

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING

FAMILY NURSE PRACTITIONER

CLINICAL HANDBOOK

2009-2010

TABLE OF CONTENTS

(bolded = form)

Clinical Faculty Information	4
Guidelines for the Clinical Experience	5
Clinical Experience Policies.....	6
Expectations of Family Nurse Practitioner Students.....	9
Guidelines for Written and Electronic Documentation in Patient Records.....	11
Guidelines for Clinical Agency Contracts	12
Clinical Agency Contract Request (form).....	13
Guidelines for Preceptors	14
Clinical Skills/Competencies.....	16
Documentation of Experience : Typhon Clinical Tracking System	17
Evaluation (forms):	
Student Self-Evaluation	18
Clinical Evaluation of Student Performance	19
Preceptor Report of Student Progress - First Semester (NRSB 888)	22
Preceptor Report of Student Progress - Second Semester (NRSB 887)	26
Preceptor Report of Student Progress - Third Semester (NRSB 889)	31
Supplemental Progress Report	36
Clinical Preceptorship Summary and Hours (forms)	
First Semester (NRSB 888).....	37

Second Semester (NRSG 887).....	38
Third Semester (NRSG 889)	39
Supplemental Semester (NRSG 898)	40
Clinical Preceptorship Evaluation (form)	41
Guidelines for Supplemental Experience	42
Guidelines for Podiatry Experience	43
Guidelines for ENT Clinic Experience	44
Guidelines for Orthopedic Clinical Experience	45
Guidelines for Emergency Room Experience.....	46
Guidelines for Endocrinology Experience.....	47
Guidelines for Cardiology Experience.....	48
Guidelines for Dermatology Experience.....	49

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

FACULTY INFORMATION

Beidler, Susan, APRN-NP, PhD
FNP Area Coordinator
UNMC College of Nursing
985330 Nebraska Medical Center
Omaha, NE 68198-5330
402-559-6652

Kreman, Rebecca, APRN-NP, PhD
UNMC College of Nursing
4502 Avenue I
Scottsbluff, NE 69361-4939
308-632-0436

Brown, Jane, APRN-NP, MSN, FNP
UNMC College of Nursing
4502 Avenue I
Scottsbluff, NE 69361-4939
308-632-0419

Kroeger, Roberta, APRN-NP, MSN, FNP
UNMC College of Nursing
1230 Commerce Court, P.O. Box 880220
Lincoln, NE 68588-0220
402-472-7374

Burge, Stephanie APRN-NP, MSN, FNP
UNMC College of Nursing
1917 W. 24th St.
Kearney, NE 68849-4510
308-865-8745

Pelish, Peggy APRN-NP, PhD
UNMC College of Nursing
985330 Nebraska Medical Center
Omaha, NE 68198-5330
402-559-6550

Holyoke, Sharon, APRN-NP, MSN, FNP, GNP
UNMC College of Nursing
985330 Nebraska Medical Center
Omaha, NE 68198-5330
402-559-6575

Morris, Kathy, APRN-NP, DNP
UNMC College of Nursing
985330 Nebraska Medical Center
Omaha, NE 68198-533
402-559-6563

Hulme, Polly, APRN-NP, PhD, FNP
UNMC College of Nursing
985330 Nebraska Medical Center
Omaha, NE 68198-5330
402-559-6563

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

*****GUIDELINES FOR THE CLINICAL EXPERIENCE**

INTRODUCTION

The family nurse practitioner clinical experience consists of a minimum of 590 hours over 4 consecutive semesters. These hours are divided among primary preceptorships with family practice specialists (physicians and nurse practitioners), supplemental preceptorships (specialties), service learning and formal continuing clinical education programs. The clinical experience is completed along with didactic coursework.

NRSG 882, 833, and 886

During the first semester, clinical experiences are under close supervision of faculty and preceptors. A total of 90 hours are spent on advanced history taking and physical assessment skills across the lifespan, clinical decision making, microscopy, and office procedure skills. In addition, a comprehensive health promotion assessment, analysis, and intervention are conducted with a family in the community.

NRSG 888, 887, and 889

During the 2nd and 3rd semesters, students must complete a minimum of 135 clinical hours. In the final or 4th semester, a minimum of 225 hours of clinical experience is required; 80 of those hours are to be completed in two - 40 hours/week experiences. During each of these semesters, students are expected to have a family practice provider as their primary preceptor. Students are expected to supplement their family practice experiences with time in specialty areas, such as dermatology, podiatry, surgery, and emergency room. During semesters two through four, students progress from observation to the management of patients with a variety of acute self-limiting and chronic stable conditions. **All patient encounters throughout the clinical period must be reviewed by the student's preceptor or clinical supervisor.** During the final semester, students must complete their final clinical paperwork two weeks before the end of the semester in order to graduate.

