Student, Faculty and Preceptor Handbook

Adult Gerontology Nurse Practitioner in Primary Care Track & Family Nurse Practitioner Track

Partnerships For Learning

2019-2020

Updated 6/27/19
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INTRODUCTION

The faculty and professional staff are pleased that you have chosen William Paterson University. The Student, Faculty and Preceptor Handbook “Partnerships For Learning” has been developed to provide you with a wealth of information that you will need throughout your clinical practicum experience. Specifically, information on selection and qualifications of a preceptor; faculty, student and preceptor responsibilities, new preceptor orientation, process of approving the preceptor and completed form required. It is important that students refer to the information in the handbook every semester that they are enrolled in the clinical course.

The faculty and staff of the William Paterson University Graduate Nursing Department take pride in our program, its’ students and their accomplishments and wish you great success throughout your clinical experience.

All updated versions of the handbook can be found at:
http://www.wpunj.edu/cosh/departments/nursing/graduate-programs/handbooks.dot

Kem Louie, PhD, PMHCNS-BC, APN, CNE, FAAN
Director, Graduate Nursing Programs
DESCRIPTION OF PROGRAM

Master's Degree Program Outcomes

The content in the master's program in nursing is consistent with the mission and philosophy of the Department of Nursing. It is designed to meet the program objectives which are derived from the overall framework guiding curriculum. Upon completion of the program, the graduate is able to meet the program objectives, which reflect the roles of the advanced prepared nurse in practice, education and/or management.

The William Paterson University of New Jersey master's graduate in nursing will be prepared to:

1. Apply advanced knowledge of nursing theories, related sciences and humanities, and methods of inquiry in the delivery of healthcare services.
2. Develop leadership and communicate effectively using the collaborative approach to improve quality care.
3. Analyze changes in the healthcare system through the design and implementation of health related projects that strengthen the outcomes in the healthcare delivery system.
4. Apply evidence, research and theory to improve health services.
5. Apply current health information and technologies to advance the quality and accessibility of care.
6. Advocate for healthcare policies and systems to improve healthcare.
7. Analyze systems responses to health and illness to improve the promotion, restoration, and maintenance of health that reflect respect across diverse cultures.
8. Engage in advanced nursing care to individuals, families, communities, and clinical populations.

Contacts

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CLINICAL PLACEMENTS FOR GRADUATE PRACTICUM EXPERIENCE

Overview

The lead NP Coordinator and/or Graduate Nursing Program Director initiates clinical placements process a semester prior to registration of the clinical course. Each student is placed with a preceptor who serves as an appropriate role model as well as a clinical instructor at the practicum site. The lead NP assures that the preceptor has been approved by the Department of Nursing and has a current clinical agreement if needed. The faculty teaching the course maintains appropriate contact with the preceptor, and awards the final grade. In addition to the students’ supervised clinical hours, a 2 ½ hour seminar (face to face/online/hybrid) will be held bi-weekly during the semester. Online assignments will be given in between the face-face meetings.

Procedure
The student must hold a New Jersey RN licensure in the state in which the practicum takes place. The graduate student practices under his or her own RN license and is covered by the University professional liability insurance for course-related incidents. The student also has adequate individual professional liability insurance. Interpretation and proof of insurance status can be documented and provided for the agency if required. Proof of individual professional liability insurance include (NP rider) must be available for presentation upon request and a copy must be submitted to the faculty teaching the course to be kept in the student’s file.

If a facility requires a formal contract with William Paterson University and does not currently have one, we will not approve a preceptor from that facility.

Students will only be able to select clinical placements in the state of New Jersey.

Students enrolling in NUR 7251 – Advanced Nursing Role Practicum must have a nurse practitioner as their preceptor in this course.

Appropriate student placement with a qualified preceptor is determined by course objectives, student objectives, and experiential background.

Sites or practices may require additional paperwork prior to the student beginning their clinical. It is the responsibility of the student to complete these requirements prior to the first day of class.

The student provides the Graduate Nursing Office with a completed Preceptor Information Request Form which is sent to either the lead NP (AGNP FNP track) or the Graduate Program Director (ADM EDU track).
Once the preceptor is approved for the student, the Department of Nursing Graduate Program sends a Confirmation of Clinical Placement for Graduate Students form to the preceptor. The form contains the following information:

1. Name, Address and Phone number of Agency/Practice
2. Course number and title
3. Semester dates
4. Student’s name
5. Faculty name and email
6. Preceptors name and credentials

The signed Confirmation of Clinical Placement for Graduate Student form is forwarded to the Graduate Program Director. Ordinarily a formal agency contract is not required. It is the student’s responsibility to check with the preceptor to see if a formal contract is required between William Paterson University and their facility. If a facility requires a formal contract with William Paterson University and does not currently have one, we will not approve a preceptor from that facility.

All signed forms are files in the Graduate Nursing Office (University Hall, room 302).

**RESPONSIBILITIES IN THE PRECEPTOR PARTNERSHIP**

The student, preceptor, and faculty have equal responsibility for providing a quality learning experience in the practicum. There are, however, specific responsibilities for each participant. This is necessary to promote student progress and role expectations. A pre-practicum meeting with the student and preceptor facilitates mutual understanding of the responsibilities of all parties. These responsibilities are identified as follows:

**STUDENT RESPONSIBILITIES:**

- Initiates the selection of qualified preceptor and submits the Preceptor Information Form by the due date.

- Develop and complete an informal learning contract with individualized objectives in accord with William Paterson University course objectives and agency policies.

- Attend and participate appropriately in agency activities that promote attainment of the learning objectives.

- Maintain on-going student-preceptor relationship for duration of the practicum.

- Keep faculty informed of progress related to student learning objectives.

- Keep faculty informed of students’ progress in respective roles.

- Seek faculty consultation on appropriate issues.
• Practice in a safe and ethical manner cognizant of standards of care.

• Complete and submit Documentation of Clinical Experience/Documentation of Clinical Practice to faculty at 1 – 2 week intervals via TYPHON to course faculty.

