
<tr>
<td>2015-2016</td>
<td>V1.1</td>
<td>7/6/15</td>
<td>• Appendices updated</td>
</tr>
<tr>
<td>2015-2016</td>
<td>V1.2</td>
<td>9/25/15</td>
<td>• TB and lice, RN-BSN updated</td>
</tr>
<tr>
<td>2015-2016</td>
<td>V1.3</td>
<td>10/27/15</td>
<td>• NM specific information clarified</td>
</tr>
<tr>
<td>2015-2016</td>
<td>V1.4</td>
<td>11/3/15</td>
<td>• RN-BSN new program information added</td>
</tr>
<tr>
<td>2016-2017</td>
<td>V1.5</td>
<td>1/8/16</td>
<td>• Clarification in RN-BSN processes</td>
</tr>
<tr>
<td>2016-2017</td>
<td>V1.6</td>
<td>7/18/16</td>
<td>• Clarification in RN-BSN program versions</td>
</tr>
<tr>
<td>2016-2017</td>
<td>V1.7</td>
<td>4/3/17</td>
<td>• Removed policy information (See University Policy Handbook)</td>
</tr>
<tr>
<td>2016-2017</td>
<td></td>
<td></td>
<td>• Re-arranged information</td>
</tr>
<tr>
<td>2017-2018</td>
<td>V1.8</td>
<td>9/20/17</td>
<td>• New document</td>
</tr>
<tr>
<td>2017-2018</td>
<td>V1.9</td>
<td>3/27/18</td>
<td>• Added Master of Nursing with an Emphasis in Health Informatics Practicum Guidelines</td>
</tr>
<tr>
<td>2018-2019</td>
<td>V1.10</td>
<td>10.3.18</td>
<td>• Contact information update</td>
</tr>
<tr>
<td>2018-2019</td>
<td>V1.11</td>
<td>1.17.19</td>
<td>• Updated Public Health Nursing preceptor requirements</td>
</tr>
<tr>
<td>2019-2020</td>
<td>V1.12</td>
<td>1.9.2020</td>
<td>• Contact information update</td>
</tr>
</tbody>
</table>

• Updated Public Health Nursing preceptor requirements
• Added Public Health Examples
• Updated ACNP hour delineation
• Added time commitment verbiage to programs
• Added Master of Science in Health Information Practicum Guidelines
• Contact information update
• Health and Safety chart added
• Updated ACNP hour delineation and added chart
• ACNP Checklist added
• MSN/Ed program update for NUR646E
• Updated MSN/HI and MHI verbiage
• Contact information update
• Lopes Activity Tracker information added
• Added MSN Ed exampltes
• Added MSN L examples
• Added MSN HI examples
• Added verbiage for APRN programs on amount of hours to complete with NP.
# Table of Contents

Letter from the Dean ........................................................................................................... 2  
Contact Information ........................................................................................................... 3  
Version Record .................................................................................................................. 5  

## Table of Contents

General Guidelines for Graduate Field Experiences ......................................................... 9  
  Programs with Clinical Hours .......................................................................................... 9  
  Programs with Practicum Hours ...................................................................................... 9  
  Programs with Practice Immersion Hours ...................................................................... 9  
Student Professional Dispositions .................................................................................... 9  
  Communication Skills .................................................................................................... 9  
  Work Ethic ...................................................................................................................... 9  
  Professionalism ............................................................................................................. 10  
Healthcare Specific Regulations ....................................................................................... 10  
  HIPAA Guidelines ....................................................................................................... 10  
  OSHA Guidelines ........................................................................................................ 11  
  Transportation/Travel to Field Experience Sites ......................................................... 11  
  General Health and Safety Requirements .................................................................. 11  
  Malpractice Insurance ................................................................................................. 14  
Identifying a Preceptor/Mentor/Site .................................................................................. 14  
Affiliation Agreements ..................................................................................................... 14  
Family Nurse Practitioner (FNP) Clinical Guidelines..................................................... 16  
  Summary ....................................................................................................................... 16  
  Professional Dress/Clinical Etiquette .......................................................................... 16  
  Professional Appearance .............................................................................................. 16  
  Field Experience Documentation Checklist – FNP ...................................................... 17  
  Family Nurse Practitioner Clinical Skills Checklist and Clinical Criteria .................... 17  
  Selection Criteria for FNP Clinical Sites .................................................................. 17  
  Selection Criteria for FNP Clinical Preceptors .......................................................... 18  
  Preceptor Fit ................................................................................................................ 18  
  FNP Student Typhon Documentation Requirements ................................................ 18  
Evaluations ....................................................................................................................... 19  
  Clinical Course Evaluations ....................................................................................... 19  
Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology Clinical Guidelines ............................................................................................................................................................................. 20  
  AGACNP Clinical Skills Checklist ............................................................................ 20  
  Field Experience Documentation Checklist – ACNP ................................................ 20  
  Selection Criteria for AGACNP Clinical Sites .......................................................... 21  
  Selection Criteria for AGACNP Preceptors ............................................................. 21  
  Preceptor Fit ................................................................................................................ 21  
  ACNP Student Typhon Documentation Requirements .............................................. 22  
Evaluations ....................................................................................................................... 22  
  Practicum/clinical Course Evaluations .................................................................... 22  
Master of Science in Nursing with an Emphasis in Education Practicum Guidelines ........ 23  
  Selecting a Nursing Educator Preceptor and Site ....................................................... 24  
  Nursing Educator Preceptor Requirements ............................................................. 26  
  Time Commitments to the Practicum Experience ..................................................... 27  
Logging Practice Experience Hours .............................................................................. 27  
  Field Experience Documentation Checklist – MSN-Ed ............................................. 27  
Evaluations ....................................................................................................................... 27
Practicum Course Evaluations .......................................................... 27

Master of Science in Nursing with an Emphasis in Leadership in Health Care Systems Practicum Guidelines .................................................. 28
Selecting a Nursing Leader Practicum Preceptor and Site .................................................. 28
Nursing Leader Practicum Preceptor Requirements .................................................. 30

Time Commitments to the Practicum Experience .................................................. 30
Logging Practice Experience Hours .................................................. 30
Field Experience Documentation Checklist – MSN/L .................................................. 31
Evaluations .................................................. 31

Practicum Course Evaluations .......................................................... 31

Master of Science in Nursing with an Emphasis in Public Health Nursing Practicum Guidelines .................................................. 32
Selecting a Public Health Nursing Practicum Site .................................................. 32
Examples of Suitable Public Health Nursing Practicum Experiences .................................................. 32
Public Health Nursing Practicum Preceptor Requirements .................................................. 34

Time Commitments to the Public Health Nursing Practicum Experience .................................................. 35
Using a Current Place of Employment to Complete the Public Health Nursing Practicum Experience .................................................. 35
Field Experience Documentation Checklist – MSN-PHN .................................................. 35
Logging Practice Experience Hours .................................................. 36
Preceptor-Faculty-Student Conferences and Evaluations .................................................. 36

Practicum Course Evaluations .......................................................... 36

Master of Public Health Practicum Guidelines .................................................. 37
Selecting a Public Health Practicum Site .................................................. 37
Examples of Suitable Public Health Practicum Experiences .................................................. 37
Selecting a Public Health Preceptor .................................................. 39
Time Commitments to the Public Health Practicum Experience .................................................. 40
Field Experience Documentation Checklist – MPH .................................................. 40
Logging Practice Experience Hours .................................................. 40
Preceptor-Faculty-Student Conferences and Evaluations .................................................. 40

Practicum Course Evaluations .......................................................... 40

Master of Science in Nursing with an Emphasis in Health Informatics- Practicum Guidelines .................................................. 42
Selecting a Nursing Informatics Preceptor and Site .................................................. 42
Examples of Suitable Health Informatics Practicum Experiences .................................................. 42
Nursing Informatics Preceptor Requirements .................................................. 44
Logging Practice Experience Hours .................................................. 45
Field Experience Documentation Checklist – MSN-HI .................................................. 45
Evaluations .................................................. 45

Practicum Course Evaluations .......................................................... 45

Master of Science in Health Informatics- Practicum Guidelines .................................................. 45
Selecting a Healthcare Informatics Preceptor and Site .................................................. 46
Examples of Suitable Health Informatics Practicum Experiences .................................................. 46
Healthcare Informatics Preceptor Requirements .................................................. 48
Logging Practice Experience Hours .................................................. 49
Field Experience Documentation Checklist – MHI .................................................. 49
Evaluations .................................................. 49

Practicum Course Evaluations .......................................................... 49

Doctor of Nursing Practice Clinical Guidelines .................................................. 50
Purpose of Practice Immersion Experience .................................................. 50

Key Aspects of the Practice Immersion Experience .................................................. 50

Practice Immersion Hours and Independent Study Hours .................................................. 50
Field Experience Documentation Checklist – DNP .................................................. 51
Doctor of Nursing Practice Direct Practice Improvement (DPI) Project .................................................. 51

Practice Hours .................................................. 51

Copyright© 2005-2020. Grand Canyon University. All rights reserved.
<table>
<thead>
<tr>
<th>Section</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maintaining Typhon Case Logs</td>
<td>52</td>
</tr>
<tr>
<td>Selection Criteria for Practice Immersion Mentors</td>
<td>52</td>
</tr>
<tr>
<td>Selection Criteria for Practice Immersion Sites</td>
<td>53</td>
</tr>
<tr>
<td>Worksite Practice Immersion Hours</td>
<td>53</td>
</tr>
<tr>
<td>DNP with an Emphasis in Educational Leadership Program and Practicum</td>
<td>53</td>
</tr>
<tr>
<td>DNP Education Emphasis</td>
<td>54</td>
</tr>
<tr>
<td>Selecting a Nursing Educator Mentor and Site</td>
<td>54</td>
</tr>
<tr>
<td>Nurse Educator Mentor Requirements</td>
<td>54</td>
</tr>
<tr>
<td>Educational Leadership Practicum Objectives</td>
<td>54</td>
</tr>
<tr>
<td>Educational Leadership Practicum Documentation</td>
<td>55</td>
</tr>
<tr>
<td>Calculating Practice Immersion Hours</td>
<td>55</td>
</tr>
<tr>
<td>Practice Hour Algorithm</td>
<td>56</td>
</tr>
<tr>
<td>Content Expert for the DPI Project Courses</td>
<td>57</td>
</tr>
<tr>
<td>Processes and Procedures</td>
<td>57</td>
</tr>
<tr>
<td>Content Expert Role: Defined</td>
<td>57</td>
</tr>
<tr>
<td>Student Governance and Organizations</td>
<td>59</td>
</tr>
<tr>
<td>Town Hall Meetings</td>
<td>59</td>
</tr>
<tr>
<td>Sigma Theta Tau</td>
<td>59</td>
</tr>
<tr>
<td>References</td>
<td>60</td>
</tr>
</tbody>
</table>
General Guidelines for Graduate Field Experiences

