College of Nursing and Health Care Professions Undergraduate Field Experience Manual 2022-2023

Letter from the Dean

Dear Students,

Welcome to the clinical component of your program. The following Undergraduate Field Experience Manual describes student expectations related to clinical preparedness and successful achievement of clinical 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 undergraduate 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 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 undergraduate field experience so that it reflects both GCU's and CONHCP's missions of developing outstanding future health care professionals. While advisors and faculty are available to guide students with respect to the requirements, students ultimately bear the responsibility of their education and their career.

If you have any questions about the clinical requirements of your program please contact your assigned Office of Field Experience Specialist. They are valuable resources to guide you through the clinical 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 is some College Administration contact information:

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Office of Field Experience

Grand Canyon University College of Nursing and Health Care Professions faculty and the Office of Field Experience (OFE) placement team will partner to secure clinical sites and preceptors based upon specialty and location. The assigned placement specialist and clinical faculty advisor carefully monitor each placement to ensure they meet GCU's high academic standards. The OFE will determine if all of the application requirements necessary to begin the field experience courses have been met. Additional responsibilities of the OFE Counselor are as follows:

- Ensure that students understand the nature 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.

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Version Record

Edition	Version	Updated	Changes Made
2015-2016	V1.0	6/5/15	• New document
2015-2016	V1.1	7/6/15	• Appendices updated
2015-2016	V1.2	9/25/15	• TB and lice, RN-BSN updated
2015-2016	V1.3	10/27/15	• NM specific information clarified
2015-2016	V1.4	11/3/15	• RN-BSN new program information added
2016-2017	V1.5	1/8/16	• Clarification in RN-BSN processes
2016-2017	V1.6	7/18/16	• Clarification in RN-BSN program versions • Lab and simulation expectations • Updates to BSN Pre-licensure Curriculum and hours
2016-2017	V1.7	4/3/17	• Removed policy information (See University Policy Handbook) • Re-arranged information
2017-2018	V1.8	12/15/17	• Contact information updated • Addition of Immersive Simulation • Updates to immunizations, uniform dress and protocol for puncture wounds and bodily fluid exposure
2017-2018	V1.9	3/9/18	• Contaminated Needle Stick Procedure update • Varicella Requirements update
2017-2018	V1.10	5/8/18	• Updated Athletic Training and Pre-Licensure Professional Appearance • Updated Bachelor of Science in Nursing (RN to BSN)
2018-2019	V1.11	9/28/18	• Contact information updated • Updated Essential Functions of Students • Updated Influenza requirements

Edition	Version	Updated	Changes Made
2018-2019	V1.12	1/24/2019	• Updated Pre-Licensure Student Nursing Uniform Attire • Updated Skills Lab, Instructional Simulation, and Immersive Simulation Experiences • Updated Student Lab Skills and Simulation Responsibilities • Updated DPS Fingerprint Clearance Card requirement • Updated MMR requirements • Addition of Meningitis vaccination recommendation • Updated Protocol for Puncture Wounds and Exposure to Blood or Bodily Fluids • Updated Uncontaminated Needle Stick or Intact Skin Exposure • Addition of Communicable Disease Exposure Plan • Updated Professional Nurse Qualifications • Updated Bachelor of Science in Nursing (RN to BSN) to include NRS-493 requirements. • Added Athletic Training pre-clinical coursework requirements • Updated Athletic Training Clinical Requirements • Updated ATrack Instructions
2019-2020	V1.13	4/18/2019	• Updated contact information for College leadership • Updated uniform and professional appearance • Updated BSN Pre-Licensure Clinical Placements • Updated Clinical Experience for RN Programs • Updated Student Lab Skills & Simulation Responsibilities • Updated TB requirements • Updated Communicable Disease Exposure Plan
2019-2020	V1.14	6/10/2019	• Addition of Protocol for Patient Safety Event • Updated BLS requirements under Pre-licensure General Health and Safety Requirements • Added statement about clinical/practicum hours in elective abortive procedures
2019-2020	V1.15	8/24/2019	• Updated contact information for College leadership • Updated Athletic Training and Prelicensure Professional Appearance • Updated Student Lab Skills and Simulation Responsibilities • Updated Prelicensure General Health and Safety Requirements • Updated Clinical Practice Experiences for RN-BSN
2019-2020	V1.16	1.23.2020	• Additions of Notification of Change in Licensure or Certification Status/ State Disciplinary Action • Updated Contact information • Update to Clinical Practice setting for RN-BSN

Edition	Version	Updated	Changes Made
2020-2021	V1.17	2.18.2020	• Update Contact Information • Updated Pre-licensure Student Nursing Uniform Attire • Updated myClinicalExchange (mCE) • Updated Skills Laboratory, Instructional Simulation, and Immersive Simulation Experience • Updated Protocol for Puncture Wounds and Exposure to Blood or Bodily Fluids • Updated Uncontaminated Needle Stick or Intact Skin Exposure • Updated Contaminated Needle Stick or Non-Intact Skin or Mucous Membrane Exposure • Updated Communicable Disease Exposure Plan • Updated Tuberculosis Exposure Plan • Updated Licensure Examination • Updated Professional Nurse Qualifications
2020-2021	V1.18	6.3.2020	• Updated Contact Information • Updated Communicable Disease Exposure Plan • Added COVID-19 Exposure Plan
2020-2021	V1.19	7.13.20	• Updated Contact Information • Updated BSN Pre-licensure Clinical Placements
2020-2021	V1.20	10.12.20	• Updated Contact Information • Removed Essential Functions of Students • Updated Pre-Licensure Student Nursing Clinical Attire
2020-2021	V1.21	11.30.20	• Added information on CA-PHN requirements with NRS-431 course.
2021-2022	V1.22	2.8.2021	• Updated Contact Information • Updated Hep B Requirements • Updated Communicable Disease Exposure Plan • Updated COVID-19 Exposure Plan
2021-2022	V1.23	4.6.2021	• Updated Contact Information • Updated BSN Pre-Licensure Clinical Placements • Updated Pre-Licensure General Health and Safety Guidelines • Added information on BS in Health Information Management Program requirements
2021-2022	V1.24	8.24.2021	• Review of Pre-Licensure Nursing Sections • Updated Contact Information • Updated Student Professional Dispositions • Updated Athletic Training and Pre-Licensure Professional Appearance • Updated Pre-Licensure General Health and Safety Requirements • Updated COVID-19 Exposure Plan

Edition	Version	Updated	Changes Made
2022	V1.25	11.23.2021	• Updated Contact Information • Updated Transportation/Travel to Clinical, Lab, & Simulation Sites • Updated BSN Pre-Licensure Clinical Placements
2022	V1.26	2.7.2022	• RN-BSN Preceptor role updates • BSHIM Student Work Service statement added
2022	V1.27	4.8.2022	• Updated Contact Information • Updated Contaminated Needle Stick or Non-Intact Skin or Mucous Membrane Exposure • Updated COVID-19 Exposure Plan • Updated BSHIM location requirement
2022	V1.28	6.14.2022	• Updated Contact Information • Updated Pre-Licensure General Health and Safety Requirements • Updated Contaminated Needle Stick or Non-Intact Skin or Mucous Membrane Exposure • Added Counseling Services for Students • Removed After Completing the BSN Pre-Licensure Program

Table of Contents

General Guidelines for Undergraduate Field Experiences

This document provides undergraduate 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 clinical undergraduate programs including:

- Programs with Clinical Hours
  o Bachelor of Science in Nursing (Pre-Licensure)
  o Bachelor of Science in Athletic Training
- Programs with Practicum Hours
  o Bachelor of Science in Nursing (RN-BSN)
  o Bachelor of Science in Health Information Management

  In support of the GCU's ethical stance and Christian Worldview, students will not be permitted to do clinical/practicum hours in elective abortive procedures.

Student Professional Dispositions

One important aspect of the student experience 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. Failure to demonstrate these dispositions through behaviors at any point in the program may jeopardize students' continuation in the program. Students are expected to monitor their development of these professional dispositions, beginning now and continuing throughout their career. 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. Please refer to the complete *Student Professional Dispositions* policy in the University Policy Handbook.

Notification of Change in Licensure or Certification Status/ State Disciplinary Action

If at any time while enrolled in a nursing, athletic training, or other clinical program a licensing agency issues a change in licensure, change in certification status, or enters into an agreement / settlement with a student, the student is obligated to inform Grand Canyon University. Failure to notify the University of any reportable incident and / or change in licensure or certification status, state disciplinary action, or participation in a diversion program (whether voluntary or involuntary) is a violation of the discipline-specific Professional Practice guidelines. Infractions will be submitted to the GCU Code of Conduct Committee for potential University sanctions, including but not limited to, suspension, expulsion, and / or written notification to the appropriate state licensing board / agency. Details regarding this policy can be found in the University Policy Handbook: https://www.gcu.edu/academics/academic-policies.php

Professional Boundaries

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

Professional Dress

College of Nursing and Health Care Professionals (CONHCP) students have a specific dress code listed below. All other students are expected to dress in business casual attire. All students are expected to present themselves as representatives of Grand Canyon University's program.

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

Pre-licensure Student Nursing Uniform Attire

The student uniform should be worn only for specific scheduled clinical, lab, simulation, or classroom activities.

Any deviations in dress at clinical including immersive simulation and lab will result in clinical warning or being sent home from clinical, simulation, or lab and placed on probation. Proper identification **MUST** be worn at all times in all clinical, simulation and lab settings. The uniform and identification requirements of the clinical agency are also to be followed.

The uniform consists of:

- Scrubs and scrub jackets may be purchased through the Lopes Shop or Apparel Pro
  - Wrinkle free purple scrub pants or a skirt below the knees that is purple. The length of the uniform pants cannot touch the floor.
  - Wrinkle free purple scrub tops with modest neckline (must not be revealing or tight fitting)
- Wrinkle free purple scrub jacket only (optional). Hoodies, sweatshirts, bulky jackets, etc. are not permitted.
- Name Badge, available from the College of Nursing & Health Care Professions. The name badge will show the student's picture and list their first name, and "Student Nurse". The name badge must be worn while attending any clinical, lab or simulation activity. Name badge will not be worn outside of the clinical agency. Name badge cannot be altered by the student.
- White or neutral socks or panty hose are to be worn with the uniform.
- Shoes are to be white with white soles and with closed toe/ heels. Shoelaces must also be white.
- Undergarments should not be visible through the uniform.
  - Only white cotton tee shirts, crew neck or turtleneck, may be worn under uniforms for warmth or modesty.
- Additional items to be part of the uniform are:
  - Stethoscope with a bell and diaphragm head
  - Penlight
  - Bandage scissors
  - Black and Red pens
  - Goggles/Protective eye wear
  - If a belt organizer is used, it must be white or purple
  - Watch with a second hand (Smart technology is not allowed)
- Optional items:
  - ROTC students may wear their emblem on the uniform top and scrub jacket

Athletic Training and Pre-Licensure Professional Appearance

Professional appearance must be followed for specific clinical, lab, simulation, or classroom activities.