• All documentation of clinical practice/patients is to be entered into TYPHON in a timely manner. There is a 10-day window for inputting current patient documentation. If for unforeseen circumstances, you are unable to enter patient documentation or experiencing difficulty with the TYPHON platform; please contact Dr. Hollema at hollemac@wpunj.edu for assistance.

• TYPHON – students are to print out Total End of Semester Time Logs, that then need to be signed by the preceptor (for each preceptor if more than one) and the faculty.

• TYPHON – students to print out Total Case Logs – Graphical. This will give an overall review of the type of patients, ages, etc. seen in clinical.

• Complete assignments.

• Completes the Course End Evaluation, Evaluation of the Preceptor and Evaluation of the Clinical Site to the faculty teaching the course by the end of the semester.
Specific Guidelines for Students in Clinical Facilities

1. Students are to negotiate acceptable hours with the preceptor prior to starting clinical practicum. The student is expected to accommodate the preceptor’s availability and schedule. The student’s personal and work schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course.

2. Professional apparel that meets agency guidelines is expected. Conservative and professional dress clothing and a lab coat are the norm. No jeans or shorts or running shoes or bare midriff or low cut clothing are allowed in an agency.

3. Graduate Nursing students will demonstrate professional behavior during all clinical placements in all settings, following the legal and ethical codes of nursing. Student behavior that is considered unsafe, according to the professional judgment of the faculty/preceptor or agency, is cause for immediate removal from the clinical site and faculty/administrative review for continuation in the nursing program.

4. The student will work within the policies of the agency and maintain a constructive relationship with the agency.

5. The student is required to complete clinical and health information and submit them by the first day of class to the course faculty.

6. The graduate student WPUNJ ID card is worn only when the student is participating in or involved in experiences related to the graduate student role. ID card holders will be provided by the Program Assistant in the Graduate Nursing Department.

7. The student is responsible for her or his individual travel or other costs related to clinical experiences.

FACULTY RESPONSIBILITIES in clinical practicum courses:

The seminar serves as a clinical conference course to the clinical practicum experience. The seminars are held biweekly for 2.5 hours during the semester. Faculty teaching the clinical practicum courses are provided the names of students enrolled, approved clinical placements and clinical preceptors prior to the first day of course by the program assistant.

- Verifies student has completed Clinical Checklist Documentation requirements on the first day of class.

- Approve a student preceptor learning contract and individualized objectives related to the role.
• Maintain communication with student and preceptor in relation to student progress along with a minimum of one observational site visit.

• Encourage student scholarly inquiry through the use of nursing and related research in clinical practice, management/administration, and education.

• Facilitate seminar discussions relative to the role of the advanced practice nurse, manager/administrator and educator. Special topics and assignments focus on issues and learning needs presenting themselves on the clinical area.

• Assess and evaluate student progress with input from student and preceptor by submitting the course grade earned at the end of the semester.

• Assure the collection and maintenance of documentation such as clinical logs, clinical requirements, Clinical Preceptor Evaluation, Agency Evaluation and/or necessary information for the verification of requirements as specified for subsequent national certification application by graduating students.

• Submits final course grade.

• Communicates with the lead NP and/or Graduate Program Director when major issues arise.

**Site visits & facilitation of clinical activities**

The faculty member will make scheduled observational visit(s) to the clinical site (a minimum of one visit is expected). The date and time are confirmed with the student. It is the student's responsibility to inform the preceptor of the date/time of the visit. Purposes of the site visit include observation and evaluation of the student’s role performance (practitioner, educator or administrator) behaviors and the student’s interaction with staff and preceptor. Additionally, it provides the faculty member, the preceptor and the student an opportunity to discuss the student’s progress.

**Evaluation of student**

The course syllabus and clinical evaluation forms include the requirements and evaluation criteria for successful student performance. Evaluations by the faculty member with input from the preceptor are important components of the student performance. Open communication between the faculty, preceptor and student is essential. Faculty assumes the ultimate responsibility for the evaluation of the student and employ several methods to achieve this. Besides at least one observation of the student engaged in the actual role performance behavior, interactions with preceptor and staff are sources of evaluating student progress. Additionally, regular review of student’s clinical documentation via TYPHON, the student’s clinical experience/practice and supportive evidence from the clinical preceptor are utilized.
PRECEPTOR SELECTION FOR PRACTICUM COURSES

Practicum preceptor selections are made based on demonstrated commitment to the Department of Nursing Graduate Program at The William Paterson University of New Jersey. Collaboration between agencies and the Department of Nursing assure a pool of qualified clinical preceptors. This reciprocal relationship fosters the quality of services offered by both parties entering into this agreement.

Qualifications:  Master’s Degree in Nursing (or practicing physicians)
    A minimum of one year’s experience in the practice area

Privileges:  Opportunity to participate in the Department of Nursing faculty meetings, instructional activities, conferences and collegial relationships with faculty.

Responsibilities:  Preceptors are expected to:

- Use theories of adult instruction and learning in the education of the student.
- Provide experiences that engage the role of advanced practice nurse, manager/administrator, educator as defined by the needs of the client population and expertise of the preceptor.
- Collaborate with the student in the development of the informal learning contract and individualized objectives.
- Supervise and evaluate students' learning experiences.
- Maintain an on-going supervisory relationship for the duration of the practicum, which promotes students' use of advanced specialized knowledge.
- Guide the student in the selection of agency activities that promote students' progress in the role of the advanced practice nurse, administrator and/or educator.
- Encourage student involvement in the identification of research problems, collaboration with nurse researchers, and utilization of research findings among staff.
- Communicate with faculty relative to student progress or issues related to the practice experience.
- Guide the student in achieving goals relative to the informal learning contract and participate in the evaluation of those goals.
- Serve as a professional role model in their teaching-learning experience.
- Documents student’s activities and evolving role behaviors/competencies.
**BENEFITS FOR PRECEPTORS**

- Opportunity to guest lecture or lead a seminar in area of expertise.
- Invitation to Annual Preceptor Reception.
- Receive a Certificate of Appreciation and Acknowledgement from the Graduate Program.
- Will receive a thank you letter from the Graduate Nursing Department and AANC Verification of Hours form at the end of the semester if applicable.
INITIAL CLINICAL HEALTH CLEARANCE GUIDE

Pre-entrance and periodic health evaluations are required by all students in the nursing major going to a clinical setting. This required data meets the requirements of the state of New Jersey Department of Health, as well as the various clinical agencies in which students affiliate. Carefully review the requirements below to successfully complete the attached Health Clearance Packet in its entirety. Students who do not complete the clearance by the first day of the semester must drop all clinical classes and resume the following semester on a seat availability basis.

