



**REGENT UNIVERSITY**  
SCHOOL OF NURSING

# **School of Nursing Practicum Guide**

2025-2026



All Students are required to sign the following Acknowledgement

### **Acknowledgment of Nursing Practicum Guide**

**This Guide is provided to students and applicants for their general guidance only. It does not constitute a contract, either express or implied, and is subject to change at the University's and/or the Program's discretion.**

By my signature below, I, \_\_\_\_\_, acknowledge that  
(Student Name – Please Print)

I have read the Nursing Practicum Guide and have a thorough understanding of its contents as pertaining to my relevant degree track. I am also aware that I can discuss the Guide and direct questions and concerns to the Field Placement Coordinator, my relevant Nursing Program Director, and/or the Director of the SoN regarding any material contained in the Guide. I agree to abide by all procedures, policies, and guidelines in the Guide.

I understand that this Guide may be modified from time to time as University or Program policies, procedures, and guidelines are implemented or changed and that it is my responsibility to review the Guide from time to time to remain current with its contents.

I further understand that this Acknowledgment Form will be placed in my student file.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Faculty Advisor

\_\_\_\_\_  
Date

EFFECTIVE FALL 2025 (August 18<sup>th</sup>, 2025)

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## Welcome

Dear Student,

Welcome to the practicum portion of your Nursing program! Your instructors are here to assist and guide you through the Practicum process.

The Nursing practicum process is a supervised experience, which provides students with an opportunity to balance classroom experience with practical, first-hand nursing instruction in practicum settings. Regent University faculty and licensed, practicing professionals (preceptors), that minimally hold the degree and license (if applicable) that the student is pursuing, will guide the students through this experience while also helping students identify and manage real-world healthcare issues to improve patient outcomes. Additionally, this program provides an opportunity for reflection concerning the impact of the nursing profession on one's personal life and vocational calling. To this end, students are encouraged to actively engage in the practicum process and view the experience as an opportunity to further your personal, academic, formational, and experiential goals.

In addition, students engaged in practicums are expected to conduct themselves in a mature, responsible, and professional manner throughout the experience. Failure to do so may result in review and/or termination of the Practicum experience by the College Health and Behavioral Sciences (see Student Practicum Grievance Procedures section for additional information.)

For questions or additional information regarding this guide or the Practicum process, please contact your nursing faculty.

We wish you much success in your endeavors!

**College of Health and Behavioral Sciences**  
**School of Nursing**

# General Information

*The following General Information applies to all degree programs, concentrations, and post-graduation certificates within the School of Nursing. Nursing practicum course instructions are also included in the content of each course. Please see appendices for additional guidance and hard copies of forms. For full alignment with relevant standards and other information, please see the appropriate program handbook or the appropriate course catalog.*

## ***Disclaimer***

This Practicum guide is subject to change. Revised versions are periodically released. Students will be required to adopt the guidelines outlined in the most updated version of this guide for all practicum experiences. Students will be notified directly from the SoN if updates or changes have occurred.

*This handbook offers additional information to that offered by other university policies and procedures (e.g., Regent University Student Handbook, University Catalog) to assist students with managing their academic programs. While every effort is made to ensure that there are no discrepancies between program/school handbooks and university policies, if those discrepancies do occur, university policies take precedence.*



## Program Director and Concentration Coordinator Contact Information

### *Director of the School of Nursing*

The Director of the School of Nursing serves as the primary contact for faculty and preceptors regarding concerns or questions regarding program or track coordinators or student performance. Reach the Director of the School of Nursing:

**Jamie Holland, DNP, PMHNP-BC, AGCNS-BC, RN**

Director of the School of Nursing

Chief Nursing Administrator

Email: [jholland@regent.edu](mailto:jholland@regent.edu)

Phone: 757-352-4907

### *RN to BS In Nursing*

The coordinator of the RN to Bachelor of Science in Nursing serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the program coordinator:

**Candace Dumas DNP, FNP-C/AGACNP-BC, MS Ex.Sc, CHSP, NE, RN**

Director of the RN to BS in Nursing Program & DNP Clinical Training

Assistant Professor

Email: [cdumas@regent.edu](mailto:cdumas@regent.edu)

Phone: 757-352-4253

### *MSN APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP)*

The coordinator of the Psychiatric–Mental Health Nurse Practitioner (PMHNP) specialty track within the MSN program serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

**Jamie Holland, DNP, PMHNP-BC, AGCNS-BC, RN**

Director of the School of Nursing

APRN Psychiatric–Mental Health Nurse Practitioner Track Coordinator

Email: [jholland@regent.edu](mailto:jholland@regent.edu)

Phone: 757-352-4907

### *MSN APRN Family Nurse Practitioner (FNP)*

The coordinator of the Family Nurse Practitioner (FNP) specialty track within the MSN program serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

**Theresa Long, DNP, FNP-BC, RN, CDE**

MSN Program Director

APRN Family Nurse Practitioner Track Coordinator  
Email: [therlo2@regent.edu](mailto:therlo2@regent.edu)  
Phone: 757-620-9921

### ***MSN Nursing Educator and Leadership***

The coordinator of the Nursing Educator and Leadership specialty track within the MSN program serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

**Theresa Long, DNP, FNP-BC, RN, CDE**  
MSN Program Director  
Nursing Education and Leadership Track Coordinator  
Email: [therlo2@regent.edu](mailto:therlo2@regent.edu)  
Phone: 757-620-9921

### ***Doctor of Nursing Practice and Post-Graduate Certificate***

The coordinator of the Doctor of Nursing Practice and Post-Graduate Certificates serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

**Karen Higgins, DNP, FNP-BC**  
Doctor of Nursing Practice and Post-Graduate Certificate Coordinator  
Emails: [khiggins2@regent.edu](mailto:khiggins2@regent.edu)  
Phone: 757-352-4651

### ***Director of Clinical Training***

The Director of Clinical Training plays an important role in the guidance of the practicum program experiences across all School of Nursing education programs. The Director of Clinical Training works in collaboration with each of the Program Directors and Track Coordinators to assure the opportunities for clinical education are appropriate for the area of study for each student. They will serve as the primary contact for questions regarding practicum training technology and training resources for students, faculty, and preceptors. Reach the Director of Clinical Training:

**Alicia Cooper, MSN, APRN, PMHNP-BC**  
Director of Clinical Training  
Nursing Instructor  
Email: [aliccoo@regent.edu](mailto:aliccoo@regent.edu)  
Phone: 757.352.4656

### ***Lead Field Clinical Affiliation Coordinator***

The Clinical Affiliation Coordinator facilitates all affiliation agreements and will assist the Director of Clinical Training in the maintenance of an accurate database of approved preceptors and practicum sites to further assist with student placement in practicum sites. They will serve

as the primary contact for site affiliation agreements inquiries. Reach the Affiliation Coordinator:

**Donna Washburn, DNP RN APRN ACNS-BC AOCNS**

Lead Field Placement Affiliation Coordinator

Email: [SONPlacementCoord@regent.edu](mailto:SONPlacementCoord@regent.edu)

Phone: 434-515-2272

### ***Practicum Faculty Supervisor***

Each student in a practicum course will be assigned a faculty/supervisor who represents Regent University School of Nursing. You can find faculty/supervisor contact information in the course syllabus (also provided in the preceptor welcome packet). Students and preceptors should contact assigned practicum faculty for any practicum concerns or questions.

## **Practicum Policies**

### ***Accreditation Disclosure for School of Nursing Practicum Experiences***

The goal of these experiences is to immerse the student in an optimal learning environment unique to their professional and academic goals. All practicum experiences can be obtained in the Commonwealth of Virginia. Students wishing to secure practicum experiences not in the Commonwealth of Virginia must obtain prior approval from the School of Nursing. In all programs within the School of Nursing, it is the student's responsibility to communicate the anticipated desired location of practicum to the School of Nursing Practicum Placement Coordinator within the first course of the degree program. This act of communication does not guarantee that placement within the students desired state outside of the Commonwealth of Virginia will be approved. Regent University School of Nursing will make every reasonable effort to assist the student in securing placement in the desired location however placement in the student's preferred location cannot be guaranteed and students may need to be willing to travel to authorized states outside of their state of residency to complete this requirement.

### ***Pregnancy Policy***

Title IX protects against discrimination related to pregnancy, childbirth, false pregnancy, and any reasonable recovery from any of these conditions. In accordance with this, students are ensured the right to utilize medically necessary leave related to the aforementioned conditions free from harassment, intimidation or other discrimination related to pregnancy. Regent University is dedicated to maintaining a scholastic environment that is welcoming and inclusive free from discrimination that allows for reasonable accommodations related to pregnancy and pregnancy related conditions. Students are not required to inform anyone of their pregnancy status, however as an inclusive educational environment Regent University does encourage students to share this information with a Title IX coordinator that can provide further guidance for obtaining the necessary assistance and accommodations. Students may receive excused absences and assignment extensions for lack of ability to participate due to medical necessity. Faculty shall not require medical documentation in the form of a doctor's note for these excuses. However, the Title IX coordinator may require documentation prior to these accommodations taking effect. Students should contact the Title IX coordinator for further direction. Students will be allowed these accommodations to remain in effect.

### ***Professionalism Code of Conduct***

All students, regardless of education concentration, shall demonstrate appropriate level of professionalism as outlined by credentialing and licensing national and state-level governance and recommendations. These standards include but are not limited to interactions with patients, fellow students, preceptors, faculty, and patients. Students will maintain professional language without slang jargon or profanities. Students will be approachable, teachable, and able to accept constructive criticism without defensive behaviors or facial expressions. Students will demonstrate accountability for their care of delivery during all practicum and Practicum simulation experiences. Students will demonstrate the ability to integrate concepts of diversity, equity, and inclusion into their own professional identity. Students will comply with all laws, policies, and regulations. Students will participate in a culture of work environment safety during all practicum and Practicum simulation experiences.

### ***Student Practicum and Practicum Simulation Experience Dress Code Policy***

All students, regardless of education concentration, will present to all practicum and Practicum simulation experiences in a manner that demonstrates professionalism. Students will appear in business casual dress with mid-thigh length white lab coat and School of Nursing name tag. Women will wear dresses, or skirts or dress pants with modest blouses and appear neatly groomed. All dresses and skirts must be between mid-knee and ankle length. Men will wear dress pants with dress shirts and appear neatly groomed. Pants and skirts must cover all undergarments completely and student's midriff and waist area such that the top fit is appropriate, conservative, and modest in nature. All students should wear dress shoes that are slip resistant, and closed toe. No attire should restrict the student's mobility or ability to participate in Practicum activities or sterile procedures. All hair color should be natural in color and maintained in a style that does not interfere with Practicum procedures as long hair should be pulled back and off the patient's face and neck. Facial hair must be trimmed and hygienic such that it would fit under a mask for sterile procedures and not interfere with N95 mask fitting appropriately. Nails should be kept short and neutral tones. Students should not have any visible facial piercings; students are permitted a single piercing per ear lobe with a single stud. Any deviation from this standard of dress code will require prior approval by RN – BS in Nursing Program Director and Director of School of Nursing.

### ***Student Practicum and Practicum Simulation Hand and Fingernail Hygiene Policy***

Artificial nails are not allowed in clinical and patient facing facilities. All personnel working in patient-facing facilities have the potential of touching items that will reach or touch patients and should follow the nail hygiene guidelines. Research has shown bacteria and pathogens on artificial nails are greater than on natural nails; they are more likely to harbor gram-negative pathogens on fingertips than those with natural nails, both before and after handwashing. Artificial nails have been linked to poor hand hygiene practices, increased tears in gloves, and multiple disease outbreaks where death occurred. Factors involving artificial nails lead to an increased risk of transmitting bacteria and fungi to patients. Artificial nails are acceptable in non-clinical and non-patient-facing facilities or any facility that has NO items that will touch a patient or a patient's environment.

General fingernail compliance for clinical and patient-facing facilities if expected. Such as those listed below:

- Length no longer than ¼ inch.
- Nails and nail bed must appear clean.
- Nails must not be chipped or ragged.
- Nail polish must be easily wiped off/removed with polish remover. Nail products requiring a soak in nail polish remover are not permitted.
- Note that some areas, e.g. Surgical Services, may have more restrictive nail policies.

### ***Professional Liability Insurance***

All students are required to have their own professional liability insurance. Students must submit proof of current professional liability insurance to Typhon and Canvas to participate in practicum. A minimum policy of 1,000,000 per incident and 3,000,000 per aggregate is required. Course faculty will verify that this insurance is up to date at the start of each practicum course.

## **General Guidelines & Procedures**

During the practicum course, students will demonstrate an advanced level of understanding of nursing science and integrate this knowledge into nursing practice. In the courses associated with components of the practicum, students must complete supervised practice experiences in the arena of the associated course. The student is expected to demonstrate flexibility and professionalism as they align their personal and work schedules to accommodate the schedule of the preceptor.

- Students are recommended to precept no more than 3 days in a row and are not approved over 40 hours in any given week or more than 12 hours on a single date. All student schedules must be reviewed and approved by course faculty prior to starting to accumulate any practicum hours towards their degree.
- Students are REQUIRED to complete and be current in COMPLIO prior to entering any Practicum experience and to maintain compliance throughout the entire practicum experience.
- It is the student's responsibility to upload all necessary documentation to the appropriate drop-boxes for review and approval. Approval times may require 6-10 business days, and it is the student's professional responsibility to account for this time period when preparing for practicum experiences.

### ***Electronic Communication During Practica Experiences***

It is understood that there is more demand to communicate through electronic means. Students must observe all required limits with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Practicum Health Act (HITECH) for Practicum placements and the Family Educational Rights and Privacy Act (FERPA) within their school site placements. In any case or site placement where these laws apply, they must be observed.

Practicum and school placements for practicum and internship students must use site e-mails or other site platforms to contact clients, family or to transmit client information. Interns and practicum students are prohibited from using Regent University e-mail to transmit any client information.

**\*\*Failure to meet these requirements is grounds for dismissal from the Regent School of Nursing.**

### ***Tele-Health Services during Field Placements***

Generally, telehealth would not be a supported option for field placements, the SoN is keenly aware of existing adjustments made by many providers to adapt to COVID-19 requirements, that are still in place and have become standard practice. As a result, adjustments have been made to this policy. Telehealth is defined as videoconferencing online health services in which the patient/client and the provider (practica student in this case) conduct services over a HIPAA-compliant video conferencing platform (e.g., Doxy.me). Given the normalization of this care modality, field placement practica students may conduct services over telehealth, provided they continue to receive ongoing supervision by their preceptor, have HIPAA-compliant platforms on which to conduct such sessions and adhere to all appropriate ethical guidelines in healthcare provision/delivery. Since students are working to hone advance assessment skills which necessitate in-person physical competency exposure, no more than 10% of total direct care hours required by program may be telehealth. Several additional important facts must be considered and are relevant to the site's procedures, site preceptor supervisor, and general protocols for telehealth:

1. The student's supervisor must hold appropriate licenses / certifications in the state where the patient/client is located. Compliance with this requirement is the sole responsibility of the practica student. Site approval in the preceptor agreement shall not supersede applicable ethical codes or local, state, and/or federal regulations/laws.
2. Student and preceptor must obtain informed consent, including discussion of risks and benefits of telehealth, the limits to confidentiality, and how it differs from in-person treatment.
3. The preceptor or practica student must create an alternative plan if the patient requires local access or immediate health-related services that are not conducive to tele-health services, which includes safety planning in the event of an emergency.
4. The preceptor or practica student must create a contingency plan for any time in which the online communications connections or devices do not work properly, and the tele-health session cannot continue.
5. The preceptor or practica student must have a procedure for sending and receiving documents between the provider/student and the patient/client through a HIPAA-compliant process (e.g., encrypted or password protected portal).
6. It is expected that the preceptors and practica students will engage in a minimum training in tele-mental health services to understand the differences between tele-mental health and in-person therapy.

The site supervisor and site will work with the field placement student and manage the day-to-day supervision process with tele-mental health as would be the case in a field placement with in-person counseling. No more than 10% of total direct care hours for a degree program may be obtained by telehealth.

## Practicum Sites & Preceptor Requirements

### Practicum Experience Expectations

According to the American Association of Colleges of Nursing (2024), all post-licensure programs, including RN to BS in nursing, MSN, DNP, and Post-Graduate APRN Certificate Programs must provide practice experiences for students to bridge to higher-level professional nursing practice. The definitions and examples of Direct and Indirect Care Experiences are directly from "Practice Experiences in Entry-Level Post-Licensure Nursing Programs" released April 2024 by the AACN.

**Direct Care:** Direct care refers to a professional encounter between a nurse and actual patients, either face to face or virtual (through telehealth activities pre-approved by course faculty), that is intended to achieve specific health goals or achieve selected health outcomes. Direct patient care may be provided in a wide range of settings, including acute and critical care, long-term care, home health, community-based settings, and telehealth but must be complementary to the student's degree path and population focus as well as the didactic preparation of the student (AACN, 2021; Suby, 2009; Upenieks et al., 2007). All practicum experiences must have direct supervision by their approved preceptor(s) and occur at the approved practicum site. Application for national certification requires that Regent School of Nursing attest to each student's practicum experiences and must be accurate to the documents submitted to support their practicum placement and preceptorship. State and or School representatives may perform on-site or virtual audits of student attendance, preceptorship and participation in practicum experiences to ensure that this attestation can be ethically performed.

- Examples of direct care experiences include provision of nursing care directly to patients across the four spheres of care and across the lifespan may include:
  - Working with other healthcare providers to identify gaps in care and implement a quality improvement strategy which **involves engagement with patients.**
  - Collaborating with nursing staff to implement a new procedure or nursing practice that is evidence-based and **requires engagement with patients.**
  - Working with an interprofessional team to evaluate the outcomes of a new practice guideline and implement recommended changes in a healthcare setting, which **includes engagement with patients.**
  - Designing and implementing a coordinated, **patient-centered plan of care** with an interprofessional team.

**Indirect Care:** Indirect care refers to nursing decisions, actions, or interventions provided through or on behalf of individuals, families, or groups. These decisions or interventions create conditions under which nursing care or self-care may occur. (AACN, 2021; Suby, 2009; Upenieks et al., 2007).

- Examples of indirect care experiences may include (all must be pre-approved by course faculty):
  - Educating other healthcare providers regarding the safe and effective use of new technology.



- Writing a policy and working with other stakeholders to have the policy approved by the state board of nursing or another regulatory agency.
- Working with community leaders to develop a disaster/emergency preparedness plan for a specific population in a community.
- Collaborating with the facility information technology staff to design, modify, or implement an electronic health record.
- Working with staff to write an administrative policy that will improve communication among the units in the facility.

**Practicum Expectations:**

- Practice experiences should include activities that support health and/or provide care, allowing the student to interact with a variety of providers and/or with patients. These experiences cannot be completed solely by a student working alone or in isolation without also interacting with patients, other healthcare providers. Patients throughout this document are defined as individuals, families, groups, communities, or aggregates.
- Practice experiences, including those completed in the student's work setting, shall be separate from the student's work activities and include specific objectives, expected outcomes and competencies, and both formative and summative assessments provided by a faculty member
- These expectations include the advancement of clinical reasoning and proficiency in performing psychomotor skills. Psychomotor skill development for the post-licensure student must be differentiated from the expectations for the nursing student without previous nursing experience. This should not be interpreted to mean development of the skills already acquired in an associate degree or diploma nursing program but instead references the development of higher-level skills or proficiency. For example, the RN-BS student's ability to conduct a comprehensive assessment should encompass all three domains of learning (cognitive, affective and psychomotor).
- Preceptors or clinical faculty, if used, should be oriented to the learning objectives of the practice experience and competencies/sub-competencies to be observed, may provide input regarding faculty evaluation of students, and should consult regularly with the faculty providing oversight for the student's practice experience. Preceptors should engage the student in achieving the identified objectives/competencies and integrating the new learning into their practice.

## **Preceptor Selection Criteria**

### **Education**

1. Nursing student preceptors should hold an earned degree in a specialty and role similar to the student's academic program/track.



- APRN preceptors (CNS and NP) must have a graduate degree (master's or doctorate) from a nursing program in a curriculum that prepares graduates for an APRN role and should be specific to the role and population of the student's track.
- Nurses in other advanced roles (e.g., Educator, Leadership & Management) should be prepared and/or experienced in those roles.
- Non-nurse preceptors (e.g., physicians, psychologists, chief operating officers, chief executive officers) holding appropriate practice credentials may serve as preceptors once approved by track coordinators.

### **Licensure and Certification**

- Preceptors must meet all state regulations necessary to practice in the role and hold an unencumbered license to practice in the state they are nurses. The license must be unencumbered, and verification must be provided to course faculty each semester. License verification must occur within 30 days of the start of practicum experience.
  - NP preceptors must be board-certified in their role and specialty population.
  - It is preferred that NP preceptors hold prescriptive authority and be eligible to prescribe medications and durable medical equipment.
  - It is preferred that CNS preceptors are board-certified in their role and specialty population. Where no advanced specialty certification is available for a CNS, certification at any level in the specialty is preferred.
  - NLHS preceptors must meet all state regulations necessary to practice in the leadership role; it is preferred that they be board-certified in their role.
- Nurses in other advanced roles must hold an unencumbered license to practice in the state they are nurses. It is preferred that nurses in other advanced roles hold certification in their specialty area of practice. The license must be unencumbered and verification must be provided to course faculty each semester. License verification must occur within 30 days of the start of practicum experience.
- Non-nurse professionals who are clinical care providers must meet state regulatory requirements to practice in their role. Where a license is required, the license must be unencumbered and verification must be provided to course faculty each semester. License verification must occur within 30 days of the start of practicum experience.

### **Employment**

1. Preceptors must be working currently in the clinical, content, or leadership area in which they are providing practicum supervision.
2. Preceptor has employer's support to have graduate students in the work environment.

### **Other Requirements**

1. Preceptors must have at least one year of experience in the role and specialty area of practice.
2. Preceptors must have the ability to communicate effectively.
3. Preceptors must be willing to work with graduate students including completion of evaluations and providing feedback to students and faculty.

4. Preceptors should be able to model contemporary, evidence-based practice in the practicum setting.
5. Preceptors must be oriented to the competencies and learning goals of the practicum experience and the level of progression expected of the student.

### **Preceptor Documentation Requirements**

Active preceptors annually must submit the following documentation to Regent University School of Nursing to remain current. The faculty will review preceptor documentation for each course.

Preceptor profiles must include the following:

1. A current CV or resumé documenting:
  - a. Title
  - b. Credentials including:
    - i. educational preparation (degree(s) earned, year, area of study)
    - ii. certifications (certifying body, credential, expiration/renewal date)
    - iii. licenses
  - c. Current and past employers including population foci, area of practice, and number of years in advanced nursing position.
  - d. Contact information including telephone and email that you would like to be reached at by the school of nursing
2. A current license to practice in the state where practicum site is located. APRN roles must be licensed and located in the state where they are nurses.
3. APRN and other nurses in advanced roles holding national certification must submit a copy of current national certification appropriate to their practice role.