1. When applicable, the clinical facility's ID must be worn whenever in that facility. Students who do not wear this ID may be asked to leave the facility.
2. Shorts, very short skirts, jeans, tank tops, tube tops, see-through clothing, exercise clothes (acceptable for athletic training when appropriate), and open-toed shoes are not acceptable attire in any clinical agency.
3. Hair should be clean, neatly groomed, and secured off the shoulders such as in a ponytail or bun. For infection control purposes, this will keep hair off the client and prevents contamination. No hair adornments may be worn in the hair in the clinical, lab or simulation settings (for example: artificial flowers, scarves, jewels, or beads). Solid white headbands are permitted.
4. A natural hair color is required with no purple, blue, etc. Beards or mustaches, if worn, should be neatly trimmed.
5. Only clear nail polish may be used if desired. Fingernails should be neatly trimmed and free of cracked nail polish. Acrylic nails, gel nail polish, or any other nail enhancements are not permitted.
6. Permitted jewelry is: one pair of studded earrings less than ¼ inch in diameter in each ear, a watch, a plain ring band. No other visible jewelry is acceptable including necklaces, bracelets, earring gauges, tongue rings or other facial jewelry. Clear spacers and/or plugs may not be worn in place of facial or ear piercings. Tattoos and any other body art must be covered. Students are directed to follow the agency guidelines when in specified areas such as nursery, labor and delivery, and operating room.
7. Perfume, after-shave lotion, heavy makeup and false eyelashes are not acceptable in the clinical, lab, or simulation areas.
8. Skin should be clean and odor free. Regular oral hygiene is a must.
9. Gum chewing is not acceptable.
10. Clothing worn in course activities not requiring student uniform should adhere to professional standards.
    - 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.
    - Men: wrinkle free dress pants, button down shirts, polo shirts (short sleeved shirts with a collar), blazers, shoes that cover the entire foot.
    - Do not wear:
      - Denim material
      - Anything that is see-through, short, tight, or shows too much skin
      - Flip-flops or tennis shoes

11. Cell phone use is not permitted in the lab, in simulation, at the nurses' station, in client rooms or client care areas. Students are expected to follow agency guidelines and clinical instructor directions regarding appropriateness of cell phone usage in the clinical, lab and simulation settings.

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. Students are required to do the following:

- Sign the HIPAA Confidentiality Agreement before any involvement in a clinical agency.
- Know and adhere to a clinical site's privacy and procedures before undertaking any activities at the site.
- Maintain at all times the confidentiality of any client 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 confidentiality agreement by a CONHCP student, faculty or staff member to the appropriate CONHCP clinical instructor or faculty member.
- Understand that a violation of the clinical site's policies and procedures, of applicable law, or CONHCP's confidentiality agreement will subject the student to disciplinary action.

Students are not to do the following:

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

FERPA Guidelines

Students should refer to the University Policy Handbook for the FERPA policy. Students must complete the HIPAA/FERPA Form prior to starting clinical.

Transportation/Travel to Clinical, Lab, & Simulation Sites

Course faculty and the administrator work to put together clinical rotations using a combination of agencies that would provide a varied experience for the students in accordance with the course objectives. When students join the profession, they will be working in different types of settings over their career. Exposure to those settings now, will make them comfortable and competent regardless of which setting they choose to apply to and be employed by.

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

Students must provide their own transportation to the clinical sites and other off campus locations which may be required for nursing class, clinical, lab, or simulation experiences. Clinical sites may be within a 100-mile radius of the program location. GCU, in conjunction with these agencies, makes every attempt to minimize the distance that students travel to their clinical experience, but sometimes additional travel is unavoidable. Attending clinical can be challenging, the students' learning experience is a valuable one and will guide their future as a well-prepared professional.

Students in Transition to Practice Residency will complete the clinical experience in their program site's designated metropolitan area.

Student Travel (Athletic Training)

Athletic Training students are required to provide their own transportation to these clinical rotation sites and must be supervised by a Clinical Preceptor (CP). Travel time may not be logged for clinical contact hours. Please see the student driver waiver in the University Policy Handbook for more information.

Providing or obtaining transportation to and from the clinical sites and paying for all associated costs (i.e. fuel, parking, permits, etc.) is the responsibility of the student.

Bachelor of Science in Nursing (Pre-licensure/ABSN)

The following section provides information on the Bachelor of Science in Nursing (Pre-licensure) program, specifically. This section contains information regarding the clinical, simulation, and lab experiences that students must adhere to, in addition to the policies explicit in the University Policy handbook.

BSN Pre-licensure Clinical Placements

All students in the BSN pre-licensure program are assigned an OFE Counselor and will be scheduled for an appropriate Level 1, Level 2, Level 3, and Level 4 clinical experiences to align with progression of didactic courses which form the core of the program. Clinical rotations may be scheduled on any day of the week including weekends. Clinical rotations may also be scheduled overnight depending on clinical availability.

The OFE Counselor will work with students to ensure all health and safety and site required documents are verified and on file prior to clinical placement. It is the student's responsibility to work to complete these requirements timely to ensure successful placement. When possible, students will typically be notified a minimum of a month in advance of the beginning of clinical assignments. Clinical assignments are subject to change. Students will be notified of changes by their OFE Counselor. Transition to Practice Residency is a different process that is competitive and requires a preceptor. Students will be sent information on this program during their Level 3 experience.

Students in certain clinical settings may be required to obtain COVID testing. The frequency of testing will be based upon clinical site requirements and could vary depending on current COVID positivity rates. The student is responsible for all costs associated with testing.

The Office of Field Experience will allow students the ability to trade clinical rotations for levels 2, 3, and 4. The window to complete trades will be communicated to students by their Field Clinical Counselor during notification of future clinical rotation schedule. Written confirmation from both the student and their cohort classmate who is willing to trade is required by the deadline set in order to request the change. Field Clinical Counselors will review all trade requests. Please note, approvals will be granted on a case-by-case basis. No trades past the given deadline will be reviewed.

myClinicalExchange (mCE)

Clinical rotations are reserved using mandatory database systems that all users must register for and participate in as part of regional pre-licensure nursing education management processes. Students are required to complete an online orientation program as part of their clinical education experience. Students onboard for clinical experiences through OFE or myClinicalExchange (mCE), a web-based automated tool used to operate, administer, and manage clinical placements. Students cannot be entered into a clinical rotation unless they are registered in mCE. mCE uses a Pay-Pal system to charge individuals for setting up their account. All mCE fees are at the student's expense. The year begins with the date the mCE profile is first created. Each student will create their own account by going to the following link: https://register.myclinicalexchange.com.
Students should take immediate action upon receiving this notification. mCE assists in placing students for valuable learning experiences. If students require any additional information, they should contact their OFE Counselor.

Clinical Experiences for RN Programs

A registered nursing program shall provide clinical instruction that includes, at a minimum, selected and guided experiences that develop a student's ability to apply core principles of registered nursing in varied settings when caring for:

- Adult and geriatric clients with acute, chronic, and complex, life-threatening, medical and surgical conditions;
- Peri-natal clients and families;
- Neonates, infants, and children;
- Clients with mental, psychological, or psychiatric conditions; and
- Clients with wellness needs.

A nursing program may utilize simulation in accordance with the clinical objectives of the course and this time would be considered clinical hours earned

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Skills Laboratory and Immersive Simulation Experience

Skills is an inclusive term for psychomotor skills that includes rationale, critical thinking, physical assessment, medications and fluids. The Skills Lab is where students will be introduced to new skills, be expected to practice, and be evaluated on their competency performance. Simulation activities will be integrated throughout the curriculum.

As students progress through their nursing program, they will spend time in the skills lab each semester, whether they are learning new skills, reviewing previously learned skills, or being evaluated in preparation of clinical. Simulation activities will be a key component of all these elements, whether it is using a simple task trainer, a complex full-bodied simulator, or a peer. Critical thinking is encouraged by incorporating the rationale for the learning objectives as well as understanding the nursing assessments and responsibilities that accompany these skills. Evaluation is a continuous process utilizing peer evaluations, course skills testing and clinical experiences. The lab and simulation faculty and staff collaborate with the course faculty to coordinate nursing theory and clinical.

Students have the opportunity to practice independently, with peers and with faculty to develop nursing skills. How much time students dedicate to practice is dictated by how quickly they learn and by the difficulty level of the skills. Practice is completed on students' own time and testing may either be on their own time or during scheduled class/clinical time (course dependent).

The skills lab is an integral part of the students' nursing education, where they have the opportunity to overcome their own fears and insecurities while working with a variety of task trainers, simulators, and actual hospital equipment. By using the provided equipment and supplies, students are able to simulate a clinical environment where they have the ability to learn and practice safely without causing harm to their clients.

The primary goal of the skills lab is to provide an environment for students to become competent with their nursing skills and thereby becoming a safe practitioner while working towards excellence in nursing.

Student Lab Skills and Simulation Responsibilities

1. The skills lab is an extension of students' clinical and academic programs. Therefore, all the same requirements for maintaining professional behaviors in both clinical and academic settings apply (i.e. dress and behavior, etc.).
2. No food or drink allowed
3. No children or animals allowed
4. No cell phones during testing or in student work areas Photographs, videotaping, and recording is prohibited during skills lab or simulation.
5. Students are required to wear their student ID at all times while in the lab and follow the recommended dress code of the college.
6. Respect lab personnel and equipment at all times.
7. Review and check lab schedules for open and closed times (posted outside of lab areas and in SharePoint calendar)
8. Students are prohibited in the simulation control room.
9. Review the course syllabus for due dates and late assignment policies.
10. Failure to meet deadlines may result in failure to meet course objectives.
11. Review all skills guidelines for each check-off.
12. Practice/Testing areas: Follow directions/signs for use of lab space and equipment. Ask for directions and for location of practice or testing equipment.
13. Students may be given equipment for their own use during the semester for certain classes. If they are given equipment from the skills lab, it is their responsibility to keep this equipment (i.e. Cath kit) intact and to bring it with them to skills lab and/or practice lab.
14. High-fidelity simulators are only to be operated by trained faculty and/or staff.
15. If at any time a student's equipment becomes faulty, it must be returned to the lab for disposal and for replacement.
16. Do not move simulation equipment or simulated parts ("manikins") without the help of lab personnel.
17. Do not use betadine on human simulation equipment ("manikins").
18. Use beds for practice and testing purposes only.
19. Report any malfunctioning, unsafe, or damaged equipment to lab personnel immediately.
20. If students are aware that they have a latex allergy, or suspect that they do, it is their responsibility to notify skills lab personnel. Non-latex gloves and equipment are available upon request.

Please refer to the Lab, Simulation and Clinical Safe Practice Guidelines policy in the University Policy Handbook.

Pre-licensure General Health and Safety Requirements

Students are expected to take measures to maintain their personal health so as not to jeopardize themselves or any client with whom they come in contact. Students who are accepted into the programs must show evidence of the CONHCP required immunizations and diagnostic procedures as required by the clinical agencies utilized. At any time, a student may be required to receive a medical examination if deemed necessary by the faculty for the wellbeing of the student and/or the clients.

As students are in contact with clients in a variety of health situations, it is imperative that they maintain protection against communicable illnesses. In addition, students must meet agency health requirements to enter clinical course work. Students are

responsible for updating BLS, personal health insurance, TB screening, Influenza and Tetanus immunizations when needed. Students will not be allowed to participate in clinical experiences unless all agency and GCU requirements are current. Any student that falls out of compliance due to expired documentation will immediately be restricted from clinical participation until renewed documentation is provided and coinciding faculty will be notified. Missing clinical may jeopardize a student from being successful in the program. All students will be contacted early in their program by the Office of Field Experience and provided guidance on the proper submission of required health and safety documentation.

Students will adhere to all guidelines for Standard Precautions within the clinical, lab and simulation areas.

Required Prior to Starting BSN Clinical Coursework

Upon acceptance into the nursing program, and prior to starting the major coursework and clinical phase of the program, students must complete the following:

1. Sign the Health Insurance Portability and Accountability Act (HIPAA) Confidentiality Agreement before any involvement in a clinical setting.
2. Attend College of Nursing and Health Care Professions training or an approved in-classroom clinical instruction on requirements relating to patient privacy.
3. Complete the Substance Screening. Please refer to the University Policy Handbook for additional information.
4. Provide the following health information to the Office of Field Experience at least two weeks before the semester start date where the student will begin their clinical coursework. Some requirements will need to be updated after the initial screening/immunization. Please refer to the University Policy Handbook for additional information.