Initial Health Clearance Requirements:

☐  1. Initial Physical Exam for Clinical Clearance form completed (front and back pages): Student must have a physical exam performed by a healthcare provider within 1 year of clinical start date. All information must be completed, including vision/color screen, date of physical exam, signed and stamped by the healthcare provider.

☐  2. Two-Step PPD (Mantoux) OR Quantiferon-TB Gold/T-SPOT (blood test) within 3 months of clinical start date:
   a. Student must have a Two-Step PPD (second PPD administered 1 to 3 weeks after first PPD) or documentation of annual TB tests within the previous three years.
      i. The following must be included to be a valid: the dates of the PPD placement, the dates the test was read, negative or positive result, and induration size in mm.
   OR
   b. Quantiferon-TB Gold/T-SPOT blood test performed: must submit a copy of the lab report.

   • A positive PPD or positive Quantiferon-TB/Gold/T-SPOT test: Action Required
     Please submit a post-positive chest x-ray report. Documentation of (prophylactic) medication regimen by a healthcare provider required and yearly documentation of TB symptoms check.

☐  3. Complete blood count (CBC) lab report within 1 year of clinical start date.

☐  4. Varicella (Chickenpox):
   a. IgG titer (laboratory blood test for antibodies): must submit a copy of the lab report regardless of past history of disease or vaccination.

   • For Negative Varicella Titer: Action Required:
     If there is documented history of 2-dose Varicella vaccinations, then 1 dose of Varicella booster vaccine is required. If there is no documented vaccination history, then 2 dose Varicella vaccination is required: second dose at least 28 days after the first dose. Please submit vaccination record, if not done so already.

   • For Equivocal Varicella Titer:
     If there is documented history of 2-dose Varicella vaccination, then a booster is highly recommended but not required. If the student has only received 1 dose of the vaccine in the past then a second dose of the vaccine is required.

☐  5. Measles, Mumps, and Rubella (MMR):
   a. IgG titer (laboratory blood test for antibodies): must submit a copy of the lab report with each results.

   • For Negative Measles, Mumps, or Rubella Titer Results: Action Required:
     If there is documented history of 2-dose MMR vaccinations, then 1 dose of MMR booster vaccine is required. If there is no documented vaccination history, then 2 dose MMR vaccination is required:
second dose at least 28 days after the first dose. Please submit vaccination record, if not done so already.

- **For Equivocal Measles, Mumps, or Rubella Titers:**
  If there is documented history of 2-dose MMR vaccination, then a booster is *highly recommended* but not required. If the student has only received 1 dose of MMR vaccine in the past then a *second dose of the vaccine is required.*

6. **Hepatitis B**
   a. Documentation of a 3-dose series of Hepatitis B vaccine.
   **OR**
   b. Documentation of positive **Hepatitis B Surface Antibody test**: must submit a copy of the lab report.

- **For Negative Hepatitis B Surface Antibody: Action Required**
  If there is documented history of 3-dose Hepatitis B vaccinations, then 1 dose of Hepatitis B booster vaccine is required. If there is no documented vaccination history, then 3-dose Hepatitis B vaccination is required at 0, 1, and 6-month intervals.

7. **Tetanus/Diptheria/Pertussis Vaccine (Tdap/Td)**
   a. Documentation with date of vaccination of Tdap vaccine in a lifetime and Td booster every 10 years. If no documentation of Tdap is presented a single dose of Tdap is required.

8. **Flu vaccine**
   a. Documentation of annual flu vaccine during the flu season (August through May).

9. **Clinical Student Request and Authorization to Release Records and/or Information Form:** must be signed and dated annually.

10. **Urine Drug Screen** through Castle Branch. Please follow specific instructions as instructed by the Nursing Dept.

Students may select to have the clinical clearance physical exam and required tests done by private health care provider or at WPU Counseling, Health and Wellness Center (CHWC). CHWC also provides 2-step PPD, Tdap, and Flu vaccination for a minimal fee. Please call CHWC for pricing and to schedule an appointment as earliest possible at (973) 720-2360.

Please submit **ALL** completed forms and documents to the CHWC. **Incomplete packets will not be accepted and will cause a delay in your clearance.** You may submit in person (drop off documents at the front desk or schedule appointment with nurse to review in person- *highly recommend*). You may also submit by fax (may subject to delay). When all clearance requirements are met, the CHWC will document clearance date electronically and students may access WPUnnect to see their nursing clearance.

William Paterson University
Counseling, Health and Wellness Center
Overlook South
300 Pompton Road
Wayne, NJ 07470
(973) 720-2360 (for appointments)
(973) 720-2632 (fax)
William Paterson University

Physical Exam for Initial Clinical Clearance- Page 1

For Nursing or Communication Disorder Majors only

INCOMPLETE FORMS/DOCUMENTS WILL NOT BE ACCEPTED

Submit completed forms and all required documents only to:

Counseling, Health & Wellness Center - Overlook South - 300 Pompton Road – Wayne, NJ 07470

For appointments/questions call: (973) 720-2360 * Fax (973) 720-2632

Patient Name: _______________________________ DOB: ____________________

Student ID#: 855 ___________________________ Contact Phone# ___________________________

Program (circle one): Nursing Graduate Nursing DNP Communication Disorders

Allergies (specify reaction): ___________________________ Current Medications: ___________________________