This document provides graduate students in College of Nursing and Health Care Professions programs the information they need to complete their clinical or practicum requirements. Information contained in this document is to be used in conjunction with the policies outlined in the University Policy Handbook and the Academic Catalog. This document’s purpose it to accompany those documents and provide more information on the processes for the graduate programs listed below:

Programs with Clinical Hours

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

Programs with Practicum Hours

- Master of Science in Nursing with an Emphasis in Nursing Education
- Master of Science in Nursing with an Emphasis in Nursing Leadership in Health Care Systems
- Master of Science in Nursing with an Emphasis in Public Health Nursing
- Master of Science in Nursing with an Emphasis in Health Informatics
- Master of Science in Health Informatics
- Master of Public Health
- Post-Master of Science in Nursing: Nursing Education Certificate
- Bridge to Master of Science in Nursing with an Emphasis 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
- Doctor of Nursing Practice with an Emphasis in Educational Leadership

Student Professional Dispositions

One important aspect of the experience here at Grand Canyon University 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 student development and have clear expectations in these areas CONHCP lists the following key dispositions. When students fail to demonstrate these professional dispositions, they jeopardize their program or employment continuation. The ability to reflect on personal growth, strengths, and challenges is a central characteristic of effective people working in health care. These disposition statements do not replace the University Code of Conduct.

Communication Skills

- Demonstrate appropriate, professional, respectful verbal communication
- Demonstrate appropriate, professional respectful written communication
- Demonstrate a disposition toward inquiry and problem solving
- Work collaboratively with students, faculty, and professionals
- Demonstrate consistently positive attitudes toward learning and/or teaching
- Accept responsibility for decisions and actions
- Establish maintain mutually respectful interactions
- Demonstrates understanding of university/program organizational chart by communicating “need to know information” to individuals according to the chain of command

Work Ethic

- Demonstrate regular attendance
- Demonstrate punctuality
- Complete work in a timely manner
• Demonstrate organizational skills
• Know and observe all pertinent policies and procedures
• Demonstrate a disposition toward personal ownership of learning and professional development

**Professionalism**

• Demonstrate a commitment to work with patients, their families, students, faculty, and staff in appropriate, professional, and respectful ways
• Demonstrate an awareness of community, state, national, and world contexts that have an impact on the profession and the learning process
• Treat everyone fairly, equitably, and respectfully
• Accept constructive criticism and adjusts performance accordingly
• Express and demonstrate interest in and enthusiasm for teaching/learning
• Adapt to new and diverse teaching/learning situations
• Adapt to differences among people including differences of SES, gender, age, ability, sexual orientation, race, ethnicity, religion, language, etc.
• Maintain confidentiality about all student, patient, faculty, and staff records unless disclosure serves a professionally compelling purpose or is required by law
• Demonstrate discretion when discussing colleagues, faculty, field sites, and personal information
• Respect the points of view of others
• Contribute meaningfully, appropriately, professionally, and respectfully to discussions by asking questions, giving opinions, and listening to others
• Project an appropriate professional appearance in professional settings
• Project an appropriate professional and respectful demeanor
• Be open to leadership and opportunities for growth
• Understand and practice professional ethical standards
• Recognize personal at risk behavior: Behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified
• Recognize personal reckless behavior: Behavioral choice to consciously disregard a substantial and unjustifiable risk
• Acts overall in a manner that furthers the interests of others (enlightened self-interest)
• Utilize social media responsibly, avoiding issues regarding privacy and confidentiality by not communicating information regarding field experiences or documents contained in a client record

**Healthcare Specific Regulations**

**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/FERPA Confidentiality Agreement:

• Sign the HIPAA/FERPA Confidentiality Agreement before any involvement at a field experience site.
• Know and adhere to a site’s privacy and procedures before undertaking any activities at the site.
• 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.
• Promptly report any violation of those procedures, applicable law, or CONHCP’s HIPAA/FERPA Confidentiality Agreement by a CONHCP student, faculty or staff member to the appropriate CONHCP lead faculty member.
• Understand that a violation of the site’s policies and procedures, of applicable law, or CONHCP’s HIPAA/FERPA Confidentiality Agreement will subject the student to disciplinary action.

Students are not to do the following:

• Discuss, use or disclose any patient information while at a field experience site unless it is part of the site.
• Remove any record from the field experience site without the prior written authorization of that site.
• Disclose any information about a patient during the experience to anyone other than the health-care staff of the site.
• 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:
  • Names
  • Geographical subdivisions smaller than a state
  • Dates of birth, admission, discharge, death
  • Telephone and fax numbers
  • E-mail addresses
• Social security numbers
• Medical records or account numbers
• Certificate/license numbers
• Vehicle or device numbers
• Web locators/Internet protocols
• Biometric identifiers
• Full face identifiers
• Any other unique identifying number, characteristic, or code
• All ages over 89
• Access any client information unless client is clinical assignment.
• 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. Students should review all topics across the ribbon including: Culture of Safety, Infectious Disease, Safe Patient Handling, Workplace Violence, Other Hazards, and Standards/Enforcement.

Transportation/Travel to Field Experience Sites

Students must provide their own transportation to the sites. 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.

General Health and Safety Requirements

Students 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 sites. 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.

As students are in contact with patients in a variety of health situations, it is imperative that students maintain protection against communicable illnesses. In addition, students must meet site health requirements to participate in field experiences. **Students will not be allowed to participate in field experiences unless all site and GCU requirements are current.** Any student that falls out of compliance due to expired documentation will immediately be restricted from participation at the site until renewed documentation is provided. Missing hours may jeopardize a student being successful in the program. All students will be contacted in their program by the Office of Field Experience and provided guidance on the proper submission of required health and safety documentation. Students should refer to program specific sections for a checklist of required immunizations and documentation as it varies by program.

Students will adhere to all guidelines for Standard Precautions at respective sites

<p>| <strong>Tuberculosis (TB) For continued enrollment – required annually</strong> | An annual TB test or QuantiFERON®-TB Gold blood test is required. 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, CXRs will be required. A chest x-ray is valid for 5 years. The QuantiFERON®-TB Gold blood test may be accepted in lieu of the PPD or chest x-ray. The PPD is not contraindicated for anyone including pregnant women, persons who are HIV-infected, or persons who have been vaccinated with BCG. If you have a medical condition which does not allow for current immunization, then you may submit an appeal to your Field Experience Counselor. Evaluation will be made on an individual basis. |
|<strong>MMR: Measles, (Rubeola), Mumps, Rubella</strong> | Documentation of history of measles, mumps, and/or rubella is not sufficient. Student must be vaccinated with two doses of MMR vaccine, separated by at least 28 days. Students must show proof of positive immunity (lab evidence indicating positive MMR titers). If titers results are negative, equivocal, or borderline documentation of the two doses of MMR must be submitted. 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. If you have a medical condition which does not allow for current immunization, then you may submit an appeal to your Field Experience Counselor. Evaluation will be made on an individual basis. |</p>
<table>
<thead>
<tr>
<th><strong>Tetanus- Diphtheria-Pertussis (Tdap)</strong> For continued enrollment - required 10 years from date of last vaccine.</th>
<th>Documentation of Tetanus-Diphtheria with Acellular Pertussis vaccination administered within the past 10 years. If you have a medical condition which does not allow for current immunization, then you may submit an appeal to your Field Experience Counselor. Evaluation will be made on an individual basis.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Influenza (Flu)</strong> For continued enrollment - required annually.</td>
<td>Flu vaccines are available from September through early May. Students are required to have a flu vaccine for the current season on file no later than September 30th of each year in order to enter the clinical setting. Influenza vaccine is required annually. If you have a medical condition which does not allow for current immunization, then you may submit an appeal to your Field Experience Counselor. If exempt from obtaining the flu vaccination, the student will be required to mask while in the clinical setting at all times during the flu season as indicated by the health care facility.</td>
</tr>
<tr>
<td><strong>Hepatitis B</strong></td>
<td>Hepatitis B vaccine (3 doses) or blood titers are required. A lab confirmation must be presented if using blood titers. If you have a medical condition which does not allow for current immunization, then you may submit an appeal to your Field Experience Counselor. Evaluation will be made on an individual basis.</td>
</tr>
<tr>
<td><strong>DPS Fingerprint Clearance Card</strong> For continued enrollment: Unexpired card required.</td>
<td>When requesting a fingerprint clearance card, please ask for a &quot;Healthcare Student&quot; card (which encompasses criminal and sex offender checks performed at the federal and state levels). In other words, per the Fingerprint Clearance Card application, students are to indicate that they are Health Sciences Students and Clinical Assistants (ARS 15-1881). When completing the Fingerprint Clearance Card application, please list Grand Canyon University (and its address) as the sponsoring agency. <a href="http://www.azdps.gov/Services/Fingerprint/">http://www.azdps.gov/Services/Fingerprint/</a></td>
</tr>
<tr>
<td><strong>Varicella (Chicken Pox)</strong></td>
<td>Documentation of history of chicken pox is not sufficient. Students must show proof of positive immunity (lab evidence indicating positive varicella titers). If titers results are negative, equivocal, or borderline, documentation of two doses of Varicella must be submitted. If you have a medical condition which does not allow current immunization, you may submit an appeal to your Field Experience Counselor. Evaluation will be made on an individual basis.</td>
</tr>
</tbody>
</table>

**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/Clinical Faculty/Facility immediately. The clinical faculty will then notify the course faculty and lead faculty.
- All students should observe the protocol for safe needle usage when practicing or performing parenteral 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 student should follow the protocol for needle usage at the site 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:
- Wash the area immediately and thoroughly with soap and water.
- The student should follow the protocol for needle usage at the site where clinical is being held.
- Counseling referral and other referrals can be arranged through the health center.
- If student is outside Maricopa County, the lead faculty must be contacted 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:
- Wash the skin area immediately with soap and water. If exposure is to mucous membranes, flush area with water immediately
- Report the incident to their clinical preceptor/ clinical faculty/OFE/program lead faculty
- 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.
- If student is in the population health or community setting, the student must immediately seek a medical professional equipped to treat contaminated needle stick injuries (e.g. Emergency room, urgent care, or primary care provider). See below for available medical professionals that may be utilized.
• Complete a Nursing Program Incident Report (available from the CONHCP) to be filled out by the student, preceptor and program lead faculty. A copy of this report will be given to the Assistant Dean and 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.
• Exposed students may contact the Center for Disease Control and Prevention PEP 24 hour assistance line at 1.888.448.4911 (Clinicians’ Post Exposure Prophylaxis Hotline) after seeking local medical attention first.