- Health history & physical exam using the GCU Health/Physical Exam form
- Current health insurance coverage
- N-95 Fit Testing Documentation (Provided in your first few weeks of lab)
- Photo ID – Passport or driver's license
- Proof of immunization and/or immunity:

  o Tuberculosis (TB) screening
  o MMR (measles, mumps, rubella)
  o Varicella Zoster (VZV)
  o Tetanus-Diphtheria-Pertussis (Tdap)
  o Influenza
  o COVID-19*Grand Canyon University does not require the covid-19 vaccine for students or staff, however, if a student is provided a placement at a clinical facility that requires this vaccine, proof of vaccine must be provided prior to clinical clearance. Healthcare agencies determine exemption criteria and if offered at the site, students will need to be approved and compliant prior to clinical deadlines.
  o Meningococcal (recommended; not required)
  o Hepatitis A (recommended; not required)
  o Hepatitis B (recommended; a signed waiver is required if the vaccination series is not completed or declined by the student)
- Submit a BLS for HealthCare Providers course completion card through American Heart Association. Online-only courses will not be accepted. The certification has to remain current throughout the program.
- Submit an Arizona Department of Public Safety Fingerprint Clearance card (Arizona students only).

Tuberculosis (TB) For continued enrollment – required annually	Initial Tuberculosis testing must be a 2-step PPD (repeated PPD) or IGRA test (QuantiFERON®, T-Spot).If the first PPD is negative, a second skin test is required within 7 – 21 days. Subsequent tuberculosis testing is a one-step PPD repeated annually. The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test. A TB test is valid for one year. TB records must be current and on file. For positive skin tests, an annual symptoms checklist is required, and date of positive conversion provided. CXRs will be required. A chest x-ray is valid for 1 year. The IGRA test (QuantiFERON®, T-Spot) 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. Evaluation will be made on an individual basis.
MMR: Measles, (Rubeola), Mumps, Rubella	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.

Tetanus- Diphtheria- Pertussis (Tdap) **For continued enrollment - required** **10 years from date of last vaccine.**	Documentation of Tetanus-Diphtheria with Acellular Pertussis vaccination administered within the past 10 years.
Influenza (Flu) **For continued enrollment - required annually.**	Flu vaccines are available from late 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 current immunization, then you may sign a waiver and upload it into your student portal to document your medical exception. 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.
Hepatitis B	Hepatitis B vaccine (2 or 3 doses depending on vaccine), Hepatitis B Waiver, or blood titers are required. A lab confirmation must be presented (see below) if using blood titers. You will be required to repeat the vaccine series if there is no immunity. If you have repeated vaccination series and completed a second titer and the results are still negative, equivocal, or borderline, then you may sign a waiver for this disease. A waiver is required if vaccine not administered. If you have a medical condition which does not allow current immunization, then you may sign a waiver and upload it into your student portal to document your medical exception. Evaluation will be made on an individual basis.
DPS Fingerprint Clearance Card **For continued enrollment:** **Unexpired card required.**	Arizona students only: The FP Clearance card must be submitted prior to beginning the program for all new students. This is not a copy of your actual fingerprints. See the Department of Public Safety for forms &/or questions: http://www.azdps.gov/Services/Fingerprint/ When requesting a fingerprint clearance card, please ask for a "Healthcare Student" 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.
Varicella (Chicken Pox)	Documentation of history of chicken pox is not sufficient. Student must be vaccinated with two doses of Varicella vaccine, separated by at least 28 days. Students must show proof of positive immunity (lab evidence indicating positive varicella titers). If titers results are negative, equivocal, or borderline documentation of the two doses of Varicella must be submitted.
COVID-19*	The number of doses needed depends on which vaccine you receive. - Two Pfizer-BioNTech vaccine doses should be given 3 weeks (21 days) apart. - Two Moderna vaccine doses should be given 1 month (28 days) apart. - Johnson & Johnsons Jansen (J&J/Janssen) COVID-19 vaccine requires only one dose. If you receive a vaccine that requires two doses, you should **get your second shot as close to the recommended interval as possible.** However, your second dose may be given up to <u>6 weeks (42 days) after the first dose, if necessary</u>. You should **not** get the second dose earlier than the recommended interval. *Grand Canyon University does not require the covid-19 vaccine for students or staff, however, if a student is provided a placement at a clinical facility that requires this vaccine, proof of vaccine must be provided prior to clinical clearance. Healthcare agencies determine exemption criteria and if offered at the site, students will need to be approved and compliant prior to clinical deadlines.

Protocol for Patient Safety Event:

Incidents involving any safety event, incident, or condition that could have resulted or did result in harm to a patient must be:
- Reported by the clinical instructor or preceptor immediately to the Director/Manager and/or Program Lead at the University.
- Reported by the clinical instructor or preceptor immediately to the health care facility leadership.
- The clinical instructor or preceptor must complete the CONHCP Incident Report form.

- The student or students involved in the incident must complete the Student Reflection portion of the CONHCP Incident Report form.

The patient safety event will lead to an investigation. Please refer to the complete Patient Safety Event policy located in the University Policy Handbook.

Protocol for Puncture Wounds and Exposure to Blood or Bodily Fluids:

- Incidents involving any type of needle stick or body-fluid exposure must be reported to the Preceptor/ Faculty/Facility immediately. The faculty will then notify the Pre-licensure Director or Manager.
- All students must follow the protocol for safe needle usage when practicing or performing parenteral injections, IV starts, blood draws, using syringes, or performing any invasive procedure while in lab, simulation or clinical settings. The student must follow the protocol for needle usage at the agency where clinicals are 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
- Follow up with a health care provider who will make a determination of Tetanus immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
- Complete a CONHCP Incident Report (available from the CONHCP) to be filled out by the student and the supervising faculty or instructor who was present during the incident. A copy of this report will be given to Pre-licensure Director or Manager 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.

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 preceptor/faculty/supervisor.
- 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 CONHCP Incident Report (available from the CONHCP) to be filled out by the student and the supervising faculty or instructor who was present during the incident. A copy of this report will be given to the Pre-licensure Director or Manager 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.

Available Medical Professional Services in the Metro Phoenix Area

1. Maricopa County Public Health Clinic
   STD/HIV Testing
   Phoenix, AZ 85006
   602-506-1678
   Clinic Hours: Monday, Tuesday, Thursday, Friday 8:00 am- 5:00pm; Wednesday 9:00am – 5:00pm
   Please register before 3 pm, no appointment necessary
2. Planned Parenthood Centers
   *Please contact individual center to verify ability to provide PEP services
   *Clinic hours vary per location
3. Valleywise Health-Emergency Department
   2601 East Roosevelt Street
   Phoenix, AZ 85006
   Hours: 24 Hours available

Available Medical Professional Services in the Tucson Area

1. Banner University Medical Center Tucson – Emergency Department

    1501 N. Campbell Ave

    Tucson, AZ 85724

    The process is to show up at the ED within the 72 hours window from time of exposure, the sooner the better. The student should state that they have a possible HIV exposure and need PEP.

Available Medical Professional Services in the Salt Lake City, UT Area

1. Salt Lake County Health Department
    STD/HIV Testing Clinic
    610 South 200 East 2nd Floor
    Salt Lake City, AZ 85006
    385-468-4242
    Clinic Hours: Monday-Friday 8:15 am- 4:00pm
    Walk ins accepted but to guarantee visit, please make an appointment

2. Salt Lake Regional Medical Center-Emergency Department
    1050 East South Temple
    Salt Lake City, UT 84102
    801-350-4111
    Hours: 24 Hours available

Available Medical Professional Services in the Las Vegas, NV Area

1. The UMC HIV/Hepatitis C Wellness Center

    701 Shadow Lane Second Floor
    Days / Hours of Operation:
    Monday through Friday, 7:30am - 4:30pm (closed for lunch between 12:00pm-1:00pm)
    Telephone: (702) 383-2691

2. CVS Minute Clinic

    Go to https://www.cvs.com/minuteclinic/services/hiv-pre-or-post-exposure-treatment to find a location and schedule an appointment

**Note: Above services are subject to change. It is strongly encouraged for the student to contact the service to verify ability to provide PEP services.

Communicable Disease Exposure Plan

During field experiences, students may be exposed to communicable diseases. Students may be required to seek medical attention according to agency and Centers for Disease Control and Prevention (CDC) guidelines. Financial responsibility for testing and recommended care following an exposure rests solely with the student. This could include testing, evaluation, treatment, and counseling. Complete a CONHCP Incident Report (available from the CONHCP) to be filled out by the student and the supervising faculty or instructor who was present during the incident. A copy of this report will be given to the Pre-licensure Director or Manager and placed in the student's file.

Written medical clearance from a health care provider submitted to Student Disability Services as well as permission of the Pre-licensure Director or Manager is required before students with aforementioned concern will be allowed to utilize the laboratory, simulation, or clinical areas.

Students should not be assigned clients known or suspected to be infected with pathogens transmitted by the airborne route (e.g., tuberculosis, measles, chickenpox, disseminated herpes zoster, COVID-19) unless students have been fit-tested for the NIOSH-approved N95 or higher-level respirator for healthcare personnel.

COVID-19 Exposure Plan

Students are to follow current guidelines for transmission mitigation as set forth by the CDC (which can be found at https://www.cdc.gov/coronavirus/2019-ncov/faq.html), as well as state and local government, and health care facilities. To protect yourself and others, all students will be required to follow the practices outlined below:

*   Rigorously practice hand hygiene, cough/sneezing etiquette and sanitation.

- Avoid touching your eyes, nose and mouth with unwashed hands.
- Wear proper PPE at all times while in the clinical, lab, and simulation settings.
- Clean and disinfect frequently touched objects and surfaces in your work area.
- Be mindful of the changing CDC guidelines for travel and self-quarantine requirements.

Students must be free of <u>any</u> symptoms potentially related to COVID-19 in order to attend lab, simulation or clinical experiences including.

Check the CDC website for updates on this symptom list.

If a student develops any symptoms or believe they have been exposed, they will continue with the following:

- Immediately contact the **COVID Hotline** at **602-639-7300 option #3**.
- The student is responsible for all costs related to the exposure incident.
- The student is required to follow the Student Disability Services (SDS) process for absence verification and clearance.

A student diagnosed with COVID-19 may be highly infectious and will not be able to attend lab, simulation, or clinical experiences until they have completed their required isolation/quarantine period.

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
- 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 clinical instructor will complete a CONHCP Incident Report (available from the CONHCP) to be filled out by the student and the supervising faculty or instructor who was present during the exposure A copy of this report will be given to the Pre-licensure Director or Manager and placed in the student's file.
- The student will be counseled immediately and referred to his or her personal health care provider or the local Health Department.
- 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.

1. 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:
   a) The student has received adequate therapy for a minimum of 2 weeks.

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

Counseling Services for Students

Available resources for main campus students: https://students.gcu.edu/student-affairs/office-of-student-care
Available resources for Maricopa County: https://mentalhealthresources.org/maricopa-county-arizona/
Available resources in the Tucson area: https://www.library.pima.gov/content/free-and-low-cost-mental-health-resources/
Available resources for the Salt Lake City, UT area: https://healthcare.utah.edu/hmhi/programs/crisis-diversion/
Available resources for the Las Vegas, NV area: https://dpbh.nv.gov/Programs/ClinicalBHSP/HOME_-_Behavioral_Health_Services_Planning/

Performance Evaluations by Preceptor

Transition to Practice (TTP) in Pre-licensure Nursing Program

The Transition to Practice Nurse Residency Program clinical nursing course aligns with its co-requisite didactic course and builds on prior knowledge, skills, and attitudes from other courses and levels within the program. The RN Preceptor in collaboration with the Residency Site Supervisor will perform both a midterm and final clinical evaluation, using the Clinical Evaluation Tool (CET) for the student.

Bachelor of Science in Nursing (RN to BSN)

Expectations for Practice Experiences in the RN-BSN Program

Clinical practice experiences are an essential component of the post-licensure BSN program. The *Capstone and Practicum* course combines scholarly activities with clinical practice experiences designed to synthesize learning into the practice environment and impact health outcomes of the recipient (individual patients, families, groups, communities, or populations) of nursing care or services.

The American Association of Colleges of Nursing (2012) defines nursing and the achievement of baccalaureate standards as follows:

> Nursing is a practice discipline that includes both direct and indirect care activities that impact health outcomes. Baccalaureate programs provide opportunities for practice experiences designed to assist graduates to achieve *The Essentials of Baccalaureate Education for Professional Nursing Practice.* All baccalaureate programs, including RN-BSN programs, must provide practice experiences for students to bridge to baccalaureate-level professional nursing practice" (AACN, 2012).