Past Medical History: ________________________________________________________

1. Physical Examination (To be filled out by a medical provider) LMP ______

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<th>RR</th>
<th>TEMP</th>
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Vision Screen-mandatory: Left Eye ______ / ______ Right Eye ______ / ______ Circle One: With / Without Correction

Color testing (circle one): Pass Fail

2. Assessment:

Patient is medically cleared to participate in the clinical setting (please circle one): Yes No

If no, explain reason: __________________________________________________________

Provider Name & Signature ___________________________________________ Date ____________

Provider’s Stamp (Required)
William Paterson University

Physical Exam for Initial Clinical Clearance- Page 2
(All the information below is to be filled out by a medical provider and stamped at the bottom)

Patient Name: _______________________________  DOB: ______________

3. **Tuberculosis Screening** *(via blood test -OR- PPD):

   **Option #1:** Provide a copy of QuantiFERON TB-Gold –or- T-SPOT lab test results within the last 3 months

   **Option #2:** 2-step PPD:

   **1st-step:** Date Placed: ___________ Date Read: ___________ Result: _______ mm  Negative  Positive

   If 1st-step is negative, repeat 2nd-step, 1-3 weeks after initial (1st) test

   **2nd-step:** Date Placed: ___________ Date Read: ___________ Result: _______ mm  Negative  Positive

   If valid 2-step PPD was completed > 10 months ago, patient needs 1 updated PPD now:

   **Annual PPD:** Date Placed: ___________ Date Read: ___________ Result: _______ mm Negative Positive

**Positive results complete all information below:**

Interpretation of Mantoux according to “at risk” status of individual tested, i.e.: > 5mm, 10mm,15mm may require follow up (June 2000, CDC guidelines):

**CXR Date(s):** _______________________________ Results: Negative  Positive _______________________________

**TB Symptoms Assessment (date & results):** ___________________________________________________________

**Prophylaxis/Treatment History** *(Include date started and end date):* ______________________________________

Precautions and follow-up instructions: _______________________________________________________________

If treatment is not recommended, give reason: ___________________________________________________________

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4. **CBC:** Provide copy of complete blood count lab report completed within 1 year of clinical start date  

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**5. **VARICELLA & Measles, Mumps, Rubella titer:** Provide copy of the titer lab results, not the vaccine dates

   *Non-immune* titer results require a booster  

   *Equivocal* titer results, booster recommended

   MMR Booster Date *(if applicable)_______________  Varicella Booster Date *(if applicable)_______________

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6. **Hepatitis B Vaccine:** Dates of Immunizations *(or attach authorized copy of vaccines)*

   Dose #1_______________ Dose #2_______________ 2-dose series?  

   Dose #3_______________

   - OR - **Optional only if Hep B vaccine records are not available:**

   Provide copy of positive Hepatitis B Surface Antibody test result

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7. **Tdap** *(tetanus, diphtheria & pertussis)* within the last 10 years.  

   Vaccine Date: ________________

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8. **Flu** *(anually during current flu season*  

   Vaccine Date: ________________

   *PPD testing, Tdap and Flu vaccines are available at The Counseling, Health & Wellness Center – Please inquire about cost. Call for an appointment & look out for our advertisements for Flu clinics in the fall
William Paterson University
Clinical Student Request and Authorization
to Release Records and/or Information

This form when completed and signed by you authorizes the Counseling, Health and Wellness Center, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release protected information from your clinical record to the person or agency you designate.

I, __________________________________________, authorize the Counseling, Health and Wellness Center clinical and administrative staff, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release information to one another regarding my clinical physical and any relevant information related to participation in the nursing and communication disorders programs at William Paterson University.

The records are to be discussed verbally, via fax, or via email for the purpose of coordination of care. This authorization shall remain in effect for one year from the date signed below (unless otherwise indicated).

I understand that I have the right to revoke this authorization in writing, at any time by sending or delivering such written notification to the Counseling, Health and Wellness Center. However, my revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

________________________________________  _________________________
Student ID#                                      Date of Birth

________________________________________  _________________________
Signature of student (parent if minor)                                      Date

Revised 1/11/15
1. **Re-Clearance Form for Clinical Participation form**: all questions must be answered and provide any follow up information. Must be signed and dated by the student.

2. **Clinical Student Request and Authorization to Release Records and/or Information Form**: must be signed and dated by student.

3. **Annual TB Screen** *(provide one of the following):*
   
   a. **Annual PPD/Mantoux test**: the following must be included to be a valid documentation: date of PPD placement, date PPD was read, negative or positive result and induration in mm.

   **OR**

   b. **Annual Quantiferon TB-Gold/T-SPOT test**: must provide a copy of lab result.

   • If history of positive PPD or positive Quantiferon/T-SPOT, annual TB symptoms check will be done with the nurse. If symptomatic, please refer to WPU nursing student TB policy. Any updated medication regimen must be submitted from your healthcare provider indicating clearance to participate in clinical setting.

4. **Up-to-date Tdap/Td vaccine**: Documentation of up-to-date Tdap/Td vaccine within last 10 years. Please check your immunization record if you require a booster shot.

5. **Flu vaccine**: Documentation of annual flu vaccine during the flu season (August through May).

6. **Annual* Urine Drug screen** through Castle Branch. Please follow specific instructions as instructed by the Nursing Dept. (*Annual for undergraduate program, every 3 years for graduate program.)