### **Facilities Selection Criteria**

1. Facility leaders including administration, clinicians, and staff are supportive of graduate nursing education and provide a professional learning environment.
2. The types of clients/patients and services offered provide CNS and NP students opportunities for facilitating program competencies, leadership students' opportunities for facilitating instructional objectives, and nursing education students' opportunities to expand learning about education through experiential learning.
3. Leaders of the clinical setting are appropriate role models for students.
4. Preceptors are available to support the student's educational experiences including clinical, leadership, and education appropriate to the student's academic track.
5. Standards of care within the facility meet the standards of its accrediting agency and/or reflect the regulatory requirements.
6. Physical facilities support the students' educational needs, e.g., use of examination/consultation room, space for student/preceptor to meet.

## Affiliation Agreement Process for Practicum Students

Students enrolled in courses that require direct / indirect patient care will notify the School of Nursing of their preference for practica site facilities and preceptors.

- First, you will need to complete the *Application for Internship, Practicum, Externship or Field Placement* to request approval for affiliation on the student portal\*.
  - You must have an affiliation agreement approved and signed before you can legally start your practicum hours.
  - It is an appropriate practice to initiate the request for an affiliation agreement in your first course in your first semester.

*\*You will need to complete this process for each practicum site you will attend throughout your degree program.*

Different courses have different population focus and the practicum site must be applicable and appropriate for that specific course. Even if you are with the same preceptor, you will need a completed affiliation agreement for each site you will be at with your preceptor (i.e. If they work at a Practicum and at a hospital and you will be attending at both those locations, you need to establish an affiliation agreement for each site you will be physically attending). Information required includes:

- Worksite Information including site name, website information and physical address
- Preceptor contact information and credentials/ title
- Work schedule including start and end date and required hours
- Job description
- Objectives

You will receive two notices from the School of Nursing by email, (1) that the affiliation agreement was initiated, (2) a notice to inform you that an affiliation agreement has been reached between Regent University and the listed practicum site. You may not start preceptorship until you have received the notice that clearly indicates permission to enter the preceptorship site, and your course faculty has reviewed all your required practicum documents and approved their submission. Upload the approval email to appropriate location directed by faculty.

### Site Requirements

Students must take initiative to identify the preceptor and the practicum site. The School of Nursing has a database available to students located on the student portal with active affiliation agreements listed by state to provide support to our student population in this process. It is the responsibility of the student to submit the *Application for Internship, Practicum, Externship or Field Placement* even if the site is already affiliated as only a limited number of student preceptorships are available at each site for any given semester/session. All sites must align with the goals of the degree plan, population focus, course outcomes, and be approved by your course instructor.

### Student Requirements

1. Identify a nurse preceptor that minimally holds a degree that is higher than the one that they are seeking, in the concentration/population focus that the student is pursuing. A terminal degree in the pursued area of practice is preferred. Per state regulations, preceptor requirements may vary.

2. Practicum hours must be documented in Typhon within ten days of the Practicum interaction. Failure to log complete data within ten days after a Practicum Day will result in the student losing their Practicum hours/ time and needing to repeat those hours/experiences to meet the minimum requirements of the course.
3. All forms must be typed and completed (forms are noted later in this guide) by the deadline and approved by course faculty prior to the student beginning practicum experiences. Any document that is handwritten will not be accepted and the student is responsible to resubmit for review by course faculty which may cause delays in starting practicum experiences.
4. Student must submit all forms and documentation to Canvas/Typhon as instructed by course faculty by deadlines posted in the course.
5. Students may be required to complete additional onboarding per practicum site.
6. All degree concentration prerequisites must be met prior to engaging in any practicum experience.

**Worksite Practica Experience Policy**

A practicum is a field-based experience that provides an opportunity for a student to gain practical experience in a particular field of study. This means that a student's current employment duties at their work site will not qualify for practica experience. A student may not be paid for a practica experience. Students may complete their practicum with their current facility. *(Disclaimer: Regent University SoN Faculty may or may not approve any practica experience regardless of the criteria below being met.)*

The following requirements must be met for a student to use their current work site for Practicum:

1. The Practica responsibilities must be separate and not related to current work responsibilities (e.g., the field placement could be spent working with a different population).
2. The Practica hours must extend beyond the current work hours.
3. The employment supervisor and Practica preceptor must be separate individuals.
4. There must not be any dual relationship between employment and practica responsibilities.
5. The preceptor is aware that the student is not paid for the practica hours since this experience is a graduation requirement.

The relevant Nursing Program Director and/or the Director of the School of Nursing shall make the final decision as to the appropriateness of the request. Course faculty will make the final approval of each student's approval for practicum experiences for each course individually.

**University Responsibilities**

1. The University will be responsible for the educational programs of students assigned to the Preceptor.
2. The University will be responsible for the proper conduct of the student during the practicum experience with the Preceptor as governed by the rules and regulations of Regent University.
3. The University Faculty will provide preceptors with the applicable policies and course

objectives.

4. The University Course Faculty will meet with preceptors via telephone or email.
5. The University Course Faculty may perform practicum site visits either remotely or in-person throughout the applicable course.
6. The University Faculty will review preceptor evaluations, however final grades will be based on the faculty's overall assessment of the student's performance.

### **Student Responsibilities**

1. Students work with Regent University to identify affiliated practica sites and preceptors.
2. Students must initiate approval of the Regent faculty for the identified preceptor.
3. Students are responsible for typing and submitting all forms to the appropriate Dropbox for course faculty review and approval by the deadlines outlined in each course.
4. Students are responsible for coordinating dates and times for practicum experiences that align with the preceptor's schedule. These hours are flexible based on the preceptor's schedule and may occur during the day, evening, nighttime, or weekends.
5. Students must submit their log of practicum hours to Typhon and as directed by the course instructor.
6. The number of hours completed and submitted by the student and approved by course faculty must be at least the minimum number of Practicum hours required in the course. Hours do NOT roll to the next practicum course(s).
7. The student is responsible to coordinate and maintain open communication between the faculty, preceptor, and student, inclusive of evaluations, scheduling, etc.
8. Any changes in schedule require 24-hour notice and approval by course faculty.
9. Practica hours may not be obtained during scheduled university closures. (i.e., holidays and breaks.)
10. Due to nursing rules and regulations in various states, it is required that students have an active and unencumbered nursing license in the state where their practicum is completed. Students are responsible for their own actions and are expected to perform duties as described by their current licensure regulations and within the direct supervision of their preceptor.
11. The student is responsible for collecting the Preceptor Written Agreement and other documents as required by the Faculty and Practicum Setting.
12. Students are expected to maintain professionalism, competence, and open communication.
13. Students must comply with any facility requirements such as, but not limited to, background check, liability, insurance, drug screenings and immunization record requirements.
14. Students are expected to cover all costs related to travel or other expenses procured within the practicum.
15. If the capstone project involves research using human subjects, the student must receive approval to conduct such research from the University and Agency Institutional Review Board (IRB) prior to conducting any capstone activities. It is the student's responsibility to ensure that any such obligations are met.

### **Useful tips regarding the Practicum**

1. Be vigilant and perceptive. Challenge yourself in opportunities and respond to inquiries.
2. Utilize your experience and resourcefulness when clear direction is lacking, or unscheduled events arise.
3. Organize a system for keeping up with project changes or unexpected delays.

4. Build rapport and networks by communicating important information.
5. Documenting daily progress will produce an easier means to track and record data.
6. Explore and learn new ideas to utilize prospects presented by the practicum and gain a better understanding of people and the community.
7. Consider creating a concept paper for the organization to present the ideas and recommendations for the scholarly paper.
8. Recognize and reward yourself for your benchmark achievements.

### **Professional Risks in Nursing School**

Interactions with patients in the health care system have inherent risks to both the patient and caregiver, including but not limited to communicable diseases. The program provides information regarding known risks for various diseases and training to appropriately address those risks. All students are expected to provide appropriate care to all patients assigned to them in any setting. These assignments may include but are not limited to patients with medical diagnoses of COVID, tuberculosis, hepatitis A, B, or C, or AIDS. Additionally, it is the responsibility of the student to implement standard precautions in the care of all assigned patients.

#### ***Infectious Disease Exposure Response***

Students who experience exposure to any potentially infectious materials (needle stick, mucous membrane, non-intact skin, or airborne inhalation) require specific follow-up. It is the responsibility of the individual to initiate certain actions, to report the incident as soon as possible (preferably within one hour) to their preceptor, and to follow the preceptor's recommendations. It is the responsibility of the preceptor to take the appropriate steps after exposure to ensure the safety and well-being of the student. Exposed students will be advised to obtain medical evaluation and follow-up from their choice of healthcare provider. Treatment is recommended to be within two (2) hours of exposure. Medical testing may be required after any accidental exposure incident. Follow specific facility policies and healthcare provider recommendations following exposure. The agency or university shall not be responsible for the cost of such care, follow-up treatments, or hospitalization.

### **Evaluations**

Each student will be evaluated according to the learning objectives of their program and desired licensure or certification. Students will perform a self-evaluation at Mid-Term and Final of each practicum course. This self-evaluation will be reviewed by the approved preceptor(s) and course faculty. Input from approved preceptor(s) is required on these documents, please communicate the deadlines and expectations of evaluation to your preceptors in advance of the deadline in a professional manner that demonstrates respect for their assessment and their donated time to your learning experience. Although the student and preceptor provide valuable insight via evaluation ratings, the final decision of student practicum preparation is by the assigned course faculty and will be reflected in the Canvas gradebook for that course within the time limit of the grading expectations outlined in the Student Handbook. Please review course syllabus and direct questions to course faculty.

All students should respond to course faculty requests for clarification or concerns regarding practicum documentation or performance within 24 hours of notification. Students should expect that course faculty will be in regular communication with approved preceptor(s) regarding student professionalism and achievement of practical learning objectives. Faculty or state licensure representatives may perform

site visits to confirm information presented in these interactions is valid for attestation of education required for certification or licensure at the end of the selected degree program.

Students must also complete multiple evaluations regarding their practicum experience, site, and preceptor. Evaluations should be completed in a professional communication tone and received in a spirit of desire to continue to improve and learn. Students can review the program and course learning objectives on the syllabus for the practicum course. Each student must complete a separate online Evaluation Form for each approved preceptor utilized in a course and each approved Practicum site.

### **Termination of a Practicum**

If a Faculty Liaison or Agency Field Supervisor deems that a student's behavior or academic performance creates a safety or disruption risk, the Faculty Liaison or Agency Field Supervisor may take immediate action and remove the student from the classroom or Practicum placement with a review by the Department Chair and/or Dean. Unless directed otherwise by a Faculty Liaison or Agency Field Supervisor, students removed must continue to meet the directives and participation requirements of placement and complete all assignments promptly. Failure to fully participate and complete assignments may result in failure or dismissal from the program.

In addition, if a student fails to maintain satisfactory performance in a required Practicum course or demonstrates unsatisfactory performance at the Practicum site as determined by course faculty or program director, student termination from the practicum will be required. The following actions should be initiated upon the occurrence of an unsatisfactory field performance wherein termination of practicum results. Students' termination from a practicum for poor performance will result in a failing grade (F) for the course and appropriate documentation of the student's performance per the student handbook will be observed. Additionally:

1. The Faculty Liaison will arrange a joint conference with the student and the Agency Field Supervisor to discuss and attempt to resolve the issue(s) and/or arrange for the student's termination from the agency placement.
2. The reasons for termination from Practicum must be communicated to all parties in writing by the Faculty Liaison and/or the Director of the RN – BS in Nursing program.

Termination from a placement is a last resort. Problem resolution and the exploration of other options are considered before approving termination.

### **Student Practica Concerns**

Pursuant to Regent University's Student Handbook, "A grievance is defined as a complaint or concern of a student regarding a faculty or staff member or a policy of the University that the student believes adversely affects their academic career or personal well-being" (Section 6.5.1.2). For the purposes of student Practicum, this definition is amended to include complaints or concerns regarding Practicum agencies and/or their representatives.

In the spirit of Matthew 18:15-17, if a student has a complaint, disagreement, or concern regarding a Practicum experience, it is recommended that the student first discuss the matter with the person(s) involved. Efforts to resolve Practicum conflicts or difficulties should normally be handled within the



Practicum agency before contacting the Faculty Liaison.

Examples of issues that may be grieved under these procedures include:

- ☐ Alleged misconduct within a Practicum setting that involves discrimination and/or sexual harassment.
- ☐ Alleged failure to show appropriate respect in an instructional or Practicum setting for the rights of others to hold opinions differing from their own.
- ☐ Any other conduct in a classroom or Practicum setting that adversely affects the learning environment when that conduct displays an intolerance for different views or a lack of civility.

### ***Practicum Reassignment***

The Faculty Liaison will make the final decision regarding the need to reassign a student. This action will involve consultation with the Agency Field Supervisor and Director of Clinical Training. Reassignment, after the semester has begun, will require the following steps:

1. The Faculty Liaison is contacted by either the student or the Agency Field Supervisor.
2. If the student is requesting reassignment, a written statement must be submitted to the Faculty Liaison, which should include:
  - a. Reason(s) for the request.
  - b. Ways in which learning needs are not being met.
  - c. Attempts that have been made to resolve the problem(s).
3. The Faculty Liaison may schedule a joint conference with the student and the Agency Field Supervisor to discuss and attempt to resolve the issue(s) and/or arrange for the student's reassignment.
4. The reasons for the reassignment must be communicated to all parties in writing by the Faculty Liaison.

## **Dismissal from Practicum Program**

To complete any degree pathway in the School of Nursing at Regent University students may be required to demonstrate a pre-defined level of applied competency or other pre-identified professional characteristics as a function of their specific training mission and professional standards.

A failing performance in nursing practicum, or exhibition of personal characteristics inconsistent with the profession that the student is pursuing constitutes sufficient grounds for dismissal from the program even if the unsatisfactory cumulative grade point average is consistent with a passing score.

Professional training programs are expected to function as gatekeepers for entry into their regulated profession as a public protection responsibility. Students who fail to demonstrate a passing level of professional or practicum competency in field training experiences or who are judged to be unsuitable for client responsibilities in the profession by the faculty despite the implementation of appropriate remediation plans will likely be dismissed from their program regardless of their grade standing. In instances where the student's problem is not primarily academic but has arisen due to violation of professional ethics or behavior that is detrimental to the welfare of the student's client and the agency, the student may be subjected to discipline and/or dismissal from the University by recommendation of



the Faculty Liaison.

## **Practicum Placement Process**

Due to Federal Regulation changes that occurred July 1<sup>st</sup>, 2024, all School of Nursing program students matriculating into a practicum course after Fall 2024, will no longer be required to obtain their own practicum placement. Students remain encouraged to utilize the current affiliations document located on the SON website as a guide and explore practicum placement sites if the request deems pursuing. Students are still required to submit the *Application for Internship, Practicum, Externship or Field Placement* electronic form as described in the previous section of this document for administrative tracking. Students will be placed into a currently affiliated practicum site with an approved practicum preceptor by the School of Nursing Director of Clinical Training and Clinical Placement Coordinator unless the student pursues alternative placement options

The goal of the practicum experiences is to immerse the student in an optimal learning environment unique to their professional and academic goals. All practicum experiences can be obtained in the Commonwealth of Virginia. Students wishing to secure practicum experiences not in the Commonwealth of Virginia must obtain prior approval from the School of Nursing. This act of request for alternative practicum placement does not guarantee that placement within the student's desired state outside of the Commonwealth of Virginia will be approved. Regent University School of Nursing will make every reasonable effort to assist the student in securing placement in the desired location; however, placement in the student's preferred location cannot be guaranteed, and students may need to be willing to travel to authorized states outside of their state of residency to complete this requirement.

## **Practicum Role Responsibilities**

### ***Responsibilities of Regent University School of Nursing***

1. Ensure student compliance with mandatory standards according to affiliation agreement with facility on file at Regent University, School of Nursing.
2. Ensure that preceptors and facilities meet qualifications as outlined by accrediting bodies.
3. Provide the course work that establishes the foundation for practicum experiences.
4. Ensure that practicum experiences using preceptors occur only after the student has received applicable theory and practicum experiences necessary to safely provide care to patients (within course or curriculum), as appropriate.
5. Facilitate faculty visits to practicum sites to evaluate the student and to assist the student and preceptor, as needed, in accomplishing the competencies and learning objectives.
6. Evaluate practicum sites at regular intervals using various modalities that may include faculty site visits, electronic communications, and video conferencing.
7. Ensure student compliance with standards on immunization, screening, OSHA standards, CPR, HIPAA, background checks, and current liability insurance coverage, appropriate.

### ***Responsibilities of Track Coordinators***

1. Assign students to practicum faculty/supervisor, preceptor, and site with assistance from Clinical Placement Coordinator, unless other experiences were prearranged.

2. Provide the preceptor with orientation materials including the philosophy, curriculum, course, clinical objectives, student expectations, and methods of student evaluation prior to the practicum experience.

#### ***Responsibilities of Director of Clinical Training***

1. Verify required preceptor documentation and securely store these documents. Identify and evaluate practicum sites for appropriate learning experiences and delegates to other duties to Clinical Placement Coordinator when appropriate.
2. Orient faculty, student, and preceptor to the practicum experience.

#### ***Responsibilities of Practicum Faculty***

1. Evaluate student's proposed schedule with preceptor and practicum site each course and as needed prior to student participation in practicum hours. If there are any changes to this proposed schedule, students must submit these revisions for review and approval by faculty via Canvas prior to actively participating in any additional practicum experiences or hours.
2. Meet with the preceptor and student during each course and document this interaction.
3. Provide consultation and support of the preceptor when problems are reported.
4. Acquire preceptor input regarding the student's performance.
5. Evaluate and document the student's progress by grading Practicum course assignments including data input into the Typhon as well as completion of the required evaluation forms.

#### ***Responsibilities of Practicum Facility/ Site Supervisor***

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.

#### ***Responsibilities of Preceptor***

1. Participate in a preceptor orientation whether online or through documentation as provided from Regent University School of Nursing.
2. Understand all responsibilities and expectations of the preceptor role.
3. Orient the student to the practicum site, policies, and procedures.
4. Arrange practicum experience days and times to fit the preceptor's schedule.
5. Keep communication open with students.
6. Facilitate an informal, collaborative, and respectful learning environment.
7. Is a positive and effective role model.
8. Provide learning experiences with appropriate patients as clinically feasible.
9. Provide ongoing feedback and evaluation data.
  - a. Sign student's time log daily to verify hours at site, as applicable.
  - b. Review the student's personal clinical and course objectives that will guide the course of study and serve as one measurement of competency achievement and clinical growth.
  - c. Complete evaluation forms according to the timeframe in the syllabus.

10. Pace learning experiences to meet the student's needs.
11. Notify faculty and/or track coordinator of concerns about the student's behavior, work, or progression.
12. Discuss any arrangements for coverage with the student should the preceptor be absent.
13. Co-sign all student clinical documentation and orders, unless otherwise restricted.

### ***Responsibilities of Student***

1. Complete all prerequisite courses prior to starting practicum.
2. Provide the preceptor with required evaluation tools and other required assignments.
3. Ensure the preceptor's CV and certification documents are submitted to Regent University Clinical Placement Coordinator prior to the start of the semester.
4. Establish a schedule for practicum time with the preceptor, adjusting their personal and work-related schedules to meet all requirements. Students are required to submit this proposed schedule for course faculty approval.
5. Arrive at the clinical site on time and well-prepared and in appropriate attire.
6. Follow all policies and procedures established at the practicum site.
7. Respect the confidential nature of all information obtained at the practicum site.
8. Function under the Nurse Practice Act statutes and for expanded nursing roles.
9. Discuss progress, problems, and learning needs with the preceptor and faculty.
10. Complete evaluations of site and preceptor as assigned.
11. Communicate the deadlines for evaluations to preceptors while formulating the proposed schedule. It is the student's responsibility to professionally and respectfully remind the preceptors as these deadlines approach.
12. Maintain 100% attendance for all practicum hours. If absent or tardy, the student must notify the preceptor and faculty/supervisor prior to the assigned reporting time.
13. Maintain an accurate record of all clinical hours.
14. Notify the preceptor in the event of biohazard exposure and follow university and facility policies.
15. Provide clinical faculty with schedule of clinical rotation days/times by the first week of a clinical experience and updates faculty with any changes.

### **Practicum Forms and Instructions**

*Practicum "Getting Started" checklist, additional info related to Complio and Typhon, and a detailed preparation timeline are in the appendices at the end of this guide.*

### **Nursing Practicum Electronic Forms**

#### **Application for Internship, Practicum, Externship or Field Placement (EFORM)**

Student completes and submits for each proposed practicum site and preceptor. This process may need to be completed for multiple courses depending on practicum experience requirements of the student's respective population focus and specialty.

Clinical Placement Coordinator: reviews request and initiates conversations for potential affiliation agreement on behalf of the student

### **Practicum Schedule**

Student completes via Typhon software for each practicum date at each practicum site and for each practicum preceptor (if multiple sites or preceptors are used in a single shift).

Faculty reviews and approves via Canvas comments and actions in Typhon

### **Practicum Case Logs**

Students complete via Typhon software for each practicum encounter to the standard of the course faculty.

Faculty reviews and approves appropriate case logs entered by deadline.

### **Practicum Time Logs**

Student completes via Typhon software for each practicum date at each practicum site and for each practicum preceptor (if multiple sites or preceptors are used in a single shift).

Faculty reviews and approves appropriate time logs entered by deadline.

## **Nursing Practicum Hardcopy Forms**

All forms must be typed and submitted electronically to the correct Dropbox. If a signature is required, an ink or verified digital signature will be accepted. Any document submitted handwritten or to the incorrect Dropbox location will be rejected, and the student will be required to wait a potential additional 6-10 days for review and approval of the corrected document submission.

### **Preceptorship Contract**

Student completes, obtains necessary signatures, and submits as directed by course instructor.

### **Practicum Prospectus and Student SMART Goals/Objectives**

Student completes form, obtains necessary signatures, and submits as directed by course faculty

### **Proposed Schedule Form**

Student completes form, obtains necessary signatures, and submits as directed by course faculty

### **Practicum Progression Evaluation**

Student completes form in between formative/summative evaluation while in course or more frequently as dictated by the State Board of Nursing where the student is practicing; obtains necessary signatures, and submits as directed by course faculty via Canvas

### **FERPA Handout and Form**

Students provide *FERPA handout* to preceptor and collect preceptor signature on the *FERPA Acknowledgment form*, and students submit them as directed by course faculty

### **FERPA Acknowledgment Form**

Students provide *FERPA handout* to preceptor and collect preceptor signature on the *FERPA Acknowledgment form*, and students submit them as directed by course faculty

**Student Information Release**

Students to complete REGENT Student Information Release FERPA Signature Form and student submits as directed by course faculty

**SoN Recording & Viewing/Listening Consent Form (Participant)**

BS in Nursing Students & Preceptor have form signed by those being recorded for purposes of program requirements. They are to retain that form as part of the medical record and submit the SoN Audio/Video Recording Consent Attestation Form to their faculty supervisor.

**SoN Recording & Viewing/Listening Consent Form (Student)**

BS in Nursing Student signs and submits this form to their program faculty supervisor via Canvas.

**SoN Recording Consent Attestation Form (Participant)**

BS in Nursing Students & Preceptor sign form and student submits to course faculty instructor attesting to completion.