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

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:

• Health care facilities
• Corrections facilities
• Homeless shelters/clinics for homeless
• Long term health facilities
• Drug treatment centers
• Post-exposure Procedure

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.

• 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.
• A baseline Tuberculosis Skin Test (TST) should be administered as soon as possible after the exposure.
• 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.
• 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.
• 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.
• Any active case of TB must be reported to local Health Department.

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:
  o The student has received adequate therapy for a minimum of 2 weeks.
  o The cough has resolved, and the student is not experiencing chest pain, hemoptysis, fever or chills.
  o The results of three consecutive sputum acid-fast bacilli (AFB) smears collected on different days are negative
  o 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
  o 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.
  o The student is responsible for all costs related to the exposure incident.
  o The student’s health records will be maintained in a confidential file within the College of Nursing & Health Care Professions.

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.

**Malpractice Insurance**

University Insurance Coverage

The College of Nursing and Health Care Professions carries Medical Professional Liability Insurance on all students for our programs that require practicum, practice immersion or clinical experiences. The coverage is $2,000,000 each incident or occurrence and $4,000,000 in the aggregate. Students should contact the Office of Field Experience if their practicum site requires a Certificate of Insurance from GCU.

Students should 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 $1,000,000 per event/$3,000,000 total coverage. This coverage must state that the student is in an advanced practice role.

**Identifying a Preceptor/Mentor/Site**

The Office of Field Experience (OFE) will be working with these students in programs that require clinical, practicum or practice immersion hours to ensure that all placement requirements are met. The College of Nursing and Health Care Professions has found it is best to begin searching for a preceptor/mentor and site placement as soon as possible. As students begin their program, they will be contacted by OFE to discuss placement requirements.

All sites and preceptor/mentors will need to be approved in advance of placement. OFE may be able to offer placement assistance with known and established sites depending on your program of study. However, students are encouraged to reach out to preceptors in their area for possible availability. Students are responsible for maintaining contact with the OFE so that field experience placement and all the proper forms are completed in a timely manner.

Faculty provide indirect supervision to all practicum students. The practicum faculty are required to contact the preceptor by phone, skype, or other virtual modality to conduct the formative assessment of the student. The preceptor provides direct supervision and valuable feedback/input in the formative and summative evaluation process. All practicum faculty are responsible for the final review and approval of all evaluations.

**Affiliation Agreements**

The College of Nursing and Health Care Professions must have an agreement with the site prior to the student beginning field experiences. It is the student’s responsibility to provide OFE their site’s education coordinator information, so that the OFE can work directly with the facility to obtain the required paperwork. **It is important to remember this is not a contract when submitted for approval.**

If a current agreement is not already in place, the legal contract will be sent directly to the preceptor’s site from the OFE. Completing new site agreements can be a lengthy process and the Affiliation Agreement must be in place prior to the course start date. **Students should allow at least four to six months for a new agreement to be finalized.** Failure to provide site information accurately and entirely can slow this process and may prevent the student from beginning the field experience on time. Once an Affiliation Agreement has been finalized, students will be notified via email.

Some sites may have specific requirements for documentation for a placement. Students are to work with both the site and OFE to ensure 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).

Students should note that some programs require students to carry more liability insurance than the amount provided by the College of Nursing and Health Care Professions. Students will be expected to obtain a private policy to make up the difference.
Family Nurse Practitioner (FNP) Clinical Guidelines

The population for the FNP program is primary care across the lifespan according to the [APRN Consensus Model](https://www.ncsbn.org/736.htm). 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.

**Summary**

For FNP education: 675 clinical hours in primary care across the lifespan are required for program completion with a minimum of 500 hours to sit for the national certification. A maximum of 175 specialty hours are permitted to be completed throughout the clinical courses. It is important that diversity is seen in the Typhon pie chart. Students should contact their FCC or SSC if further clarification is needed.

APRNs cannot practice in a population focus for which they were not trained. If, for example, a student wants to work in pediatrics or women’s health, he or she would need that additional PNP or WHNP education and certification.

For more information about the APRN Consensus Model, students may visit: [https://www.ncsbn.org/736.htm](https://www.ncsbn.org/736.htm).

**Professional Dress/Clinical Etiquette**

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.

**Professional Appearance**

Students 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 Nurse Practitioner Student

Students should not place other credentials on the GCU nametag. To order official nametags students must complete an order form located on the Apparel Pro website at: [http://www.apparelprousa.com/gcu/popular-items/gcu-name-tag.html](http://www.apparelprousa.com/gcu/popular-items/gcu-name-tag.html)

1. When applicable, the clinical site ID must be worn whenever at that site. Students who do not wear this ID may be asked to leave the site.
2. Shorts, very short skirts, jeans, tank tops, tube tops, see-through clothing, exercise clothes (sweats), and open-toed shoes are not acceptable attire in any clinical agency.
3. Hair should be clean, neatly groomed, pulled-back, and off the shoulder. A natural hair color is required with no purple, blue, etc. Beards or mustaches, if worn, should be neatly trimmed.
4. Only clear or neutral nail polish may be used if desired. Fingerails should be neatly trimmed and free of cracked nail polish. Acrylic nails or any other nail enhancements are not permitted.
5. Permitted jewelry is: one pair of studded earrings, a watch, a plain ring band. No other visible jewelry is acceptable including tongue rings or other facial jewelry. Clear spacers may not be worn in place of facial piercings. Tattoos and any other body art should be covered where possible. Students are directed to follow the agency guidelines when in specified areas such as nursery, labor and delivery, and operating room.
6. Perfume, after-shave lotion, and heavy makeup are not acceptable in the clinical area.
7. Gum chewing is not acceptable.
8. Clothing worn in course activities not requiring student uniform should adhere to professional standards.
   a. Women: wrinkle free slacks (dress pants), skirts, (mid-calf to about two inches above the knee), blouses, shells, cardigans, blazers or dresses, shoes that cover the entire foot.
   b. Men: wrinkle free dress pants, button down shirts, polo shirts (short sleeved shirts with a collar), blazers, shoes that cover the entire foot.
   c. Students may not wear:
      i. Denim material
      ii. Anything that is see-through, short, tight, or shows too much skin
iii. Flip-flops or tennis shoes

9. Cell phone use for non-clinical purposes is not permitted. Students are expected to follow site guidelines and clinical instructor directions regarding appropriateness of cell phone usage in the clinical settings.

Field Experience Documentation Checklist – FNP

The following documentation is required and must be scanned and uploaded to one’s student file, via the student portal. It is requested that students 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.

- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Background Check (within 6 months of clinical)
- Drug screen (within 6 months of clinical)
- Malpractice Insurance Coverage ($1M per incident, $3M aggregate) – Policy must state “NP Student”
- Immunizations and/or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Student and Preceptor Current Curriculum Vitae or Resume
- Medical Clearance Form (or proof of a physical within 6 months of clinical)
- Acknowledgment of Field Experience Guidelines
- APRN Clinical Placement Expectations Statement

The deadline to submit required documentation is a minimum of 8 weeks prior to the planned clinical course. Documentation submitted late may result in a later registration of the clinical course. Students should submit their documentation early to avoid a delay in their clinical start date. Students who cannot start hours within 2 weeks of their clinical course beginning will be delayed.

Family Nurse Practitioner Clinical Skills Checklist and Clinical Criteria

Students should 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 Typhon tracking tool. Students will also be required to track their clinical experiences. Not all skills are required and students must have didactic training and check offs completed by a faculty member. 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. Students are to obtain permission from all clinical 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. Below is a list of the minimum clinical experiences needed for the program.

- 5 newborn exams
- 10 well exams for those 2 weeks to 5 years old
- 10 episodic exams for those 2 weeks to 5 years old
- 10 well exams for those 6 to 12 years old
- 10 episodic exams for those 6 to 12 years old
- 10 well exams for those 13 to 17 years old
- 10 episodic exams for those 13 to 17 years old
- 300 adult* episodic or wellness exams
- 150 encounters for chronic illness care
- 10 speculum/bi-manual exams

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.
• The mandatory preceptor/student ratio (direct supervision) is 1:1. Any violations of this 1:1 ratio will result in a loss of those hours.
• 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.
    o Please Note: Students are required to complete at least one full rotation or a minimum of 225 hours with a Nurse Practitioner.
• 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:
  o 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;
  o Have at least one year clinical experience as a physician or an advanced practice nurse;
  o Practice in a population focus comparable to that of the APRN program;
  o For APRN preceptors, have at least one of the following:
    ▪ Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
    ▪ Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
    ▪ 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 will receive preceptor training materials and will receive a certification of completion once they review those materials.

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 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 students’ placement at all times.

FNP Student Typhon Documentation Requirements

• Students are not to log hours with any preceptor until they have been cleared by the OFE. Please note that each site and each mentor must be approved prior to starting hours. Any hours completed without prior approval will not be accounted for.
• Clinical hours can only be accounted for when “direct patient care under direct supervision” takes place. Conference hours and training workshops are not approved as clinical time. Charting can only occur in the clinical setting under direct supervision.
• Complete all drop down boxes
• Students need to be aware of differences between ICD10 vs. CPT codes (see Billing, Coding and Compliance Information)
• All time logs will be monitored and audited throughout the semester. Clinical Case logs need to be completed on all encounters.

Evaluations

Clinical Course Evaluations

A pre-conference will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum/clinical faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student.

The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores “below expectations” at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation.
Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology Clinical Guidelines

Students enrolled in this program will collaborate with faculty members and the Office of Field Experience to select an appropriate population clinical site. The program includes clinical practice hours under the direct supervision of a qualified/approved preceptor. It is recommended that the student reduce their work hour commitment during this time. These hours are divided among acute care preceptorships with acute care specialists (physicians and nurse practitioners) and supplemental preceptorships (specialties). A minimum of 675 hours must be earned in the delivery of direct patient care according to the program population foci as required for national certification. Additionally, AGACNP students must complete at least 400 hours either in the intensive care unit (ICU) and/or with a hospitalist. 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 13.