Please submit **ALL** completed forms and documents to the CHWC. **Incomplete packets will not be accepted and will cause a delay in your clearance.** You may submit in person (drop off documents at the front desk or schedule appointment with nurse to review in person- *highly recommend*). You may also submit by fax (may subject to delay). When all clearance requirements are met, the CHWC will document clearance date electronically and students may access WPUconnect to see their nursing clearance.
William Paterson University

Repeat Clearance for Clinical Participation

Submit completed forms and all required documents only to:
Counseling, Health & Wellness Center - Overlook South - 300 Pompton Road – Wayne, NJ 07470
For appointments please call: (973) 720-2360 Fax (973) 720-2632

If you have never been cleared by the health center before, you need an initial clearance form

Name: _______________________________ DOB: __/__/______
ID#: 855 _______________ Contact Phone # _______________

Program (circle one): Nursing Graduate Nursing DNP Communication Disorders

Since your last clinical clearance, have you (please circle yes or no and explain if applicable):

1. Had any changes in your general health? NO YES
   If yes, explain: ______________________________________________________

2. Missed any clinical days due to an illness, injury, surgery, hospitalization or pregnancy? NO YES
   If yes, explain: ______________________________________________________

3. Been diagnosed with an illness? NO YES
   If yes, please explain: ________________________________________________

4. Had any injuries/surgeries/procedures? NO YES
   If yes, please explain: ________________________________________________

5. Started any new medications (prescribed or OTC)? NO YES
   If yes, please list medication, dosage, frequency & reason for use:
   ________________________________________________________________

6. Had any known exposure to any communicable diseases including tuberculosis? NO YES
   If yes, please explain: ______________________________________________

7. Tuberculosis Screen: Provide records for any ONE of the following:
   □ Annual Single step PPD/Mantoux test - (PPD available at CH&W with an appointment, please inquire about cost)
   • Annual QuantiFERON TB-Gold test – (provide lab report)
   □ Annual T-SPOT test - (provide lab report)
     o If you had any positive test results in the past, then you need to schedule an appointment with CH&W for a follow-up -OR- provide clearance note from your provider that you are cleared for clinical

8. Tdap or Td Vaccine: If not already submitted, provide documentation of vaccine within the last 10 years (Tdap vaccine is available at CH&W. Please inquire about cost)

9. Flu Vaccine: Provide record of vaccine for the current/upcoming flu season (can be submitted to nursing dept.)

10. Complete Clinical Student Request and Authorization to Release Records and/or Information Form
    Please sign & date: To the best of my knowledge, the above information is accurate

_________________________________________  ______________________________
Student’s Signature Date

Revised 2/6/19
William Paterson University
Clinical Student Request and Authorization
to Release Records and/or Information

This form when completed and signed by you authorizes the Counseling, Health and Wellness Center, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release protected information from your clinical record to the person or agency you designate.

I, _______________________________, authorize the Counseling, Health and Wellness Center clinical and administrative staff, the Directors & Clinical Instructors of the Nursing Department, and the Directors & Clinical Instructors of the Communication Disorders Program to release information to one another regarding my clinical physical and any relevant information related to participation in the nursing and communication disorders programs at William Paterson University.

The records are to be discussed verbally, via fax, or via email for the purpose of coordination of care. This authorization shall remain in effect for one year from the date signed below (unless otherwise indicated).

I understand that I have the right to revoke this authorization in writing, at any time by sending or delivering such written notification to the Counseling, Health and Wellness Center. However, my revocation will not be effective to the extent that we have taken action in reliance on the authorization or if this authorization was obtained as a condition of obtaining insurance coverage and the insurer has a legal right to contest a claim.

I understand that information used or disclosed pursuant to the authorization may be subject to redisclosure by the recipient of my information and no longer protected by the HIPAA Privacy Rule.

____________________________    ___________________
Student ID#       Date of Birth

____________________________    ____________________
Signature of student (parent if minor)       Date

Revised 1/11/15
Forms
PRECEPTOR INFORMATION REQUEST FORM

PRECEPTORS EVALUATION OF THE STUDENT ADULT/GERONTOLOGY
- NUR 6041 - Advanced Nursing Practicum I
- NUR 7011 - Advanced Nursing Practicum II
- NUR 7251 - Advanced Nursing Role Practicum

PRECEPTORS EVALUATION OF THE STUDENT FAMILY NURSE
- NUR 6041 - Advanced Nursing Practicum I
- NUR 7011 - Advanced Nursing Practicum II
- NUR 7251 - Advanced Nursing Role Practicum
- NUR 7070 - Advanced Nursing Practicum III

Checklist/Procedure for Preceptor Documentation for Clinical Placement

Graduate Nursing Clinical Documentation Checklist

Documentation of TYPHON Case/Hours Log

Direct Observation of Graduate Student Visit

Course End Evaluation of Clinical Site

Course End Evaluation of the Preceptor
William Paterson University of NJ  
Department of Nursing Graduate Program  
Checklist/Procedure for Preceptor Documentation for Clinical Courses  

Student’s Name ___________________________ Track ____________ Course NUR ____________

This checklist is being provided to you to facilitate your clinical preceptorship. Each step must be completed in order for you to begin your clinical experience. This form is for you to be able to keep an up to date record prior to beginning your clinical. **Do not hand this form in to your instructor, it is for your use only.**

<table>
<thead>
<tr>
<th>INSTRUCTIONS</th>
<th>DATE COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Student must register for the clinical course.</td>
<td></td>
</tr>
<tr>
<td>2. Student will access the Preceptor Information Request Form from the Graduate Nursing Home Page or by contacting the Graduate Nursing Office at <a href="mailto:jenningsj3@wpunj.edu">jenningsj3@wpunj.edu</a></td>
<td></td>
</tr>
<tr>
<td>3. Student must submit the Preceptor Information Request Form completed in full, with appropriate preceptor signature, to the Department of Nursing Graduate Program by either email (<a href="mailto:jenningsj3@wpunj.edu">jenningsj3@wpunj.edu</a>) or fax (973-720-2668) no later than the posted deadline date on the Preceptor Information Request Form.</td>
<td></td>
</tr>
<tr>
<td>4. The Preceptor Information Request Form will be sent to the lead NP for nurse practitioner programs or the Director of the Graduate Nursing Program for education or administration for review and approval. You will be notified when approved or further information is required.</td>
<td></td>
</tr>
<tr>
<td>5. Once your preceptor assignment has been approved, the department will email or fax the preceptor a letter, confirmation of clinical placement for graduate student, course outline and responsibilities in the preceptor partnership. The confirmation of clinical placement for graduate student form needs to be signed by their preceptor and returned to our office. An email will be sent to the student on the date that all documentation was sent to the preceptor.</td>
<td></td>
</tr>
<tr>
<td>6. The student will be emailed a Clinical Documentation Checklist and Physical or Re-physical form that needs to be completed and turned in to the faculty teaching the clinical course the first night you meet for class. All forms are also available on the Graduate Nursing Home Page.</td>
<td></td>
</tr>
<tr>
<td>7. No student will be allowed to begin their clinical until all the required signed documentation is returned to our office. The preceptor documentation (see #5) can be returned to us by either the student or preceptor by either email (<a href="mailto:jenningsj3@wpunj.edu">jenningsj3@wpunj.edu</a>) or fax (973-720-2668). The department will notify the student when the documentation is received. It is the student’s responsibility to follow up with their preceptor to make sure the documentation is returned to us.</td>
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MSN PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