To meet course and program outcomes, students enrolled in the RN-BSN Program are expected to participate in planned, clinical practice experiences that refine professional competencies at the baccalaureate level and enable students to integrate new knowledge and higher level skills reflective of educational preparation at the baccalaureate degree level. All students, regardless of licensure status, must complete clinical practice experiences that build upon prior learning as a part of a pre-licensure program (diploma or associate nursing).

Professional growth to meet RN-BSN Program outcomes are identified and documented using the Individual Success Plan (ISP). Students develop individual plans to achieve specific learning goals with their assigned faculty member and in collaboration with a mentor/preceptor identified by the student from the practice setting in which the clinical practice experience is planned.

Mentors/Preceptors are in the practice setting to support student learning objectives and oversee the practice experience. For faculty to approve mentors/preceptors identified by students, mentors/preceptors must:

- Possess a current, active, and unencumbered RN license in the state in which the practice experience is taking place or hold multistate license in either a compact state or enhanced Nurse Licensure Compact (eNLC)
- Hold a Bachelor's degree in Nursing (BSN) or higher
- Have a minimum of 3 years of practice experience in direct client care
- May not be a relative or personal friend of the student
- Be available to the student to serve as a resource during the practice experience
- Be available to participate in the evaluation process by providing feedback to the student and the faculty member completing the final evaluation of the student

Faculty are responsible for working directly with students to select a practice experience and setting deemed appropriate to meet learning objectives of the course as well as guide students in identifying an appropriate scholarly capstone project to demonstrate application of knowledge in the areas of research, leadership, and community / public health. ***Practice experiences, settings, mentors/preceptors, and projects must be approved by the faculty.***

Practice Experience Objectives

- Demonstrate and apply knowledge of factors to consider when planning to work with a chosen community.
- Demonstrate and apply knowledge of approaches that will facilitate engagement of the community.
- Demonstrate and apply knowledge and skills required to work constructively with communities.
- Demonstrate and apply knowledge related to engagement of organizational leadership and change agents.
- Demonstrate and apply knowledge related to disseminating project findings/data with organizational leadership and change agents.
- Demonstrate and apply knowledge related to completing an evidence-based project to impact population health outcomes.
- Demonstrate and apply Healthy People 2020 principles related to completing an evidence-based project to impact population health outcomes.

There are currently multiple versions of this program in operation, depending on the students' enrollment agreement. Please check with the Office of Field Experience (OFE) if you do not know which experience pertains to your enrollment agreement and program version.

Practice Experience Hours

The total number of practice hours required in the Capstone and Practicum Course: 100 hours

Clinical Practice Experience Hours in NRS-493 and NRS-491:

- All clinical practice hours must be completed with an approved preceptor at the clinical setting
- 50 clinical practice hours will be dedicated to learning objectives in community health
- 50 clinical practice hours will be dedicated to learning objectives in leadership

Practice Immersion Experience Hours in NRS-490:

- Practice immersion hours will be obtained through a combination of assignments, professional development activities, and time spent in the clinical practice setting.

Hours NOT Included

Hours spent participating in the following activities cannot be counted toward the total number of practice hours required in the Capstone and Practicum course:

- Attendance / participation in seminars, conferences, employee learning, or continuing education (CE) programs
- Time spent traveling to and from practice settings
- Time participating in the pre-/mid-/post- evaluation meetings with faculty and preceptors (NRS-493 and NRS-491)
- Non-qualifying course activities and assignments, ie. those not expressly listed in the course syllabus

Practice Settings and Experiences

Clinical Practice Settings for NRS-493 and NRS-491:

- Acute Care Hospital **ONLY** when paired with *Infection Control Nurse*, *Nurse Case Manager, Case Manager in Utilization Review, Emergency Department Navigator, Chief Nursing Officer, Director of Nursing, or Charge Nurse as preceptor*
- Hospital-Based Clinic
- Occupational Health Setting (not employee health nurse)
- Insurance company when paired with *Nurse Case Manager*
- Public Health Department
- Indian Health Services
- Community Health Center / Clinic
- University / School Health Center
- Outpatient/ Community Health/Clinics/Urgent Care working with a preceptor who is a:
    - Nurse Practitioner
    - Home Health Nurse
    - Hospice Care/ Palliative Care Nurse
    - Transitional Care Manager
    - Nurse Navigator
    - Ambulatory Surgical Nurse
    - Dialysis Center Nurse
    - School Health Nurse
    - Prison/Correctional Nurse

Clinical Practice Experiences for NRS-493 and NRS-491:

- Perform direct assessments of a community / population of interest
- Develop a health promotion / wellness intervention to address specific health issues / needs of a community as identified in the direct assessment
- Perform a direct assessment of organizational needs pertaining to the detection of at-risk or vulnerable populations
- Using assessment results, influence the delivery of care, deployment of resources, and / or the development of policies to promote health and prevent disease
- Possible categories for **community** clinical practice:
    - Primary prevention: health promotion education
    - Secondary prevention: screenings for vulnerable population

- o Bioterrorism: disaster preparedness education
- o Environmental issue detection and staff training
- Possible categories for **leadership** clinical practice:
  - o Develop a new policy or update and outdated policy
  - o Implement a quality improvement initiative
  - o Improve communication between patient care units
  - o Implement a new procedure
  - o Evaluate patient outcomes after a new nursing practice was implemented
  - o Create education for safe and effective use of new technology
- Develop and implement an education initiative to address detection of at-risk or vulnerable populations*
  - o *May be completed with a nurse leader or infection control nurse as a preceptor.

Practice Immersion Settings for NRS-490:

- Inpatient, outpatient, ambulatory, or clinic settings
- Acute, long-term, rehabilitative, or sub-specialty care settings
- Community settings
- Public health settings
- Educational settings

Practice Immersion experiences for NRS-490:

- Direct and indirect patient care*
- Patient or population teaching
- Population interventions
- Quality assurance / improvement projects
- Leadership and change projects
- Process or policy development

*Definitions of indirect and direct patient care, as defined by AACN (2012), are provided.

Direct Care / Indirect Care

Direct care refers to nursing care activities provided at the point of care to patients or working with other healthcare providers that are intended to achieve specific health goals or achieve selected health outcomes. *Indirect care* refers to nursing decision, actions, or interventions that are provided through or on behalf of patients. These decisions or interventions create the conditions under which nursing care or self-care may occur. Nurses might use administrative decisions, population or aggregate health planning, or policy development to affect health outcomes in this way (AACN, 2012).

Worksites as Settings for Practice Experiences

The line between current employment and practice immersion hours and projects must remain clear to the organization, the mentor/preceptor, the faculty, and the student. Students must be able to demonstrate the achievement of the BSN competencies, regardless of whether they are in their current place of employment or a different practice setting. Students may only complete their hours in their workplace setting under the conditions described below.

Criteria for approving worksites for clinical practice experiences (NRS-493 and NRS-491) or practice immersion (NRS-490) include:

- The workplace setting must meet the leadership and community learning objectives identified in the course
- Goals and boundaries are clearly identified and agreed upon by the faculty, mentor/preceptor, and workplace manager
- The student is assigned to a department different from his/her current work department
- Organization/ setting permits the student to complete the experience in the workplace setting

In all cases, students should ask the organization or department to share existing practice problems as a means to identify an evidenced-based solution (nursing practice intervention) mutually supported by the organization / department. Worksite settings that do not meet the leadership and community course objectives are NOT permitted.

Securing Practice Experience Sites

It is the responsibility of the student to identify clinical placements and preceptors. Should a student have difficulty securing a site, the Office of Field Experience will provide assistance to secure a placement on the student's behalf. Priority will be given to those students who have submitted the application and all required documentation by the appropriate deadlines. Practice site should be selected a minimum of 4-6 months in advance of placement (in their PHI-413V course) to ensure all necessary approvals are

completed (prior to the NRS-493 or NRS-491 course). If the practice site requires an Affiliation Agreement, please contact the Office of Field Experience (OFE). Students are encouraged to contact the Office of Field Experience (OFE) for answers to site-specific questions and support when securing a practice site.

The practice site selected may be used for educational purposes. Students may not receive payment for practice experiences.

When a Mentor/Preceptor Agrees to Serve

Once a mentor/preceptor has agreed to serve in the role of mentor/preceptor, the student must complete and submit the Site Information Form to their faculty for approval in the LoudCloud classroom. This should occur immediately following acceptance so that practice experiences can begin in a timely manner. Delays in identifying and completing the appropriate paperwork may result in difficulty completing course requirements or successful completion of the course.

The student is responsible for obtaining all signatures and for submitting paperwork to the correct individual / department. Faculty will approve all sites and mentors/preceptors according to the course objectives and student learning needs. Prior to the start of the practice experience, a copy of the mentor/preceptors' license and CV, or resume, must be on file for the faculty to approve. Agencies may require an Affiliation Agreement. If an agreement is needed, the student should contact the Office of Field Experience (OFE) as soon as they are made aware.

Affiliation Agreements

If a Memorandum of Understanding (MOU) is not accepted by the site, the College of Nursing and Health Care Professions must have a facility contract with the site prior to the student beginning a practice experience. An Affiliation Agreement must be obtained for each site the student plans to utilize. It is the student's responsibility to give OFE their sites' coordinator information, so that the OFE can work directly with leadership at the facility / agency to obtain the signed, legal contract. **Please remember the planning form is not a contract when submitted for approval**. The planning form initiates the process of securing the final agreement and ensures liability coverage. Failure to complete the form completely and accurately can slow this process and may prevent the student from beginning the clinical experience on time.

If a current agreement is not already in place, the OFE will send the legal contract directly to the agency. Completing new facility / agency agreements require a considerable amount of time therefore, **please allow at least four to six months for a new agreement to be finalized.** An affiliation Agreement must be in place prior to the course start date. Once an Affiliation Agreement has been finalized, students will be notified via email.

Some facilities may have specific requirements for documentation prior to placing students. Students must work with both the facility / agency and OFE to ensure all requirements are met (e.g. a hospital may require a background check, different from other background checks that may have already been completed and reserves the right to specify their own institutional requirements). The university does not have control of these circumstances.

Roles and Responsibilities

Student Responsibilities

- Ensure a MOU or an Affiliation Agreement has been approved.
- Align individual learning objectives from the Individual Success Plan (ISP) with course and program objectives.
- Review course objectives and learning needs with mentor to develop strategies to meet them.
- Maintain professional behavior in the setting at all times including professional dress, professional ethics, and professional communications.
- Demonstrate increasing competency while incorporating evidence-based practice guidelines.
- Adhere to professional attire that is in accordance with site requirements.
- Function in the role of the nursing professional under the guidance of the mentor/preceptor
- Participate in pre-/mid-/post- practice experience conferences with faculty and mentor/preceptor, if applicable.
- All clinical hours must be completed during the specified course.
- Complete mentor/preceptor, faculty, site, and course-related evaluations.