**Nursing Student Fitness to Participate in Practicum Experience: Physical Exam Form**

Student presents form to healthcare provider to be completed per directions on form and then submits to Complio. This may be required multiple times during a student's practicum courses based on student's Academic Degree Plan. It is the student's responsibility to provide all the necessary documentation to remain compliant throughout the practicum experience.

This section of the form completed by the Healthcare Provider is allowed to be handwritten by healthcare provider only, all other sections must be typed. Students are responsible for any delays that incorrect documentation or submission creates and acknowledge that this may result in a delay in the practicum experience or academic degree plan.

**Daily Attendance Log**

Student completes, obtains necessary signatures, and submits as directed by course instructor.

**Clinical Practicum Work Log**

BS in Nursing Student completes, obtains necessary signatures, and submits as directed by course instructor.

**Student Evaluation of Preceptor and Practicum Site (Mid-term and Final)**

Student completes and submits to designated external document folder assigned each term in Typhon.

Faculty reviews and annotates completed status via Canvas.

**Student Self Evaluation/ Preceptor Evaluation of Student (Mid-term and Final)**

Student completes, obtains necessary signatures, and submits to designated external document folder assigned each term in Typhon.

Preceptor reviews student comments, provides feedback and signature

Faculty reviews and comments on completed preceptor evaluation ratings, discusses results with students as appropriate and annotates completed status via Canvas

Student reviews completed documents with evaluation comments from preceptor and course faculty and creates an improvement plan for the remainder of practicum experience to respond to these comments

## **Typhon Scheduling and Practicum Hours Documentation System Policy**

This policy outlines the requirements and guidelines for all Nursing students at Regent University regarding the use of the Typhon Practicum Hour Logging System for maintaining and demonstrating effective completion of the required patient care experiences applicable to their degree and/or MSN specialty. The purpose of this policy is to ensure consistency, accuracy, and compliance with regulatory bodies while documenting Practicum hours and experiences during the practicum.

***\*\*Please see Appendix E for terminology and overview of documentation guidelines.***

### *Policy Implementation:*

1. Typhon System Adoption: a. All students will be required to utilize the Typhon Program LLC, Practicum Hour Practicum Logging System to record their patient care experiences during the practicum. b. The adoption of Typhon aims to streamline the process of documenting Practicum hours and maintaining comprehensive records of Practicum experiences.
2. Mandatory Training: a. Before starting their practicum experiences, all students must attend a mandatory training session on how to use the Typhon system effectively. b. The training session will be scheduled by the Nursing Department and conducted by experienced faculty members or authorized personnel familiar with Typhon.
3. Accurate and Timely Logging: a. Students are responsible for accurately logging their patient care hours in Typhon on an ongoing basis. b. All entries must be made promptly to ensure real-time tracking of Practicum experiences.
4. Detailed Documentation: a. Students must maintain detailed records of their patient care experiences, ensuring that each entry includes relevant information such as the date, time, location, patient information (within privacy guidelines), and a brief description of the Practicum encounter. b. It is the student's responsibility to ensure that all information entered in Typhon is accurate and complete.
5. Compliance with Regulatory Bodies: a. Students must adhere to the guidelines and regulations set forth by the State Boards of Nursing and Licensing or Certifying bodies regarding the documentation of Practicum hours. b. The use of Typhon is intended to aid in meeting these requirements effectively.
6. Privacy and Confidentiality: a. Students must exercise utmost confidentiality and adhere to all privacy regulations when documenting patient care experiences in Typhon. b. Patient identifiers should be handled in accordance with institutional policies and Health Insurance Portability and Accountability Act (HIPAA) guidelines.
7. Faculty Supervision: a. Faculty members overseeing the practicum will have access to the Typhon system to review student logs and provide guidance if needed. b. Faculty will also utilize

- Typhon to monitor student progress and ensure compliance with practicum requirements.
8. Support and Assistance: a. Students experiencing any technical difficulties or having questions related to Typhon should promptly seek assistance from the Nursing Department's administrative team or designated support personnel.

*Policy Review:*

The nursing department will review this policy annually to ensure its effectiveness and relevance to current regulatory standards. The policy will be communicated to all nursing students via the Student Practicum Handbook and other appropriate channels.

Typhon implemented Fall 2023 by Regent University is a secure, permanent, web-based clinical evaluation and document repository. All audiences—Students, School, Program Track coordinators, Director of Clinical Training, Clinical Faculty and Preceptors will use Typhon for evaluations as assigned. Students will also utilize Canvas and Complo and Typhon, as applicable to prepare for and continue to report compliance related to practicum experiences.

### **Director of Clinical Training**

Director of Clinical Training will use these systems to:

1. Verify current site affiliation agreements to maintain accurate database of approved site and preceptors utilized by Regent University School of Nursing.
2. Create and store applicable evaluation forms for each education track in collaboration with Program Track Directors.

### **Practicum Faculty**

Practicum Faculty will use these systems to:

1. Evaluate student time logs, patient encounters, clinical notes.
2. Review and approve student scheduling
3. Review Student and Preceptor evaluations of clinical experiences.
4. The specific Typhon functions used are determined by the Director of Clinical Training in collaboration with the Program Track Directors.

### **Practicum Preceptors**

Preceptors will use these systems to:

1. Provide assessment of student(s) in clinical formative (midterm) and summative (final) Student Clinical Assessment Report (SCAR)
2. Provide assessment of student(s) in clinical summative (final) Student Clinical Assessment Report (SCAR)
3. Attest to student attendance and adherence to approved schedule
4. Communicate with course faculty

**Students**

Students will use these systems to:

1. Submit required pre-practicum documents.
2. Submit proposed practicum schedule.
3. Submit accurate time logs (direct and indirect hours) within 10 days of practicum experience.
4. Submit case logs de-identified patient encounters or practicum experience summaries applicable to elected program within 10 days of practicum experience.
5. Submit formative/summative evaluations of preceptors.
6. Submit formative/summative evaluations of clinical sites.
7. Submit formative/summative self-evaluations.
8. Create, review, and export a Graphical summative portfolio of approved practicum hours and experience which they will upload to Canvas at the conclusion of each course.
9. Review faculty feedback on all submissions and correct as necessary to receive approval and gain credit for those experiences
10. Submit practicum progress self-evaluations with co-signature and comments from preceptors
11. Submit a Graphical summative portfolio of approved practicum hours and experience created from their Typhon logs
12. Submit a copy of faculty approved time logs by preceptor.
13. Communicate with faculty and peers regarding the progress of practicum experiences throughout the semester
14. Complete an independent background check
15. Complete and submit documentation of required immunization status
16. Complete and submit physical assessment form
17. Submit additional supporting documentation as required to demonstrate safety and wellness clearance for participation in practicum experiences



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# Program Specific Information

# **RN to BS in Nursing**

## **RN to BS in Nursing Practicum Introduction**

Congratulations on reaching your practicum and capstone courses! The RN to BS in Nursing curriculum and program have led to this point, and it is time to embrace the final steps of program completion. During these final courses, you will be spending a minimum of 135, direct/ indirect patient care practicum hours. In your final course you will also identify an evidenced-based improvement project which will become your RN – BS in Nursing Capstone Project. The curriculum for the nursing program at Regent University are derived from the stated purpose, philosophy, student learning outcomes, and The Essentials of Baccalaureate Education for Professional Nursing Practice, (2008), set forth by the American Association of Colleges of Nursing, (AACN), which serves as a framework for practice and a conceptual approach to the nursing curriculum. This will provide you with strategies to lead as change agents in the field of nursing through quality improvement and research initiatives. The over-arching goal of precepted Practicum experiences are to prepare students to meet competencies appropriate to the scope of practice, role, and population focus of the pursued degree and/or certification.

This is an opportunity to promote excellence, innovation and integrity, modeling Christ's love and grace-oriented leadership professionally and interprofessionally. Regent University's practicum experiences train graduates to implement, utilize, balance, and evaluate their defined personal philosophies as they provide ethical and unbiased care. Students are prepared to holistically integrate knowledge, skills, values, spirituality, to advocate, challenge biases as they provide safe and equitable care. Students are encouraged biblically to align their personal and professional goals to underpin the field of nursing's commitments to equity, diversity, and social justice.

### **Preceptor Requirements**

The Preceptor should be a BSN or BS in Nursing prepared (or greater educational level) RN with current unencumbered licensure in their state of residence. Preceptors must have at least one year of experience in their current practice role. Proof of degree in the nursing discipline is required.

1. Must hold a BSN or BS in Nursing or Higher.
2. Must be actively employed in the specified fields for Nursing Leadership/Management or Community Health.
3. Must have an un-restricted, active RN license.
4. Must be willing to adhere to mutually established NURS 330 or NURS 430 goals/objectives.
5. Must be willing to offer the necessary practicum hours required to complete NURS 330 or 430.
6. Must actively work with the patient population to ensure efficient role orientation for the student.
7. Must provide a CV or Resume to the student.

### **RN to BS in Nursing Practicum Requirements**

1. RN to BS in Nursing students complete a minimum of 135 supervised direct patient care in the role to satisfy requirements for graduation
2. Students are additionally required to complete indirect patient care practicum hours as assigned by course faculty.
3. All practicum experiences must be documented and approved by course faculty within 10 days of the practicum experience.

4. The student is to collaborate with the preceptor and faculty to create a practicum schedule and is expected to adhere strictly to the approved schedule. Any variations from the pre-approved schedule must be re-approved by course faculty prior to documenting any direct patient care hours.
5. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
6. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

### **RN to BS in Nursing Practicum Courses**

#### **NURS 310 (Professional Health Assessment)**

Details regarding all practicum course requirements can be found in your NURS 310 syllabus on Canvas. Students enrolled in NURS 310 (Professional Health Assessment) will be video recording an assessment on a person who is participating as a “patient” as part of the practicum hours. Students are encouraged to locate a facility (it may be a medical facility such as a health care provider’s office, this is helpful, not required) to use for a virtual demonstration of skills acquired through online coursework. (NURS 310 practicum requirements). The “patient” may NOT be an actual patient; the patient being assessed must be a volunteer adult who can sign the consent form before the assessment is recorded. The audio and video recording are then uploaded to a compatible media service (as a private video), and the link is then shared with the instructor through Canvas. Students MUST submit the signed Practicum Consent Forms to their course instructor via Canvas prior to beginning the virtual assignment. (See Form 7, Practicum Consent Forms for Patient and Student).

A total of 45 practicum hours are to be completed as follows:

1. The Comprehensive Assessment, written and audio/video link uploaded to Canvas (20 clock hours)
2. The Assessment of Social Determinants (assessment and written document) (15 clock hours)
3. Blood Pressure Screenings assignment and submission of written assignment (10 clock hours)

\*Details regarding all practicum course requirements can be found in your NURS 310 syllabus on Canvas.

#### **Practicum overview for NURS 330 and NURS 430**

Students enrolled in NURS 330 (Nursing Leadership and Management Practices) and NURS 430 (Community & Public Health Strategies) are required to locate an **approved** practicum site and preceptor prior to beginning any practicum or observation for these courses (see NURS 330 and NURS 430 practicum requirements).

**NURS 330 (Nursing Leadership and Management Practices)**

A total of 45 direct patient care practicum hours to be completed as follows:

Forty-five (45) direct patient care hours may be completed as one block with an individual preceptor or in a variety of settings that meet the criteria for leadership-based nursing. \*

Approved preceptors should be employed in a leadership role, such as a nurse administrator or team leader, but must have daily contact with patients. Preceptors will be asked to allow our students to work with them in their workplace and incorporate leadership skills learned from class assignments and Shadow Health. A variety of settings may be used to meet the criteria for this leadership-based nursing.

*\*All preceptor agencies must be preapproved by the Field Placement Coordinator before the start of the practicum. Students MAY NOT participate in practicum without submission of assigned documents. Approval email must also be uploaded to Typhon.*

Each student must keep a practicum log for each practicum experience. For this course, each student will be required to complete case logs, time logs, and external document uploads as evidence of their completed practicum experience hours. Each entry should be uploaded into Typhon and include:

1. Practicum site (agency name), date, time (duration of experience) and SIGNATURE of supervision faculty or agency personnel assigned to that day.
2. Notes addressing activities of the day (including leadership examples of particular interest) and relating the activities to the established practicum goals.
3. Maintain absolute patient confidentiality. Never mention any patient by name. Use initials only.
4. Include your impressions or feelings about the experience along with your practicum data.
5. Hours should add up to 45 direct patient care practicum hours.

**NURS 430 (Community & Public Health Strategies)**

A total of 45 practicum hours, comprised of 30 direct patient care hours, and 15 indirect patient care hours to be completed as follows:

Forty-five (45) hours comprised of 30 direct patient care hours, and 15 indirect patient care hours may be completed as one block with an individual preceptor or in a variety of settings that meet the criteria for community and public health. \*

1. Health Department
2. Community based clinic
3. School based clinics

4. Public school nurses
5. OP Surgery centers
6. Home Health
7. Hospice

*\*All preceptor agencies must be preapproved by the Field Placement Coordinator before the start of the practicum. Students MAY NOT participate in practicum without submission of assigned documents. Approval email must also be uploaded to Typhon.*

Each student must keep a practicum log for each practicum experience. For this course, each student will be required to complete case logs, time logs, and external document uploads as evidence of their completed practicum experience hours. Each entry should include:

1. Practicum site (agency name), date, time (duration of experience) and SIGNATURE of supervising faculty or agency personnel assigned to that day.
2. Notes addressing activities of the day (including Community Health cases of particular interest) and relating the activities to the established practicum goals.
3. Maintain absolute client confidentiality. Never mention the client's name. Use initials only.
4. Include your impressions or feelings about the experience along with your practicum data.
5. Ensure that each log addresses your practicum goals and objectives.
6. Do not attempt to write a nursing care plan in your log. Do make notes related to nursing care of the patient based on the nursing process.
7. Hours should add up to 45 practicum hours.

### **Progression of Practicum Skills and Expectations for Students**

#### ***RN to BS in Nursing***

RN to BS in Nursing students will evolve their current bedside practice over the course of the practicum courses to include areas of expertise in various populations not traditionally emphasized in ADN or Diploma level RN education. Additional skills acquired during these experiences will include but are not limited to population and community health advocacy strategies, leadership, quality and safety initiatives and mastery of applicable information and health technologies. Professionalism standards will be expected to include time management, accurate and timely documentation of all practicum experiences and respectful and knowledgeable communication in interprofessional collaboration activities and all practicum experiences. Furthermore, this program will assist students to achieve the competencies outlined by the AACN Essentials.

RN to BS in Nursing practicum experiences transition the practicing RN to a professional baccalaureate level of proficiency in a broader competency range than experienced in initial licensure programs. As such the practicum settings and experiences are required to be those not

traditionally obtained in the pre-licensure programs. These competencies include but are not limited to information management integration, leadership development, interprofessional collaboration, evidence-based practice advocacy, organization/systems level understanding of healthcare and community health nursing concepts. These competencies are achieved through structured direct patient care experiences in NURS 310, NURS 330 and NURS 430. At the culmination of these practicum experiences students will create and present a capstone project that addresses a clinical problem within the scope of practice of a Bachelorette prepared nurse that demonstrates mastery of the competencies introduced and emphasized during the aforementioned practicum courses.

#### ***Student Assessment / Site Assessment***

Students will be assessed on their performance at their sites by their preceptor. Likewise, each preceptor and site will be evaluated by students and course faculty. Students will also complete a self-assessment of their practicum performance. These assessments will occur midway and at the end of each practicum course. The criteria for these assessments are based on the AACN Level 1 essentials.



# **MSN Program**

**Nurse Educator, Nursing Leadership &  
Management, & APRN Concentrations**

The MSN curriculum and program have led to this point, and it is time to embrace the final steps of program completion. During these final courses, you will be spending a minimum of 500 to 750 direct patient care practicum hours with additional indirect care hours as directed by course faculty, respective to your degree plan, in your area of specialty and/or population focus. In your final practicum experience you will also identify an evidenced-based improvement project which will become your MSN Capstone Project. This experience is designed to meet the CCNE Accreditation Standards associated with Practicum experience. This will provide you with strategies to lead as change agents in the field of nursing through quality improvement and research initiatives. The over-arching goal of precepted Practicum experiences are to prepare students to meet competencies appropriate to the scope of practice, role, and population focus of the pursued degree and/or certification.

This is an opportunity to promote excellence, innovation and integrity, modeling Christ's love and grace-oriented leadership professionally and interprofessionally. Regent University's practicum experiences train graduates to implement, utilize, balance, and evaluate their defined personal philosophies as they provide ethical and unbiased care. Students are prepared to holistically integrate knowledge, skills, values, spirituality, to advocate, challenge biases as they provide safe and equitable care. Students are encouraged biblically to align their personal and professional goals to underpin the field of nursing's commitments to equity, diversity, and social justice.

In addition to the culminating practicum courses, direct patient care practicum hours with additional indirect care hours as directed by course faculty are to be completed throughout the program. During Practicum hours, students are required to complete case logs, time logs, external documents, scheduling, and evaluations as directed by course faculty. The aforementioned tasks are required (Pass/Fail) and may result in delayed progression through the student's Academic Degree Plan if not completed by the annotated deadlines. Further clarification will be provided as part of the course curriculum.

## **Capstone Considerations for Practicum**

In practica courses, students will begin to formulate and initiate their Capstone project that will be completed by the end of their student experience. Students are to choose an Evidence-Based project or Quality Improvement project that synthesizes evidence of advanced learning. The project must directly correlate to their chosen area of Practicum expertise and practicum setting.

### ***Useful tips regarding the MSN Capstone Project***

1. All MSN graduate students complete an MSN project that is specific to their degree path.
2. The School of Nursing courses have been designed to build on specific national competencies while developing the student's interest in topics of their choice to generate content to support the final MSN Capstone Project. Save your work.
3. Students should ask themselves what areas they are interested in as their specialty. Reflect on what you are passionate about, what gives you energy in the profession? Your faculty are available to help you with this process.
4. Within your chosen degree specialty and/or population focus, what improvements to evidence-based practice need to be made?

5. Hypothetically, would these improvements assist my current place of employment or a different organization?
6. What key competencies, new knowledge, and experiences will contribute to this project?
7. Is this graduate-level thinking? Your faculty is here to guide you if you are not sure or need assistance ensuring that your plan is indeed graduate-level work.
8. How does this new knowledge translate to practice?
9. What is required to implement the project or is it more feasible to only design a plan that could be implemented later?
10. Can I create this capstone project within the practica? Again, your experienced faculty can provide guidance regarding this if you are unsure.
11. What are the resources to assist in developing the capstone project? (There are several at Regent University, plan to utilize your available resources).
12. What does the existing literature say about my identified topic? What literature have I collected throughout the prerequisites to practicum?
13. What solutions have already been tried and what was the outcome?

## Nurse Educator Concentration

### MSN Education Concentration Practicum Courses and Hours

Course Number	Total Direct Patient Care Practicum Hours (Minimum)
NURS 684	250
NURS 685	250
<b>Total hours</b>	<b>500</b>

\* Additional preapproved indirect practicum hours will be assigned by course faculty to augment the benefit of your direct patient care hours.

\*Effective January 2025, the 2024 CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs will require MSN Education and Leadership students to complete a minimum of 500 direct patient practicum hours demonstrating competency in APRN core competencies (Advanced Physical Health Assessment, Advanced Pharmacology, and Advanced Pathophysiology). These direct patient care practica hours must specifically demonstrate advanced disciplinary knowledge and experience outside of teaching/learning content (MSN Educator) and leadership roles (MSN Leadership and Management).

\*All Non-Licensure MSN students must demonstrate a minimum of 24 hours of direct care experience as part of the total precepted hours required for your educational program.

**Nurse Educator Concentrations Practicum Specific Requirements**

1. Nursing Education students must complete a minimum of 500 supervised practicum hours containing specific population focused competencies of direct patient care in the MSN Educator role to satisfy requirements for graduation and certification eligibility. Students will have additional indirect patient care practicum activities assigned by course faculty.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. The student maintains accurate records of practicum experience and hours in Regent University Typhon account as outlined by the Program Director. The student completes a practicum log for every education experience as defined by the Program Director. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not educational experiences therefore charting in Typhon does not count towards accumulation of practicum hours. Additionally, Lunch is not included in practicum hours.
4. The student will provide practicum progression evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
5. The School of Nursing will provide the Student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
6. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

**Progression of Practicum Skills and Expectations Specific to the Nurse Educator Concentration**

All MSN students will be expected to have accomplished the practicum criteria for the previous level (BS or BSN). Students will be evaluated to the standard of an MSN prepared RN with the following board criteria, additional criteria may be implemented on a case-by-case basis to assure accurate assessment of student performance of practicum competencies:

1. Creates appropriate opportunities for learners to develop their critical thinking and critical reasoning skills through direct and indirect patient care encounters
2. Demonstrates enthusiasm for teaching, learning, and nursing that inspires and motivates students in both direct and indirect patient care encounters
3. Develops collegial working relationships with students, faculty, colleagues, and clinical agency personnel to promote positive learning environment
4. Identifies a variety of strategies that assess and evaluate learning in the cognitive, psychomotor, and affective domains
5. Demonstrates skill in the design and use of tools for assessing clinical practice through direct patient care activities
6. Creates and maintains community and clinical partnerships that support educational goals

7. Identifies an innovative, and creative perspective into the Nurse Educator role through direct patient care activities
8. Demonstrates qualities of a scholar and integrity through both direct and indirect patient care activities
9. Maintains professional nursing identity in all practicum experiences to include, timely and accurate documentation, adherence to professional attire requirements and professional communication in all written and verbal interactions.

## Nurse Leadership and Management Concentration

### MSN Leadership Concentrations Practicum Courses and Hours

Course Number	Total Direct Patient Care Practicum Hours (Minimum)
NURS 684	250
NURS 685	250
<b>Total hours</b>	<b>500</b>

\* Additional preapproved indirect practicum hours will be assigned by course faculty to augment the benefit of your direct patient care hours.

\*Effective January 2025, the 2024 CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs will require MSN Education and Leadership students to complete a minimum of 500 direct patient practicum hours demonstrating competency in APRN core competencies (Advanced Physical Health Assessment, Advanced Pharmacology, and Advanced Pathophysiology). These direct patient care practica hours must specifically demonstrate advanced disciplinary knowledge and experience outside of teaching/learning content (MSN Educator) and leadership role (MSN Leadership and Management).

\*All Non-Licensure MSN students must demonstrate a minimum of 24 hours of direct care experience as part of the total precepted hours required for your educational program.

### Nurse Leadership Concentrations Practicum Site Specifics/Requirements

1. Nursing Leadership and Management students must complete a minimum of 500 supervised practicum hours containing specific population focused competencies of indirect/direct patient care in the MSN Leadership and Management role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care time to observe and become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. These observation hours do not count towards the direct patient care practicum hour accumulation.