Submission Deadline Dates

<table>
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<tr>
<th>Semester</th>
<th>Date</th>
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<tr>
<td>Spring</td>
<td>Oct. 31</td>
</tr>
<tr>
<td>Summer</td>
<td>March 31</td>
</tr>
<tr>
<td>Fall</td>
<td>May 31</td>
</tr>
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</table>

Date Submitted: ____________________ Semester ____________________ 20__

Student Name: ____________________________

Practicum Course # NUR ________________

Track ________________________________

(AGNP) (FNP) (Administration) (Educator)

Student’s Place of Employment: ________________________________

Phone #: Home: ________________ Cell: ________________ Work: ________________

You are required to seek out a preceptor and a potential site for your practicum experience. The preceptor must be willing and able to oversee your practicum experience in the location you choose appropriate to the role. Please include the name, title and credentials of the prospective preceptor when filling out this form.

Any changes, additions/deletion of clinical preceptors must be sent to Jami by email at: jenningsj3@wpunj.edu. Changes after the deadline may take an additional two months to complete the agreements and confirmation.

Upon receipt of this information, for APN students, Jami will forward to the NP lead coordinator for approval of the clinical site/preceptor. For other students, the Director of the Graduate Program will review preceptors/placements. Upon approval, a letter, confirmation of clinical placement form, course outline and responsibilities in the preceptor partnership will be sent to the clinical preceptor and/or agency. Until the signed confirmation of clinical placement form is returned to our office, students are NOT to start their clinical. These confirmation of clinical placement form is considered as a “contract” between the WPUNJ and the clinical preceptor/agency. It is the responsibility of the student to follow this process. Call or email Jami in the Graduate Nursing Office (973-720-3511 or jenningsj3@wpunj.edu) as to whether the preceptor/agency has sent back all the required forms.

In addition, it is the responsibility of students to show proof of compliance on the Clinical Documentation form required for clinical placements every semester by the first day of the seminar/clinical. The documentation is to be submitted to the faculty teaching the seminar. Generally, the clinical preceptor/agency does not ask for documentation but at times, they have requested them. You are not permitted to start clinical without full compliance to the clinical requirements.

Upon completion of the course, you must submit to the faculty teaching the seminar all completed logs (with clinical hour verification), preceptor/site evaluations, and evaluation of personal learning objectives. You will not receive a grade in the course until the submission and course requirements are completed.
MSN PRACTICUM / PRECEPTOR INFORMATION REQUEST FORM

PLEASE SUBMIT PART II TO THE DEPARTMENT OF NURSING GRADUATE PROGRAM NO LATER THAN THE SUBMISSION DEADLINE DATE ON PAGE 1

If any of the required fields are missing it will delay processing your paperwork and this form will be returned to you for completion

Student’s name ___________________________ ID# 855 ___________________________
Course #: NUR_____________________ Semester ________________ cell phone# ___________________________

Preceptor Name & Credentials: ____________________________________________________________

Population Focus (& specialty if applicable) Area of Practice ________________________________

Preceptor’s Facility ____________________________________________________________

Preceptor Business Address:
Street

City, State & Zip

Phone: ___________________________ FAX: ___________________________
EMAIL: ____________________________________________________

Preceptor’s Unit/Type of Site ____________________________________________________________
(e.g., clinic, private practice, primary care setting, etc.)

Characteristics of Patients:
 a) Gender ___________________________
 b) age (children, young adult, adult, elderly) _________________________________
 c) ethnicity _____________________________
 d) primary languages spoken in office ___________________________

Healthcare experience ___________________________________________________________
(e.g., primary care, chronic, in-hospital)
MUST BE COMPLETED BY PRECEPTOR:

a) Certification (specify type e.g. adult or family) __________________________

b) (specify certifying body e.g. ANCC or AANP) __________________________

c) (specify expiration date) __________________________

d) Years of practice in the population focused or specialty area: ______________

e) Number of students precepted concurrently: __________

f) State licensure #__________________________expiration date __________
   (REQUIRED) ____________________________ (REQUIRED)

Please attach a copy of your CV or Resume (REQUIRED)

Date of discussion regarding willingness to serve as preceptor: ______________
Comments and/or description of proposed experience:
**Student's Name:**  
**Semester:**

**Preceptor:**

**Preceptor's Agency:**

**Evaluation Key:**  
1 = Does Not Meet Standards  
2 = Inconsistently Meets Standards  
3 = Meets Standards  
4 = Exceeds Standards  
**Rating of 3 or 4 is required to pass the course**

**Directions:**  
Place a number in the box that best corresponds with the student's clinical performance for each competency.

<table>
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<tr>
<th>COMPETENCIES</th>
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<td>Task 0102: Obtain and document objective information based on patient age, health history, comorbidities to further define health needs and problems by:</td>
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<td></td>
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<td>Domain 2 Diagnose</td>
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<td><strong>Task 0301:</strong> Establish an age appropriate, patient centered, culturally sensitive, cost-effective plan of care to address the diagnoses by:</td>
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<td>• Utilizing evidence-based criteria (for example, Quality, safety, and outcomes)</td>
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<td>• Considering co-morbidities</td>
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<td>• Encouraging advance care planning</td>
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<tr>
<td>• Serving as a patient and family advocate</td>
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- Managing transitions between health care settings

**Domain 4 Evaluate**

Task 0401: Determine the effectiveness of plan of treatment/care based on outcomes by:
  - Reviewing patient responses(s)
  - Collecting additional subjective/objective information as needed

Task 0402: Modify the plan of treatment/care based on outcomes by:
  - Ordering, conducting, supervising, and interpreting further tests
  - Adjusting therapies
  - Providing additional education
  - Making appropriate referrals/consultations
  - Providing for appropriate ongoing follow-up
  - Including patient/Family/appropriate others as active participants
Comments:

Summary Comments by Preceptor:

OVERALL GRADE SUMMARY: Please place an “X” that best evaluates the students overall performance.