Faculty Responsibilities

- Approve all mentors/preceptors, practice experiences, and Individual Success Plans (ISPs) in the LMS classroom.
- Promptly communicate issues of concern regarding student academic progress or unsafe practice to mentor/preceptor.
- Provide preferred method of communication and be available answer questions or concerns regarding the student's practice immersion experience.
- Provide regular feedback to improve the student's knowledge and skills
- Facilitate pre-/mid-/post- practice experience conferences with mentor/preceptor and student in the NRS-491 and NRS-493 course

- Document pre-/mid-/post- practice experience conferences located in the LMS classroom
- Facilitate student's progressive independence in knowledge and skills by supporting the student's autonomy
- Facilitate professional socialization
- Assist student and mentor to optimize the learning environment
- Communicate with student as needed throughout the course
- Issue an Early Alert for unsatisfactory academic or professional behaviors
- Complete the evaluation of student performance incorporating feedback from the mentor/preceptor
- Complete course-related evaluations that provide feedback to the student, the mentor/preceptor, and the practice setting
- Grade course assignments and issue a final grade for the course

Mentor/Preceptor Responsibilities

- Orient student to the site and agency policies
- Discuss with student the preferred method for communication
- Review with student the site's client population, most frequent diagnoses and procedures commonly performed, if applicable
- Discuss mentor/preceptor and agency expectations
- Review the objectives of the course and student's learning objectives to determine the type of learning opportunities that will enhance the student's learning. Direct the student to resources and evidence based readings and areas for quality improvement.
- Provide a variety of appropriate learning experiences. If available, encourage participation in interdisciplinary team meetings
- Facilitate a collaborative and mutually respectful environment in which to learn
- Share expertise, tools, and references that will aid the student in role transition.
- Provide time to mentor/preceptor student learning by answering questions and reviewing material
- Promptly communicate to faculty regarding issues of concern or unsafe practice
- Provide regular feedback to improve the student's knowledge and skills
- Facilitate student's progressive independence in knowledge and skills by supporting the student's autonomy
- Facilitate professional socialization
- Participate in pre-/mid-/post- practice experience conferences with faculty and student
- Complete course-related documents that provide feedback to faculty

Student, Faculty, and Preceptor Meetings (NRS-493 and NRS-491 Course)

Pre-/mid-/post- conferences between the student, faculty, and preceptor are mandatory.

A *pre-conference* will occur prior to the start of the practicum experience. This meeting is intended for the student, faculty, and preceptor to review course and program learning objectives, the Individual Success Plan (ISP), proposed capstone project, and the roles / responsibilities / expectations of students, faculty, and preceptors. The preceptor and student will attest to meeting by signing the preceptor approval form and submitting to the classroom in the first week for faculty approval of the proposed experience.

A *mid-term conference* will occur at the mid-point of the course. This meeting is intended for the student, faculty, and preceptor to discuss student progress toward meeting the learning goals contained in the Individual Success Plan (ISP) and course learning objectives. Progress toward completing the written capstone project will also be discussed with faculty recommendations for project development. 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.

A *post-practice experience conference* will occur at the end of the course. This meeting is intended for the student, faculty, and preceptor to discuss achievement of goals and evaluation of course-specific competencies / requirements identified in the practice experience clinical evaluation tools (evaluation of student, student evaluation of preceptor, and evaluation of practice setting). The final evaluation will be completed electronically 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.

Logging Practice Experience Hours

Logging Hours in NRS-493 and NRS-491:

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the student's RN to BSN program which can be accessed through the student portal.

Logging Hours in NRS-490:

The Individual Success Plan (ISP) is used to track practice hours. This must be signed by the student's mentor the first week of class and prior to the end of the course to verify all hours have been met. All practice experience assignments and hours will be reviewed by the faculty and feedback provided to the student in the LMS classroom.

Capstone/Practicum Programmatic Assessments

The Individual Success Plan (ISP) requires collaboration with the course faculty in the first week to establish a plan for successful completion of mutually identified goals and specific deliverables to meet course and programmatic requirements. ISPs are intended to guide students in developing their learning plan over the 10-week course. Programmatic requirements include: (1) completion of the required 100 clinical practice experience / practice immersion hours, (2) completion of work associated with program competencies, (3) work associated with completion of the student's Capstone Project. ISPs are submitted to the LoudCloud classroom. The template can be located in the LMS classroom.

Capstone Project

The capstone project is a practice experience assignment which offers students an opportunity to research and propose an evidence-based, nursing intervention to address an issue significant to nursing practice within a clinical environment. Students identify a specific patient population, or clinical department, within their chosen practicum environment to design and propose an evidence-based solution. Faculty must approve capstone projects. Faculty and mentors / preceptors support students toward project completion.

Examples of practices experience assignments are listed in Appendix A of the document titled: *American Association of Colleges of Nursing - White Paper: Expectations for Practice Experiences in the RN to Baccalaureate Curriculum.*

Link to document: http://www.aacnnursing.org/Portals/42/News/White-Papers/RN-BSN-Expectations-White-Paper.pdf

Clinical Practice Experiences for Students Enrolled in NRS-431

The NRS-431 practicum course is designed for RN-BSN students seeking Public Health Nursing (PHN) Certification in the State of California. The practicum course provides students 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 90 hours of field experience in an approved public health setting under close supervision of a qualified preceptor approved by the College. Students are expected to engage in hands-on application of public health nursing knowledge in practice (observing or shadowing is not acceptable as a primary activity). Clinical activities should lead to a tangible product at the end of the experience (i.e., a report, health educational materials, etc.).

The practicum experience integrates the following Standards of Public Health Nursing Practice:

- *Assessment*: collection of comprehensive data pertinent to the health status of population
- *Population diagnosis and priority setting:* 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

Prior to enrolling in the practicum course and beginning the clinical experience, students must secure clinical placement with the Office of Field Experience (OFE) and meet all necessary health and safety requirements identified by the clinical site.

Selecting a Public Health Nursing Clinical Site

The public health setting chosen by the student must employ professionals with the title and function of public health nurse. Appropriate clinical 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. 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 Public Health Nursing Activities

Standard	Description	Examples of Suitable Practicum Activities	Examples of Suitable Practicum Sites
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 community or a health system.	State or local health department State or local health department Hospital, clinic, or community health center Behavioral/mental health organization
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.	
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.	
Planning	Development of plans that reflects best practices by identifying strategies, action plans and alternatives to attain expected outcomes.	• Develop a disaster preparedness plans (i.e., for a health system, for a community, etc.).	
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.	

Standard	Description	Examples of Suitable Practicum Activities	Examples of Suitable Practicum Sites
Evaluation		• Identify, interpret, and/or analyze public health laws, regulations, and policies. • Prepare an evaluation plan for a grant for funding.	

Preceptor Requirements:

- Current, active and unencumbered RN license in the State of California
- Current certification in Public Health Nursing
- Hold a bachelor's degree in nursing (BSN) or higher
- Minimum of 2 years current work experience in public/community/population health
- Must be practicing as a public health nurse
- Able to provide opportunities to work with other public health professionals as appropriate to augment the practicum experience
- Able to identify clinical experiences that meet course requirements
- Preceptors cannot be relatives, personal friends or a direct supervisor of the student
- Preceptors may work at a student's place of employment but cannot work in the same department as the student.

Preceptor Responsibilities:

- Provide an environment for the student to gain experience in planning as part of the health team, while regarding the student as a professional colleague
- Communicate expectations to the student
- 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.
- Approve student submitted practicum hours through Thunder Time preceptor website.
- Objectively review and validate the student's competencies through intermittent observation and discussion.
- Participate in conferences with course faculty to review and assess student progress
- Provide feedback regarding student overall clinical performance to course faculty

Completion of Clinical Hours and Evaluations in NRS-431:

Students must plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays so, it may be necessary for students to adjust their schedules accordingly. A minimum of 90 clinical hours are required to fulfill course requirements **It is important to note that failure to complete the required 90 hours within the timeframe of the practicum course or failure to submit all clinical documentation may result in an incomplete or non-passing grade.**

Logging Practice Experience Hours in NRS-431:

The Lopes Activity Tracker (LAT) is used to track clinical hours throughout the students' clinical 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 can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *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.

Bachelor of Science in Athletic Training

Athletic Training Clinical Course Expectations

Program Mission, Goals and Objectives

Program Mission Statement

The mission of the Grand Canyon University Athletic Training Educational Program is to prepare superior quality athletic training professionals while teaching them to become global citizens, critical thinkers, effective communicators and responsible leaders by providing academically challenging, values-based curriculum from the context of our Christian heritage.

Program Goals and Objectives

1. Program Goals
    2. To prepare competent entry level Athletic Trainers in the cognitive, psychomotor, and affective learning domains
    3. To provide a student focused educational environment that, while meeting the professional requirements of athletic training, is capable of meeting a student's individual needs with concern and flexibility
    4. To challenge students to academic excellence and optimize student's abilities in the cognitive, psychomotor, and affective learning domains
    5. To encourage students to think critically, analyze situations, learn to solve problems, adapt to situations, and challenge others to optimal skills and abilities
    6. To assist students in their Christian faith journey and in how to apply that faith, with its moral and ethical tenets, in the profession of athletic training
    7. To encourage students to prepare for entry into high schools either as full-time athletic trainers or as teacher-athletic trainers
    8. To prepare students for any role or employee setting as defined by the state of Arizona athletic training practice act
    9. To offer various clinical education experiences for students to understand employment opportunities and make contact for possible employment
2. The objectives of Grand Canyon University Athletic Training Education Program are to provide the athletic training students with exceptional learning experiences to gain the knowledge and practical skills required to be a highly competent, functional and well-rounded athletic trainer, including ability to:
    1. Identify specific injuries and illnesses and provide the appropriate immediate care
    2. Plan and implement a risk management and injury prevention program for various sports
    3. Evaluate and distinguish various injuries
    4. Establish proper usage of various therapeutic modalities
    5. Design therapeutic exercises for rehabilitation of injuries
    6. Differentiate between various pharmaceuticals and their uses
    7. Organize and provide administration of an athletic training program
    8. Design research and gain the ability to develop professionally
    9. Intervene when necessary concerning psychosocial events
    10. Counsel athletes in general nutrition and ergogenic aids

Athletic Training General Health and Safety Requirements

The following information indicates the specific health requirements for undergraduate clinical program admission and continuous enrollment. Guidelines are based on the Center for Disease Control guidelines, Morbidity Mortality Weekly Report. Students are expected to take measures to maintain their personal health so as not to jeopardize themselves or any client with whom they come in contact. Students who are accepted into the programs must show evidence of the Athletic Training required immunizations and diagnostic procedures. In addition, students must meet agency health requirements to enter clinical course work. At any time, a student may be required to receive a medical examination if deemed necessary by the faculty for the well-being of the student and/or the clients.

As students are in contact with clients in a variety of health situations, it is imperative that they maintain protection against communicable illnesses. Students are responsible for maintaining all progression requirements, including all health and safety documents, as stated in the University Policy Handbook. Students will not be allowed to participate in clinical experiences unless all agency and GCU requirements are current. Any student that falls out of compliance due to expired documentation will immediately be restricted from clinical participation until renewed documentation is provided and coinciding faculty will be notified. Missing clinical may jeopardize a student being successful in the program. All students will be contacted early in their program by the Office of Field Experience and provided guidance on the proper submission of required health and safety documentation.

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

Communicable Disease Policy

Reference the University Policy Handbook for the Communicable Disease Policy. Blood-borne Pathogen Policy

Athletic Training Students in the clinical phase of the ATP will undergo annual Blood-borne Pathogen education (pathogen and infection control) at Grand Canyon University during ATS orientation at the start of each academic year. Clinical sites are responsible for providing accessibility to their sites blood-borne pathogen policy and exposure plan. Students will have access to and utilize appropriate blood-borne pathogen barriers, access to and utilize proper sanitary precautions, and access to appropriate biohazard disposal equipment and procedures at each clinical site.

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 Program Director.
- All students should observe the protocol for safe needle usage and disposal when practicing or performing skills that involve using syringes, lancelets, or any other procedure that involves an invasive intervention. The student should follow the protocol for needle usage at the agency where clinical rotations are being held.

Intact Skin Exposure or Uncontaminated Needle Stick

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
- Follow up with the Canyon Health Center or own Primary Care Provider or other facilities listed on the resource page who will make a determination of Tetanus immunization status and give appropriate prophylaxis or referral for appropriate prophylaxis.
- Complete a student puncture wound incident report (available from the CONHCP) to be filled out by the student and the supervising faculty or instructor who was present during the incident. A copy of this report will be given to the Program Director and College Administrator, and placed in the student's file.
- Counseling referral and other referrals can be arranged through the health center.
- If student is outside Maricopa County, the Program Director must be contacted for specific information related to resources for medical treatment.