3. Students should prepare and present all proposed education experiences to the preceptor in an organized and professional manner and remain respectfully receptive to professional feedback when indicated.
4. The student maintains accurate records of practicum experience and hours in Regent University Typhon account as outlined by the Program Director. The student completes a practicum log for every education experience as defined by the Program Director. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not educational experiences and therefore charting in Typhon does not count towards accumulation of practicum hours. Additionally, Lunch is not included in practicum hours.
5. The student will provide practicum progression evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
7. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

#### **Progression of Practicum Skills and Expectations Specific to the Nurse Leadership and Management Concentration**

All MSN students will be expected to have accomplished the practicum criteria for the previous level (BS or BSN). Students will be evaluated to the standard of an MSN prepared RN with the following board criteria; additional criteria may be implemented on a case-by-case basis to ensure accurate assessment of student performance of practicum competencies:

1. Demonstrates leadership skills in delegation and the initiation of conflict resolution strategies through direct patient care and indirect patient care activities
2. Collaborates with interprofessional colleagues to implement patient safety and quality improvement initiatives using effective communication in both direct and indirect patient care encounters
3. Identifies how healthcare delivery systems are organized and financed and can illustrate the economic and legal factors that influence health care in both direct and indirect patient care encounters
4. Demonstrates an understanding of the process involved with the design and implementation of new models of care delivery and coordination in both direct and indirect patient care encounters
5. Identifies quality improvement initiatives that integrate socio-cultural factors that affect the delivery of nursing and healthcare services through direct and indirect patient care experiences
6. Identifies how the integration of healthcare services affects the safety and quality of care to improve patient outcomes through firsthand direct patient care encounters and indirect patient care activities
7. Maintains professional nursing identity in all practicum experiences to include, timely and

accurate documentation, adherence to professional attire requirements and professional communication in all written and verbal interactions.

## **MSN in Advanced Practice Registered Nurse (APRN)**

### ***PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) – MSN DEGREE PROGRAM***

*The following applies to APRN PMHNP degree concentration – MSN Program*

#### **PMHNP Practicum Courses and Hours**

<b>Course Number</b>	<b>Total Direct Patient Care Practicum Hours (Minimum)</b>
APRN 780	150-250
APRN 781	175-250
APRN 782	175-250
<b>Total Hours</b>	<b>500-750</b>

\*Additional preapproved indirect practicum hours will be assigned by course faculty to increase the benefit of your direct patient care hours.

\*PMHNP students- pediatric patient experiences will be classified by the practicum site organizational definition.

\*PMHNP Practicum Courses progress on a continuum throughout the lifespan. Courses generally include an adult (780), pediatric (781) and geriatric (782) rotation. Preceptor and site-specific populations will be reviewed and approved by faculty in each specialty practicum course.

#### **PMHNP Practicum Practice Site Specific Requirements**

1. PMHNP students complete a minimum of 500 supervised practicum hours containing specific population focused competencies of direct patient care in the PMHNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.



4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.
5. The student will provide practicum progression evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
7. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

**PMHNP Progression of Practicum Skills and Expectations**

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
  - Performs Complete and focused mental and physical health exam independently
  - Complete an appropriate psychiatric assessment and diagnostic interview
  - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
  - Present these findings in an organized, concise statement to the Preceptor.
  - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
  - Demonstrates the ability to utilize common screening tests
  - Rules out medical/substance use issues presentation might suggest
  - Summarizes suggested diagnosis and differentials
  - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters
- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
  - Further develop differential diagnosis.
  - Develop the assessment for the primary complaint along with treatment plan
  - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
  - Learn to integrate the impact of Social Determinants of Health to help their patient achieve and sustain the best health.
  - Assess how the patient perceives his/her illness and health. (This is important for this knowledge to help guide the student in producing a plan that incorporates patient goals)
  - Build a relationship and service engagement with patients
  - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner

- Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
- At the end of the first practicum semester course:
  - **Manages One Acute Problem in an Uncomplicated Patient**
    - Synthesizes and prioritizes relevant data
    - Identifies both typical and atypical presentations of disorders and related health problems
    - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
    - Diagnosis of commonly occurring health problems.
    - Able to evaluate potential risks related to the problem.
  - **Manages all health Maintenance for well patients of all ages**
    - Prescribes and Manages Medication Under Supervision
    - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
    - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
    - Prescribes medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
    - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
    - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
    - Utilize references and clinical base guidelines as they prescribe and manage medication
  - **Participates in a culture of safety and contributes to quality improvement**
    - Participates in quality improvement initiatives and safety protocols
    - Identifies areas for improvement in clinical practice setting and contributes to solutions
    - Adheres to safety guidelines and best practices
    - Recognizes and addresses potential safety issues
  - **Responsibility and ethical utilizes technology and information literacy to enhance patient care**
    - Utilizes electronic health records effectively for patient documentation and care coordination
    - Leverages telehealth and other digital tools to enhance patient care
    - Analyzes and interprets data to inform clinical decisions
    - Ensures data accuracy and confidentiality in clinical documentation
  - **Encourages health promotion and disease prevention strategies across the lifespan**
    - Develops and implements preventive care strategies tailored to the individual and family
    - Provides education on lifestyle modifications, risk reduction and health maintenance

- Conducts age-appropriate screenings and orders/administers appropriate immunizations
- Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
  - Advocates for patient rights and access to healthcare resources
  - Participates in policy discussions and initiatives to improve healthcare
  - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
  - Prioritizes issues that need to be resolved
  - Acknowledges the impact of Social Determinants of Health on current mental health issues
  - Formulates an outcome-based treatment plan
  - Bases treatment plan on evidence – base standards and practice guidelines
  - Facilitates client decision making by linking care to client's concerns
  - Suggests appropriate medication regime
  - Applicable ethical and legal principles apply to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
  - Plans care to minimize the development of complications and promote function/QOL
    - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
  - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
  - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format
  - Communicates the client's health status in writing using appropriate terminology and format
  - Documents data in a concise, organized, and thorough manner
  - Documents HPI, diagnosis, history, and relevant health data
  - Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship
  - Creates a relationship that acknowledges the client's strengths
  - Utilizes interventions to promote mutual trust
  - Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
  - Communicates a sense of "being present" with the client
  - Provides emotional and informational support to clients and their families
  - Establishes a working alliance with the patient, based on mutual respect and role responsibilities
  - Applies principles of self-efficacy / empowerment in promoting behavior change
  - Addresses health disparities and demonstrates respect for patient diversity
  - Works effectively within an interprofessional team to enhance comprehensive care
  - Communicates clearly and openly collaborates in a respectful and professional manner

- Ethics and Accountability
  - Adheres to ethical standards of practice and principles in patient care
  - Demonstrates integrity and professionalism in all clinical interactions
  - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus
- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competencies in these areas:
  - The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
    - Develop an assessment and plan for a patient with both chronic and acute complaints
    - Increase the number and complexity of patients managed
    - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
    - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
    - Increase speed and complexity of patients managed
    - Improved accuracy of diagnostic testing interpretation
    - Improved accuracy and timeliness of documentation
    - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
    - Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - By the end of the second semester the APRN student:
    - Recommends and Manages medication under supervision
      - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
      - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
      - Recommends medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
      - Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
      - Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.

- Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
  - Adopts a recovery/psychiatric rehabilitation focus with patients with chronic mental illness (PMHNP)
  - Attends to issues of safety and patient's support needs
  - Facilitates patients to identify symptoms of relapse
  - Assures the patient has an action plan in place when acute symptoms arise
  - Discusses self-management strategies with patients (when appropriate)
  - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
  - Collects comprehensive patient histories, including medical, family and psychosocial aspects
  - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
  - Conducts thorough and systematic physical exams across the lifespan
  - Utilizes appropriate techniques for different patient populations
  - Develops comprehensive and appropriate differential diagnosis based on clinical findings
  - Integrates diagnostic and laboratory tests effectively into the assessment process
  - Develops and implements evidence-based care plans for acute and chronic conditions
  - Critically appraises and applies research findings in clinical practice
  - Demonstrates sound clinical reasoning and decision-making skills
  - Adjusts care plans based on patient response and new evidence
  - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

### ***FAMILY NURSE PRACTITIONER (FNP) – MSN APRN DEGREE PROGRAM***

*The following applies to MSN APRN FNP degree concentration*

#### **FNP Practicum Courses and Hours**

<b>Course Number</b>	<b>Total Direct Patient Care Practicum Hours (Minimum)</b>
APRN 787	150-250
APRN 788	175-250
APRN 789	175-250
<b>Total Hours</b>	<b>500-750</b>

\* Additional preapproved indirect practicum hours will be assigned by course faculty to augment the benefit of your direct patient care hours.

\*FNP students are required to complete a minimum of 125 outpatient pediatric patient care hours cumulatively from the 4 pediatric age groups (<1 year, 1-4 years, 5-11 years and 12-17 years), no age group may be omitted. Students must demonstrate competency of a minimum number of skills and procedures associated with this patient population.

\*FNP students are required to complete 90 outpatient OBGYN patient care hours. Students must demonstrate competency with a minimum number of specific skills and procedures associated with this patient population.

*\*The definition of pediatric patient population will be based on the practicum site agency's definition.*

### **FNP Practicum Practice Site Specifics/Requirements**

Each course in the FNP practicum experience is tailored to a specific population and setting within the national scope of practice for an FNP. You will need to align your practicum experiences with the requirements of each course, focusing on the competencies needed for each population. These competencies include tasks like pap smears, well-baby physical assessments, end-of-life care counseling, sports physical assessments, diabetes and hypertension management, annual Medicare wellness exams, UTI assessment and care planning, and substance abuse counseling and treatment planning.

While FNPs can work in a variety of healthcare settings depending on state regulations—some states allow FNPs to work in hospital settings or urgent care, while others restrict these roles to Adult-Gerontology Acute Care Nurse Practitioners or Pediatric Acute Care Nurse Practitioners—we aim to prepare you at a national level for your new professional role. Therefore, most competencies will focus on outpatient primary care, which is the primary focus of your Family Nurse Practitioner certification exam and future professional role. Based on this information, I advise you to seek preceptors in clinic settings such as OBGYN, pediatrics, and family practice for the semesters aligned with the FNP practicum course.

Lifespan experience requires evidence (through your Typhon case log documentation) of care of all age groups. FNP students are therefore highly recommended to complete all practicum courses at a family practice clinic as it will provide adequate exposure to the required patient populations and skills/procedures for this licensure program. However, a student may use an internal medicine clinic as a primary location and supplement with a secondary pediatric clinic and OBGYN clinic to obtain the additional patient exposures would be omitted at an internal medicine clinic. In addition to patient care experiences of individuals 18 years and older, students must complete 125 hours of outpatient pediatric care (1 patient/hour) and 90 hours of OBGYN outpatient care (1 patient/hour) to satisfy the portion of the FNP practice that focuses on patients across the lifespan. Lifespan practicum experience is a critical aspect of the program and required to sit for the national board certification. Lifespan experience requires evidence (through your Typhon case log documentation) of care of all age groups including the 4 pediatric age groups (<1 year, 1-4 years, 5-11 years and 12-17 years) for the total of 125 hours for the pediatric requirement of this program, no age group can be excluded from this requirement.

Students who do not have adequate lifespan practicum experience may be required to obtain additional clinical hours.

**FNP Practicum Practice Site Specific Requirements**

1. FNP students complete a minimum of 500 supervised practicum hours containing specific population focused competencies of direct patient care in the FNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.
5. The student will provide practicum progress evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
7. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas

**FNP Progression of Practicum Skills and Expectations for Students**

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
  - Performs Complete and focused mental and physical health exam independently
  - Complete an appropriate psychiatric assessment and diagnostic interview
  - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
  - Present these findings in an organized, concise statement to the Preceptor.
  - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
  - Demonstrates the ability to utilize common screening tests
  - Rules out medical/substance use issues presentation might suggest
  - Summarizes suggested diagnosis and differentials
  - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters



- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
  - Further develop differential diagnosis.
  - Develop the assessment for the primary complaint along with treatment plan
  - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
  - Learn to integrate the impact of Social Determinants of Health to help their patient achieve and sustain the best health.
  - Assess how the patient perceives his/her illness and health. (This is important for this knowledge to help guide the student in producing a plan that incorporates patient goals)
  - Build a relationship and service engagement with patient
  - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
  - Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
- At the end of the first practicum semester course:
  - Manages One Acute Problem in an Uncomplicated Patient
    - Synthesizes and prioritizes relevant data
    - Identifies both typical and atypical presentations of disorders and related health problems
    - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
    - Diagnosis of commonly occurring health problems.
    - Able to evaluate potential risks related to the problem.
  - Manages all health Maintenance for well patients of all ages
    - Prescribes and Manages Medication Under Supervision
    - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
    - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
    - Prescribes medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
    - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
    - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
    - Utilize references and clinical base guidelines as they prescribe and manage medication
  - Participates in a culture of safety and contributes to quality improvement
    - Participates in quality improvement initiatives and safety protocols
    - Identifies areas for improvement in clinical practice setting and contributes to solutions
    - Adheres to safety guidelines and best practices



- Recognizes and addresses potential safety issues
- Responsibility and ethical utilizes technology and information literacy to enhance patient care
  - Utilizes electronic health records effectively for patient documentation and care coordination
  - Leverages telehealth and other digital tools to enhance patient care
  - Analyzes and interprets data to inform clinical decisions
  - Ensures data accuracy and confidentiality in clinical documentation
- Encourages health promotion and disease prevention strategies across the lifespan
  - Develops and implements preventive care strategies tailored to the individual and family
  - Provides education on lifestyle modifications, risk reduction and health maintenance
  - Conducts age-appropriate screenings and orders/administers appropriate immunizations
  - Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
  - Advocates for patient rights and access to healthcare resources
  - Participates in policy discussions and initiatives to improve healthcare
  - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
  - Prioritizes issues that need to be resolved
  - Acknowledges the impact of Social Determinants of Health on current mental health issue
  - Formulates an outcome-based treatment plan
  - Bases treatment plan on evidence – base standards and practice guidelines
  - Facilitates client decision making by linking care to client's concerns
  - Suggests appropriate medication regime
  - Applicable ethical and legal principles apply to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
  - Plans care to minimize the development of complications and promote function/QOL
    - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
  - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
  - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format
  - Communicates the client's health status in writing using appropriate terminology and format
  - Documents data in a concise, organized, and thorough manner
  - Documents HPI, diagnosis, history, and relevant health data
  - Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship

- Creates a relationship that acknowledges the client's strengths
- Utilizes interventions to promote mutual trust
- Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
- Communicates a sense of "being present" with the client
- Provides emotional and informational support to clients and their families
- Establishes a working alliance with the patient, based on mutual respect and role responsibilities
- Applies principles of self-efficacy / empowerment in promoting behavior change
- Addresses health disparities and demonstrates respect for patient diversity
- Works effectively within an interprofessional team to enhance comprehensive care
- Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability
  - Adheres to ethical standards of practice and principles in patient care
  - Demonstrates integrity and professionalism in all clinical interactions
  - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus
- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competencies in these areas:
  - The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
    - Develop an assessment and plan for a patient with both chronic and acute complaints
    - Increase the number and complexity of patients managed
    - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
    - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
    - Increase speed and complexity of patients managed
    - Improved accuracy of diagnostic testing interpretation
    - Improved accuracy and timeliness of documentation
    - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
    - Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - By the end of the second semester the APRN student:
    - Recommends and Manages medication under supervision

- Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
- Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
- Recommends medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
- Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
- Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
  - Attends to issues of safety and patient's support needs
  - Facilitates patient to identify symptoms of relapse
  - Assures the patient has an action plan in place when acute symptoms arise
  - Discusses self-management strategies with patients (when appropriate)
  - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
  - Collects comprehensive patient histories, including medical, family and psychosocial aspects
  - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
  - Conducts thorough and systematic physical exams across the lifespan
  - Utilizes appropriate techniques for different patient populations
  - Develops comprehensive and appropriate differential diagnosis based on clinical findings
  - Integrates diagnostic and laboratory tests effectively into the assessment process
  - Develops and implements evidence-based care plans for acute and chronic conditions
  - Critically appraises and applies research findings in clinical practice
  - Demonstrates sound clinical reasoning and decision-making skills
  - Adjusts care plans based on patient response and new evidence
  - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

# **DNP**

## **Nursing Administration & Leadership, & APRN Concentrations**

## Doctor of Nursing Program Practicum Introduction

Congratulations on reaching your practicum! The DNP curriculum and program have led to this point, and it is time to embrace the final steps of program completion. During these final courses, you will be completing the number of hours required to meet or exceed the 1000-hour practicum experience requirement as described by the Commission on Collegiate Nursing Education (CCNE) for accredited Doctor of Nursing practice programs. The number of hours each student will need are determined by an individual gap analysis of your previous practicum hours), respective to your degree plan, in your area of specialty and/or population focus\*.

These practicum hours are designed to meet the CCNE Accreditation Standards associated with clinical experience. This will provide you with strategies to lead as change agents in the field of nursing through quality improvement and research initiatives. The over-arching goal of precepted clinical experiences is to prepare students to meet competencies appropriate to the scope of practice, role, and population focus of the pursued degree and/or certification.

This is an opportunity to promote excellence, innovation and integrity, modeling Christ's love and grace-oriented leadership. Regent University's practicum experiences train DNP students to implement, utilize, balance, and evaluate their defined personal philosophies as they provide ethical and unbiased care. Students are prepared to holistically integrate knowledge, skills, values, spirituality, to advocate, challenge biases as they provide safe and equitable care. Students are encouraged biblically to align their personal and professional goals to underpin the field of nursing's commitments to equity, diversity, and social justice.

\* The Commission on CCNE requires all DNP students to complete a minimum of at least 1,000 supervised practicum hours post-entry level. The hours required will depend on the number of hours the student obtained during previous studies, typically starting in an MSN program, and on the number of, and location where, supervised clinical hours were obtained during previous practicum courses. (See Gap Analysis Policy).

All Non-Licensure DNP students must demonstrate a minimum of 24 hours of direct care experience as part of the total precepted hours required for your educational program.

Some DNP non-practicum courses may have an option to acquire clinical hours. Please see the course syllabi for further information.

## DNP in Nursing Administration & Leadership Concentration

### DNP Administration and Leadership Practicum Courses and Hours

Course Number	Practicum Hours (Minimum)
Previous Coursework completed during MSN practicum courses.	Up to 500*
NURS 884	250 Direct/Indirect Hours
NURS 885	250 Direct/Indirect Hours
NURS 895 (If needed)	Continuation
<b>Total Required Hours</b>	<b>1,000*</b>

\*The remaining direct/indirect practicum hours needed to meet the minimum requirements will be determined by your program track and an individual gap analysis of your previous practicum hours as outlined in the Gap Analysis policy [and guidance from accrediting and licensing bodies](#).

\*\* Effective January 2025, the 2024 CCNE Standards for Accreditation of Baccalaureate and Graduate Nursing Programs will require DNP students to complete direct patient practicum hours demonstrating competency in APRN core competencies (Advanced Physical Health Assessment, Advanced Pharmacology, and Advanced Pathophysiology). These direct patient care practica hours must specifically demonstrate advanced disciplinary knowledge and experience outside of teaching/learning content and leadership roles.

### DNP Nursing Administration and Leadership Concentration Practicum Specific Requirements

1. DNP students must complete a minimum of 1,000 supervised practicum hours containing specific population focused competencies of indirect/direct patient care. The exact number of practicum hours a student will be required to complete will vary based upon an individual gap analysis of practicum hours previously performed at the MSN level.
2. Prior to beginning any DNP Doctoral Project work, students should prepare and present all doctoral project proposals, preliminary research, quality improvement recommendations, and clinical practice revisions to preceptor and all relevant stakeholders in an organized and professional manner and remain respectfully receptive to professional feedback when indicated. (See DNP Project Handbook for guidelines related to required stakeholder approval letter)
3. The student maintains accurate records of practicum experience and hours in Regent University Typhon account as outlined by the Program Director. The student completes a practicum log for practicum experience as defined by the Program Director. These are reviewed and approved by practicum course faculty. Students should not enter data while in the practicum setting as hours

spent charting are not educational experiences and therefore time spent charting in Typhon does not count towards accumulation of practicum hours.

- a. **NOTE:** Lunch is not included in practicum hours.
4. The student will provide practicum progress evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
5. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
6. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

### Preceptor Requirements

The Preceptor should have a minimum of a Doctor of Nursing degree for practicum hours accumulated during 884, 885, 886, and 895. Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned a DNP degree (Nursing Administration and Leadership Concentration preferred). \*
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in a related role.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum courses: students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

\*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
  - highest educational achievement
  - certification and licensure that aligns with the pathway of the student's degree pursuit
  - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.

**Preceptor Responsibilities**

The cooperative relationship between the Preceptor for the Doctor of Nursing student and the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences; the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full responsibility for the care of all clients as applicable.