___ Does not meet standards = 1
___ Inconsistently meets standards = 2
___ Meets standards = 3
___ Exceeds standards = 4

Printed Name of Preceptor

______________________________________________

Signature of Preceptor  Date
Comments by Student:

Printed Name of Students

Signature of Student

Date

Comments by Instructor:

Printed Name of Instructor

Signature of Instructor

Date

Additional sheets may be added as needed for comments.

Updated February 2018 Graduate Program Committee
## Clinical Evaluation Form: Nurse Practitioner Program

**Course:** NUR 7251 Advanced Nursing Role Practicum

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**Evaluation Key:**

1 = Does Not Meet Standards  
2 = Inconsistently Meets Standards  
3 = Meets Standards  
4 = Exceeds Standards  

Rating of 3 or 4 is required to pass the course

**Directions:**  
Place a number in the box that best corresponds with the student’s clinical performance for each competency.
## Domain 2 Diagnose

### Task 0201: Formulate differential diagnoses by:
- Synthesizing and analyzing subjective/objective information
- Prioritizing potential differential diagnoses
- Differentiating between normal and abnormal changes associated with development and aging

### Task 0202: Establish definitive diagnoses by:
- Ordering, performing, and interpreting additional diagnostic test
- Performing and interpreting additional physical examinations
- Synthesizing and analyzing additional information

## Domain 3 Plan

### Task 0301: Establish an age appropriate, patient centered, culturally sensitive, cost-effective plan of care to address the diagnoses by:
- Ordering, performing, supervising, and interpreting further tests
- Prescribing/ordering/administering pharmacological therapies
- Prescribing/ordering/administering non-pharmacological therapies
- Providing relevant education
- Coaching the patient and caregiver
- Making referrals to and consultations with other health professionals and community resources
- Providing for appropriate follow-up
- Including patient/family/appropriate others as active participants
- Utilizing evidence-based criteria (for example, Quality, safety, and outcomes)
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- Encouraging advance care planning
- Serving as a patient and family advocate
- Managing transitions between health care settings

**Domain 4 Evaluate**

**Task 0401**: Determine the effectiveness of plan of treatment/care based on outcomes by:
- Reviewing patient responses(s)
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**Task 0402**: Modify the plan of treatment/care based on outcomes by:
- Ordering, conducting, supervising, and interpreting further tests
- Adjusting therapies
- Providing additional education
- Making appropriate referrals/consultations
- Providing for appropriate ongoing follow-up
- Including patient/Family/appropriate others as active participants

**Domain 5 Professional Role**

Demonstrates competence in the professional role based on:
- Demonstrates evidence-based approaches to care
- Delivers safe patient care
- Communicates personal strengths and professional limits
- Participates as a member of the health care team
- Consults with other health care providers
- Collaborates with other health care providers
- Advocates for the advanced practice role of the nurse
- Evaluates implications of health policy
- Provides leadership
- Acts ethically
- Accepts personal responsibility for professional development
OVERALL GRADE SUMMARY: Please place an “X” that best evaluates the students overall performance.

___ Does not meet standards = 1
___ Inconsistently meets standards = 2
___ Meets standards = 3
___ Exceeds standards = 4

Printed Name of Preceptor

______________________________
Signature of Preceptor

______________________________ Date
Comments by Student:

Printed Name of Students

Signature of Student

Date

Comments by Instructor:

Printed Name of Instructor

Signature of Instructor

Date

Additional sheets may be added as needed for comments

Updated February 2018 Graduate Program Committee
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**Task 0201: Formulate differential diagnoses by:**
- Synthesizing and analyzing subjective/objective information
- Prioritizing potential differential diagnoses
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**Task 0202: Establish definitive diagnoses by:**
- Ordering, performing, and interpreting additional diagnostic test
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- Adjusting therapies
- Providing additional education
- Making appropriate referrals/consultations
- Providing for appropriate ongoing follow-up
- Including patient/Family/appropriate others as active participants
OVERALL GRADE SUMMARY: Please place an “X” that best evaluates the students overall performance.

_____ Does not meet standards = 1
_____ Inconsistently meets standards = 2
_____ Meets standards = 3
_____ Exceeds standards = 4

Printed Name of Preceptor

Signature of Preceptor                                      Date
Comments by Student:

Printed Name of Students

Signature of Student

Date

Comments by Instructor:

Printed Name of Instructor

Signature of Instructor

Date

Additional sheets may be added as needed for comments.

Updated February 2018 Graduate Program Committee
GRADUATE NURSING CLINICAL DOCUMENTATION CHECKLIST

• All students are required to provide the necessary documentation requested below.

• Students are required to submit this completed form to their clinical lab instructor at your first class.

• Any student not having all items current and completed may be denied access to the clinical site by hospital/agency personnel in accordance with Affiliation Contracts and Agreements.

Criminal Background Checks are required by all students entering any nursing lab course. The initial criminal background check will be valid for three years unless an incident requires having it repeated or a clinical agency requires checking at a more frequent interval. The only criminal background check accepted is with www.castlebranch.com/ package code wi21. By entering your initials you are certifying you have ordered a criminal background with www.castlebranch.com/ within the past three years.