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

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, faculty/CEC, and program director.
- 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 community setting and an agency Occupational Health Center or Emergency Department are not available, the student may report to the Health and Wellness Center on GCU Main Campus if it is during normal operating hours. The Health and Wellness Center's number is 602.639.6215.
- In the event that this incident occurs in the community setting, when the Health and Wellness Center is not open, GCU recommends that students seek immediate treatment at an Urgent Care or Physician's Office equipped to treat contaminated needle stick injuries. If follow up visits are required, they may schedule them at the Health and Wellness Center on GCU Main Campus. Counseling referral and other referrals can be arranged through the Center.
- If student is outside of Maricopa County, please contact the Program Director for specific information related to resources for medical treatment.
- Student puncture wound incident report (available from the CONHCP) will be filled out by the student and the faculty or instructor who was present during incident. A copy of this report will be given to the Program Director and College Administrator to be placed in the student's file.
- Financial responsibility for testing and recommended care following an exposure rests solely with the student. This could include testing, evaluation, treatment, and counseling.

If students have questions about the appropriate medical treatment, the Centers for Disease Control and Prevention recommend that they call a 24 hour assistance line at 1.888.448.4911 (Clinicians' Post Exposure Prophylaxis Hotline).

Athletic Training Student Responsibilities and Code of Conduct

1. Act in a professional manner, consistent with the NATA code of ethics, regarding dress, speech, body language, and client confidentiality at all clinical sites.

   a. Students are expected to wear their GCU ATP student name tag at all clinical sites.

2. Adhere to the GCU ATP clinical attendance and tardiness policy. More information on this policy can be found in the University Policy Handbook.

3. Abide by the clinical site's policies and procedures manual
4. The student's clinical responsibilities vary with the clinical site and level of the student. This is dependent upon the level of formal instruction they have received. Students are required to meet with the clinical supervisor to discuss their specific responsibilities no later than the first day of the clinical rotation.
5. Complete all clinical coursework including, but not limited to: proficiencies, EBP's, Discussion Forums, etc..
6. Informing the clinical preceptor and faculty of any questions or concerns regarding the clinical rotations or clinical site.
7. Informing the clinical preceptor and faculty of any violations of local laws, state laws, federal laws, policies and procedures of the clinical site and/or the ATP, and/or the NATA's Code of Ethics.
8. Informing the program director and clinical preceptor if his/her health status changes.
   a. Specifically, students are asked to report injuries or illnesses that would prevent their ability to continue meeting the ATP's Technical Standards.
   b. Also, students are expected to notify the program director and clinical preceptor if they develops a communicable disease or illness that could be contracted by a client or athlete that the student is in contact with.
   c. If an ATS acquires an injury or illness that she/he believes is directly related to their involvement at an affiliated clinical rotation site, the student is required to report the injury or illness to the clinical preceptor and program directory immediately. The clinical preceptor and the program director will then determine a course of action.
9. Directly supervised by preceptor during clinical education.
10. Initiate instruction and assessment of the current knowledge, skills, and clinical abilities designated by the CAATE.
11. Initiate instruction and opportunities to develop clinical integration proficiencies, communication skills and clinical decision-making during actual client care.
12. Initiate assessment of clinical integration proficiencies, communication skills and clinical decision-making during actual client care.
13. Regular communication with the appropriate faculty.
14. Presence during an annual site visit by GCU's Clinical Coordinator or GCU program faculty.

Required Prior to Starting BSAT Clinical Coursework

In order to meet all CAATE accreditation standards and guidelines, as well as liability and health precautions, all students must complete the following information prior to starting their first clinical course. All costs associated with compliance are the responsibility of the student.

1. Attend a mandatory athletic training program orientation.
   a. This meeting will address the following programmatic requirements for all clinical levels:
      i. College of Nursing and Health Care Professions training or an approved in-classroom clinical instruction on requirements relating to patient privacy (HIPAA/FERPA).
      ii. Communicable disease policy.
      iii. Blood-Bourne Pathogen training and policy.
      iv. Chain of command for the College of Nursing and Health Care Professions.
      v. Updates to policy and accreditation standards.
2. Complete and submit the application for an Arizona Department of Public Safety Fingerprint Clearance Card (~$65).
   a. Students are required to complete the regular application (not an IVP) and check the box for Health Science Student & Clinical Assistant (ARS 15-1881) for their clinical assignment. It is required for clinical rotation sites and completed through the Arizona Department of Public Safety (AzDPS).
3. Complete and submit a First Aid course completion card from one of the following listed below (cost varies per provider):
   a. American Heart Association
   b. American Red Cross
   c. American Safety and Health Institute
   d. Emergency Care and Safety Institute
   e. National Safety Council
4. Submit a Professional Rescuer CPR course completion card (costs varies per provider). CPR course must meet the Board of Certification (BOC) Emergency Cardiac Care (ECC) requirements (www.bocatc.org/athletic-trainers). Your ECC certification must include: Adult CPR, Pediatric CPR, Second Rescuer CPR, AED, Airway Obstruction and Barrier Device Training. Course completion card from one of the following listed below:

Provider Name	Course Title
American Heart Association	Basic Life Support (BLS) Healthcare Provider, Basic Life Support (BLS) Provider, Basic Life Support (BLS) - RQI
American Red Cross	CPR/AED for the Professional Rescuer, Basic Life Support (BLS) for Healthcare Providers
American Safety and Health Institute	CPR for Professionals
Emergency Care and Safety Institute	Health Care Provider CPR
National Safety Council	Basic Life Support (BLS) for Health Care and Professional Rescuers
Canadian Red Cross	First Responder CPR/AED HCP Level
Pre-Hospital Emergency Care Council (PHECC)	Cardiac First Responder - Community Level Cardiac First Responder - Advanced Level

5. Submit a completed HIPAA and FERPA confidentiality acknowledgement form prior to any involvement in a clinical setting.
6. Purchase National Athletic Trainers Association Membership at the cost to the student, which provides access to clinical course proficiency requirements (~$125).
7. Purchase a name badge from the provider on the GCU athletic training webpage. Once the student has received your name badge, scan a copy and submit to OFE. (~$10)
8. Provide the following health information to the Office of Field Experience Prior to the semester start date where the student will begin their clinical coursework. Some requirements will need to be updated after the initial screening/immunization.
   a. Health History and Physical Examination form.
   b. ATP Technical Standards Form.
      i. The technical standards are to ensure all students meet the essential qualities necessary to be a successful athletic training student. Students can request reasonable accommodations through the Student Disability Services.
   c. Current health insurance coverage.
   d. Provide proof of valid professional liability insurance (~$25-$50).
   e. Proof of immunization and/or immunity are required:
      i. Tuberculosis (TB) screening (only required if observing surgery or for certain general medical rotations)
      ii. Lab evidence (titer) of immunity or current vaccination records:
         1. MMR (measles, mumps, rubella)
         2. Varicella Zoster (VZV)
         3. Hepatitis B (titer required; a signed waiver is required if the vaccination series is not completed or declined by the student)
            a. This vaccination has a separate form that is required to fill out prior to the start of clinical rotations.
      iii. Tetanus-Diphtheria (TD) (recommended; not required)
      iv. Influenza (recommended; not required)
      v. Hepatitis A (recommended; not required)

Clinical Requirements

Clinical Site-Specific Orientation

All students must be familiar with the clinical sites prior to client care. This includes the following site-specific information.

- Venue specific EAP's
- BBP Policy and Equipment
- Policy and Procedures
- Therapeutic Equipment Safety Check
- Determine Clinical Schedule

Clinical Time

The Athletic Training Program requires students to complete at a minimum of 10 hours per week up to a maximum of 20 hours per week in clinical courses to achieve at least 900 hours in the clinical program. This policy is consistent with federal work-study policy. Students must have a minimum of one day off in every seven-day period. Students are responsible for submitting their assigned clinical hours within the first week of classes.

Student Clinical Supervision

Supervision Policy

As an athletic training student, it is important to understand and comply with appropriate boundaries in the practice of athletic training clinical skills. These boundaries protect the student, the client and the profession. In compliance with the Commission on the Accreditation of Athletic Training Education (CAATE), the GCU ATP Supervision Policy is that "Students must be directly supervised by a preceptor during the delivery of athletic training services. The preceptor must be physically present and have the ability to intervene on behalf of the athletic training student and the patient."

Student Work Policy

Athletic Training Students (ATS) are not certified athletic trainers and will not be used in the place of a certified athletic trainer. Students will not receive any monetary remuneration during this education experience, excluding scholarships. After demonstrating proficiency, athletic training students may be permitted to undertake those specific defined activities with appropriate supervision, direction, and job description.

Preceptor

A preceptor is a licensed healthcare professional who is affiliated with the GCU ATP and provides professional supervision and education to program students. Students will be assigned to a preceptor by the ATP.

Direct supervision

Direct supervision means that the preceptor is physically present and has the ability to intervene on behalf of the athletic training student and the patient. Direct supervision is required *during the delivery of athletic training services*. This direct supervision does not preclude a student's ability to learn and exercise key skills such as critical thinking or clinical decision making. Preceptors should allow students appropriate autonomy to engage in critical thinking and decision-making in a suitable environment. Supervision must be adequate to ensure that each patient receives competent and quality care, as well as to ensure compliance with Arizona Statutes and CAATE standards.

Clinical experience

Clinical experiences are educational experiences for the ATS that involve patient care and the application of athletic training skills under the supervision of your assigned preceptor. Clinical experiences generally occur at practices, games or during clinical coverage. When in a supervised clinical experience situation, the student can, at the discretion of the preceptor, perform all skills that have been previously instructed and evaluated.

Clarification of Athletic Training Services

During the delivery of athletic training services does not mean that the student and preceptor are physically inseparable every instant, only during patient care. The preceptor may need to step outside the facility (e.g. to answer a call or respond to an injury), and likewise a student may need to leave the facility (e.g. to prepare water coolers). If an injury/emergency occurs during a clinical experience while the preceptor is not physically present to directly supervise, the student should notify (call/radio) the preceptor immediately, and may provide basic first aid and CPR until the preceptor arrives. The student may not perform evaluations, treatments, or determine return to play without direct supervision.

Use of skills outside of supervised clinical experience

An ATS may not travel with a team without supervision even in the role of "first aider", or open up the Athletic Training Room to provide treatment to a patient when a preceptor is not present. To do so is a violation of professional standards and Arizona State law (R4-49-402 and ARS 32-4121). In circumstances not affiliated with a university clinical experience, the student assumes the role of a voluntary citizen with emergency responder (first aid and CPR) training. If a situation arises in a student's private life that necessitates the use of emergency responder skills, the student's decision to act (or not act) is completely voluntary and the student is responsible to stay within the scope of practice of an emergency responder.

Example:

Acceptable Skills	Unacceptable Skills
Acute injury first aid treatment (e.g. controlling bleeding, POLICE, splinting)	Application of modalities (other than ice/heat)
Monitoring ABC's, performing rescue breathing and/or CPR as necessary	Performing an orthopedic evaluation or any rehabilitation procedures
Activating the emergency medical system	Return to play decisions regarding an athlete
Any situation where the athletic training student's presence takes the place of a licensed healthcare professional is **unacceptable** (e.g. athletic training student hired to provide first aid services at an athletic camp without a licensed athletic trainer present)	

When in doubt about their role or responsibility, the student should request clarification from an ATP faculty member. If faced with an emergency situation where clarification cannot be sought, the student should first abide by all applicable state laws, and then consider the ethical and moral principles of both the athletic training profession and Christian faith. Afterward, the student should document the incident and report it to the Program Director immediately.

If the student experiences violations of this policy within their clinical experience site (e.g. their preceptor leaves them unattended) the student MUST report the incidence to the Clinical Coordinator and/or Program Director immediately.

ATrack Student Instructions

Our program uses the NATA system called ATrack. *ATrack* is an online database that manages our ATP student data. In order to begin clinical courses, students must become an NATA member which allows them to use ATrack. To become a member and enroll in ATrack, students must download the "First Time Student Member" form. Note: This form must be completed at the time of initial enrollment. If the first time student enrolls without using this form, their status cannot be changed.