<table>
<thead>
<tr>
<th>MAJOR: minimum 400 hours</th>
<th>MINOR/ Specialty: maximum 200 hours</th>
<th>OPTIONAL/ Sub-specialty: maximum 75 hours</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospitalist</td>
<td>Surgical Team: Pre or Post-op</td>
<td>Surgery Team: Operating Room</td>
</tr>
<tr>
<td>Intensivist</td>
<td>Cardiology</td>
<td>Wound Management</td>
</tr>
<tr>
<td></td>
<td>Pulmonology</td>
<td>Clinics</td>
</tr>
<tr>
<td></td>
<td>Nephrology</td>
<td>Urgent Care</td>
</tr>
<tr>
<td></td>
<td>Urology</td>
<td>Bariatric</td>
</tr>
<tr>
<td></td>
<td>Burn</td>
<td>Hospice/ Palliative Care</td>
</tr>
<tr>
<td></td>
<td>Trauma</td>
<td>Endocrine</td>
</tr>
<tr>
<td></td>
<td>Emergency Room (ER)</td>
<td>Plastic Surgery</td>
</tr>
<tr>
<td></td>
<td>GI</td>
<td>Aesthetics</td>
</tr>
<tr>
<td></td>
<td>Hematology</td>
<td>Dermatology</td>
</tr>
<tr>
<td></td>
<td>Oncology</td>
<td>Gynecological</td>
</tr>
<tr>
<td></td>
<td>Rehab/ Skilled Nursing Facility</td>
<td>Urology</td>
</tr>
<tr>
<td></td>
<td>Neurology/ Stroke</td>
<td>Rheumatology</td>
</tr>
<tr>
<td></td>
<td>Anesthesiology</td>
<td>Infectious Disease</td>
</tr>
</tbody>
</table>

AGACNP 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 for graduation or certification 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.

Field Experience Documentation Checklist – ACNP

The following documentation is required and must be scanned and uploaded to one’s student file, via the student portal. It is requested that students 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.

- Copy of current Healthcare Insurance Card
- CPR/BLS AND ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Background Check (within 6 months of clinical)
- Drug screen (within 6 months of clinical)
- Malpractice Insurance Coverage ($1M per incident, $3M aggregate) – Policy must state “NP Student”
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Student and Preceptor Current Curriculum Vitae or Resume
• Copy of student and preceptor/mentor current Nursing License, if applicable.
• Medical Clearance Form (or proof of a physical within 6 months of practicum)
• Acknowledgment of Field Experience Guidelines
• APRN Clinical Placement Expectations Statement

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned clinical course. Documentation submitted late may result in a later registration of the clinical course. Students should submit their documentation early to avoid a delay in their clinical start date.

Selection Criteria for AGACNP 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 AGACNP 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 AGACNP 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 mandatory preceptor/student ratio (direct supervision) is 1:1. Any violations of this 1:1 ratio will result in a loss of those hours.
• 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 AGACNP 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.
  o Physician- Residents are acceptable as long as they have been at the practice for at least one year.
   • Please Note: Students are required to complete at least one full rotation or a minimum of 225 hours with a Nurse Practitioner.
• 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:
  o 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;
  o Have at least one year clinical experience as a physician or an advanced practice nurse
  o Practice in a population focus comparable to that of the APRN program;
  o For nurse preceptors, have at least one of the following:
    ▪ Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
    ▪ Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
    ▪ 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 clinical 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 students’ placement at all times.

ACNP Student Typhon Documentation Requirements

• Students are not to log hours until they have been cleared by the OFE. Please note that each site and each mentor must be approved prior to starting hours.
• Clinical hours can only be accounted for when “Direct patient care under direct supervision” takes place. Conference hours and training workshops are not approved as clinical time. Charting can only occur in the clinical setting under direct supervision.
• Complete all drop down boxes
• Students need to be aware of differences between ICD10 vs. CPT codes (see Billing, Coding and Compliance Information)
• The student is required to identify the type of patient hours on the time log documentation. All time logs will be monitored and audited throughout the semester. Additionally, the time logs will be audited to ensure that the student has completed at least 400 hours between the ICU and with a hospitalist prior to graduating. Clinical Case logs need to be completed on all encounters.

Evaluations

Practicum/clinical Course Evaluations

A pre-conference will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum/clinical faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student.

The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores “below expectations” at midterm will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation.
Master of Science in Nursing with an Emphasis in Education Practicum Guidelines

NUR-646E Seminar I  (50 hours of clinical)

The goal of the 50 hour clinical experience is to apply and implement at the advanced level, the advanced health assessment skills and knowledge from their NUR-643E course. It is essential to understand the content and skill required in the Advanced Health Assessment at this higher level. As a future master’s-prepared nurse you are expected to address the changing and expanding educational needs of the nursing profession. By understanding and demonstrating the advanced health assessment skill you are better prepared to meet these expectations at the master’s level.

Preceptor qualifications:
- Must have an MSN and RN License
- May be a Nurse Practitioner
- May be a Certified Nurse Specialist
- Must be an RN with an MSN who with has an advanced specialty certification:
  - Diabetic specialist certified
  - Wound care specialist certified
  - Ambulatory care certification
  - Medical-surgical nursing certification
  - Cardiac vascular nursing certification
  - Inpatient obstetric nursing certification
  - Maternal newborn nursing certification
  - Low-risk neonatal nursing certification
  - Neonatal intensive care nursing certification

Sites: Clinical setting, such as: (direct care with patients)
- Hospital
- Private practice Clinic
- Community clinic

Field Experience Documentation Checklist

The following documentation is required and must be scanned and uploaded to one’s student file, via the student portal. It is requested that students 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 list below, as stipulated in an affiliation agreement.
- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Student and Preceptor Current Curriculum Vitae or Resume
- Copy of student and preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is a minimum of 8 weeks prior to the planned practicum/clinical course. Documentation submitted late will result in a later registration of the practicum/clinical course. Students must submit their documentation early to avoid a delay in their practicum/clinical start date.
NUR- 665E Practicum (150 hours of clinical)

The goal of the 150-hour practicum experience is to explore an area of academic or clinical nursing education. This 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 a traditional or nontraditional setting).

Selecting a Nursing Educator Preceptor and Site

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

Potential Preceptors work and teach in a variety of locations. University and community college faculty members, both didactic and clinical, may be preceptors. Preceptors may work in Education departments at hospitals, community health centers, or outpatient medical facilities.

Examples of MSN-Education Practicum Emphases:

<table>
<thead>
<tr>
<th>National League for Nursing Certified Nurse Educator Competencies</th>
<th>Competency Statements for the Nurse Educator</th>
<th>Examples of a Suitable Practicum Activities</th>
</tr>
</thead>
</table>
| 1. Facilitate Learning                                           | • Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes. | ▪ Implement a variety of teaching strategies in practicum setting  
▪ Utilize information technologies to support teaching-learning process  
▪ Utilize knowledge of advance health assessment techniques to support teaching-learning process  
▪ Create positive learning environment  
▪ Apply knowledge of evidence-based practices to instruct leaners |
| 2. Facilitate Learner Development and Socialization             | • Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role. | ▪ Identify different learner styles and needs  
▪ Create learning environments |
| 3. Use Assessment and Evaluation Strategies | - Foster learners in the 3 domains: cognitive, psychomotor, and affective  
- Provide resources for diverse learners  
- Nurse educators use a variety of strategies to assess and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning. | - Input to develop programs  
- Enforce program standards  
- Incorporate current research and knowledge of advanced role  
- Utilize current assessment and evaluation resources  
- Provide timely and effective feedback to learners |
| 4. Participate in Curriculum Design and Evaluation of Program Outcomes | - Demonstrate curriculum design  
- Lead curriculum or course design  
- Revise curriculum based on evaluations  
- Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. | - Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment. |
| 5. Function as a Change Agent and leader | - Include cultural sensitivity with in your teaching  
- Participate in interdisciplinary efforts  
- Develop leadership skills  
- Create a culture of change  
- Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. | - Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice. |
| 6. Pursue Continuous Quality Improvement in the Nurse Educator Role | - Promote membership in professional organizations  
- Role model professional behaviors  
- Demonstrate commitment to life-long learning  
- Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. | - Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential. |
### 7. Engage in Scholarship

- Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.

- Exhibit a spirit of inquiry
- Use evidence-based resources to improve and support teaching
- Share teaching expertise with colleagues as appropriate at practicum site

### 8. Function Within the Educational Environment

- Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social, and economic forces impact their role.

- Make decisions based on historical trends
- Function effectively in the organizational setting
- Understand goals of the nursing program
- Participate in professional committees

---

**Nursing Educator Preceptor Requirements**

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing.
- Preceptor is experientially and academically prepared
- Provide opportunities to work with other nursing educators as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in a nursing education position. This can be at a clinical or academic site.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to mentor students learning by serving as a resource during the practicum time
- Preceptors cannot be relatives, personal friends or direct supervisor of student.
- Preceptor can work at student’s place of employment but cannot work in the same department as the student.

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with him or her. Students must determine what do they want to learn and how do they best see themselves learning it. Students must discuss this with their potential preceptor and see if their preceptors’ responses fits with the students’ learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. More importantly, they must determine if they are 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 selected and how the student works with that person. So this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank a prospective preceptor for their time, but should not select them as their preceptor if they do not feel it is a good fit. It just is not the foundation for a good learning experience. Students must not make a final commitment to
their potential preceptor until they have OFE approval. All preceptors are approved by the Assistant Dean of Graduate Studies or program lead faculty prior to the start of the course.

**Time Commitments to the Practicum Experience**

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one’s schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

**Logging Practice Experience Hours**

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

**Evaluations**

**Practicum Course Evaluations**

A **pre-conference** will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student. The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week. Any student who scores “below expectations” at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation.
Master of Science in Nursing with an Emphasis in Leadership in Health Care Systems Practicum Guidelines

The goal of the 150-hour culminating practicum is to provide an opportunity for students to explore an area of nursing leadership. The practicum will allow students 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). Students will then analyze and evaluate leadership behaviors and processes through self-reflection and writing.

Selecting a Nursing Leader Practicum Preceptor and Site

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

Practicum opportunities in Nursing Leadership are varied and multiple. Potential preceptors could include Nurse Managers, Administrators, or Clinical Leaders. Chief Nursing Officers, Quality Improvement Specialists, and Charge Nurses could all meet the practicum preceptor requirements.