1. The Preceptor will provide, inasmuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

**Progression of Practicum Skills and Expectations for DNP Nursing Administration and Leadership Concentration**

Upon entering the program, DNP students are expected to be competent, or approaching competence in the essential core competencies listed below (American Association of Colleges of Nursing [AACN], 2021). During the DNP practicum experiences, students will be expected to seek out opportunities to strengthen their advanced level competencies. Students will be evaluated to the standard of a DNP prepared RN with the following criteria from AACN (2021). Additional criteria may be implemented on a case-by-case basis to ensure accurate assessment of student performance of practicum competencies:

1. Knowledge of Nursing Practice
  - a. Translation of evidence based clinical guidelines and high-quality resources into clinical practice via direct and indirect patient care experiences
  - b. Demonstration of distinct knowledge and role of advanced nursing practice and shared perspectives from other disciplines



- c. Demonstration of high-quality direct and indirect patient care clinical judgement
- 2. Person-Centered Care
    - a. Engages with key stakeholders, patients and/or caregivers in establishing and maintaining a caring relationship
    - b. Demonstrates effective, timely and respectful communication utilizing a variety of tools, techniques and modalities
    - c. Utilizes holistic approach to care planning directly impacting patient care
    - d. Demonstrates ability to facilitate difficult conversations, disclose sensitive information, and use empathy and compassion when communicating
    - e. Follows all regulatory, legal and clinical site guidelines to recommend evidence based safe, accurate and individualized care
  - 3. Population Health
    - a. Demonstrates ability to analyze population health data accurately and prioritize patient care needs against established benchmarks during direct patient care encounters and indirect patient care activities
    - b. Collaborates effectively with stakeholders to address population healthcare priorities
    - c. Exhibits competency in evaluation of outcomes of population health interventions to formulate practice and health policies influenced by direct and indirect patient care activities
    - d. Demonstrates high-quality leadership through establishing and maintaining professional partnerships to improve and advocate for safe, quality and equitable care resources
    - e. Contributes expertly to policy development while advocating for social justice, diversity and inclusion in population health efforts through direct patient care encounters and indirect care activities
  - 4. Scholarship for the Nursing Practice and Translational Science
    - a. Demonstrates advancement of nursing scholarship through the critical evaluation and application of advanced nursing practice knowledge in all direct patient care encounters and indirect patient care activities
    - b. Integrates diverse sources of evidence into clinical practice through leading translational efforts for innovation and change during both direct patient care activities and indirect patient care activities
    - c. Applies clinical investigative skills effectively to improve health care outcomes, evaluate quality improvement processes and evidence-based outcomes
    - d. Promotes ethical conduct in scholarly activities by accurately identifying and effectively mitigating risks, ensuring participant protection and applying ethical principles in dissemination
    - e. Effectively disseminates clinical findings from quality improvement research and implementation science to enhance healthcare delivery and patient outcomes while promoting ethical conduct, diversity, equity and inclusion in all direct patient care encounters and indirect patient care activities assigned by course faculty

5. Quality and Safety
  - a. Demonstrates application of quality improvement principles in all direct patient care encounters and indirect care activities
  - b. Contribute to a culture of quality and safety through evaluation of system data alignment, leading analysis of errors and near misses and designing evidence-based interventions that involve direct patient care encounters and pre-approved indirect care activities
  - c. Effectively advocates for structure and policies while promoting safety in the work environment, fostering a just culture with transparency of incident reporting
  - d. Effectively leads the development of business plans for quality improvement initiatives, evaluates the impact of organizational systems on healthcare and advance quality improvement practices through outcome dissemination
  - e. Serves as a role model for well-being and resilience
  - f. Collaborates to analyze organizational process improvement initiatives to enhance safety and quality of care through direct patient encounters and indirect care activities as assigned by course faculty
6. Interprofessional Partnerships and Collaboration in Practice
  - a. Demonstrates effective and professional communication during all practicum experiences to facilitate partnership-based care delivery, evaluating interprofessional communication tools and techniques for improved efficacy
  - b. Actively engages in respectful collaboration with diverse stakeholders to impact inclusive healthcare system practices
  - c. Skillfully assumes different roles within an interprofessional team, reflecting on one's influence to foster positive team dynamics and performance
  - d. Utilizes knowledge of advanced nursing practice and interprofessional practice knowledge to address healthcare needs, respect and shared values among team members
  - e. Respectfully collaborate with interprofessional partners to develop, implement and evaluate healthcare strategies aimed at optimizing safe and effective systems of care, promoting an environment of respect, inclusion, integrity and trust within the healthcare team in all practicum experiences
7. Systems-Based Practice and Health Systems Knowledge
  - a. Serves as a leader through expert organizational skills aimed at improving system processes and healthcare outcomes through application of knowledge across the continuum of care and participation in system-wide initiatives
  - b. Skillfully applies knowledge of organizational practices and complex systems to enhance healthcare delivery, considering cost-effectiveness and advocating for healthcare economic policies
  - c. Optimizes system effectiveness through innovative and evidence-based strategies during all practicum experiences
  - d. Expertly designs policies and clinical practices to impact health equity and address internal/external processes that perpetuate structural racism and other forms of discrimination within systems, communities and populations

- e. Collaborates in the formulation of strategies with consideration of return on investment for improvement initiatives with interdisciplinary teams in both direct patient care encounters and indirect care activities
8. Healthcare Technology and Informatics Literacy
- a. Demonstrates competence in utilizing informatics and healthcare technologies to deliver safe and effective care, including timely, accurately and ethically performing all required practicum documentation of direct and indirect care activities
  - b. Effectively utilizes information and communication technologies to gather data, create information and generate knowledge including selecting appropriate technology and communication tools congruent with patient needs and values
  - c. Adheres to ethical, legal, professional and regulatory standards in the use of information and communication technologies including applying risk mitigation strategies assessing ethical and legal issues and advocating for policies supporting appropriate technology use.
  - d. Evaluates the design and implementation of clinical information systems within the context of direct patient care encounter quality, accountability, ethics, and cost effectiveness.
  - e. Skillfully analyzes the impact of policies and regulation on health care data and technology in the practicum setting
9. Professionalism
- a. Demonstrates ethical comportment reflective of nursing's mission, including applying ethical principles in complex situations, modeling ethical behaviors and addressing unethical behaviors in a timely manner with tact and respectful language.
  - b. Utilizes a participatory approach to nursing care by fostering intentional presence, identifying innovative practices for person-centered care, advocating for diversity and inclusion and facilitating communication
  - c. Demonstrates professional accountability to individuals, society and the nursing profession
  - d. Complies with all relevant laws, policies and regulations
  - e. Integrates diversity, equity and inclusion as core to one's professional identity by modeling respect, critiquing personal and professional practices, analyzing influences on professional identity, ensuring culturally appropriate care, and facilitating linguistically appropriate care environments
10. Personal and Professional Leadership Development
- a. Demonstrates a commitment to personal health and well-being by contributing to environments that promote self-care, evaluating workplace health, and supporting holistic well-being
  - b. Foster a spirit of inquiry and professional maturity by demonstrating cognitive flexibility in managing change and evaluating outcomes of intentional change.
  - c. Engage in leadership roles by evaluating peer strategies, participating in team evaluation and demonstrating leadership in times of uncertainty and/or crisis
  - d. Advocates for social justice and equity in all practicum experiences including addressing health disparities and mentoring peers

- e. Provides leadership across various practice settings within the practicum experiences of this degree program by executing leadership skills, translating new knowledge to improve outcomes and leading interprofessional teams

American Association of Colleges of Nursing. (2021). *The Essentials: Core competencies for professional nursing education*. Accessible online at <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

## Final Competency Report

### NURS 885- DNP Final Essential Competency Report

CLO 1: Conduct and Analyze practicum workplace assessments throughout the individualized practicum experiences at the person, group, and/or community level, focusing on a specialty and through the lens of advanced nursing leadership roles.

CLO 2: Implement a DNP scholarly project developed in NURS 801 that aligns with the host organization's strategic goals and assessed needs.

CLO 3: Propose and seek opportunities to lead evidence-based improvements in safe, high-quality, equitable, and ethical delivery of healthcare for individuals, groups, and/or communities as follow up to practicum site assessments.

CLO 4: Demonstrate the knowledge, skills, and attitudes of a Christian nurse leader through interdisciplinary collaboration, strategic planning, and clinical expertise.

The purpose of this assignment is to report your progress in meeting the AACN (2021) Essential competencies and sub competencies, ensuring you have achieved all competencies and sub competencies at an advanced level before completing the DNP Program. Many of these sub-competencies may have been achieved in previous programs and courses within this program.

In this report, you will provide examples of the activities you completed in achieving these Essentials.

In this assignment, students summarize their achievement of meeting the AACN (2021) Essential competencies and sub competencies and their integration of Biblical principles in their practicum experiences.

#### Instructions:

Review your Typhon logs for NURS 884 and 885 and record the number of hours achieved for each Domain. For each Domain, describe activities you completed that demonstrate competency. The experiences should reflect your active participation in healthcare leadership. Please provide specific examples.

After completing the table, include a paragraph on how you integrated Biblical principles in your practicum experiences.

Include a paragraph with specific examples of how your Christian beliefs were integrate throughout your practicum experiences. This should reflect more than one Bible verse as your faith should guide your role as a nursing leader.

Domain	Total Hours	Competency experiences
Domain 1: Knowledge Nursing Practice		
Domain 2: Person Centered Care		
Domain 3: Population Health		
Domain 4: Scholarship		
Domain 5: Quality and Safety		
Domain 6: Interprofessional Partnerships		
Domain 7: Systems-Based Practice		
Domain 8: Informatics and Healthcare Technology		
Domain 9: Professionalism		
Domain 10: Personal, Professional, and Leadership Development		

\*Include a paragraph with specific examples of how your Christian beliefs were integrate throughout your practicum experiences. This should reflect more than one Bible verse as your faith should guide your role as a nursing leader.

## DNP in Advanced Practice Registered Nursing (APRN)

### ***PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) CONCENTRATION – DNP APRN***

*The following applies to DNP APRN PMHNP degree concentration*

#### **PMHNP Practicum Courses and Hours**

<b>Course Number</b>	<b>Practicum Hours (Minimum)</b>
Transfer from outside Regent	Up to 500
APRN 780	150-250
APRN 781	175-250
APRN 782	175-250
APRN 886	250 Direct/Indirect Hours
APRN 895 (If needed)	Continuation
<b>Total Required Hours</b>	<b>1,000*</b>

#### **PMHNP Practicum Practice Site Specifics/Requirements**

1. PMHNP students complete a minimum of 500 supervised practicum hours containing specific population focused competencies of direct patient care in the PMHNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.

5. The student will provide practicum progress evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
7. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

### **Preceptor Requirements**

The Preceptor should have a minimum of a Master of Science in Nursing degree (during MSN level practicum courses), APRN certification, and a Doctor of Nursing degree for practicum hours accumulated during 884, 885, 886, and 895). Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned an MSN or Doctorate (*as described above*), a DNP degree in the same concentration is preferred.
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in the specified fields.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum courses: students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

\*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
  - highest educational achievement
  - certification and licensure that aligns with the pathway of the student's degree pursuit
  - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.



**Preceptor Responsibilities**

The cooperative relationship between the Preceptor for the Doctor of Nursing student and the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences; the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full responsibility for the care of all clients as applicable.

1. The Preceptor will provide, inasmuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

**Progression of Practicum Skills and Expectations for PMHNP Degree and Certificate Students**

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
  - Performs Complete and focused mental and physical health exam independently
  - Complete an appropriate psychiatric assessment and diagnostic interview
  - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
  - Present these findings in an organized, concise statement to the Preceptor.
  - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
  - Demonstrates the ability to utilize common screening tests
  - Rules out medical/substance use issues presentation might suggest
  - Summarizes suggested diagnosis and differentials
  - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters

- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
  - Further develop differential diagnosis.
  - Develop the assessment for the primary complaint along with treatment plan
  - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
  - Learn to integrate the impact of Social Determinants of Health to help their patient achieve and sustain the best health.
  - Assess how the patient perceives his/her illness and health. (This is important for this knowledge to help guide the student in producing a plan that incorporates patient goals)
  - Build a relationship and service engagement with patients
  - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
  - Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
- At the end of the first practicum semester course:
  - Manages One Acute Problem in an Uncomplicated Patient
    - Synthesizes and prioritizes relevant data
    - Identifies both typical and atypical presentations of disorders and related health problems
    - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
    - Diagnosis of commonly occurring health problems.
    - Able to evaluate potential risks related to the problem.
  - Manages all health Maintenance for well patients of all ages
    - Prescribes and Manages Medication Under Supervision
    - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
    - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
    - Prescribes medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
    - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
    - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
    - Utilize references and clinical base guidelines as they prescribe and manage medication
  - Participates in a culture of safety and contributes to quality improvement
    - Participates in quality improvement initiatives and safety protocols
    - Identifies areas for improvement in clinical practice setting and contributes to solutions
    - Adheres to safety guidelines and best practices
    - Recognizes and addresses potential safety issues

- Responsibility and ethical utilizes technology and information literacy to enhance patient care
  - Utilizes electronic health records effectively for patient documentation and care coordination
  - Leverages telehealth and other digital tools to enhance patient care
  - Analyzes and interprets data to inform clinical decisions
  - Ensures data accuracy and confidentiality in clinical documentation
- Encourages health promotion and disease prevention strategies across the lifespan
  - Develops and implements preventive care strategies tailored to the individual and family
  - Provides education on lifestyle modifications, risk reduction and health maintenance
  - Conducts age appropriate screenings and orders/administers appropriate immunizations
  - Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
  - Advocates for patient rights and access to healthcare resources
  - Participates in policy discussions and initiatives to improve healthcare
  - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
  - Prioritizes issues that need to be resolved
  - Acknowledges the impact of Social Determinants of Health on current mental health issues
  - Formulates an outcome-based treatment plan
  - Bases treatment plan on evidence – base standards and practice guidelines
  - Facilitates client decision making by linking care to client's concerns
  - Suggests appropriate medication regime
  - Applicable ethical and legal principles apply to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
  - Plans care to minimize the development of complications and promote function/QOL
    - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
  - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
  - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format
  - Communicates the client's health status in writing using appropriate terminology and format
  - Documents data in a concise, organized, and thorough manner
  - Documents HPI, diagnosis, history, and relevant health data
  - Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship
  - Creates a relationship that acknowledges the client's strengths

- Utilizes interventions to promote mutual trust
- Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
- Communicates a sense of "being present" with the client
- Provides emotional and informational support to clients and their families
- Establishes a working alliance with the patient, based on mutual respect and role responsibilities
- Applies principles of self-efficacy / empowerment in promoting behavior change
- Addresses health disparities and demonstrates respect for patient diversity
- Works effectively within an interprofessional team to enhance comprehensive care
- Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability
  - Adheres to ethical standards of practice and principles in patient care
  - Demonstrates integrity and professionalism in all clinical interactions
  - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus
- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competencies in these areas:
  - The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
    - Develop an assessment and plan for a patient with both chronic and acute complaints
    - Increase the number and complexity of patients managed
    - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
    - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
    - Increase speed and complexity of patients managed
    - Improved accuracy of diagnostic testing interpretation
    - Improved accuracy and timeliness of documentation
    - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
    - Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - By the end of the second semester the APRN student:
    - Recommends and Manages medication under supervision
      - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments

- Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
- Recommends medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
- Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
- Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
  - Adopts a recovery/psychiatric rehabilitation focus with patients with chronic mental illness (PMHNP)
  - Attends to issues of safety and patient's support needs
  - Facilitates patient to identify symptoms of relapse
  - Assures the patient has an action plan in place when acute symptoms arise
  - Discusses self-management strategies with patients (when appropriate)
  - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
  - Collects comprehensive patient histories, including medical, family and psychosocial aspects
  - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
  - Conducts thorough and systematic physical exams across the lifespan
  - Utilizes appropriate techniques for different patient populations
  - Develops comprehensive and appropriate differential diagnosis based on clinical findings
  - Integrates diagnostic and laboratory tests effectively into the assessment process
  - Develops and implements evidence-based care plans for acute and chronic conditions
  - Critically appraises and applies research findings in clinical practice
  - Demonstrates sound clinical reasoning and decision-making skills
  - Adjusts care plans based on patient response and new evidence
  - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.
- DNP APRN licensure track students will be expected to have previously accomplished the practicum objectives outlined above prior to entering the DNP (800-level) practicum experience. DNP level practicum experiences are designed to build upon these previous competencies introduced and emphasized in a meaningful and impactful manner such that

students deepen their specialty area practice knowledge through advanced leadership and nursing skills competency. Competencies assessed at this level reflect the AACN (2021) Essentials of Doctoral Education for Advanced Nursing Practice.

American Association of Colleges of Nursing. (2021). *The Essentials: Core competencies for professional nursing education*. Accessible online at <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

### ***FAMILY NURSE PRACTITIONER (FNP) CONCENTRATION – DNP APRN***

*The following applies to the DNP APRN FNP degree concentration*

#### **FNP Practicum Courses and Hours**

<b>Course Number</b>	<b>Practicum Hours (Minimum)</b>
Transfer from outside Regent	Up to 500
APRN 787	150-250
APRN 788	175-250
APRN 789	175-250
APRN 886	250 Direct/Indirect Hours
APRN 895 (If needed)	Continuation
<b>Total Required Hours</b>	<b>1,000*</b>

#### **FNP Practicum Practice Site Specifics/Requirements**

1. FNP students complete a minimum of 500 supervised practicum hours containing specific population focused competencies of direct patient care in the FNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of clinical hours in Regent University Typhon account. The student completes a clinical log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore typhon charting does not count

towards the accumulation of practicum hours. Additionally, Lunch is not included in clinical hours.

5. The student will provide practicum progress evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
7. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

### **Preceptor Requirements**

The Preceptor should have a minimum of a Master of Science in Nursing degree (during MSN level practicum courses), APRN certification, and a Doctor of Nursing degree for practicum hours accumulated during 884, 885, 886, and 895). Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned an MSN or Doctorate (*as described above*), a DNP degree in the same concentration is preferred. \*
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in the specified fields.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum courses: students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

\*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
  - highest educational achievement
  - certification and licensure that aligns with the pathway of the student's degree pursuit
  - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.



**Preceptor Responsibilities**

The cooperative relationship between the Preceptor for the Doctor of Nursing student and the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences; the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full responsibility for the care of all clients as applicable.

1. The Preceptor will provide, inasmuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

**Progression of Practicum Skills and Expectations for FNP Degree**

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
  - Performs Complete and focused mental and physical health exam independently
  - Complete an appropriate psychiatric assessment and diagnostic interview
  - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
  - Present these findings in an organized, concise statement to the Preceptor.
  - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
  - Demonstrates the ability to utilize common screening tests
  - Rules out medical/substance use issues presentation might suggest
  - Summarizes suggested diagnosis and differentials
  - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters



- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
  - Further develop differential diagnosis.
  - Develop the assessment for the primary complaint along with treatment plan
  - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
  - Learn to integrate the impact of Social Determinants of Health to help their patient achieve and sustain the best health.
  - Assess how the patient perceives his/her illness and health. (This is important for this knowledge to help guide the student in producing a plan that incorporates patient goals)
  - Build a relationship and service engagement with patients
  - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
  - Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
- At the end of the first practicum semester course:
  - Manages One Acute Problem in an Uncomplicated Patient
    - Synthesizes and prioritizes relevant data
    - Identifies both typical and atypical presentations of disorders and related health problems
    - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
    - Diagnosis of commonly occurring health problems.
    - Able to evaluate potential risks related to the problem.
  - Manages all health Maintenance for well patients of all ages
    - Prescribes and Manages Medication Under Supervision
    - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
    - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
    - Prescribes medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
    - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
    - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
    - Utilize references and clinical base guidelines as they prescribe and manage medication
  - Participates in a culture of safety and contributes to quality improvement
    - Participates in quality improvement initiatives and safety protocols
    - Identifies areas for improvement in clinical practice setting and contributes to solutions
    - Adheres to safety guidelines and best practices
    - Recognizes and addresses potential safety issues

- Responsibility and ethical utilizes technology and information literacy to enhance patient care
  - Utilizes electronic health records effectively for patient documentation and care coordination
  - Leverages telehealth and other digital tools to enhance patient care
  - Analyzes and interprets data to inform clinical decisions
  - Ensures data accuracy and confidentiality in clinical documentation
- Encourages health promotion and disease prevention strategies across the lifespan
  - Develops and implements preventive care strategies tailored to the individual and family
  - Provides education on lifestyle modifications, risk reduction and health maintenance
  - Conducts age appropriate screenings and orders/administers appropriate immunizations
  - Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
  - Advocates for patient rights and access to healthcare resources
  - Participates in policy discussions and initiatives to improve healthcare
  - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
  - Prioritizes issues that need to be resolved
  - Acknowledges the impact of Social Determinants of Health on current mental health issue
  - Formulates an outcome-based treatment plan
  - Bases treatment plan on evidence – base standards and practice guidelines
  - Facilitates client decision making by linking care to client's concerns
  - Suggests appropriate medication regime
  - Applicable ethical and legal principles apply to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
  - Plans care to minimize the development of complications and promote function/QOL
    - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
  - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
  - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format
  - Communicates the client's health status in writing using appropriate terminology and format
  - Documents data in a concise, organized, and thorough manner
  - Documents HPI, diagnosis, history, and relevant health data
  - Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship
  - Creates a relationship that acknowledges the client's strengths

- Utilizes interventions to promote mutual trust
- Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
- Communicates a sense of "being present" with the client
- Provides emotional and informational support to clients and their families
- Establishes a working alliance with the patient, based on mutual respect and role responsibilities
- Applies principles of self-efficacy / empowerment in promoting behavior change
- Addresses health disparities and demonstrates respect for patient diversity
- Works effectively within an interprofessional team to enhance comprehensive care
- Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability
  - Adheres to ethical standards of practice and principles in patient care
  - Demonstrates integrity and professionalism in all clinical interactions
  - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus
- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competencies in these areas:
  - The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
    - Develop an assessment and plan for a patient with both chronic and acute complaints
    - Increase the number and complexity of patients managed
    - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
    - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
    - Increase speed and complexity of patients managed
    - Improved accuracy of diagnostic testing interpretation
    - Improved accuracy and timeliness of documentation
    - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
    - Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - By the end of the second semester the APRN student:
    - Recommends and Manages medication under supervision
      - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments

- Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
- Recommends medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
- Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
- Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
  - Attends to issues of safety and patient's support needs
  - Facilitates patient to identify symptoms of relapse
  - Assures the patient has an action plan in place when acute symptoms arise
  - Discusses self-management strategies with patients (when appropriate)
  - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
  - Collects comprehensive patient histories, including medical, family and psychosocial aspects
  - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
  - Conducts thorough and systematic physical exams across the lifespan
  - Utilizes appropriate techniques for different patient populations
  - Develops comprehensive and appropriate differential diagnosis based on clinical findings
  - Integrates diagnostic and laboratory tests effectively into the assessment process
  - Develops and implements evidence-based care plans for acute and chronic conditions
  - Critically appraises and applies research findings in clinical practice
  - Demonstrates sound clinical reasoning and decision-making skills
  - Adjusts care plans based on patient response and new evidence
  - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.
- DNP APRN licensure track students will be expected to have previously accomplished both groups of the practicum objectives outlined above prior to entering the DNP (800 level) practicum experience. DNP level practicum experiences are designed to build upon these previous competencies introduced and emphasized in a meaningful and impactful manner such that students deepen their specialty area practice knowledge through advanced leadership and

nursing skills competency. Competencies assessed at this level reflect the AACN (2021) Essentials of Doctoral Education for Advanced Nursing Practice.

American Association of Colleges of Nursing. (2021). *The Essentials: Core competencies for professional nursing education*. Accessible online at <https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>

# **Post-Graduate APRN Certificate Program**

## Post-Graduate APRN Certificate Program

### ***PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER (PMHNP) – POST-GRADUATE CERTIFICATE PROGRAMS***

*The following applies to the Post-Graduate APRN PMHNP Certification concentration*

#### PMHNP Practicum Courses and Hours

Course Number	Total Direct Patient Care Practicum Hours (Minimum)
APRN 780	150-250
APRN 781	175-250
APRN 782	175-250
<b>Total Hours</b>	<b>500-750</b>

\*Additional preapproved indirect practicum hours will be assigned by course faculty to increase the benefit of your direct patient care hours.

\*PMHNP students- pediatric patient experiences will be classified by the practicum site organizational definition.

\*PMHNP Practicum Courses progress on a continuum throughout the lifespan. Courses generally include an adult (780), pediatric (781) and geriatric (782) rotation. Preceptor and site-specific populations will be reviewed and approved by faculty in each specialty practicum course.