Once students receive their membership number, they will log in to www.atrackonline.com at the bottom right corner. Once logged in, students will click on "my portfolio" in the left hand column. There, they will find the forms that are for them to complete in "available forms" area. The first form students will complete on week 1 is the initial clinical rotation visit check sheet. Students will be required to type in all of the information on the form.

Students will also be required to document their time at their clinical site. This documentation will be verified by their preceptor. Students will only have one week to enter in their time. After one week, the submission for time is closed and their hours will not count.

Athletic Training Preceptor and Site Evaluation by Student

Students must evaluate the site and/or the preceptor/mentor at the end of the course. These evaluations are imperative and provide necessary feedback for future placements with the preceptor/mentor/site. The evaluations are found and completed in ATrack. These evaluations are not shared with the preceptor/mentor since a formative/summative assessment is not the intent of these evaluations.

Preceptor Requirements

Preceptor Qualifications

GCU ATP preceptors must:

1. Be credentialed by the state in a health care profession.
   a) Arizona Athletic Training License and BOC Certification (ex.)

2. Not be currently enrolled in the professional athletic training education program at the institution.
3. Receive planned and ongoing education from the program designed to promote a constructive learning environment.

Preceptor Responsibilities

GCU ATP preceptor responsibilities to the program and student are:

1. Directly supervise students during clinical education.
2. Provide instruction and assessment of the current knowledge, skills, and clinical abilities designated by the CAATE.
3. Provide instruction and opportunities for the student to develop clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care.
4. Provide assessment of athletic training students' clinical integration proficiencies, communication skills and clinical decision-making during actual patient/client care.
5. Demonstrate understanding of and compliance with the program's policies and procedures.
6. Have regular communication with the appropriate ATP administrator.
    a) Allow for an annual site visit by GCU's Clinical Coordinator or GCU program faculty.
    b) Collaborating with ATP course facilitator at appropriate clinical level of the student.
7. Maintain the follow documents and credentials:
    a) Certification appropriate for profession (ATC, PA-C, MD, PT, etc.)
    b) License Appropriate for Arizona (Refer to Arizona State Statutes for clarity)
    c) Therapeutic Equipment Safety and Calibration (if applicable)
        i.   Must indicate:
            1. Manufacturer's recommendation for calibration
            2. Most recent calibration date
            3. Itemized calibration receipt
        ii. If clinical site is externally accredited (i.e. the Joint Commission), this table is not required and site must provide evidence of external accreditation.
    d) Site Policy and Procedure Manual
        i.   Emergency Action Plans (venue-specific and general)
        ii. Blood-borne Pathogen Policy

Preceptor Expectations

GCU ATP Preceptors are expected to:

1. Complete the onboarding process prior to having a student assigned to them for clinical education. Preceptors are considered adjunct faculty for the GCU ATP.
2. Provide student instruction and evaluation of the Athletic Training Educational Clinical Proficiencies/Assignments as directed.
3. Complete and return student evaluation forms and hour approval on ATrack by assigned dates.
4. Maintain professionalism as described by the NATA Code of Ethics and the BOC's Standards of Professional Practice.

Preceptor Benefits

GCU ATP Preceptors will:

1. Receive ongoing preceptor training from the ATP.
2. Receive a stipend as determined by GCU

Bachelor of Science in Health Information Management - Practicum Guidelines Professional Practice Experience (PPE)

The goal of the eighty-hour practicum experience is to explore professional practice in the field of health information management. Forty of the eighty hours will be externally supervised on-site or remotely by the preceptor from the practicum site. Practicum students will gain insight into the six domains of professional practice within the health information management field:

- Domain I. Data Governance, Content, and Structure
- Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security
- Domain III. Informatics, Analytics, and Data Use
- Domain IV. Revenue Cycle Management
- Domain V. Health Law & Compliance
- Domain VI. Organizational Management & Leadership

Students will gain a broad understanding of HIM operations within their practice organization and HIM related department. Additionally, students will explore an organizational process workflow and corresponding regulatory guidelines. They will then work under the supervision of their preceptor to create a process improvement plan that includes stakeholder interviews, data analysis, implementation plan, stakeholder education and project implementation evaluation and monitoring. Project examples are included below in the *Examples of Suitable Health Information Management Practicum Experiences* section. Other opportunities/experiences do exist and may be considered with the final approval of the preceptor and the faculty member of the practicum course. All preceptors and sites are initially approved by the lead faculty or Associate Dean, Graduate and Doctoral Studies.

Most importantly, the Bachelor in Health Information Management practicum is guided by the Commission in Accreditation for Health Informatics and Information Management Education (CAHIIM) requirements for Accreditation Standard #23 below. CAHIIM is the accrediting body for the BS-HIM. CAHIIM refers to the American Health Information Management Association (AHIMA) curriculum competencies during the accreditation process.

Professional practice experiences (PPE) must be designed and supervised to reinforce didactic instruction and must include program-coordinated experience at professional practice sites. The program must describe how the PPE (e.g., clinical practicum, directed practice experience) is designed, supervised and evaluated, and name the objectives to be achieved in each PPE course. The PPE is a credit-based course, which applies toward degree completion, and requires tuition, fees and costs as normally occurs according to institutional policy. The PPE does not prohibit a paid internship.

Each student must complete a minimum of 40 hours of externally supervised activity prior to graduation. The externally supervised activity PPE must relate to higher level competencies and result in a learning experience for the student and/or a deliverable to a practice site.

Simulation activities designed to replicate PPEs are permitted but cannot totally replace the required 40 hours minimum of an externally supervised activity PPE. The program must describe how simulation activities are designed, supervised, and evaluated, and what objectives are to be achieved by using simulation activities. PPE onsite preparation. The health and safety of patients, students, and faculty associated with educational activities must be adequately safeguarded according to the health and safety practices of both the sponsoring educational institution and the professional practice site. The responsibilities of the college, PPE site and students must be documented for externships or professional practice experiences. Either a formal contract or memorandum of understanding (MOU) will suffice, if in accordance with institutional practice. Health, safety, and security policies and requirements must be outlined in the agreement or MOU, and students must be informed of these in advance of the PPE.

COVID-19 CAHIIM Response: CAHIIM continues to assess and track the progress and effect the Covid-19 pandemic has had on accredited programs. Due to this unprecedent interruption we accept that programs will need to ensure the health and safety for all stakeholders involve in the Professional Practice Experience (PPE) process. In order for programs to continue to meet all Accreditation Standards and satisfactory educational experiences for all students, we continue joint cooperation with all programs in developing temporary strategies to serve their individual situations. It is important that programs adhere to your institution's policies and procedures as they change and update. Although programs face continued challenges with providing an effective PPE, CAHIIM will monitor programs to ensure that students have attained demonstrated competence. Additional requirements and guidelines for the CAHIIM COVID-19 response may be found at www.cahim.org.

Selecting a Healthcare Information Management Preceptor and Site

Once students have decided upon their area of interest in one of the health information management domains, 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 must be a practicing Registered Health Information Manager (RHIA). Health information manager preceptors must work in HIM roles. Several examples are: Chief Information Officer (CIO), Chief Compliance Officer, Chief Privacy Officer (CPO), Chief Information Security Officer (CISO), Health Information Management (HIM) department director, manager, supervisors, HIM consultants, analysts, coordinators and specialists. Preceptors may work for various organizations such as health care organizations, health care systems, health information exchanges, consulting firms, insurance companies, colleges or universities, and health information system companies. If they do not know what they want to do, it is recommended to look at the AHIMA websites, and individual state component associations websites such as AzHIMA. Projects should add value/benefit to the organization chosen. Students cannot be paid for their practicum time.

Examples of Suitable Health Information Management Practicum Experiences

Examples of health information management practicum projects are listed below. Students should review the list for practicum projects of interest and then discuss several possible projects with the preceptor. The final project may be one similar to those on the list below or the project can be one created by the preceptor and student in collaboration with the HIM-490 instructor.

Health Information Management Domains of Professional Practice	Domain Description	Examples of a Suitable Practicum Activities	Examples of Suitable Practicum Sites
Domain I. Data Governance, Content, and Structure	I.1. Compare diverse stakeholder perspectives through the delivery of health care services. Bloom's Level 5

I.2. Analyze strategies for the management of information. Bloom's Level 4

I.3. Evaluate policies and strategies to achieve data integrity. Bloom's Level 5

I.4. Recommend compliance of health record content across the health system. Bloom's Level 5

I.5. Utilize classification systems, clinical vocabularies, and nomenclatures Bloom's Level 3

I.6. Evaluate data dictionaries and data sets for compliance with governance standards. Bloom's Level 5 | **EXAMPLE 1.** Conduct an interview with the Chief Information Officer, Revenue Cycle Director, and the HIM Department leadership team. Discuss common issues related to data integrity and patient care or data integrity and reimbursement issues. Ask the stakeholders for recommendations for improvement. Select a topic of interest from your stakeholder discussion. Conduct research on your topic.

Deliverable: Analyze the current workflow and write an essay outlining the issue and current process, and create a workflow document. Develop a proposed solution using your research and interview information from stakeholders. (You may need to interview stakeholders a second time after you study the current workflow and develop proposed solutions).

Develop a second workflow chart and write an essay outlining your recommendation(s).

Next, create a PowerPoint presentation and present your findings and recommendations to the stakeholders.

EXAMPLE 2. Interview the quality department staff and two providers about root cause for data integrity issue. Evaluate the facility's policy and strategies for achieving data integrity.

Identify a data entry screen or template used to enter clinical data by the practitioners/providers. The screen should include information related to a specific | Hospital, clinic, provider practice, HIE, community health center, Insurance company, Health Information Technology Software Company, Consulting Firm

Hospital, clinic, provider practice or community health center |

		quality score. Evaluate for issues with data integrity. **Deliverable:** Develop new workflow/screen/template to resolve data integrity issues. Provide an example: clinical indicators for respiratory failure, COPD, renal failure, or other DRG related trend issue**.** Create a PowerPoint presentation discussing strategies for maintaining data integrity, discuss your findings and proposed solution to the stakeholders.	
Domain II. Information Protection: Access, Use, Disclosure, Privacy, and Security	II.1. Recommend privacy strategies for health information. Bloom's Level 5 II.2. Recommend security strategies for health information. Bloom's Level 5 II.3. Analyze compliance requirements throughout the health information life cycle. Bloom's Level 4	**EXAMPLE 1.** Interview the CIO or HIM leadership and identify an HIM or IT vendor responsible for processing patient information, example EHR or patient portal. Discuss patient information security procedures. Discuss top risks and breaches in the healthcare industry related to the vendor's software and process. Ask for a data security procedure manual from the Vendor and from the healthcare organization review it. Research the topic in the GCU library using scholarly articles. **Deliverable:** Evaluate the security guidelines for both companies, and identify potential security issues related to your research that may not be covered in the policies and procedures. Present your findings and recommendations using a PowerPoint presentation. If a potential security issues is identified, discuss this with the stakeholders during a final presentation of your findings. **EXAMPLE 2.** Interview the organization's leadership and determine the purpose of the organization. Identify the type of data collected and reported by the entity. Discuss privacy and security strategies, training, and enforcement. Evaluate their process for reporting breaches. Research security issues related to the health care data you discussed during your interview. Inquire if revised security measures have recently been implemented based on any security breach concerns. **Deliverable:** Create a graphic of ten data elements in the software you chose, and in the graphic identify where the elements originated (patient, health care org staff, providers). Identify the elements that are shared with an outside source through reporting. Identify which elements are at risk for HIPAA violation. Discuss with the stakeholders which safeguards are in place to prevent potential breach. Develop and present your findings to stakeholders.	Hospital, clinic, community health center, or release of clinical information system vendor HIM vendor or health department, data analytics company