Examples of MSN-Leadership Practicum Emphases:

<table>
<thead>
<tr>
<th>American Organization for Nursing Leadership Competencies</th>
<th>Sub-standards</th>
<th>Preceptor Required Activities</th>
<th>Example of Practicum Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication and Relationship Building</td>
<td>• Effective Communication • Relationship Management • Influencing Behaviors • Diversity • Community Involvement • Medical/Staff Relationships • Academic Relationships</td>
<td>• Direct oversight of staff</td>
<td>• Staff education • Development of preceptors • Working with academic leaders</td>
</tr>
<tr>
<td>Knowledge of the Health Care Environment</td>
<td>• Clinical Practice Knowledge • Delivery Models / Work Design</td>
<td>• Work with policy</td>
<td>• Developing new policy for the practicum site</td>
</tr>
<tr>
<td>Leadership</td>
<td></td>
<td>Business Skills</td>
<td></td>
</tr>
<tr>
<td>----------------------------------------------------------------------------</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Foundational Thinking Skills</td>
<td></td>
<td>• Financial Management</td>
<td></td>
</tr>
<tr>
<td>• Personal Journey Disciplines</td>
<td></td>
<td>• Budgetary responsibility</td>
<td></td>
</tr>
<tr>
<td>• Systems Thinking</td>
<td></td>
<td>• Understanding the relevance of preceptor’s</td>
<td></td>
</tr>
<tr>
<td>• Succession Planning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Change Management</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Designated leadership position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Education staff on upcoming changes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Integrating leadership styles into leadership positions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Determining how the organization’s mission relates to the goals of the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>preceptor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Professional Accountability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Holding true to professional dispositions throughout the practicum.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attending ethics committee meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Advocating for patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Implementing a performance improvement metric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Researching the effectiveness of a current delivery model.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Designated leadership position</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Education staff on upcoming changes.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Integrating leadership styles into leadership positions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Determining how the organization’s mission relates to the goals of the</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>preceptor.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Professional Accountability</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Holding true to professional dispositions throughout the practicum.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Attending ethics committee meetings.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Advocating for patients.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Implementing a performance improvement metric</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Researching the effectiveness of a current delivery model.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Nursing Leader Practicum Preceptor Requirements

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing or other advanced graduate degree.
- Preceptor is experientially and academically prepared.
- Provide opportunities to work with other health care leaders as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in a leadership position. This can be at a clinical or academic site.
- Minimum of 3 months at current employer.
- Current leadership role must include direct report oversight.
- Current leadership role must include experience in managing a budget as one of their responsibilities.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to precept student learning by serving as a resource during the practicum time.
- Preceptor cannot be relatives, personal friends or direct supervisor of student. Preceptor can work at student’s place of employment but cannot work in the same department as the student.

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with the potential preceptor. Students must determine what do they want to learn and how they best see themselves learning it. Students must discuss this with their potential preceptor and see if the preceptors’ responses fits with the students’ learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. Critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor selected by the student and how he or she works with that person, so this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank prospective preceptors for their time, but do should not select a preceptor with whom they do not feel a good fit. This would not provide the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have OFE approval. All preceptors are approved the Assistant Dean of Graduate Studies or the program lead faculty prior to the start of the practicum.

Time Commitments to the Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one’s schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker
Field Experience Documentation Checklist – MSN/L

The following documentation may be required and can be scanned and uploaded to one’s student file, via the student portal. It is requested that students 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 list below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titors for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Copy of preceptor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum start date.

Evaluations

Practicum Course Evaluations

A pre-conference will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student. The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores “below expectations” at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation.
Master of Science in Nursing with an Emphasis in Public Health Nursing Practicum Guidelines

The practicum course for Master of Science in Nursing, emphasis in Public Health Nursing (MSN-PHN) students provides an opportunity to apply public health nursing knowledge and skills in various public health settings. Students formulate public health assessments and interventions for improving quality health outcomes for populations in their selected setting while enhancing their leadership and collaboration skills with professionals in the field. Students are required to complete a minimum of 150 hours of field experience in an approved public health nursing setting under close supervision of a qualified preceptor approved by the College. Students must have completed all previous coursework and a release by the Office of Field Experience to enroll in the practicum course. The practicum experience should integrate one or more of the Standards of Public Health Nursing Practice:

- **Assessment** – collection of comprehensive data pertinent to the health status of population
- **Population diagnosis and priorities** – analysis of assessment data to determine the population diagnoses and priorities.
- **Outcome Identification** – identification of expected outcomes for a plan that is based on population diagnoses and priorities.
- **Planning** – development of plans that reflects best practices by identifying strategies, action plans and alternatives to attain expected outcomes.
- **Implementation** – implementation of an identified plan by partnering with others.
  - Coordination – coordinating programs, services, and other activities to implement an identified plan.
  - Health Education and Promotion – employs multiple strategies to promote health, prevent disease, and ensure a safe environment for populations.
  - Consultation – consultation to various community groups and officials to facilitate the implementation of programs and services.
  - Regulatory Activities – identifies, interprets, and implements public health laws, regulations, and policies.
- **Evaluation** – evaluating the health status of the population.

It is required that students have taken steps to ensure their practicum placements prior to beginning the practicum courses. It is an expectation of all MSN-PHN students to actively seek placement.

The requirement is that the student engage in hands-on application of public health nursing knowledge in practice (observing or shadowing is not acceptable as a primary activity). Activities during the practicum should allow for hands-on application of public health nursing knowledge in a practice setting. These activities should lead to a tangible product at the end of the experience (i.e., a report, health educational materials, etc.).

Selecting a Public Health Nursing Practicum Site

Appropriate practicum sites are organizations whose primary purpose or function is health related. Appropriate sites may include health departments or other governmental agencies, medical centers or clinics, community-based organizations, health-related nonprofit organizations. Other organizations whose primary purpose or function is not health-related, but who have health-related projects or provide health-related services can include faith-based organizations, worksites (Example: employee health and wellness; occupational health and safety), community-based research projects, community-based coalitions, or university/college health or research centers. Sponsoring sites designate a qualified member of their staff to serve as student preceptors. Preceptors will guide students’ experience on site, helping them think critically about the meaning of activities, while facilitating interactions with staff and community members.

Examples of Suitable Public Health Nursing Practicum Experiences

<table>
<thead>
<tr>
<th>Standard of Public Health Nursing Practice</th>
<th>Description</th>
<th>Examples of a Suitable Practicum Activities</th>
<th>Examples of Suitable Practicum Sites</th>
</tr>
</thead>
</table>
| **Assessment**                            | Collection of comprehensive data pertinent to the health status of population. | - Conduct a community needs assessment.  
- Conduct interviews and/or collect data in the investigation of disease outbreaks within the | State or local health department  
Hospital, clinic, or community health center |
<table>
<thead>
<tr>
<th><strong>Term</strong></th>
<th><strong>Description</strong></th>
<th><strong>Mentioned Institutions</strong></th>
</tr>
</thead>
</table>
| **Population Diagnosis and Priorities** | Analysis of assessment data to determine the population diagnoses and priorities. | - Evaluate health trends and risk factors of population groups or patients to determine priorities for targeted interventions.  
- Interpret public health data and prepare a summary as part of a research project. | - Health-related nonprofit organization (Ex: American Red Cross)  
- State or local health department  
- Academic institution or research organization  
- Hospital, clinic, or community health center |
| **Outcome Identification** | Identification of expected outcomes for a plan that is based on population diagnoses and priorities | - Work with a community coalition or a health system to identify priority areas of concern and develop shared goals.  
- Prepare a grant for funding a public health intervention and identify expected outcomes and measures. | - State or local health department  
- Community coalitions  
- Hospital, clinic, or community health center  
- Health-related nonprofit organization  
- Academic or research institution |
| **Planning** | Development of plans that reflects best practices by identifying strategies, action plans and | - Develop a disaster preparedness plans (i.e., for a health system, for a community, etc.). | - State or local health department  
- Academic or research institution |
| Implementation | Implementation of an identified plan by partnering with others. | Coordinate the implementation of programs, services that promote health, prevent disease, and ensure a safe environment for patients or populations.  
Consultation to various community groups and officials to facilitate the implementation of programs and services.  
Identify, interpret, and/or analyze public health laws, regulations, and policies. | Hospital, clinic, or community health center  
State or local health department  
Health-related nonprofit organization or foundation | Behavioral/mental health organization |
|----------------|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-----------------------------------------------------------|
| Evaluation   | ▪ Prepare an evaluation plan for a grant for funding of a public health intervention  
▪ Collect primary and/or secondary data for the evaluation of a public health intervention | Hospital, clinic, or community health center  
State or local health department  
Health-related nonprofit organization or foundation | Behavioral/mental health organization |  

**Public Health Nursing Practicum Preceptor Requirements**

- Holds an unencumbered and current nursing license.
- Must hold a Master's degree in Nursing or Master’s degree in a related public health field (examples can include natural or social sciences, public health, health care administration, health sciences, social work).
- Preceptor is experientially and academically prepared.
- Provide opportunities to work with other public health professionals as appropriate to augment the practicum experience.
• Minimum of 2 years current work experience in public/community/population health.
• Minimum of 3 months at current employer.
• Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
• Preceptor willingness and time available to precept student learning by serving as a resource during the practicum time.
• Preceptor cannot be relatives/personal friends or direct supervisor of student.
• Preceptor can work at student’s place of employment but cannot work in the same department as the student.

Preceptor responsibilities include:
• Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
• Communicate expectations to the student
• Objectively review and validate the student’s competencies through intermittent observation, discussion, mid-term and final evaluation
• Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student’s learning by answering questions and reviewing progress on practicum work, etc.
• Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Time Commitments to the Public Health Nursing Practicum Experience
Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one’s schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the public health practicum will result in failure of the course.

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Using a Current Place of Employment to Complete the Public Health Nursing Practicum Experience
If students plan to use their current place of employment to complete practicum, they must inform the Office of Field Experience that this is the intention, and obtain approval from the public health lead faculty, in advance of the start date. It is important to note that practicum hours must be unpaid. Students must be able to define a project for their practicum that is distinct from their day-to-day employment duties, with specific goals and objectives defined.