**PMHNP Practicum Practice Site Specific Requirements**

1. PMHNP students complete a minimum of 500 supervised practicum hours containing specific population focused competencies of direct patient care in the PMHNP role to satisfy requirements for completion and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.
5. The student will provide practicum progress evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
8. The School of Nursing will provide the student access to the evaluation through a Canvas assignment. The student will complete and obtain preceptor feedback and a signature. Evaluations will be submitted to a designated external document folder in Typhon in each practicum course (Mid-term and Final).
6. The School of Nursing will provide access through Canvas to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

**PMHNP Progression of Practicum Skills and Expectations**

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
  - Performs Complete and focused mental and physical health exam independently
  - Complete an appropriate psychiatric assessment and diagnostic interview
  - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
  - Present these findings in an organized, concise statement to the Preceptor.
  - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
  - Demonstrates the ability to utilize common screening tests
  - Rules out medical/substance use issues presentation might suggest
  - Summarizes suggested diagnosis and differentials
  - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters



- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
  - Further develop differential diagnosis.
  - Develop the assessment for the primary complaint along with treatment plan
  - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
  - Learn to integrate the impact of Social Determinants of Health to help their patient achieve and sustain the best health.
  - Assess how the patient perceives his/her illness and health. (This is important for this knowledge to help guide the student in producing a plan that incorporates patient goals)
  - Build a relationship and service engagement with patients
  - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
  - Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
  
- At the end of the first practicum semester course:
  - Manages One Acute Problem in an Uncomplicated Patient
    - Synthesizes and prioritizes relevant data
    - Identifies both typical and atypical presentations of disorders and related health problems
    - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
    - Diagnosis of commonly occurring health problems.
    - Able to evaluate potential risks related to the problem.
  - Manages all health Maintenance for well patients of all ages
    - Prescribes and Manages Medication Under Supervision
    - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
    - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
    - Prescribes medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
    - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
    - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
    - Utilize references and clinical base guidelines as they prescribe and manage medication
  - Participates in a culture of safety and contributes to quality improvement
    - Participates in quality improvement initiatives and safety protocols
    - Identifies areas for improvement in clinical practice setting and contributes to solutions
    - Adheres to safety guidelines and best practices

- Recognizes and addresses potential safety issues
- Responsibility and ethical utilizes technology and information literacy to enhance patient care
  - Utilizes electronic health records effectively for patient documentation and care coordination
  - Leverages telehealth and other digital tools to enhance patient care
  - Analyzes and interprets data to inform clinical decisions
  - Ensures data accuracy and confidentiality in clinical documentation
- Encourages health promotion and disease prevention strategies across the lifespan
  - Develops and implements preventive care strategies tailored to the individual and family
  - Provides education on lifestyle modifications, risk reduction and health maintenance
  - Conducts age-appropriate screenings and orders/administers appropriate immunizations
  - Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
  - Advocates for patient rights and access to healthcare resources
  - Participates in policy discussions and initiatives to improve healthcare
  - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
  - Prioritizes issues that need to be resolved
  - Acknowledges the impact of Social Determinants of Health on current mental health issue
  - Formulates an outcome-based treatment plan
  - Bases treatment plan on evidence – base standards and practice guidelines
  - Facilitates client decision making by linking care to client's concerns
  - Suggests appropriate medication regime
  - Applicable ethical and legal principles apply to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
  - Plans care to minimize the development of complications and promote function/QOL
    - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
  - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
  - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format
  - Communicates the client's health status in writing using appropriate terminology and format
  - Documents data in a concise, organized, and thorough manner
  - Documents HPI, diagnosis, history, and relevant health data
  - Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship

- Creates a relationship that acknowledges the client's strengths
- Utilizes interventions to promote mutual trust
- Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
- Communicates a sense of "being present" with the client
- Provides emotional and informational support to clients and their families
- Establishes a working alliance with the patient, based on mutual respect and role responsibilities
- Applies principles of self-efficacy / empowerment in promoting behavior change
- Addresses health disparities and demonstrates respect for patient diversity
- Works effectively within an interprofessional team to enhance comprehensive care
- Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability
  - Adheres to ethical standards of practice and principles in patient care
  - Demonstrates integrity and professionalism in all clinical interactions
  - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus
- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competencies in these areas:
  - The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
    - Develop an assessment and plan for a patient with both chronic and acute complaints
    - Increase the number and complexity of patients managed
    - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
    - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
    - Increase speed and complexity of patients managed
    - Improved accuracy of diagnostic testing interpretation
    - Improved accuracy and timeliness of documentation
    - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
    - Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - By the end of the second semester the APRN student:
    - Recommends and Manages medication under supervision
      - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments

- Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
- Recommends medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
- Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
- Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
  - Adopts a recovery/psychiatric rehabilitation focus with patients with chronic mental illness (PMHNP)
  - Attends to issues of safety and patient's support needs
  - Facilitates patients to identify symptoms of relapse
  - Assures the patient has an action plan in place when acute symptoms arise
  - Discusses self-management strategies with patients (when appropriate)
  - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN:
  - Collects comprehensive patient histories, including medical, family and psychosocial aspects
  - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
  - Conducts thorough and systematic physical exams across the lifespan
  - Utilizes appropriate techniques for different patient populations
  - Develops comprehensive and appropriate differential diagnosis based on clinical findings
  - Integrates diagnostic and laboratory tests effectively into the assessment process
  - Develops and implements evidence-based care plans for acute and chronic conditions
  - Critically appraises and applies research findings in clinical practice
  - Demonstrates sound clinical reasoning and decision-making skills
  - Adjusts care plans based on patient response and new evidence
  - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

***FAMILY NURSE PRACTITIONER (FNP) – POST-GRADUATE CERTIFICATION PROGRAM***

*The following applies to the Post-Graduate APRN FNP Certification concentration*

**FNP Practicum Courses and Hours**

<b>Course Number</b>	<b>Total Direct Patient Care Practicum Hours (Minimum)</b>
APRN 787	150-250
APRN 788	175-250
APRN 789	175-250
<b>Total Hours</b>	<b>500-750</b>

\* Additional preapproved indirect practicum hours will be assigned by course faculty to augment the benefit of your direct patient care hours.

\*FNP students are required to complete a minimum of 125 outpatient pediatric patient care hours cumulatively from the 4 pediatric age groups (<1 year, 1-4 years, 5-11 years and 12-17 years), no age group may be omitted. Students must demonstrate competency of a minimum number of skills and procedures associated with this patient population.

\*FNP students are required to complete 90 outpatient OBGYN patient care hours. Students must demonstrate competency with a minimum number of specific skills and procedures associated with this patient population.

*\*The definition of pediatric patient population will be based on the practicum site agency's definition.*

**FNP Practicum Practice Site Specifics/Requirements**

Each course in the FNP practicum experience is tailored to a specific population and setting within the national scope of practice for an FNP. You will need to align your practicum experiences with the requirements of each course, focusing on the competencies needed for each population. These competencies include tasks like pap smears, well-baby physical assessments, end-of-life care counseling, sports physical assessments, diabetes and hypertension management, annual Medicare wellness exams, UTI assessment and care planning, and substance abuse counseling and treatment planning.

While FNPs can work in a variety of healthcare settings depending on state regulations—some states allow FNPs to work in hospital settings or urgent care, while others restrict these roles to Adult-Gerontology Acute Care Nurse Practitioners or Pediatric Acute Care Nurse Practitioners—we aim to prepare you at a national level for your new professional role. Therefore, most competencies will focus on outpatient primary care, which is the primary focus of your Family Nurse Practitioner certification exam and future professional role. Based on this information, I

advise you to seek preceptors in clinic settings such as OBGYN, pediatrics, and family practice for the semesters aligned with the FNP practicum course.

Lifespan experience requires evidence (through your Typhon case log documentation) of care of all age groups. FNP students are therefore highly recommended to complete all practicum courses at a family practice clinic as it will provide adequate exposure to the required patient populations and skills/procedures for this licensure program. However, a student may use an internal medicine clinic as a primary location and supplement with a secondary pediatric clinic and OBGYN clinic to obtain the additional patient exposures would be omitted at an internal medicine clinic. In addition to patient care experiences of individuals 18 years and older, students must complete 125 hours of outpatient pediatric care (1 patient/hour) and 90 hours of OBGYN outpatient care (1 patient/hour) to satisfy the portion of the FNP practice that focuses on patients across the lifespan. Lifespan practicum experience is a critical aspect of the program and required to sit for the national board certification. Lifespan experience requires evidence (through your Typhon case log documentation) of care of all age groups including the 4 pediatric age groups (<1 year, 1-4 years, 5-11 years and 12-17 years) for the total of 125 hours for the pediatric requirement of this program, no age group can be excluded from this requirement. Students who do not have adequate lifespan practicum experience may be required to obtain additional clinical hours.

### **FNP Progression of Practicum Skills and Expectations for Students**

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
  - Performs Complete and focused mental and physical health exam independently
  - Complete an appropriate psychiatric assessment and diagnostic interview
  - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
  - Present these findings in an organized, concise statement to the Preceptor.
  - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
  - Demonstrates the ability to utilize common screening tests
  - Rules out medical/substance use issues presentation might suggest
  - Summarizes suggested diagnosis and differentials
  - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters
- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
  - Further develop differential diagnosis.
  - Develop the assessment for the primary complaint along with treatment plan
  - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
  - Learn to integrate the impact of Social Determinants of Health to help their patient achieve and sustain the best health.

- Assess how the patient perceives his/her illness and health. (This is important for this knowledge to help guide the student in producing a plan that incorporates patient goals)
- Build a relationship and service engagement with patients
- Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
- Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
- At the end of the first practicum semester course:
  - **Manages One Acute Problem in an Uncomplicated Patient**
    - Synthesizes and prioritizes relevant data
    - Identifies both typical and atypical presentations of disorders and related health problems
    - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
    - Diagnosis of commonly occurring health problems.
    - Able to evaluate potential risks related to the problem.
  - **Manages all health Maintenance for well patients of all ages**
    - Prescribes and manages medication under supervision
    - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
    - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
    - Prescribes medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
    - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
    - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
    - Utilize references and clinical base guidelines as they prescribe and manage medication
  - **Participates in a culture of safety and contributes to quality improvement**
    - Participates in quality improvement initiatives and safety protocols
    - Identifies areas for improvement in clinical practice setting and contributes to solutions
    - Adheres to safety guidelines and best practices
    - Recognizes and addresses potential safety issues
  - **Responsibility and ethical utilizes technology and information literacy to enhance patient care**
    - Utilizes electronic health records effectively for patient documentation and care coordination
    - Leverages telehealth and other digital tools to enhance patient care
    - Analyzes and interprets data to inform clinical decisions
    - Ensures data accuracy and confidentiality in clinical documentation
  - **Encourages health promotion and disease prevention strategies across the lifespan**



- Develops and implements preventive care strategies tailored to the individual and family
  - Provides education on lifestyle modifications, risk reduction and health maintenance
  - Conducts age-appropriate screenings and orders/administers appropriate immunizations
  - Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
  - Advocates for patient rights and access to healthcare resources
  - Participates in policy discussions and initiatives to improve healthcare
  - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
  - Prioritizes issues that need to be resolved
  - Acknowledges the impact of Social Determinants of Health on current mental health issue
  - Formulates an outcome-based treatment plan
  - Bases treatment plan on evidence – base standards and practice guidelines
  - Facilitates client decision making by linking care to client's concerns
  - Suggests appropriate medication regime
  - Applicable ethical and legal principles apply to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
  - Plans care to minimize the development of complications and promote function/QOL
    - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
  - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
  - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format
  - Communicates the client's health status in writing using appropriate terminology and format
  - Documents data in a concise, organized, and thorough manner
  - Documents HPI, diagnosis, history, and relevant health data
  - Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship
  - Creates a relationship that acknowledges the client's strengths
  - Utilizes interventions to promote mutual trust
  - Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
  - Communicates a sense of "being present" with the client
  - Provides emotional and informational support to clients and their families
  - Establishes a working alliance with the patient, based on mutual respect and role responsibilities
  - Applies principles of self-efficacy / empowerment in promoting behavior change



- Addresses health disparities and demonstrates respect for patient diversity
- Works effectively within an interprofessional team to enhance comprehensive care
- Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability
  - Adheres to ethical standards of practice and principles in patient care
  - Demonstrates integrity and professionalism in all clinical interactions
  - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus
- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competencies in these areas:
  - The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
    - Develop an assessment and plan for a patient with both chronic and acute complaints
    - Increase the number and complexity of patients managed
    - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
    - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
    - Increase speed and complexity of patients managed
    - Improved accuracy of diagnostic testing interpretation
    - Improved accuracy and timeliness of documentation
    - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
    - Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
  - By the end of the second semester the APRN student:
    - Recommends and Manages medication under supervision
      - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
      - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
      - Recommends medications as legally authorized and counsels concerning drug regimen, drug side effects and interactions
      - Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects

- Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
  - Attends to issues of safety and patient's support needs
  - Facilitates patients to identify symptoms of relapse
  - Assures the patient has an action plan in place when acute symptoms arise
  - Discusses self-management strategies with patients (when appropriate)
  - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
  - Collects comprehensive patient histories, including medical, family and psychosocial aspects
  - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
  - Conducts thorough and systematic physical exams across the lifespan
  - Utilizes appropriate techniques for different patient populations
  - Develops comprehensive and appropriate differential diagnosis based on clinical findings
  - Integrates diagnostic and laboratory tests effectively into the assessment process
  - Develops and implements evidence-based care plans for acute and chronic conditions
  - Critically appraises and applies research findings in clinical practice
  - Demonstrates sound clinical reasoning and decision-making skills
  - Adjusts care plans based on patient response and new evidence
  - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

# Appendices

## Appendix A: Practicum Checklist – Getting Started

Please use this checklist as a guide to initiate your practicum experience. This list may not include all the required activities but is intended to assist in the process. These steps should be initiated during your first semester.

Upload all pre-practicum documents into COMPLIO

When ordering your package in Complio, there are **two** packages you need.

1. The relevant degree package (RN-to-BS or MSN/DNP)
2. background check and fingerprints (if applicable by your state)

Ensure your online Application for Internship, Practicum, Externship or Field Placement e-form has been submitted and approved.

Select practicum learning goals and document them on relevant Nursing Practicum Form.

Prospectus and Smart Goals are uploaded to applicable courses via Canvas.

Select a correlating site that facilitates achievement of these learning goals.

Identify a Preceptor and discuss the practicum goals and objectives; to be approved by your instructor.

Establish the Preceptor Written Agreement and submit it to Regent faculty.

- ☐ Contact the site administrator and determine any specific requirements.
- ☐ Complete applicable paperwork.
- ☐ Confirm dates and plan the schedule.
- ☐ Practicum Site & Preceptor Request Forms into Typhon.
- ☐ Upload completed Complio Clearance with Expiration date into Typhon.

Upload copy of RN license with expiration date into Typhon.

- ☐ Upload a copy of BLS with Expiration date into Typhon.

Complete the requested schedule submission and obtain faculty approval

Complete required practicum course hours as outlined by your course and degree plan.

All practicum hours must be documented and approved in Typhon within 10 days of practicum experience, failure to complete the appropriate practicum documentation in Typhon as directed by course faculty will result in forfeiture of these practicum hours and will require the student obtain additional practicum hours

## Appendix B. Practicum Progression Timeline

**Utilization of this Timeline:** This progression timeline is only an estimate and should be used as a reference in addition to the Practicum Guide to understand when to work on certain tasks to prepare for practicum experiences successfully.

Check items off this timeline as you complete them

Write these rough deadlines on your home calendar or in your phone with audible tone reminders

Reach out to the Director of Practicum Training, Mrs. Alicia Cooper (aliccoo@regent.edu or any additional clarification as you complete these items

### **Communication:**

Practicums are an exciting and challenging experience, and the Nursing Program faculty and staff are here to support your success through each step in this process

All e-mail communication regarding your practicum experience should include the course you are enrolled in as well as your degree program and track so faculty and staff that are overseeing multiple courses and students are able to accurately address your concerns you in a timely manner.

Review all supplemental practicum materials provided prior to reaching out to the practicum team for additional clarification

### **Document Preparation Expectations:**

Fill out all forms completely, do not skip any sections, signatures, or dates. All elements of each document are required.

All practicum assignments and documents must be typed.

Handwritten assignments will not be accepted and may delay the student's progression, negatively impacting the student's ability to complete practicum requirements within the date range of a practicum course.

If a document requires a signature, it may be either an ink or a verified digital signature.

All documents should be submitted as a PDF or WORD document; cell phone images do not provide the quality necessary for an accurate review process for this distance education program.

### **Document Review and Approval:**

Required practicum forms are thoroughly reviewed by third-party individuals (Complio), university staff, program directors and course faculty

Please allow for 6-10 days for any submitted document to be reviewed.

You will be notified of approval or rejection. If an item is rejected, the reason for rejection will be listed in the same location of document submission.

Any revised document will require an additional 6-10 days for review and approval.

Course faculty are responsible for your final approval for practicum experiences for each course individually

### *Preparation Timeline*

#### **NINE-TWELVE MONTHS BEFORE**

##### **□ Review Practicum Materials**

- Check Practica Sites & Preceptor requirements in the Practicum Guide.
- Watch the Practica Orientation Video and note any items or requirements you need clarified.

##### **□ Prepare Your Student ID**

- Order your Regent University Student ID. You'll need to upload a photo of it in your foundational courses as part of your practicum preparation.

##### **□ Understand Practicum Course Expectations**

- Read the course description for each practicum course in your degree program (see Course Catalog).
- Review the list of pre-established affiliation agreements that Regent University holds (see Student Portal).

##### **□ Identify Potential Preceptors**

- Use your professional communication and networking skills to identify local nursing professionals who meet the preceptor requirements for your degree program.
- Create a list of potential preceptors and contact each to request preceptorship for the tentative semester of your practicum course.
- Record the date of each contact and the response received.

##### **□ Review Worksite Practica Policy**

- Choose a practicum site that aligns with your learning goals.
- Contact potential preceptors at these sites to verify availability and fit.

##### **□ Verify Preceptor Licensure**

- Confirm that your preferred preceptors hold active, unencumbered nursing licenses via Nursys: [Nursys Verification](https://www.nursys.com/LQC/LQCSearch.aspx). ( <https://www.nursys.com/LQC/LQCSearch.aspx>Links to an external site. )

##### **□ Submit Site Application**

- Complete an application for each practicum site, even if it's on the pre-approved list, as student spots may be limited each semester.
- Save your application confirmation email and submit it to the designated Dropbox as directed by your didactic course faculty.

**□ Finalize Site Requirements**

- Contact the site administrator to identify any additional specific requirements, using professional communication.
- Complete all required paperwork while waiting for affiliation agreement approval.

**THREE-FIVE MONTHS BEFORE****□ Approval and Documentation**

- Ensure your online Application for Internship, Practicum, Externship, or Field Placement has been approved.
- Save the confirmation email, as you'll be required to upload it within the first two weeks of your practicum course.

**□ Preceptor Confirmation**

- Confirm your intended practicum dates with your preceptor, ensuring their availability and willingness to oversee your practicum experiences.
- Provide your preceptor with a copy of the practicum course description from the Course Catalog and the Preceptor Guide from the Practicum Guide.
- Direct your preceptor to contact your Nursing Program Director (RN to BS, MSN, Post-Graduate Certificate, or DNP) or the Director of Clinical Training (aliccoo@regent.edu) for any questions.

**□ Licenses and Certifications**

- Review your active licenses and certifications to confirm they won't expire during your practicum course. Set reminders for renewals.
- Ensure your Basic Life Support (BLS) certification and RN license are up to date. Documentation with expiration dates will be required during the first two weeks of your practicum course.

**□ Physical Exam**

- Schedule a physical exam with your healthcare provider and have them complete, sign, and date the required form.
- Physical exams must be renewed annually and uploaded to Complio.

**□ Complio Package and Documentation**

- Order the relevant Complio package and upload all required pre-practicum documents.
- Review the exemption policy in the Practicum Guide and on Complio.
- Export your Complio Passport with your compliant or non-compliant status and upload it to the designated Dropbox in Canvas. (Full compliance is not required at this stage but must be completed by the start of your first practicum course.)

☐ **Complio Packages Needed**

- Order both the degree-specific package and, if applicable, the background check and fingerprint package. (Contact your state board of nursing to verify if fingerprints are required in your state.)

**ONE MONTH BEFORE**☐ **Preceptor License Verification**

- Reconfirm that your selected preceptors hold an active and unencumbered nursing license via Nursys. ( <https://www.nursys.com/LQC/LQCSearch.aspx>Links to an external site. )
- Submit a verification report (with a time/date stamp) no earlier than one month before the practicum start date, within the first two weeks of each practicum course.

☐ **Complio Passport**

- Export and save your Complio Passport report to your computer, as you'll need to upload it within the first two weeks.

☐ **Learning Goals and Documentation**

- Select and document your practicum learning goals on the Nursing Practicum Form.
- Upload your Prospectus and SMART Goals to the relevant courses via Canvas within the first two weeks.

☐ **Learning Objectives**

- Develop learning objectives for each practicum course in your degree program.
- Review these objectives with your preceptor within the first two weeks of each practicum course.

**TWO WEEKS BEFORE**

Complete the Preceptor Written Agreement, you will be required to submit this in Canvas within the first 2 weeks of practicum course

**ONE WEEK BEFORE/PRACTICUM COURSE PREVIEW WEEK**☐ **Review Course Materials**

- Read the course syllabus and practicum information in the Preview Week modules and clarify any questions with your faculty

☐ **Prepare Practicum Documents**

- Collect all required practicum documents (listed in the Practicum Guide and course calendar) in digital format for upload to Canvas or Typhon.
- Proofread documents to ensure all sections are completed, signed, and dated.

☐ **Coordinate with Your Preceptor**



- Confirm your preceptor's availability for practicum dates and times, aligning these with your course calendar and syllabus.
- Ensure your preceptor is aware of and willing to complete both your mid-term and final evaluations and communicate evaluation deadlines as outlined in the syllabus.

**FIRST WEEK OF PRACTICUM**

Complete the syllabus quiz by the end of the first week of the relevant practicum course to gain access to Typhon (simulated electronic charting system) starting the second week of the course

Upload completed Practicum forms to the correct Dropbox

Re-read Preview Week Module Practicum content and course schedule

**SECOND WEEK OF PRACTICUM**☐ **Access Typhon**

- Use the link sent to your Regent University email to log in to Typhon, your “practicum management hub.”

☐ **Upload Required Documents**

- Think of Typhon as your “digital filing cabinet”—upload all required practicum documents there for easy access and organization.

☐ **Review Documentation Requirements**

- Just as each class might need different supplies, each practicum course may require specific types of documentation. Review what’s needed for each course individually.

☐ **Submit Practicum Schedule**

- Upload your practicum schedule in Typhon for faculty approval—similar to a “final check” to make sure everything’s in place.

☐ **Complete Practicum Assignments**

- Follow course faculty directions in Canvas to submit all practicum-related assignments.

**THIRD WEEK OF PRACTICUM**☐ **Assignment and Document Approvals**

- Log into Canvas to confirm that your Week 1 and Week 2 practicum assignments have been reviewed and approved by your faculty.
- Log into Typhon to verify that all required documents are approved.

☐ **Track Document Expiration**

- Note the expiration dates for all documents and renew any that will expire during your practicum. You cannot participate at a practicum site with expired documents.

**□ Practicum Clearance**

- Confirm with your course faculty that you are cleared to begin practicum experiences.

**□ Preceptor Reminders**

- Remind your preceptor of the upcoming Mid-Term and Final evaluation deadlines. Ensure they have the due dates and contact information for your course faculty in case any issues or technical difficulties arise.

**□ Evaluation Confirmation**

- You are responsible for confirming that the evaluations are completed by the deadlines listed in your course syllabus.

**REMINDERS:****Evaluations:**

Although it is the responsibility of your preceptor to complete the mid-term evaluation and final evaluation of your practicum experience, it is your responsibility to assure that they have received the required survey and that there have been technical issues that you notify your instructor immediately.

**Accurate and Timely Documentation:**

Complete your Typhon charting no later than 10 days after a practicum experience.

Back-charting is not professional and not allowed beyond this 10 day grace period.