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Domain	Competencies	Examples	Setting
		EXAMPLE 3. Conduct an interview with the Chief Compliance Officer and discuss top compliance issues in the healthcare industry related to data breach and HIPAA; Health Insurance Portability and Accountability Act issues. Select one issue of interest to you. Research your topic using the GCU Library and scholarly articles on your topic. Also, research industry websites such as HealthIT.gov, CMS.gov, HIMSS.org for information on your topic. **Deliverable**: Identify a compliance issue from the information researched and create a case study that discusses the compliance issue, top risks found for your selected topic, and then propose strategies and solutions to address the compliance issue. Next, design an educational presentation and present to CCO, HIM director and other stakeholders that may benefit from your case study**.**	Hospital, clinic, provider practice or community health center
Domain III. Informatics, Analytics, and Data Use	III.1 Examine health informatics concepts for the management of health information. Bloom's Level 4 III.2. Analyze technologies for health information management. Bloom's Level 4 III.3. Interpret statistics for health services. Bloom's Level 5 III.4 Examine health care findings with data visualizations. Bloom's Level 4 III.5. Compare research methodologies pertaining to health care. Bloom's Level 5 III.6. Manage data within a database management system. Bloom's Level 5 III.7 Identify standards for exchange of health information. Bloom's Level 3	**EXAMPLE 1.** Interview coders and managers to determine issues related to the collection of coding data. Evaluate the current process for collecting coder productivity data. **Deliverable:** Create a PowerPoint Presentation that includes workflow/flowchart of the process; list issues related to the current process; identify potential root causes; and propose possible solutions to address the problem. Present your solution to the stakeholders. **EXAMPLE 2.** Conduct an interview with the HIM director/manager/supervisor of the patient portal and/or scanning operation. Evaluate information on the department's organizational chart, position descriptions, productivity reports, release of information logs and patient complaints. During the interview, inquire management to list the top five benefits and weaknesses of the current release of information program. Conduct a review of the patient portal process and the scanning and release of information process. **Deliverable:** Develop a PowerPoint presentation with your findings and recommendations for improving the process. Present your recommendations to the stakeholders. **EXAMPLE 3.** Interview the HIM director, Clinical Documentation Improvement Director and Revenue Cycle director.	Hospital, clinic, provider practice or community health center Hospital or large clinic Hospital, clinic, provider practice

		Discuss patient claims data electronic submission process. Identify the data elements submitted to the payers (Medicare, Medicaid, Commercial, etc.) in the electronic claims' submission process. Ask for examples of reports used by the healthcare organization that includes claims data from payers. Research the Resdac.org (MEDPAR information), American Hospital Director (Free hospital profiles) and healthgrades.com. Gather examples of the data reports available to the public. Determine how the data is used by healthcare organizations. **Deliverable:** Write a paper discussing your findings, include a discussion of how data is redacted to eliminate HIPAA security issues and security of patient information. Explain the purpose of eliminating summary data in reports from the MEDPAR file when the total count is > ten patients.	or community health center
Domain IV. Revenue Cycle Management	IV.1. Evaluate assignment of diagnostic and procedural codes and groupings in accordance with official guidelines. Bloom's Level 5 IV.2. Manage components of the revenue cycle. Bloom's Level 5 IV.3. Evaluate compliance with regulatory requirements and reimbursement methodologies. Bloom's Level 5	**EXAMPLE 1.** Interview HIM managers responsible for monitoring DRG trends. Ask for the data analytics reports or access to the system that produces these reports. Evaluate the reports and identify five top DRG related trend issues. Conduct a sample audit of five clinical records for each of the five issues. Identify issues related to DRG trends, root causes, and solutions. **Deliverable:** Develop a PowerPoint presentation discussing your evaluation, any identifiable issues and recommended solutions.	Hospital, clinic, provider practice or community health center
		EXAMPLE 2. Interview Revenue Cycle managers and discuss claims denials. Ask access to the denials management system or reports. Select five top denial issues for inpatient or outpatient claims. Evaluate the report and determine trends. Audit five records for each of the five denials issues. **Deliverable:** Develop a list of root causes and solutions. Create a PowerPoint presentation with findings and recommendations. Include training materials for stakeholders, if needed.	Hospital, clinic, provider practice or community health center
		EXAMPLE 3. Interview the Revenue Cycle Director and revenue integrity manager. Ask for a description of the current revenue integrity process that includes both the business office and the HIM department. Ask the managers to provide the top strengths and weaknesses of the current process. Draw a workflow diagram of the process. Gather job descriptions. Research the topic and	Hospital, clinic, provider practice or community health center

		determine solutions used in other health organizations for the weaknesses discussed during your interview. **Deliverable:** Develop a PowerPoint presentation of your findings and recommendations. Present your findings and recommendations to the stakeholders.	
		EXAMPLE 4. Conduct an interview with the Revenue Cycle or HIM audit team. Identify an issue related to data integrity. Ask how the issue was identified, who identified it and what was the proposed solution? Determine the best way to audit to validate that the problem has been resolved. Post audit discuss the findings with the perspective area manager. If additional problems were identified or the solution was not effective, develop a revised solution and add this to your Swimlane chart. **Deliverable:** Create a PowerPoint presentation and present your findings and recommendations; include a graphic of your Swimlane flowchart showing the various stakeholders participating in this process.	Hospital, clinic, provider practice or community health center
Domain V. Health Law & Compliance	V.1. Comply with legal processes impacting health information. Bloom's Level 5 V.2. Evaluate compliance with external forces. Bloom's Level 5 V.3. Analyze components of risk management as related to a health organization. Bloom's Level 4 V.4. Analyze the impact of policy on health care. Bloom's Level 4	**EXAMPLE 1.** Interview the chief compliance officer and HIM manager/director regarding coding related compliance issues. Evaluate recent external and internal audit reports to understand details of compliance issues. Select one compliance issue for outpatient or inpatient coding. Audit 15 charts for the issue you chose from the compliance report/system. Identify the root cause and solution for the issue. **Deliverable:** Develop a PowerPoint presentation of your findings and recommendations and present to the stakeholders.	Hospital, clinic, provider practice or community health center
		EXAMPLE 2. Interview the HIM director/manager and compliance officer regarding HIPAA issues. Ask for strengths and weaknesses of most HIPAA processes within its organizations. (You will not be given details of current issues due to compliance and legal policies.) **Review the current HIPAA, Privacy and Security Rules.** Ask if there is a topic for which you could prepare additional training for staff. **Deliverable:** Write a final paper on HIPAA guidelines and issues within	Hospital, clinic, provider practice or community health center

		healthcare organizations. Include findings and recommendations that are relevant for most healthcare organizations.	
		If training is requested develop a PowerPoint presentation and a list of resources used during the development of the paper and presentation.	
		EXAMPLE 3. Interview the HIM and clinical documentation improvement director and/or managers. Discuss issues related to accurate reimbursement and CMS/AHIMA coding guidelines. Research the clinical documentation improvement process and issues related to coding compliance vs. revenue assurance.	Hospital, clinic, provider practice or community health center
		Explore AHIMA and ACDIS websites for references.	
		Are there perceived gray areas for coding of specific diagnoses and related DRG assignment. Create an organizational chart for the CDI program showing all CDI and coding staff.	
		Deliverable: Develop a workflow that presents the process from concurrent clinical documentation reviews, queries, coding review, queries and final DRG assignment. Include the denials process in the workflow. Write a final paper of your findings for health care organizations in general and specifically for your organization. Recommend solutions that you identified during your research related to these issues.	
Domain VI. Organizational Management & Leadership	VI.1. Facilitate fundamental leadership skills. Bloom's Level 4 VI.2. Assess the impact of organizational change. Bloom's Level 5 VI.3. Analyze human resource strategies for organizational best practices. Bloom's Level 4 VI.4. Leverage data-driven performance improvement techniques for decision making. Bloom's Level 5 VI.5. Verify financial management processes. Bloom's Level 4 VI.6. Examine behaviors that embrace cultural diversity. Bloom's Level 4 VI.7. Assess ethical standards of practice. Bloom's Level 5	**EXAMPLE 1.** Interview HIM manager and/or directors. Discuss the top human resources management issue and select one of the issues to investigate. Conduct a review of scholarly research on the selected issue. **Deliverable:** Develop a proposed solution. Create a PowerPoint presentation and deliver the presentation to the stakeholders. Write a summary of your findings from the meeting. Were you on track with your solution? Were there other suggestions that you believed were relevant for solving the problem. **EXAMPLE 2.** Interview the HIM department manager/director/VP regarding the facility's organizational chart. Obtain a copy of the facility's organizational chart. Discuss strengths and weaknesses of the current organization. Conduct research on organizations and options for various ways of organizing hospitals. In addition, research	Hospital, clinic, provider practice or community health center Hospital, clinic, provider practice or community health center

	VI.8. Facilitate consumer engagement activities. Bloom's Level 4 VI.9. Facilitate training needs for a healthcare organization. Bloom's Level 4 VI.10. Compare project management methodologies to meet intended outcomes. Bloom's Level 5	and evaluate types of management styles within healthcare organizations. **Deliverable:** Evaluate the current organization's management style and discuss the organization's strengths and weakness; recommend strategies for addressing weaknesses. **EXAMPLE 3.** Interview the HIM managers and directors. Determine if there are vendor organizations, i.e., coding or release of information, that provide services to the HIM department. For example, identify who manages the coding staff, the HIM department, the vendor managers or both. Ask for a copy of the contract to evaluate its terms. Ask about the strengths and weaknesses of the arrangement. Conduct research on outsourced management of HIM services. Identify solutions for issue noted by the managers. **Deliverable:** Develop a PowerPoint presentation or research paper on the topic and discuss your findings and recommendations.	Hospital, clinic, provider practice or community health center

Healthcare Information Management Preceptor Requirements

The requirements for a Health information Management preceptor are as follows:

- Must hold a bachelor's degree in Healthcare Information Management and/or a master's in HIM or health informatics.
- Must hold a Registered Health Information Administrator (RHIA) credential.
- Provide opportunities to work with other HIM professionals as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in HIM. This can be within a hospital, clinic setting, or other health care related organization.
- 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 (virtual or face-to-face) to interview their potential preceptor. They must share their objectives for their practicum with him or/ her. Students must discuss with their potential preceptor 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 fit 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 Associate Dean of Graduate and Doctoral Studies.

Evaluation Documentation for BS-HIM Students

All students completing any field experience will be asked to document their hours. GCU uses an electronic documentation system

- Students in this program are required to complete TIME LOGS in the Lopes Activity Tracker.
- Students must update the Practicum Schedule document weekly with activities and hours and upload into the LMS.

- Forty of the eighty hours must be externally supervised either remotely or on-site by the practicum preceptor from the practicum site.
- Forty of the eighty hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term.
- Failure to do so will result in point reductions on mid-term and final evaluations. Students will not receive a passing course grade unless all hours are approved by the preceptor.
- Faculty members will provide final validation of all practicum hours
- Field Experience Counselors are available for questions and assistance with this program if needed.
- Students must upload into the classroom their mid-term and final evaluation form that has been completed by the preceptor as well as their Lopes Activity Tracker hours approved by the preceptor before the last day of class in order to graduate.

Student Work Service

Per CAHIIM requirements, students are not to be substituted for paid staff during any professional practice experience assignments. Students may not take the responsibility or the place of "qualified" staff." However, after demonstrating proficiency, students may be permitted to perform procedures with careful supervision. Students may become employed in the facility outside of regular PPE education hours, provided that the work is limited so it does not interfere with regular academic responsibilities. This work must be non-compulsory, paid, and subject to employee regulations.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the student's 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

 Please note that students are not to log hours until they have been cleared by the OFE.

Field Experience Documentation Checklist – BS-HIM

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 (Based on practicum site specification).
- 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- meeting between the student and preceptor will occur prior to starting practicum hours and this will include a review of the course objectives and identified project focused experiences. The preceptor and student will attest to meeting by signing the preceptor approval form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are completed electronically. 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 electronically 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.

At the end of practicum, Students will submit an electronic 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.

References

American Health Information Management Association (AHIMA). (2020). Retrieved from https://www.ahima.org/

ADD AZHIMA

Commission in Accreditation for Health Informatics and Information Management Education (CAHIIM). (2020). Retrieved from https://www.cahiim.org/