Special Note for Students Seeking California Public Health Nurse (PHN) Certification
Students who plan to seek eventual public health nursing certification from the California Board of Registered Nursing must ensure that their practicum experience meets the following criteria:
• The practicum experience must occur in a public health setting with individuals, families, and/or community
• The public health setting must employ professionals with the title and function of public health nurse
• The preceptor must a) be a practicing public health nurse, AND b) have a California Public Health Nurse Certificate

Field Experience Documentation Checklist – MSN-PHN
The following documentation may be required and can be scanned and uploaded to one’s student file, via the student portal. It is requested that students 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 Site Information Form
• Copy of current Healthcare Insurance Card
• CPR/BLS or ACLS (online certification is not acceptable)
• HIPAA/FERPA Confidentiality form
• Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
• Preceptor Current Curriculum Vitae or Resume
• Preceptor/mentor current Nursing License, if applicable.
• Medical Clearance Form (or proof of a physical within 6 months of practicum)
• Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum start date.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:
https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

Preceptor-Faculty-Student Conferences and Evaluations

Pre-/mid- and final- conferences and/or evaluations between students, faculty, and preceptors are mandatory for students enrolled in the MSN-PHN practicum course. Conferences may be conducted face-to-face or via synchronous technology.

Practicum Course Evaluations

A pre-conference will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student. The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores “below expectations” at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation.
Master of Public Health Practicum Guidelines

The practicum course for Master of Public Health students is designed to provide an opportunity to transition from theory to practice in public health. The student reinforces, integrates, and applies concepts, principles, and skills gained during coursework that are essential to professional competency. Students are required to complete a minimum of 150 hours of field experience in an approved public health setting under close supervision of a qualified preceptor approved by the College. Students must have completed all previous coursework and a release by the Office of Field Experience to enroll in the practicum course.

The requirement is that the student engage in hands-on application of public health knowledge in practice (observing or shadowing is not acceptable as a primary activity). Activities during the practicum should allow for hands-on application of public health knowledge in a practice setting. These activities should lead to a tangible product at the end of the experience (i.e., a report, health educational materials, etc.). The practicum experience should relate to at least one of the core areas of public health:

- Social and Behavioral Sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems
- 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
- 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
- Environmental Health – environmental factors including biological, physical and chemical factors that affect the health of a community
- Health Services Administration and Health Policy – planning, organization, administration, management, evaluation and policy analysis of health and public health programs

Selecting a Public Health Practicum Site

Appropriate practicum sites are organizations whose primary purpose or function is health related. Appropriate sites may include health departments or other governmental agencies, medical centers or clinics, community-based organizations, health-related nonprofit organizations. Other organizations whose primary purpose or function is not health-related, but who have health-related projects or provide health-related services can include faith-based organizations, worksites (Example: employee health and wellness; occupational health and safety), community-based research projects, community-based coalitions, or university/college health or research centers. Sponsoring sites designate a qualified member of their staff to serve as student preceptors. Preceptors will guide students’ experience on site, helping them think critically about the meaning of activities, while facilitating interactions with staff and community members.

Examples of Suitable Public Health Practicum Experiences

<table>
<thead>
<tr>
<th>Core Area of Public Health</th>
<th>Description</th>
<th>Examples of a Suitable Practicum Activities</th>
<th>Examples of Suitable Practicum Sites</th>
</tr>
</thead>
</table>
| Social & Behavioral Sciences | Addresses the behavioral, social and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration and evaluation of programs and policies in public health and health services to | - Conduct a community needs assessment  
- Participate in the implementation of community health education (i.e., delivering health education classes, preparation of health education materials, etc.)  
- Conduct an evaluation of a public health intervention | Health-related nonprofit organization (Ex: American Diabetes Association)  
State or local health department  
Hospital, clinic, or community health center |
<table>
<thead>
<tr>
<th><strong>Promote and sustain healthy environments and healthy lives for individuals and populations.</strong></th>
<th><strong>Youth or senior center</strong></th>
<th><strong>Social services nonprofit (Ex: Boys &amp; Girls Club)</strong></th>
<th><strong>Behavioral/mental health organization</strong></th>
<th><strong>School or school district</strong></th>
</tr>
</thead>
</table>

**Epidemiology**

The study of patterns of disease and injury in human populations and the application of this study to the control of health problems.

- Develop a disaster preparedness plans (i.e., for a health system, for a community, etc.)
- Implement clinical or community based research (i.e., collection of data via surveys/interviews, data entry/analysis/reporting)
- Conduct interviews and/or collect data in the investigation of disease outbreaks

**Biostatistics**

The study of developing and applying statistical reasoning and methods in addressing, analyzing, and solving problems in public health; health care; and biomedical, clinical and population-based research.

- Apply statistical analyses to answer a particular research question
- Interpret public health data and prepare a summary as part of a research project
- Develop a written presentation, oral presentation, or report based on statistical analyses

**Develop a disaster preparedness plans (i.e., for a health system, for a community, etc.)**

**Health-related nonprofit organization (Ex: American Red Cross)**

**State or local health department**

**Academic institution or research organization**

**Hospital, clinic, or community health center**

**Apply statistical analyses to answer a particular research question**

**State or local health department**

**Academic or research institution**

**Hospital, clinic, or community health center**

**Interpret public health data and prepare a summary as part of a research project**

**Health-related nonprofit organization**

**Develop a written presentation, oral presentation, or report based on statistical analyses**
| Environmental Health | The study of environmental factors including biological, social, physical and chemical factors that affect the health of a community. | • Conduct routine food safety inspections for sanitation  
• Collect and analyze samples (i.e., food, water, soil) to investigate contamination or illness  
• Participate in the completion of a health risk assessment or environmental impact assessment | State or local health department  
Water and sewage treatment plants  
Air quality organizations  
Waste management facilities  
Occupational health organizations  
Neighborhood zoning and planning departments |
| Health Services Administration and Health Policy | Multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations, from both a managerial and a policy perspective, including health care costs, financing, organization, outcomes and accessibility of care. | • Prepare or review a grant for funding a public health intervention  
• Review and analyze public health legislation or regulations related to public health interventions  
• Conduct a cost-benefit/economic analysis of a public health interventions | Hospital, clinic, or community health center  
State or local health department  
Health-related nonprofit organization or foundation  
Behavioral/mental health organization |

**Selecting a Public Health Preceptor**

Public health is an interdisciplinary field; therefore, preceptors may come from various professional backgrounds. Preceptors for students in the MPH program must meet the following criteria:

**MPH Preceptor Qualifications**

- Master’s degree in a public health related discipline. An MPH degree is preferred, but not required. Other acceptable disciplines can include health administration/management, nursing, natural sciences (e.g. biology, epidemiology, environmental science).
social sciences (e.g. psychology, sociology, social work), etc. Preceptors with non-health related degrees will be evaluated on a case-by-case basis.

- Have at least two years of public health experience relating to the student’s proposed practicum activities
- Preceptor cannot be relatives, personal friends or direct supervisor of student
- Preceptor can work at student’s place of employment but cannot work in the same department as the student.

Preceptor Responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Objectively review and validate the student’s competencies through intermittent observation, discussion, mid-term and final evaluation.
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student’s learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Time Commitments to the Public Health Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one’s schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the public health practicum will result in failure of the course.

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MPH

The following documentation may be required and can be scanned and uploaded to one’s student file, via the student portal. It is requested that students 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 Site Information Form
- Copy of current Healthcare Insurance Card
- HIPAA/FERPA Confidentiality form
- Student and Preceptor Current Curriculum Vitae or Resume
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum/clinical course. Documentation submitted late will result in a later registration of the practicum/clinical course. Students must submit their documentation early to avoid a delay in their practicum/clinical start date.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

Preceptor-Faculty-Student Conferences and Evaluations

Pre-/mid-/ and final- conferences and/or evaluations between students, faculty, and preceptors are mandatory for students enrolled in the MPH practicum course. Conferences may be conducted face-to-face or via synchronous technology.
Practicum Course Evaluations

A pre-conference will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student. The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores “below expectations” at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation.
Master of Science in Nursing with an Emphasis in Health Informatics - Practicum Guidelines

The goal of the 200 hour practicum experience is to explore an area of healthcare informatics. Some options include informatics clinical workflow and electronic health record application projects using SQL or Java, EPIC, UML, UP, HIE, use of report writing software such as Tableau or Crystal Reports, record template development and other Health Information Technology projects. Other opportunities/experiences do exist and all have final approval by the faculty member of the practicum course. All preceptors and sites are initially approved by the lead faculty or assistant dean for graduate studies.

Selecting a Nursing Informatics Preceptor and Site

Once students have decided upon their area of interest in informatics, they are ready to select their preceptor. Students may already know an expert or specialist in the field with whom they would like to work. Preceptors may include: clinic or nurse managers that work in informatics, Chief Medical Informatics officers (CMIO), Chief Information Officer (CIO), clinic administrators, Health Information Management (HIM) department specialists, informatics department specialists, and compliance, revenue integrity and revenue informatics specialists. If they do not know what they want to do, it is recommended to look at the AHIMA, ANIA, and AMIA websites, individual state component associations such as AzHIMA, HIMSS and Health Current, the Arizona health information exchange to help identify project sites. Projects should add value/benefit to the organization chosen. Students cannot be paid for their practicum time.