Students who do not complete adequate documentation of the competencies achieved during practicum experiences will receive an In-progress for the course and will not be able to progress in their academic degree plan

## Appendix C: Accessing & Using the American Databank Service (COMPLIO)

### Nursing Compliance Requirements

Your readiness to begin practicum courses will be verified through your practicum course Nursing Faculty. You cannot begin your first practicum course until you have completed all the requirements and received written communication from your instructor that you may enter the Practicum site. All submissions and resubmissions require at least 6-10 days for review and approval. If you are not confident that you have received this, it is the responsibility of the student to outreach and clarify compliance and permission to enter the Practicum setting with the course instructor. Entrance into practicum site without course faculty approval may result in removal from the practicum course or expulsion from the School of Nursing.

We are pleased to offer students support in completing the pre-practicum requirements through American Data Bank services/Complio (including the background check with fingerprinting and the 10-panel drug screen). Complio supports students in the submission of their pre-practicum requirements. Just as there are mandatory requirements in an employment setting, students have requirements which must be met prior to obtaining practicum hours. These are the current minimum standard requirements for healthcare workers and students to enter healthcare facilities in the United States. In Complio, you must upload documentation of the following and assign it to its appropriate column/label:

- ☐ MMR titer/series
- ☐ Varicella titer/series
- ☐ Hepatitis B titer/series
- ☐ PPD skin test/TB\*
- ☐ Tdap
- ☐ Flu shot or Flu shot waiver (for the current influenza season) \*
- ☐ Current BLS certification (American Heart Association BLS for Healthcare Providers) \*
- ☐ Current, unencumbered RN license\*
- ☐ COVID-19 vaccination(s)/boosters per the requirements of your practicum site.

\*These items will need to be updated if they expire during your practicum sessions.

☐ Additionally, you must print, sign, and upload the following documents, which are available on Complio.

- ☐ HIPAA Acknowledgement
- ☐ Release of Information
- ☐ Drug Testing Policy (Signature page)
- ☐ Student Signature Page
- ☐ History and Physical Form
- ☐ All students are required to complete the background check, FBI fingerprinting as required by state

governance, and 10 panel drug screen using the process through American Databank/COMPLIO. Previously collected background checks/drug screens or fingerprinting will not be accepted.

The landing page for the background check, drug screen and Complio is <http://regentnursingcompliance.com/>. Only use this link. The background checks and FBI fingerprints will expire after two years, and the student will be expected to complete the process again should they remain in the nursing program beyond 2 years. Any associated fees are the responsibility of the student. Students must be compliant throughout the entirety of the program, regardless of practicum course enrollment. All requirements must be submitted by September 15th for Fall admissions or January 31st for Spring admissions.

The student is responsible for the fees associated with Complio, background check, fingerprinting, and the drug screen. If you have questions about the Complio process, please contact the School of Nursing's Administrative Services Manager.

### ***Exemption Policy***

All School of Nursing degrees and program tracks require direct patient encounters. The practicum requirements are in place to ensure that students are mentally, physically and emotionally prepared to complete the practicum requirements for this degree. Please understand that many facilities will have different health screening standards for students than they do for employees. Do not assume that because you are working for a facility that you are automatically exempt from performing the health requirements outlined on your Complio account and in this Practicum Handbook.

The health requirements listed in the Practicum Handbook are the minimum requirements required for student-presence in a healthcare facility and some practicum sites may require additional screenings. The School of Nursing will review requested exemptions through Complio for these health prerequisites on a case-by-case basis. A separate and formal request must be submitted for each requirement you wish to be exempt from for each practicum site. This request must be submitted on practicum site letterhead with the signature of the facility administrator and must state that the site administrator acknowledges that the student (specifically named in the document) does not meet the minimum requirements outlined in the original affiliation agreement completed on behalf of this student between Regent University and the practicum site. Furthermore, the practicum site accepts full liability for any injuries or illnesses that may result from this lack of health requirement (must specifically state which requirement), and they are willing to accept the student into practicum without the minimum requirements outlined in the affiliation agreement. These exemptions are reviewed individually based on your location and practicum site selection. However, please understand that these requirements are also related to student-nurse liability and legal disclosures provided in the affiliation processes to potential practicum sites. The School of Nursing has the right to deny any request for exemption regardless of practicum site documentation should the Director deem the health requirement a necessary component of the educational experience at Regent University.

## Appendix D: Typhon – Terminology and General Documentation Guidelines

### Typhon terminology

“Typhon Logging” = Simulated electronic medical record

- This is a simulated EMR, think about how long you spend charting at work, ***anticipate the same level of time and quality commitment for this EMR.*** Note that accurate and timely documentation of professional nursing competencies is *expected, enforced and evaluated in this program*. If you have questions regarding your documentation, please contact your course faculty for clarifications on course specific expectations.
- As it would not be permitted in a professional setting, back charting is not allowed. You are given a 10-day grace period to complete your case logs and time logs, after which time you will need to reaccumulate those hours. The faculty will review and approve your logging so please be sure to monitor your typhon for notes for necessary revisions.

“Case Log” = patient chart, encounter specific

- There should be **a separate** case log for each patient seen on a specific date, your nurse note on the end of each case log should be **patient specific**.
- If you are using the same preceptor and site for your entire practicum course, you can set your default settings for this on your dashboard to save your time in logging your patient encounters for that site/preceptor combination. Default settings are accessed on your dashboard.
- If you are working in an area where you are seeing the same patient on multiple practicum days you can link these "case logs" or encounters together to formulate a patient file. This feature prevents you from re-entering the patient demographics each entry saving your valuable time while maintaining accuracy.
- If you are performing group community education session click the "group" box to bypass the required demographics section. You will still need to report 1 case log per community education topic or session, you should not be logging an entire day of activities in one case log.
- For students who are tactile learners or would like to know the data they need on each patient in hand during their practicum shifts, students may download blank case log forms directly from their dashboard on Typhon

“Case Log Totals” (Graphical = graphical student portfolio)

- This document generates from you the details you entered in your Case Logs (see above for definition)
- Provides a visual representation of the student's practicum experiences and exposure to the populations applicable to each course
- Demonstrates the variety of competencies a student has accomplished in the course
- As this is a report that is generated from the student's charting, if the student does not chart, the report will not exist
- Students or Faculty may run this report at any point during the practicum experience to make sure they are on track for accomplishing the learning objectives of the course as outlined in the syllabus or to identify areas where they need to increase, their efforts and exposure to

competency opportunities in practicum. Mid-terms are an excellent time to review this along with the evaluations.

- This report can be run to see a student's progress in a specific course or their total experience in the program concentration and will help faculty effectively provide mentorship to each student based on their unique practicum experiences

"Time Log" = time clock

- This is a simulated time clock for you to swipe in and out of to verify you were there on the dates/times you put on your proposed schedule and during the dates/times you reported on your case logs/patient charts
- One entry per date, this encompasses your entire shift with that preceptor on that date
- Please remember that there are only 24 hours in a day and at no point should you ever chart that you spent more than 24 hours on a single date. Remember the principle of veracity and only chart what happened.

"External Documents" = Professional File Folder

- This is the space for students to upload practicum projects (indirect patient care hours) or CEUs (indirect patient care hours) as directed by course faculty only and only after grading has been completed in Canvas

Typhon Documentation

Each student is responsible for accurate and timely documentation per expectations outlined in each course as overseen by Course Faculty and Program Director. Examples of categories of documentation that may be required include:

Daily time logs:

1. Time logs must match case logs documented in Typhon.
2. Time logs must be reviewed and approved by course faculty.
3. Time logs must be completed within 10 days of the practicum experience date, or the students will lose the credit for those hours and will be required to make them up prior to the end of the course to continue to progress with scheduled Academic Degree Plan.
4. Time logs must be identical to the proposed schedule approved by Course Faculty.
5. All areas of time logs must be completed, do not skip sections.
6. All Time Logs must be approved by Course Faculty prior to the end of the course

Case Logs:

1. Enter a case log for each patient encounter or group patient encounter.
2. Typhon has required fields as indicated by red arrows.
3. Each student must document a clinical note at the end of each case log according to the expectations as outlined in each course
4. You must enter information in each required field.
5. All Case Logs must be approved by Course Faculty prior to the end of the course

Attendance Log Sheet for each preceptor and Practicum site:

1. Practicum site (agency name), date, time (duration of experience that day), duration of lunch (students must annotate a 30-minute minimum lunch break for any practicum day greater than 7 hours) and SIGNATURE of and credentials of preceptor for every day. This will be submitted

- at the end of the course and reviewed by faculty via Canvas.
2. The attendance log must match your proposed schedule (submitted in Canvas as a pre-practicum activity, see checklist page 14), time, and case logs (in Typhon) identically. Any changes from your proposed schedule must be approved by your course faculty prior to participating in alternative dates/times.
  3. This document should be signed by the approved preceptor at the end of each and every shift. State licensure representatives and/or faculty may request an audit of this document at any time during your practicum experience and if you are not able to provide this accurate documentation it may result in the removal from the practicum course and/or expulsion from the School of Nursing

***Typhon Documentation Reminders for MSN, Post-Graduate Certificate, and DNP Programs***

Each student must accurately maintain a practicum case log for each practicum experience via Typhon. Each entry should (minimally):

1. Include all required fields (annotated on Typhon by the red arrow).
2. All the following should be recorded in the case log (when applicable to encounter): completed procedures, social problems addressed, any current medications reviewed, and any new medications prescribed during that specific encounter.
3. Practicum Notes section: address activities of the encounter, number of indirect care minus and number of direct patient care minutes, professional standard, program outcome, or personal objective accomplished and any additional information as required by course faculty. APRN students may be required to use this section for modified SOAP note documentation for patient encounters as directed by faculty.
4. Maintain absolute patient confidentiality with respect to HIPAA. In the classroom, case discussion is expected, however, patient identifiers are not permitted and are cause for disciplinary actions.
5. Corrections as indicated by faculty feedback for Typhon logs to become approved.
6. All case logs must be submitted within 10 days of the practicum date, or the student will lose the hours associated with those case logs.

Each student must accurately document daily time logs via Typhon:

1. Time logs must match case logs documented in Typhon (you will see a red arrow on your dashboard screen next to the Time log section if these are not matching).
2. Time logs must be reviewed and approved by faculty.
3. Time logs must be completed within 10 days of the practicum experience date, or the students will lose the credit for those hours and will be required to make them up prior to the end of the course in order to continue to progress with scheduled Academic Degree Plan.
4. Time logs must be identical to the proposed schedule (submitted to Canvas as a pre-practicum activity, see checklist page 14).

Each student must complete an Attendance Log Sheet for each preceptor and Practicum site:

1. Practicum site (agency name), date, time (duration of experience that day), duration of lunch (students must annotate a 30-minute minimum lunch break for any practicum day greater than 7 hours) and SIGNATURE of and credentials of preceptor for every day. This will be submitted at the end of the course and reviewed by faculty via Canvas.
2. The attendance log must match your proposed schedule (submitted in Canvas as a pre-practicum activity, see checklist page 14), time, and case logs (in Typhon) identically. Any

changes from your proposed schedule must be approved by your course faculty prior to participating in alternative dates/times.

Each student must complete a minimum of two Practicum Progression Evaluation forms including:

1. Practicum course, preceptor name, clinical site, course faculty/advisor name, student signature, and preceptor signature. This will be submitted to Typhon External Uploads and reviewed by the faculty. Evaluations include a rating of the student's progression. A brief comment and supportive summary of competency for each objective must be provided for domains including Clinical reasoning and decision making, patient care and management, professionalism and communication, and progress toward clinical competency.
2. If a student is with multiple preceptors during a Practicum Progression time period, a separate Practicum Progression Evaluation form must be completed for each preceptor including SIGNATURE and credentials of each preceptor.
3. A grade of "complete" will be entered into the Canvas gradebook once the requirements of these forms have been met. Students may not continue with practicum experience hour accumulation if they have received a grade of "incomplete" on this assignment
4. This form is required by state licensure agencies and may be audited at any time during your practicum experience. The School of Nursing Late Assignment Policy does not apply to practicum documents. Failure to complete on deadline may result in removal from practicum course or expulsion from School of Nursing.

Each student must complete a separate Mid-Term and Final Evaluation Form for each preceptor utilized in a course and each Practicum site:

1. All required fields of these evaluations are to be completed by deadlines annotated on Canvas
2. Students are to submit completed Evaluation Forms to Typhon external uploads and will be reviewed by faculty
3. A grade of "complete" will be entered into the Canvas gradebook once the requirements of these forms have been met. Students may not continue with practicum experience hour accumulation if they have received a grade of "incomplete" on this assignment
4. This form is required by state licensure agencies and may be audited at any time during your practicum experience. The School of Nursing Late Assignment Policy does not apply to practicum documents. Failure to complete on deadline may result in removal from practicum course or expulsion from School of Nursing.



## Appendix E: Minimum Direct Care Hour Requirements for all Non-Licensure Tracks

All non-licensure tracks to include MSN Educator, MSN Leadership/Administration, and DNP Leadership/Administration tracks are required to obtain a minimum of 24-hours of direct clinical care hours.

All students must demonstrate a minimum of 24 hours of direct care experience as part of the total precepted hours required for your program.

All students will be required to document Clinical Case Logs in Typhon to attest evidence of direct care hours, in addition to Time Logs.

Students will be provided with additional education on updated documentation requirements through direct training located within the required Practicum Courses.

## Appendix F: Nursing Practicum Electronic Forms

**Form 1:** ☐ **Application for Internship, Practicum, Externship or Field Placement (EFORM)**

Student completes and submits for each proposed practicum site and preceptor. This process may need to be completed for multiple courses depending on practicum experience requirements of student's respective population focus and specialty.

Clinical Placement Coordinator: reviews request and initiates conversations for potential affiliation agreement on behalf of the student

**Form 2:** ☐ **Practicum Schedule**

Student completes via Typhon software for each practicum date at each practicum site and for each practicum preceptor (if multiple sites or preceptors are used in a single shift).

Faculty reviews and approves via Canvas comments and actions in Typhon

**Form 3:** ☐ **Practicum Case Logs**

Students complete via Typhon software for each practicum encounter to the standard of the course faculty.

Faculty reviews and approves appropriate case logs entered by deadline.

**Form 4:** ☐ **Practicum Time Logs**

Student completes via Typhon software for each practicum date at each practicum site and for each practicum preceptor (if multiple sites or preceptors are used in a single shift).

Faculty reviews and approves appropriate time logs entered by deadline.

**Appendix F: Nursing Practicum Hardcopy Forms**

All forms must be typed and submitted electronically to the correct Dropbox. If a signature is required, an ink or verified digital signature will be accepted. Any document submitted handwritten or to the incorrect Dropbox location will be rejected, and the student will be required to wait a potential additional 6-10 days for review and approval of the corrected document submission.

- ☐ **Preceptorship Contract**  
Student completes, obtains necessary signatures, and submits as directed by course instructor.
- ☐ **Practicum Prospectus and Student SMART Goals/Objectives**  
Student completes form, obtains necessary signatures, and submits as directed by course faculty
- ☐ **Proposed Schedule Form**  
Student completes form, obtains necessary signatures, and submits as directed by course faculty
- ☐ **Practicum Progression Evaluation**  
Student completes form in between formal evaluation while in course or as often as needed per their state guidelines, obtains necessary signatures, and submits as directed by course faculty via Canvas
- ☐ **FERPA Handout and Form**  
Students provide *FERPA handout* to preceptor and collects preceptor signature on the *FERPA Acknowledgment form*, and students submit them as directed by course faculty
- ☐ **FERPA Acknowledgment Form**  
Students provide *FERPA handout* to preceptor and collects preceptor signature on the *FERPA Acknowledgment form*, and students submit them as directed by course faculty
- ☐ **Student Information Release**  
Students to complete REGENT Student Information Release FERPA Signature Form and student submits as directed by course faculty
- ☐ **SoN Recording & Viewing/Listening Consent Form (Participant)**  
BS in Nursing Students & Preceptor have form signed by those being recorded for purposes of program requirements. They are to retain that form as part of the medical record and submit the SoN Audio/Video Recording Consent Attestation Form to their faculty supervisor.
- ☐ **SoN Recording & Viewing/Listening Consent Form (Student)**  
BS in Nursing Student signs and submits this form to their program faculty supervisor via Canvas.

- ☐ **SoN Recording Consent Attestation Form (Participant)**  
BS in Nursing Students & Preceptor sign form and student submits to course faculty instructor attesting to completion.
  
- ☐ **Nursing Student Fitness to Participate in Practicum Experience: Physical Exam Form**  
Student presents form to healthcare provider to be completed per directions on form and then submits to Complio. This may be required multiple times during a student's practicum courses based on student's Academic Degree Plan. It is the student's responsibility to provide all the necessary documentation to remain compliant throughout the practicum experience.  
  
This section of the form completed by the Healthcare Provider is allowed to be handwritten by healthcare provider only, all other sections must be typed. Students are responsible for any delays that incorrect documentation or submission creates and acknowledge that this may result in a delay in the practicum experience or academic degree plan.
  
- ☐ **Daily Attendance Log**  
Student completes, obtains necessary signatures, and submits as directed by course instructor.
  
- ☐ **Clinical Practicum Work Log**  
BS in Nursing Student completes, obtains necessary signatures, and submits as directed by course instructor.
  
- ☐ **Student Evaluation of Preceptor and Practicum Site (Mid-term and Final)**  
Student completes, obtains necessary signatures, and submits to the external uploads section on Typhon  
  
Faculty reviews and annotates completed status via Canvas. Will communicate any concerns that may impact future student placements at this site/with this preceptor to the Director of Clinical Training.
  
- ☐ **Student Self Evaluation/ Preceptor Evaluation of Student (Mid-term and Final)**  
Student completes, obtains necessary signatures, and submits to the external uploads section on Typhon.  
  
Preceptor reviews student comments and adds comments  
  
Faculty reviews and comments on completed preceptor evaluation ratings, discusses results with students as appropriate and annotates completed status via Canvas  
  
Student reviews completed documents with evaluation comments from preceptor and course faculty and creates an improvement plan for the remainder of practicum experience to respond to these comments

### ***PRECEPTORSHIP CONTRACT***

I, [Click or tap here to enter text.](#)(preceptor) hereby agree to serve as preceptor to (student) for the term of [Click or tap to enter a date.](#) [Click or tap to enter a date.](#).. I understand that this Regent University student is a registered nurse, licensed in the State of [Click or tap here to enter text.](#), who will provide mutually agreed-upon objectives for this learning experience. I have received this student's faculty name and contact information as well as the information from Regent University's School of Nursing. I am aware this student is responsible for following all rules and regulations of my institution as well as those terms allocated on the Affiliation Agreement between Regent University and my institution. Regent University Course Number: *NURS/ APRN* [Click or tap here to enter text.](#). I further acknowledge that I am undertaking this preceptor contract to advance the nursing profession and have no expectation of salary or other remuneration for my undertakings set forth herein. I agree to meet with the Course faculty and/or Director of Clinical Training in person or virtually to discuss student progress within the preceptorship contract timeline.

### **PRECEPTOR INFORMATION**

<b>Preceptor's Degree Relevant to this Preceptorship Experience and the Issuing College/University</b>	<a href="#">Click or tap here to enter text.</a>
<b>Date Degree Awarded:</b>	<a href="#">Click or tap here to enter text.</a>
<b>Years of Experience relevant to this degree program:</b>	<a href="#">Click or tap here to enter text.</a>
<b>Population Focus/ Specialty Area:</b>	<a href="#">Click or tap here to enter text.</a>
<b>License Number &amp; State:</b>	<a href="#">Click or tap here to enter text.</a>
<b>Preceptor's Agency of Employment:</b>	<a href="#">Click or tap here to enter text.</a>
<b>Current Position/Title:</b>	<a href="#">Click or tap here to enter text.</a>
<b>No. of students precepted concurrently:</b>	<a href="#">Click or tap here to enter text.</a>
<b>Work Address:</b>	<a href="#">Click or tap here to enter text.</a>
<b>Contact Phone Number:</b>	<a href="#">Click or tap here to enter text.</a>
<b>Contact Email Address:</b>	<a href="#">Click or tap here to enter text.</a>

*Upload Preceptor's CV/resume and license verification with practicum forms*

**\*Please Sign and date on the next page**

[Click or tap here to enter text.](#)

---

**Preceptor signature | Credentials | Date**

Click or tap here to enter text.

---

**Facility Affiliation Agreement Contract Authorizer | Credentials | Date**

Click or tap here to enter text.

---

**Student Printed Name & Signature | Date**

Click or tap here to enter text.

---

**Course Faculty Printed Name & Signature | Date**

**PRACTICUM PROSPECTUS AND SMART GOALS**

**Regent University Course Number/Name:** NURS/APRN/ Click or tap here to enter text.

**Student's Name:** Click or tap here to enter text.

**Lead Course Faculty & email:** Click or tap here to enter text.

**Faculty's Email Address:** Click or tap here to enter text.

**Semester/Session:** Click or tap here to enter text.

**Practicum Site/Agency:** Click or tap here to enter text.

**Preceptor:** Click or tap here to enter text.

The practicum will be individually tailored individually to meet each student's degree goals. The setting may vary according to the program learning outcomes, course learning objectives, and student interest. A completed facility *Affiliation Agreement*, *Preceptorship Agreement*, and faculty approval of the site are required prior to starting a practicum experience. Students will be placed with a practicing Nurse Leader or Community based/ Community Health Nurse. {Are we keeping this pink portion}

**Answer the following on a separate Word document (TYPED) and attach:**

- Purpose of the Practicum
- SMART Goals & Objectives: (attach separate sheet)
- Minimally 3 goals with 3 Objectives required  
Goals and objectives must demonstrate a plan to meet the Course Learning Objectives
- Learning Activities/Plan of Action for each Objective: (attach separate sheet)
- Timeline
- Expected Outcomes
- Methods of Evaluation

Click or tap here to enter text.

**Student Signature | Date**

Click or tap here to enter text.

**Preceptor Signature | Date**

\*Faculty approval of this document is annotated in Canvas gradebook for specific courses

**Student Name:** Click or tap here to enter text. **Course Number:** Click or tap here to enter text.

**Faculty Facilitator Name:** Click or tap here to enter text. **Semester/Year:** enter text.

**Preceptor Name:** Click or tap here to enter text.

**Specialty:** Click or tap here to enter text.

**Setting (Type of Clinic/Department/Unit):** Click or tap here to enter text.

**Agency Name:** Click or tap here to enter text.

**Agency Address:** Click or tap here to enter text.

**Agency Telephone Number:** Click or tap here to enter text.

[illegible]

EXAMPLE: (allow for lunch)

Projected Dates	Times	Number of Hours
09/05/11	0630-1900	12

**PRACTICUM PROGRESSION EVALUATION FORM**

**Student Name:** Click or tap here to enter text. **Course:** Click or tap here to enter text.

**Preceptor Name:** Click or tap here to enter text. **Clinical Site:** Click or tap here to enter text.

**Course Faculty/Advisor Name:** Click or tap here to enter text. **Date:** Click or tap to enter a date.

**Instructions:** Please rate the student's progression using the scale below. Add a brief comment and supportive summary of competency for each objective.

**Rating Scale:**

0-Not Directly Observed | 1 – Not Met/Not Satisfactory | 2 – Partially Met/Needs Remediation | 3 – Fully Met/Satisfactory | 4 – Met/Exceeds Expectations

1. **Clinical Reasoning and Decision-Making:**

Demonstrates clinical judgment and evidence-based decision-making appropriate to clinical setting and patient population.