Urine/Drug

A mandatory initial urine drug screen is required by all nursing students prior to the beginning of the first semester in which a clinical laboratory takes place. Order package code Wi22 from http://www.castlebranch.com/. In 1 – 2 business days students should receive an e-mail from Support@FormFox.com. The subject may be: Form Fox Authorization For “your name” this will give you the location of the testing center nearest your address, print and bring the form to the sampling site with you. If you do not receive the e-mail check your spam folder. If it does not appear in a reasonable amount of time or you require a different testing site call Certified Background.com at the customer service telephone number available from their website. The lab will require a picture ID. The screening is required before your initial Clinical Clearance Form can be issued by the Health and Wellness Center.

Requests for urine drug screening will incur an additional fee payable by the student

Urine/Drug Screening

CPR: BLS for the Healthcare Provider (HCP): Students are required to maintain valid CPR certification throughout all clinical lab courses. The only acceptable certification is the American Heart Association’s (AHA) BLS for the Healthcare Provider. Enter the expiration date of your AHA CPR card and attach a photocopy to the back of this form.

Health and Wellness Clearance: All students need to be cleared through the end of the semester by the Health and Wellness Center. Enter the expiration date of your health and wellness clearance.

Health Insurance Verification: All nursing students in a clinical lab course are required to have health insurance. All students must provide documentation of health insurance coverage. Please complete the following appropriate statements:

△ I have attached a photocopy of my health insurance ID.
△ I do not have health insurance and understand that I will not be allowed in clinical. (Failure to do clinical will result in failure of the course)
GRADUATE NURSING CLINICAL DOCUMENTATION CHECKLIST

You must supply the additional documentation and attach a photocopy:

_____ Nursing License

Exp. Date

_____ Malpractice cover sheet or certificate of professional liability insurance (NP track students require a nurse practitioner rider).

Exp. Date

☐ Yes Since completing your last clinical clearance checklist or criminal background check have you been arrested, charged or convicted of any crime or offense that you have not reported to the Graduate Nursing Department Director? (Minor traffic offenses, such as speeding or parking need not be provided but Motor Vehicle offenses such as driving while impaired or intoxicated must be disclosed.)

☐ No

I ___________________________ affirm that the above information, dates and attached copies are representations of true and valid documents necessary to comply with affiliate agencies of the Department of Nursing at William Paterson University. I understand it is my responsibility to keep all items valid and up to date or I may be removed from my clinical experience and risk failing all or part of my clinical experience course. Any misrepresentation of facts may be construed as a violation of the University’s Academic Integrity Policy.

_________________________  __________________________  __________________________
Signature                   Date                      Student ID #

Reviewed & approved by: __________________________________  Date: _____________

Faculty Instructor Signature

Rev 06/2015
William Paterson University of New Jersey  
Department of Nursing - Graduate Nursing Program  
Master of Science in Nursing – Educator Track

**Direct Observation of Graduate Student Visit**

Name of Student: _________________________________
Course: __________________________________________
Clinical Preceptor: _______________________________
Clinical Agency/Unit: ______________________________
Address: _________________________________________

Please comment on the following:

I.  Student performance/ experience:

II. Appropriateness of clinical placement:

III. Summary statement:

Faculty: _________________________________________ Date: ______________

Approved November 28, 2007 Graduate Program Committee
COURSE END EVALUATION OF CLINICAL SITE

Practicum Site: ________________________________
Preceptor’s Name: ________________________________
Course #: ___________________________ Semester: _______________________

Please complete by checking (✓) all that apply in each category.

Type of site: □ rural clinic □ private practice □ public health □ other _____________

Characteristics of patients:
- Gender: □ male □ female
- Age: □ adolescence □ early adult □ middle adult □ older
- Ethnicity: □ American Indian or Alaskan Native □ Asian (not Hispanic origin)
  □ Black or African American □ Hispanic or Latino
  □ Native Hawaiian or Other Pacific Islander □ White

Experiences Available: □ acute □ chronic □ in-hospital □ clinic

This evaluation is based on the course presented to students. The practicum experience, itself is to be evaluated, not the faculty teaching the course.

Directions: Place an “x” in the appropriate box for each question. Rate your practicum experience on each item using the following rating scale:

RATING SCALE: 9 = Not Applicable 3 = Agree
5 = Strongly Agree 2 = Moderately Disagree
4 = Moderately Agree 1 = Strongly Disagree

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<tr>
<td>1. Institution/Agency offers learning experiences needed to fulfill the objectives of the course.</td>
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<td>2. Agency/Practice offers a representation of age, gender and ethnicity.</td>
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<td>3. **Clinical/patient management protocol/guidelines are consistent with the current evidence-based recommendations.</td>
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<td>4. Agency provided an orientation to the policies and procedures.</td>
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<td>5. I would recommend this agency for future practicum student’s placements.</td>
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* Include comments on reverse side of sheet
**COURSE END EVALUATION OF THE PRECEPTOR**

_Directions:_ Place an “x” in the appropriate box for each question. Rate your experience with your _preceptor_ on each item using the following rating scale:

**RATING SCALE:**

- 9 = Not Applicable
- 5 = Strongly Agree
- 4 = Moderately Agree
- 3 = Agree
- 2 = Moderately Disagree
- 1 = Strongly Disagree

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<tr>
<td>1. Preceptor demonstrates the ability to function as an effective role model.</td>
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<td>2. Preceptor demonstrates knowledge of the role of the advanced practice nurse, nurse educator or nurse administrator.</td>
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<td>3. Preceptor provides availability for consultation, collaboration, and guidance.</td>
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<td>4. Preceptor demonstrates knowledge of the student’s own learning plan/objectives and course objectives.</td>
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<td>5. Preceptor and agency staff offer support in meeting clinical objectives.</td>
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<td>6. I would recommend this preceptor for future practicum student placements.</td>
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*Include comments on reverse side.*
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Handbook Disclaimer

Although the provisions of the William Paterson University Preceptor Handbook are as accurate and complete as possible, the Department of Nursing Graduate Program reserves the right to change any provision herein without actual notice if circumstances so warrant. Every effort will be made to keep students advised of such changes. However, the student has the responsibility to know what changes have been made to the Preceptor Handbook and to meet completely and successfully the requirements of the graduate nursing program by reviewing updates in the handbook each semester.