Examples of Suitable Health Informatics Practicum Experiences

<table>
<thead>
<tr>
<th>Health Informatics Practicum Topic</th>
<th>Description</th>
<th>Examples of a Suitable Practicum Activities</th>
<th>Examples of Suitable Practicum Sites</th>
</tr>
</thead>
</table>
| Electronic Health Record Enhancement | The electronic health record (EHR) is a digital version of a patient’s clinical information that provides secure, transferrable records that can improve patient safety and the quality of patient care. EHRs often require customization to enhance the patient safety end-user experience. Backed by evidence-based research, students participate in usability tests to identify potential EHR enhancements. | - Review EHR related patient safety incidents, conduct related usability tests, analyze root cause, and develop solutions and specifications for enhanced EHR functionality.  
- Based on interviews with the clinical documentation improvement and health information management departments, identify a clinical record gap that impacts capture of clinical criteria or quality measure data. Work with system stakeholders to design a solution including user screen layout, templates, menus, or user alerts.  
- Discuss interoperability issues with health information technology, health informatics, and health information management stakeholders. Conduct an analysis of the EHR and corresponding interoperable | Hospital, clinic, or community health center  
Provider medical practice |
<p>| <strong>Database Management</strong> | Database management systems in healthcare are used to store, protect, and analyze data from diverse sources. Databases are used to warehouse data for easy user access, data analysis, report generation, and strategy development. Students will create a database to solve a specific user defined need for business intelligence. | ▪ Interview the health information management director and determine the need for an employee productivity database. Identify the data elements required for productivity monitoring. Assess the current systems that house productivity data. Evaluate database management system options based on user preference. Create a database system that imports electronic or manually entered productivity data. Using the selected database, create reports per user specification. Develop training materials and train users to input the data and access the reports. | Hospital, clinic, or community health center Provider medical practice |
| <strong>User Interface and Workflow Mapping</strong> | Effective user interface functionality and workflow mapping are crucial to a successful health information system implementation. Based on stakeholder discussions students will select a user interface or workflow issue and develop a solution. | ▪ Interview information technology, health informatics, or health information management stakeholders and identify a system related user interface or workflow issue. Use evidence-based principles of user-centered design, including user feedback at multiple points of the workflow to assess the problem. Conduct usability testing with the users through test cases and walk-throughs. Map the workflow and identify potential improvements. Design a system enhancement or workflow improvement. Create training materials for user presentations. | Hospital, clinic, or community health center Provider medical practice |
| <strong>Request for Proposal (RFP)</strong> | RFPs are documents used to provide system details for | ▪ Interview information technology, health informatics, or health information management stakeholders and identify a system related user interface or workflow issue. Use evidence-based principles of user-centered design, including user feedback at multiple points of the workflow to assess the problem. Conduct usability testing with the users through test cases and walk-throughs. Map the workflow and identify potential improvements. Design a system enhancement or workflow improvement. Create training materials for user presentations. | Hospital, clinic, or community health center Provider medical practice |</p>
<table>
<thead>
<tr>
<th>Nursing Informatics Preceptor Requirements</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Holds an unencumbered and current nursing license.</td>
</tr>
<tr>
<td>• Must hold a master's degree in Nursing.</td>
</tr>
<tr>
<td>• Provide opportunities to work with other nursing staff as appropriate to augment the practicum experience.</td>
</tr>
<tr>
<td>• Minimum of 2 years current work experience in informatics. This can be within a hospital or clinic setting.</td>
</tr>
<tr>
<td>• Minimum of 3 months at current employer.</td>
</tr>
<tr>
<td>• Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives</td>
</tr>
<tr>
<td>• Preceptor willingness and time available to mentor students learning by serving as a resource during the practicum time.</td>
</tr>
<tr>
<td>• Preceptor is experientially and academically prepared</td>
</tr>
<tr>
<td>• Preceptors cannot be relatives, personal friends, direct supervisor or a current GCU student</td>
</tr>
<tr>
<td>• Preceptor can work at student’s place of employment but cannot work in the same department as the student.</td>
</tr>
</tbody>
</table>

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with him or her. Students must determine what do they want to learn and how they best see themselves learning it. Students must discuss
this with their potential preceptor and see if their preceptors’ responses fits the students’ learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. More importantly, they must determine if they are 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 selected and how the student works with that person. So this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank a prospective preceptor for their time, but should not select them as their preceptor if they do not feel it is a good fit. It just is not the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have Office of Field Experience approval. All preceptors and sites are approved by the lead faculty or the Assistant Dean of Graduate Studies.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

Field Experience Documentation Checklist – MSN-HI

The following documentation may be required and can be scanned and uploaded to one’s student file, via the student portal. It is requested that the students organize the required documents after the checklist in the order noted in 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 Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum/clinical start date.

Evaluations

Practicum Course Evaluations

A pre-conference will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student. The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores “below expectations” at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation. Master of Science in Health Informatics - Practicum Guidelines

The goal of the 150 hour practicum experience is to explore an area of healthcare informatics. Some options include informatics clinical workflow and electronic health record application projects using SQL or Java, EPIC, UML, UP, HIE, use of report writing.
Selecting a Healthcare Informatics Preceptor and Site

Once students have decided upon their area of interest in informatics, they are ready to select their preceptor. Students may already know an expert or specialist in the field with whom they would like to work. Preceptors may include: managers that work in informatics, Chief Medical Informatics officers (CMIO), Chief Information Officer (CIO), clinic administrators, Health Information Management (HIM) department specialists, informatic department specialists, and compliance and revenue integrity and revenue informatics specialists. If they do not know what they want to do, it is recommended to look at the AHIMA and AMIA websites, individual state component associations such as AzHIMA, HIMSS and Health Current, the Arizona health information exchange to help identify project sites. Projects should add value/benefit to the organization chosen. Students cannot be paid for their practicum time.

Examples of Suitable Health Informatics Practicum Experiences

<table>
<thead>
<tr>
<th>Health Informatics Practicum Topic</th>
<th>Description</th>
<th>Examples of a Suitable Practicum Activities</th>
<th>Examples of Suitable Practicum Sites</th>
</tr>
</thead>
</table>
| **Electronic Health Record Enhancement**               | The electronic health record (EHR) is a digital version of a patient’s clinical information that provides secure, transferrable records that can improve patient safety and the quality of patient care. EHRs often require customization to enhance the patient safety end-user experience. Backed by evidence-based research, students participate in usability tests to identify potential EHR enhancements. | ▪ Review EHR related patient safety incidents, conduct related usability tests, analyze root cause, and develop solutions and specifications for enhanced EHR functionality.  
▪ Based on interviews with the clinical documentation improvement and health information management departments, identify a clinical record gap that impacts capture of clinical criteria or quality measure data. Work with system stakeholders to design a solution including user screen layout, templates, menus, or user alerts.  
▪ Discuss interoperability issues with health information technology, health informatics, and health information management stakeholders. Conduct an analysis of the EHR and corresponding interoperable systems. Create a graphical depiction of the interfacing systems. Select one interoperability issue and identify root cause. Interview users and develop a proposed solution with a corresponding presentation. | Hospital, clinic, or community health center  
Provider medical practice |
| **Database Management** | Database management systems in healthcare are used to store, protect, and analyze data from diverse sources. Databases are used to warehouse data for easy user access, data analysis, report generation, and strategy development. Students will create a database to solve a specific user defined need for business intelligence. | - Interview the health information management director and determine the need for an employee productivity database. Identify the data elements required for productivity monitoring. Assess the current systems that house productivity data. Evaluate database management system options based on user preference. Create a database system that imports electronic or manually entered productivity data. Using the selected database, create reports per user specification. Develop training materials and train users to input the data and access the reports. | Hospital, clinic, or community health center | Provider medical practice |
| **User Interface and Workflow Mapping** | Effective user interface functionality and workflow mapping are crucial to a successful health information system implementation. Based on stakeholder discussions students will select a user interface or workflow issue and develop a solution. | - Interview information technology, health informatics, or health information management stakeholders and identify a system related user interface or workflow issue. Use evidence-based principles of user-centered design, including user feedback at multiple points of the workflow to assess the problem. Conduct usability testing with the users through test cases and walk-throughs. Map the workflow and identify potential improvements. Design a system enhancement or workflow improvement. Create training materials for user presentations. | Hospital, clinic, or community health center | Provider medical practice |
| **Request for Proposal (RFP)** | RFPs are documents used to provide system details for vendors who wish to submit health information systems bids. Students will investigate system requirements and | - Interview information technology, health informatics, or health information management stakeholders regarding future information system needs. Research industry-standard examples of health care system RFPs. Research system offerings by several vendors based on user preference. Based on evidence-based research identify industry- | Hospital, clinic, or community health center | Provider medical practice |
develop an industry-standard RFP.

standard system requirements for the chosen application. Create a health information system RFP for the selected system.

<table>
<thead>
<tr>
<th>Implementation Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation training is a key to success of any new health information system. Information technology stakeholders conduct implementation training before system go-live and afterward for new users joining the organization. With the health of organization stakeholders, students will identify a need for implementation training, develop educational materials, and conduct training sessions.</td>
</tr>
<tr>
<td>▪ Interview organization stakeholders and identify a new or recently implemented information system or module where additional training is required. Gain access to and analyze the system functionality. Conduct evidence-based research on techniques for developing health information system training materials. Using industry best practices develop training materials using screenshots and workflow graphics in a PowerPoint document. Conduct training sessions for new users.</td>
</tr>
</tbody>
</table>

Hospital, clinic, or community health center Provider medical practice

---

Healthcare Informatics Preceptor Requirements

- Must hold a master's degree in Healthcare Informatics, Bioinformatics, Public Health Informatics, HIM, Information Technology, Nursing Informatics or graduate degree in a related discipline.
- Provide opportunities to work with other informatics and HIM professionals as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in informatics, IT or HIM. This can be within a hospital or clinic setting.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives
- Preceptor willingness and time available to mentor students learning by serving as a resource during the practicum time.
- Preceptor is experientially and academically prepared
- Preceptors cannot be relatives, personal friends, direct supervisor or a current GCU student
- Preceptor can work at student’s place of employment but cannot work in the same department as the student.

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with him or her. Students must determine what do they want to learn and how do they best see themselves learning it. Students must discuss this with their potential preceptor and see if their preceptors’ responses fits with the students’ learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. More importantly, they must determine if they are 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 selected and how the student works with that person. So this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank a prospective preceptor for their time, but should not select them as their preceptor if they do not feel it is a good fit. It just is not the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have Office of Field Experience approval. All preceptors and sites are approved by the lead faculty or the Assistant Dean of Graduate Studies.
Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:
https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

Field Experience Documentation Checklist – MHI

The following documentation may be required and can be scanned and uploaded to one’s student file, via the student portal. It is requested that the students 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 Site Information Form
- Copy of current Healthcare Insurance Card
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum/clinical start date.

Evaluations

Practicum Course Evaluations

A pre-conference will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and stored in LoudCloud. The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student. The valuable feedback/input given by the preceptors on the students’ performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores “below expectations” at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any “below expectations” will be sent to the program lead for review and further investigation.
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 learners. Given the intense practice focus of DNP programs, practice experiences are designed to help learners 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 associated through coursework that is translatable into practice in each of the DNP courses beginning from DNP 805 until the learner reaches the DPI Project courses. These hours will focus on the current course content and learning objectives.

In the practice immersion experience, learner will integrate and synthesize didactic learning into the practice environment which is customized to meet personal and professional goals. Practice experiences are also designed to help learners 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.

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 learners 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 learners are currently functioning in an advanced nursing practice role, they may be able to complete their practice immersion hours in their place of employment, but they will be expected to demonstrate doctoral-level practice. Learners should 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 course faculty and a 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 learners
- 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

Learners are expected to continue their practice or have access to a clinical organization/practice setting in order to be successful in this program. An academic setting will not suffice for practice immersion hours as they 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. Learners 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 time is needed to reach the 1,000 hour minimum requirement, the learner may enroll in DNP extension courses or develop independent study objectives in each course (documented in an Individual Success Plan or ISP, Typhon, and approved by, and submitted to the course instructor).