*Rating:* Click or tap here to enter text. | *Comments:*

Click or tap here to enter student comments.

Click or tap here to enter preceptor comments.

2. **Patient Care and Management:**

Provides safe, comprehensive, and culturally competent care across clinical spheres and diverse patient populations.

*Rating:* Click or tap here to enter text. | *Comments:*

Click or tap here to enter student comments.

Click or tap here to enter preceptor comments.

3. **Professionalism and Communication:**

Exhibits professionalism, ethical behavior, and effective communication among patients and the interprofessional team, appropriate to the clinical setting.

*Rating:* Click or tap here to enter text. | *Comments:*

Click or tap here to enter student comments.

Click or tap here to enter preceptor comments.



4. **Progress Toward Clinical Competency:**

Shows consistent growth in meeting practicum objectives and clinical role expectations.

*Rating:* Click or tap here to enter text. | *Comments:*

Click or tap here to enter student comments.

Click or tap here to enter preceptor comments.

**Student Signature:** Click or tap here to text signature. **Date:** Click or tap to enter a date.

**Preceptor Signature:** Click or tap here to enter text signature **Date:** Click or tap to enter a date.

***FERPA INFORMATION & ACKNOWLEDGEMENT SIGNATURE PAGE*****Family Educational Rights and Privacy Act (FERPA) of 1974**

Dear Preceptor:

Thank you for being willing to be a preceptor for a Regent University Nursing Student. As part of the Affiliation Agreement with your facility, we are sharing our Family Educational Rights and Privacy Act (FERPA) information with you. Please review the accompanying handout and the information on the next page. Your signature indicates that you have reviewed the material. Please return the signed form to your student.

FERPA is the university's policy of keeping student information confidential. If you have any questions, please contact the faculty member for your student.

**Regent University**  
**School of Nursing Faculty**

**FERPA INFORMATION****FERPA is NOT:**

- A law that only pertains to public institutions
- A law that is only applicable to offices that handle grades

**Why is it important?**

- It's the law!
- Failure to comply could result in the withholding of federal funds, including student Financial Aid.
- Lawsuits caused by violations cost time and money.
- It is our ethical responsibility to hold student records in confidence to protect their privacy.

**FERPA and Education Records****Student Rights**

- The right to inspect and review their own education records.
- The right to request to amend their education records.
- The right to have some control over the disclosure of information from the education records.
- The right to file a complaint with the Department of Ed.

**What Are Educational Records?**

- All records that directly relate to a student and are maintained by an institution
- These records can be in any media form: handwritten, print, tape, film, electronic, etc.

**Educational Records are NOT:**

- "Sole Possession Records"
- Personal notes kept by a faculty/staff member as a memory and if not shared with anyone else

**Law Enforcement Records**

- Maintained solely for law enforcement purposes & revealed only to law enforcement agencies

**Employment Records**

- Of those whose employment is not contingent upon being a student

**Medical Records**

- Created by a health care professional used only for the medical/health treatment of the student

**Alumni Records**

- Most information collected after the student has left the institution (donations, etc.).
- Classroom activity and homework
- That does not become part of the student's permanent record

**DIRECTORY INFORMATION****What Information Might Need to be Handled in a Secure Way?**

- Any part of a student's record that is not listed as "directory" information
- Registration Forms Financial Information Social Security Numbers
- Student Information displayed on your screen
- Transcripts Grades
- Student Schedules Class Assignments Class Rosters

**What Information can be Released?**

- Directory information (unless the student has placed a confidentiality block on their record).
- Information that the student has given written consent to release.
- Information needed by employees who have a legitimate educational interest.
- Information needed by certain government agencies.
- Forward all requests for student information to Regent University's Registrar's office!

**What is Directory Information?**

- It is information that may be released without the student's written consent (unless they have placed confidentiality hold on their record).
- Institutions determine what they will classify as directory information.

**Directory Information at Regent University Includes:**

- Name
- Address
- E-mail address
- Telephone number
- Date and Place of Birth
- Major Field of Study
- Dates of Attendance
- Degrees and Awards Received
- Most Recent Previous Institution Attended Photograph
- Participation in Officially Recognized Activities
- To protect the privacy of our students, Regent University generally does not provide lists of directory information to outside parties.

**Please forward all requests for such information to the Registrar's Office!**

**NON-DIRECTORY INFORMATION****Who Can Access?**

- ONLY Regent University Employees who have a legitimate educational interest \*
- \*Legitimate Education Interest: A school official's "need to know" information from a student's education record in order to fulfill job responsibilities

**Who Else?**

- Financial Aid Lenders.
- Agents of the court when the college has been issued a subpoena or court order.
- Schools in which the student seeks to enroll.
- Certain State and Federal Agencies.
- Appropriate individuals in an emergency in to protect the health and safety of the student or other persons.
- Under the Solomon Amendment—military recruiters.

**Forward all requests for student information to the Office of the Registrar!**

**Written Consent**

- Under FERPA, parents may obtain non-directory information (grades, GPA, etc.) if the child is a legal dependent or the student gives written consent; however,
- At Regent, no one, including parents, and spouses, may obtain non-directory information without written consent from the student.

**Things to Remember**

- Access to student records via Genisys or other computer software does not authorize unrestricted use of that information.
- Information on a computer should be treated with the same confidentiality as a paper record.
- Curiosity is not a valid reason to view student information.
- Records should only be used in the context of official business.

**Remember: When in doubt—don't give it out!!**

**IMPORTANT REMINDERS**

- Cover or put away papers that contain confidential information when you step away from your desk.
- Verify identity before discussing protected information with a student by phone
- Only use student's Regent email address (mail.regent.edu) when emailing protected information.
- Record Disposal
- Records containing Social Security Numbers, grades or any non- directory information about a student should be shredded, not just thrown in the trash.

**THANK YOU for your attention and cooperation in protecting the privacy of our students!**  
**If you have further questions, please contact the Registrar's Office at 757.352.4094**

**FERPA ACKNOWLEDGEMENT SIGNATURE PAGE**

All Regent University faculty and staff (or preceptor) requiring access to student records and protected information must undergo training in the Family Educational Rights and Privacy Act of 1974 as amended (FERPA) prior to obtaining access. Access to student records will be denied until the following acknowledgements have been submitted.

As university faculty and staff, or preceptor, you share the responsibility for protecting the privacy of Regent students and should be aware of the following federal regulations:

1. Only Regent students, or those authorized by the student in writing to the Registrar's Office, may have access to information contained in a student's record.
2. A student record includes any personally identifiable information regarding the student, including but not limited to grades, registration information, financial aid information, class rosters, information regarding petitions, appeals, disputes, etc.
3. Information designated by the university as "Directory Information" may be disclosed to approved outside parties without consent. Regent has designated the following information as directory information: name, address, telephone listing, email address, date and place of birth, major/field of study, dates of attendance, degrees awarded and honors received, etc. Regent may, but is not required to, release directory information to outside parties if deemed appropriate.
4. Students' regent.edu email addresses should be used for all personal student communications
5. Faculty and staff must ensure that they are only discussing protected information with the student or their designee. Contact the Registrar's Office at 757.352.4094.
6. All suspected FERPA violations should be reported to the Registrar's Office immediately.

For more information on FERPA requirements and provisions, please view our FERPA Essentials presentation in Canvas.

I hereby acknowledge that any data, records, or other information viewed, accessed, or otherwise obtained via my faculty or staff (or preceptor) privileges is strictly confidential, and its privacy is protected by the Family Educational Rights & Privacy Act (FERPA). I also understand that Regent University does not permit me to disclose said information beyond the scope of my employment, and I am solely liable for any personal incidents regarding breach of confidentiality. I recognize that any negligent disclosure of said information may be punishable under applicable state/federal law and Regent University policy, which may lead to disciplinary action up to and including termination of employment.

**Initial Yes, I acknowledge**

**Preceptor Name (Print):** Click or tap here to enter text.

**Preceptor Signature | Date:** Click or tap here to enter text.

**City/State:** Click or tap here to enter text.

**Student name:** Click or tap here to enter text. **Student ID #:** Click or tap here to enter text.

**Facility:** Click or tap here to enter text.

*Students: Return this form to the Course Instructor at the **beginning** of your Practicum*

**STUDENT INFORMATION RELEASE (FERPA)****REGENT UNIVERSITY STUDENT INFORMATION RELEASE (FERPA)**

This authorization form may be used to release confidential Non-Directory Information (any information not listed below, i.e., grades, financial account information, etc.) to specific individuals. PLEASE NOTE: This form cannot be used to request transcripts.

A verbal FERPA password will be required upon any inquiry for information (See below)

IMPORTANT: Regent University protects the confidentiality of the education records of current and former students. At its discretion, the university may release directory information to include: student name, address, telephone number, date and place of birth, major field of study, dates of attendance, degrees and awards received, the most recent previous educational agency or institution attended by the student, photograph and participation in officially recognized activities, when deemed appropriate. No other student information is released without your written consent. Students may withhold directory information by notifying the Registrar's Office, in writing, within two weeks of the posting of the annual notice that advises students of their rights. This policy is in compliance with the Family Educational Rights and Privacy Act of 1974 (FERPA, as amended). The full text of this policy, including procedures for inspecting and amending one's education records, is printed in the Student Handbook.

PLEASE PRINT BELOW:

Name: \_\_\_\_\_ Student ID #: \_\_\_\_\_

Regent Program/Major: \_\_\_\_\_

Email Address: \_\_\_\_\_

I hereby grant Regent University representatives and employees permission to release information about my academic progress, student conduct, and financial affairs to the following persons.

Please print the information:

Name and address of facility where you plan to do practicum: \_\_\_\_\_  
\_\_\_\_\_

Name(s) of site supervisor and others to whom student records may be released:

\_\_\_\_\_

Please provide a FERPA password that will be required for each inquiry: \_\_\_\_\_

Signature of Student: \_\_\_\_\_

Date: \_\_\_\_\_

By signing below, I [we] acknowledge our need to know student record information and agree to comply with FERPA. Signature of Site Supervisor and all others having access to student records:

\_\_\_\_\_  
\_\_\_\_\_

***BS in Nursing SoN RECORDING & VIEWING/LISTENING CONSENT FORM (Participant)***

I hereby authorize Regent University (University), and those acting pursuant to its authority to:

1. Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium, alone or with others, in Regent nursing labs ("recordings").
2. Use my name in connection with these recordings.
3. Use these recordings solely in the interest of the advancement of nursing programs and for the purpose of professional education or research and not for any other purpose reproduce, exhibit, or distribute in any medium.
4. Use recordings during the term in which they were made unless special permission is granted by me for later use in educational material and/or research.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I understand that all such recordings shall remain the property of the University and that I shall receive no financial compensation for the use of such recordings. I also understand that I will not be penalized in anyway should I not agree to be recorded by execution of this Agreement. I understand that the recorded person ("the patient") must be an adult who has sufficient capacity to provide informed consent in the State in which I reside.

**Participant** –By signing below I indicate that all of my questions about this recording and associated consent and release agreement have been addressed. I choose, voluntarily, to participate in this video recording and give my consent outlined in the associated release agreement.

**Student** – By signing below I certify that I have obtained informed consent for this video recording from a participant of legal age and decisional capacity to provide their consent. Furthermore, I also choose, voluntarily, to participate in this video recording and give my consent as outlined in the associated release agreement.

I have read and fully understand the terms of this release.

**Printed Name of Participant (patient):** \_Click or tap here to enter text.

**Address of participant (patient):** \_Click or tap here to enter text.

**Phone number of Participant (patient):** \_Click or tap here to enter text.

**Signature of Participant (patient):** \_Click or tap here to enter text.

**Date:** Click or tap to enter a date.

*Students: Please forward completed Consent forms to the NURS 310 Course Instructor prior to beginning your assignment.*

***BS in Nursing SoN RECORDING & VIEWING/LISTENING CONSENT FORM (Student)***

I hereby authorize Regent University (University), and those acting pursuant to its authority to:

1. Record my likeness and voice on a video, audio, photographic, digital, electronic or any other medium, alone or with others, in Regent nursing labs ("recordings").
2. Use my name in connection with these recordings.
3. Use these recordings solely in the interest of the advancement of nursing programs and for the purpose of professional education or research and not for any other purpose reproduce, exhibit or distribute in any medium.
4. Use recordings during the term in which they were made unless special permission is granted by me for later use in educational material and/or research.

I release the University and those acting pursuant to its authority from liability for any violation of any personal or proprietary right I may have in connection with such use.

I understand that all such recordings shall remain the property of the University and that I shall receive no financial compensation for the use of such recordings. I also understand that I will not be penalized in anyway should I not agree to be recorded by execution of this Agreement. I understand that the recorded person ("the patient") must be an adult who has sufficient capacity to provide informed consent in the State in which I reside.

**Participant** –By signing below I indicate that all of my questions about this recording and associated consent and release agreement have been addressed. I choose, voluntarily, to participate in this video recording and give my consent outlined in the associated release agreement.

**Student** – By signing below I certify that I have obtained informed consent for this video recording from a participant of legal age and decisional capacity to provide their consent. Furthermore, I also choose, voluntarily, to participate in this video recording and give my consent as outlined in the associated release agreement.

I have read and fully understand the terms of this release.

**Printed Name of Participant (student):** Click or tap here to enter text.

**Student ID number:** Click or tap here to enter text.

**Address of Participant (student):** Click or tap here to enter text.

**Phone Number of Participant (student):** Click or tap here to enter text.

**Signature of Participant (student):** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

*Students: Please forward completed Consent forms to the NURS 310 Course Instructor prior to beginning your assignment.*

**(This form is to remain on file with the Practicum site)**



***BS in Nursing SoN RECORDING CONSENT ATTESTATION FORM***

**Practicum Site Name:** Click or tap here to enter text.

**Site Preceptor Name:** Click or tap here to enter text.

**Practicum Student Name:** Click or tap here to enter text.

The above-mentioned Regent University School of Nursing practicum student and site preceptor attest that the client/patient/participant (or parent/guardian if a minor) signed a SoN Recording & Viewing/Listening Consent Form for the interaction(s) recorded on Click or tap here to enter text. date(s) listed below and that this form is on file with the above-mentioned practicum site.

**Printed Name of Student:** Click or tap here to enter text.

**Signature of Student:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

**Printed Name of Site Preceptor:** Click or tap here to enter text.

**Signature of Site Preceptor:** Click or tap here to enter text.

**Date:** Click or tap to enter a date.

***Nursing Student Fitness to Participate in Practicum Experience***

Students must have an annual health/physical exam while participating in all Nursing Program practica experiences. If you are not up to date with this requirement, you will not be allowed to attend your practica courses until you are in compliance. This may result in the need to take the course at another time and not progressing in your program of study.

**Instructions:** This document should be reviewed during a scheduled appointment and signed by a Physician, Physician's Assistant, or Nurse Practitioner. It shall be provided for the nursing program via the Complio database. This report shall indicate that the student does not have any health condition(s) that would create a hazard to themselves, employees, or patients (Title 22). **NOTE: Nursing students who have a condition (impairment) that could interfere with the performance of their essential duties, should connect with the University Disability Services to determine what accommodations would be reasonable in a Practicum setting.**

**Provide the Following Information to your Healthcare Provider:****1. Essential Duties to Meet Practicum Requirements**

To enter and to complete the nursing program, students must be able to meet the emotional and physical requirements of the School of Nursing and the agencies in which students are placed for Practicum. Students and faculty are to work with Student Disability Services to determine what accommodations would be reasonable in a Practicum setting to meet these requirements.

**2. Emotional Requirements**

The student must have sufficient emotional stability to perform under stress produced by both academic study and the necessity of performing nursing care in real patient situations while being observed by the instructors and other health care personnel.

**3. Physical Requirements**

To participate in Regent University's Nursing Program, students are required to travel to agencies and hospitals, and to homes with unpredictable environments. Students need to have the endurance to adapt to a physically and emotionally demanding program. The following physical requirements are necessary to participate in the Practicum application courses in nursing:

- a. **Strength:** Sufficient strength to lift, move and transfer most patients; to restrain and carry children; to move and carry equipment; and to perform CPR, which requires sufficient body weight and adequate lung expansion.
- b. **Mobility:** Sufficient to bend, stoop, get down on the floor; combination of strength, dexterity, mobility and coordination to assist patients; ability to move around physically and adequately in confined spaces (patient rooms, bathrooms, treatment settings, around patient equipment, etc.). Be able to perform all physical skills required to deliver patient care such as CPR, ambulation, transport, reposition, lifting, and other nursing duties.
- c. **Fine Motor Movements:** Necessary to manipulate syringes and IVs; to assist patients with feeding and hygiene; to write appropriate notations; to document in health record; to perform sterile procedures and other skilled procedures.

- d. **Speech:** Ability to speak clearly to communicate with staff, physicians, and patients; need to be understood on the telephone.
- e. **Vision:** Visualize patients to assess and observe their health status; skin tone, color changes, dermatological conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, etc.
- f. **Hearing:** Hear and see patients, monitor signs and symptoms, hear alarms, patient voices, call lights, and assess patient conditions, non-verbal behaviors, changes in signs and symptoms of illness, health improvement or deterioration, hear through the stethoscope to discriminate sounds, and accurately hear on the telephone.
- g. **Touch:** Ability to palpate both superficially and deeply and to discriminate tactile sensations.

**PHYSICAL EXAMINATION FORM**

<b>Student Name (Last, First):</b> Click or tap here to enter text.	
<b>DOB:</b> Click or tap to enter a date.	<b>Student ID:</b> Click or tap here to enter text.
<b>Date of Anticipated First Practicum Course:</b> Click or tap here to enter text.	
<b>Healthcare Provider Section</b>	
I have verified that I have examined the named individual on this form and find that this individual (please circle all that apply):	
<b>Yes or No</b>	is free of any medical condition and/or contagious disease and does not pose a health risk to others
<b>Yes or No</b>	is free of any mental or physical impairment that would prevent the student from meeting the clinical practicum training obligation
<b>Yes or No</b>	The student has the following (impairment) which could interfere with the performance of the essential duties and needs to be followed up with the University Disability Services to determine what accommodations would be reasonable in the clinical setting
<b>Comments:</b>	Click or tap here to enter text.
<b>Signature of Healthcare Provider:</b>	Click or tap here to enter text.
<b>Printed Name of Healthcare Provider:</b>	Click or tap here to enter text.
<b>Provider Number:</b>	Click or tap here to enter text.
<b>Provider Phone Number:</b>	Click or tap here to enter text.
<b>Date of Exam:</b>	Click or tap to enter a date.

**DAILY ATTENDANCE LOG**

**Student:** Click or tap here to enter text. **Course Number:** Click or tap here to enter text.

**Faculty Facilitator:** Click or tap here to enter text. **Semester/year:** Enter text.

**Preceptor Name:** Click or tap here to enter text. **Specialty:** Click or tap here to enter text.

**Preceptor Telephone Number (s):** Click or tap here to enter text.

**Preceptor E-mail Address:** Click or tap here to enter text.

*\*Student must log at least 30 minutes for meals during clinical shifts longer than 7 hours*

Date	Start Time	Meal Time	End Time	Total hours	Preceptor Signature	Date
Enter text.	Enter text.	Enter text.	Enter text.	Enter text.	Click or tap here to enter text.	Enter text.
enter text.	enter text.	enter text.	enter text.	enter text.	Click or tap here to enter text.	enter text.
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**Page Total Hours** Click or tap here to enter text.

**Page** Click or tap here to enter text. **of** Click or tap here to enter text.

**CLINICAL PRACTICUM WORK LOG (BS in Nursing)**
**Regent University Course Number/Name:** NURS Course number / Course name

**Student's Name:** Click or tap here to enter text.

**Preceptor's Name:** Click or tap here to enter text.

Date Worked	# of Hours Logged	Personal Objectives Accomplished (list)	Preceptor Signature
Example: 01/01/2023	2 hours	Participated in interview process for new employees. Prepared questions with nurse manager. Debriefed with nurse manager after interview. (CLO 7)	
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.
date.	Enter text	Click or tap here to enter text.	enter text.

**Page Total Hours** Click or tap here to enter text.

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## Appendix G: DNP Student Gap Analysis Policy

To graduate from Regent University's Doctor of Nursing Practice (DNP) program, students must complete a minimum of 1000 clinical practice hours post-entry-level, with a maximum of 500 hours from prior graduate education and/or programs outside Regent applicable. Clinical practice hours must align with previously outlined guidelines in the clinical practicum guide.

Students will undergo a Gap Analysis in their first year of their doctoral level courses to assess previous practicum hours earned. This involves reviewing documentation of previous practice experiences to determine additional minimum requirements needed to meet program competencies and national certification or licensing standards.

Qualifying hours include direct and indirect care hours accumulated during supervised clinical practicum activities. Hours completed in continuing education, non-nursing fields, undergraduate nursing programs, or without appropriate supervision do not qualify.

### Procedures:

1. **Gather Documentation:** Collect transcripts, syllabi, course descriptions, clinical logs, and any other pertinent documentation of previous practicum experience hours.
- a. **Note for Licensed Advanced Practice Registered Nurses [APRNs] in the Nursing Administration and Leadership DNP Program** (APRN = Nurse Practitioner, Clinical Nurse Specialist, Nurse Midwife, Nurse Anesthetist):

For Licensed Advanced Practice Registered Nurses (APRNs) who have completed a minimum number of supervised hours required for certification and licensure in the United States, providing proof of licensure and certification may suffice as evidence of meeting the clinical hour requirements if at least 500 hours of direct care was required and/or program met the Commission on Collegiate Nursing Education requirements for graduation. Additionally, a letter of verification from the licensing board or certification agency confirming the completion of supervised hours required for your licensure at the time your certification or initial licensure was granted may also be required as proof. This documentation demonstrates that the APRN has already met the necessary clinical practice requirements for their advanced degree education and professional certification/licensure process.

2. **Complete DNP Gap Analysis Table (See Appendix):** Fill in the table with the pertinent information and ensure proof for all entries on the table.
3. **Provide Materials:** Submit documents to the correct location (per professor's instructions) for analysis.
4. **Review Process:** Faculty will assess the log and documentation, and if necessary, a meeting will be scheduled to discuss analysis results and additional requirements.
5. **Plan Development:** Determine remaining practice hours needed and review gaps in hours with faculty.

Follow these instructions to participate in the practicum hours gap analysis process and receive tailored guidance for success in the DNP program.

**DNP Gap Analysis Table**

<b>Student Name:</b>		<b>Date:</b>
<b>Insert Graduate School Name and Date of Graduation</b>	<b>Course Name*</b>	<b>Number of clinically supervised hours</b> <b>Indicate direct/indirect (see policy for definition)</b>
<i>Example: ABC University School of Nursing</i>	<i>Example: NRSNG 600 – Practicum I: Advanced Assessment</i>	<i>Example: 135 Direct/ 15 Indirect</i>
	<i>Example NRSNG 638 – Practicum II: PMH Concepts of the Adult</i>	<i>Example: 135 Direct/15 Indirect</i>
		<i>(Example)Totals: 270 direct/30 Indirect = 300 total hours</i>

\*Include evidence of successful completion of hours related to each course (e.g. transcript, course description, signed clinical log, etc.)