For post-master’s learners, a maximum of 500 hours of practice integration at the graduate level can be applied to the 1,000 total hours. Learners should contact their Student Services Counselor for the number of practice hours with which they have been credited upon program entry. 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 thesis, 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 a minimum of 100 hours related to the learner’s area of interest that support the practice improvement project (and assignments in the final three 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 learners submit to the course’s 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 learners’ 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, learners and their faculty must determine that as part of their ISP, which is developed in the first week of the course. Independent study is a mode of instruction whereby a learner 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 learner, 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 a learner works on that is actual clock time that the student records in case logs within Typhon.

Field Experience Documentation Checklist – DNP

The following documentation may be required and can be scanned and uploaded to one’s student file, via the portal. It is requested that learners organize the required documents after the checklist in the order of the checklist if possible. Note: A learner’s practice immersion site may require additional or different health and safety documents than those listed below, as stipulated in an affiliation agreement.

- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practice immersion course. Documentation submitted late may result in a later registration of the practice immersion course. Learners should submit their documentation early to avoid a delay in their practice immersion course start date.

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, learners will start by developing a PICOT question. All of the components in the potential project must be feasible. Learners will need to have access to a clinical site and the population they would like to study. Vulnerable populations are discouraged as this would require submission for a full IRB review. Some examples of vulnerable populations include homeless, pregnant women, cognitively impaired, pediatric, etc. Learners are encouraged to utilize an existing valid and reliable tool to measure their intervention. Timeline for data collection should be considered to ensure measurable outcomes. Learners are encouraged to review the AACN DNP White paper (2006) and DPI project resources on the DC Network.

Practice Hours

In addition to using Typhon to log practice immersion hours, learners will also use it as their practice portfolio. The development and maintenance of a practice hours portfolio reflects one’s self-responsibility in his or her own learning, actively constructing how
competencies are met, while faculty provide guidance, teaching and mentoring. Learners are responsible for uploading and maintaining their practice portfolio.

The practice hour’s portfolio will include:

• Individualized success plans that are signed by the learner’s mentor (Learners 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
• Learner evaluations of mentor (end of course)
• Mentor evaluations of learner (end of course)
• Faculty evaluation of learner (end of course)
• Current and updated CV (update each course as necessary)
• 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 learners keep current with their Typhon logs. They 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. Learners will receive an Early Alert if there are no Typhon entries within the first two weeks of a practice immersion course (if they have a placement).

All Practice Immersion hours must be logged under Case Logs NOT Time Logs.

Any observation time (shadowing one’s 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**

Learners will select, with the approval from the department, a mentor for their practice experience.

The mentor must be an expert in the clinical, educational, or administrative area in which the student wishes to develop expertise. There are currently very few nurses prepared at the DNP level who can serve as a mentor to DNP learners. 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

A mentor must:

• Hold a position in the organization where he/she can facilitate learner access to organizational information, decision makers, and other personnel in order to complete the course-based assignment over the 8 week courses.
• Hold a Master’s or Doctoral degree.
• Be nationally certified in their specialty, if applicable.
• Have worked at their site for at least three months.
• Be willing to complete a mentor evaluation and learner evaluations as required.
• Not be relatives, personal friends or a student currently enrolled in GCU DNP program.
• 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.

*It is important to note that 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.

When possible and practical, it is encouraged to select a mentor outside of the learner’s current work role. In large organizations, for example learners could be placed for the practice scholarship courses with a mentor outside the department or unit where they are employed. The line between current employment and practice scholarship hours and projects must remain clear to the organization, the mentor, the faculty, and the learner. The learner must be able to demonstrate the achievement of the DNP competencies, regardless of whether they are in a current place of employment or a different practice setting.
**Prior to the beginning of the practice experience, all required mentor documents (current CV, licenses etc.) must be submitted to the OFE, and mentors must then be approved prior to logging any hours. Learners must ensure this understanding and contact the OFE if additional documentation is needed. Any hours logged prior to OFE approval will not be accounted for.

The ISP will be reviewed and evaluated by the course faculty before practice immersion hours are sought. Expected learner 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 learner’s progress. If there is any concern regarding individual learner progress, contacts with the mentor may occur initiated by either the mentor or supervising course faculty.

**Selection Criteria for Practice Immersion Sites**

Learners are responsible for securing their own practice sites according to their areas of personal and professional interest. Learners are required to identify potential practice sites and mentors immediately after admission to the program to avoid a delay in starting their courses.

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

Learners may change mentors every 8 weeks, depending on the goals of the course and/or personal/professional interests. However, it is important to note that if learners change their practice site and/or mentor, they must be cleared by the OFE before beginning any hours with the newly selected site. The clinical site for the practice immersion experience is also important to the development and implementation of the Direct Practice Improvement (DPI) Project. Learners are encouraged to select a practice site that can provide the required facilities and practice experts for their growth. The practice site may be a hospital, a health care system, a public health agency, a clinic, or other healthcare organization. Most DNP learner 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.

**Prior to the beginning of the practice experience, all require site documentation must be submitted to the OFE. Please work with your Field Clinical Counselor for more information on what your site will require. Learners must ensure this understanding and contact the OFE if additional documentation is needed. Any hours logged prior to OFE approval will not be accounted for.**

**Worksite Practice Immersion Hours**

The practicum will facilitate learners’ professional practice goals as well as meet learning objectives of the DNP program. The site for the practicum is determined in accordance with learner interest, skill level, and geographic needs, as well as availability of sites and mentors. Learners may be exposed to a variety of clinical settings and have opportunities to interact with professionals from a variety of disciplines. Learners may complete their practice immersion hours in their workplace setting as described below. The final DPI Project may be implemented at learners’ 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 learner is doing an evidence-based project appropriate for doctoral study
- **Change in current practice**
  - If the learner 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**
  - If the learner is in a department other than his/her current work environment
  - If boundaries are made clear and agreeable to the faculty, manager, mentor and learner

Learners may consider their practice immersion hours and practice at their worksite an advantage, allowing them to “give back” to their agency by improving practice. DPI project ideas are successful when they come from the organization and have buy-in. It is important to ask what the practice problems are within the organization and find an evidenced-based solution as the intervention. The learner would evaluate that intervention.

**DNP with an 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 the University’s 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 learners 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. It is important to note that in this emphasis program, the goal of the Practice Immersion hours and DPI project is still to translate existing knowledge and guidelines into clinical practice to improve patient outcomes. Both the Practice Immersion hours and DPI project will need to be conducted in a clinical setting.

**DNP Education Emphasis**

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 learners 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). These courses offer opportunities for learners 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 learners have decided upon the area of interest in nursing education, they are ready to select a mentor. Learners may already know a nurse educator with whom they would like to work. If a learner does not know what he or she wants to do, the National League for Nursing (NLN) Competencies for Nurse Educators is a helpful resource. The practicum experience should allow to learners to mature in one or more of those competencies. Learners cannot be paid for 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 learners’ 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 willing to complete student evaluations as
- Be committed to continual professional improvement
- Able to provide an educational experience that will help learners meet overall practicum objective and personal learning objectives
- Readiness 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, personal friends or a current GCU DNP student.
- 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.

*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.*

**Educational Leadership Practicum Objectives**

Learners must review the practicum objectives as outlined in the respective course syllabus.

- Learners are required to meet all practicum objectives and hours to successfully pass the course.
- Learners must schedule hours at the convenience and availability of the mentor. 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 the learner cannot attend the practicum on a scheduled practicum day, he or she must notify the mentor and faculty prior to the experience. Learners 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 learner misses valuable practicum time.
- Failure to complete all hours, objectives, and practicum expectations will result in failure of the practicum course.
- Learners are encouraged to seek diverse experiences to afford a balanced view of the selected nurse educator role.
- Learners are responsible to consult with their 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, noting in the “Notes Section” the actual activity that was completed. Learners may contact the OFE with any questions or additional training needs.

- Practicum hours must be validated by the mentor in Typhon. Failure to have hours validated will result in reduction of points on the evaluation and may lead to course failure.

- Learners must complete 50 practicum hours for each Educational Leadership Practicum course.

- Learners must review in the textbooks, professional journals, and Internet sites, common challenges relevant to the practicum site population. The mentor may recommend specific materials and topics for review prior to the practicum rotation as well. An example would be if the learner will be working with a specific population of learners or clients in a patient education situation.

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

Calculating Practice Immersion Hours

Learners must check with their SSC on to confirm many hours were transferred over from their MSN work. A total of 1,000 post-baccalaureate hours are required to graduate. 500 practice immersion hours are built into the curriculum. If there is a deficiency, then the learner will 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 eight 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

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

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

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)

*****It is important to 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 the DNP program, learners will identify a qualified Content Expert to help guide them in the development of their selected project. The Content Expert will perform a similar role as the Mentor in prior program courses. Learners will no longer have a Mentor as they enter the DPI project coursework.

This Content Expert (CE) is ideally someone who holds special knowledge and experience in the area of the learners’ 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 learners’ DPI Project Committee, which will be composed of the CE and the Faculty member.

Learners should review the information below to ensure they understand and/or follow the proper procedures for selection of a Content Expert to serve on their DPI Committee.

Processes and Procedures

- Step 1 – The learner identifies and talks with possible Content Expert (CE) candidates. The "Content Expert Requirements" section below outlines appropriate qualifications.
- Step 2 – Learner notifies OFE and his/her assigned Field Clinical Counselor (FCC) with a copy of the CE CV/Resume.
- Step 3 – The 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 4 – 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 Experts will not be required to complete Learner evaluations.

A Content Expert may be:
- 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 health care organization with a minimum of a master's degree but preferably with an advanced degree

A Content Expert must be:
- 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, personal friends or a student currently enrolled in the GCU DNP program.
- 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.

*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.*
## Appendix A

### APRN Skills List/Site Supervisor or Preceptor’s Signature & Date

<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>
<tbody>
<tr>
<td>Arterial Lines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Chest tubes</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Central lines</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Intubation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Suturing</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Biopsy</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Incision and Drainage</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lumbar Puncture</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Student Governance and Organizations

Town Hall Meetings

All students are encouraged and invited to attend the monthly Town Hall Meetings to have dialogue with their 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, Indiana, 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:

- Complete 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 student’s GCU email address. Historically, invitations have been sent in the spring.
References