NRSG 898

This optional **clinical-only** course is highly recommended during the summer between NRSG 888 and NRSG 887. Students may complete one credit (a minimum of 45 clinical hours), two credits (a minimum of 90 hours), or three credits (a minimum of 135 clinical hours) of NRSG 898. Students can enroll in NRSG 898 for any of the summer sessions, but all clinical hours must be completed within the time frame of the semester enrolled. A master schedule of the clinical experience and objectives need to be submitted to the appropriate FNP faculty **before the summer session begins**. Final clinical paperwork is due to the appropriate faculty member **immediately after the semester ends**.

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

CLINICAL EXPERIENCE POLICIES

1. **SERVICE LEARNING:** As a part of the professional role, all students are expected to perform a minimum of 16 hours (8 hours per semester beginning with Class of 2011) of community service during the program. The hours are incorporated into the total clinical hours of each semester. Clinical hours being credited as community service hours must be approved by the clinical faculty in advance. Service learning may include working with the Sharing Clinics, Mobile Nursing Center, Maximum Health Solutions, etc. The majority of the time should involve direct patient care.
2. **CONTINUING EDUCATION:** Certain continuing education hours are acceptable as clinical hours. A student may count 10 contact hours of continuing education for clinical hours per semester. ALL continuing education hours must be approved in advance by the student's clinical faculty.
3. **CONTRACTS:** A contract must be in place with the preceptor's agency before the student may begin a clinical experience.
4. **DOCUMENTATION:** Documentation of patient encounters needs to comply with the Guidelines for Written Documentation in Electronic and Written Patient Records policy.
5. **DRESS CODE:** Professional dress is expected for all clinical experiences. A lab coat may be required at the student's clinical site. The student's identification card is to be clearly visible at all times. Closed toed shoes and stockings are required.
6. **EVALUATION:** Students are evaluated through a variety of methods. These include: case studies (written and oral), Preceptor Progress Report, clinical faculty observation of performance, Clinical Evaluation of Student Performance, skill demonstration, Student Self-Evaluations, and Clinical Logs. The variety of methods assures faculty that students have been evaluated on all clinical competencies identified by the National Organization of Nurse Practitioner Faculties. Documentation of student performance is required for every clinical experience. The primary family practice preceptor for the semester completes the Preceptor Progress Report. Preceptors for all supplemental clinical experiences are required to complete the Supplemental Progress Report.
7. **STUDENT SELF-EVALUATIONS:** At the beginning of every semester, students are expected to identify three learning objectives that are reflective of their personal goals for that semester. Students will be evaluating their progress toward meeting their objectives at mid-term and end of the semester.

8. PRECEPTOR SUPERVISION: All patients assessed by the student must also be evaluated by the preceptor, with key results of the clinical history and physical examination verified by the preceptor. Preceptors are expected to co-sign all student documentation.
9. PRECEPTORSHIP ETIQUETTE: Preceptors are very generous in giving of their time and inviting students into their practices. It is important, therefore, that your interactions with your preceptors show your gratitude for their efforts. Here are some basic guidelines for etiquette when contacting a potential preceptor and for communicating with your current preceptor and his/her staff.
 - a. Make sure your goals for the experience or day are as clear as possible so that your preceptor can assure that you have an optimal learning experience at their practice. Provide your preceptor with:
 - Your planned schedule of dates with him or her.
 - Your personal clinical objectives.
 - Information on how to get in touch with you.
 - Information about the course, the FNP program, and how you will be evaluated.
 - Information on how to get in touch with your Clinical Faculty and the Course Coordinator.
 - b. When you start in the practice ask for a brief orientation and get the names of all the staff you will be working with. Remember the clinic staffs' names and always be polite to them; they will make your experience great or awful!
 - c. Always be on time and don't leave early. Call the clinic if you cannot attend clinical or will be late. If you must leave early; have a reasonable explanation.
 - d. Dress appropriately. Wear nice street clothes that are clean and neat. DO NOT wear jeans, lots of perfume, or excess piercing. Wear your name tag with a UNMC lab coat.
 - e. Cell phone and pages should NOT ring in the clinic or exam rooms; if you must have them with you, put them on vibrate.
 - f. Always be grateful and thank your preceptors for the experience. It would be appropriate to send a brief thank you note after short experiences. Cookies or donuts for staff at your regular preceptor's practice are never inappropriate. In any notes or communication of thanks try to describe some specific examples of experiences that were particularly useful, and if appropriate, acknowledge clinic staff who were helpful.

ALWAYS REMEMBER THAT YOU ARE A GUEST IN THE CLINIC AND THAT THE PATIENTS YOU ARE WORKING WITH ARE YOUR PRECEPTOR'S PATIENTS.

10. SCHEDULING CLINICAL EXPERIENCES:

- a. Students need to arrange a regular day or days of the week to be with their main preceptors. If because of an emergency the student cannot come one day, the student needs to notify their preceptor ahead of time.
- b. Students are expected to engage in clinical experiences throughout the entire semester. Students may not bank hours from previous courses nor accumulate hours during a course to finish clinical experiences early, **UNLESS PRIOR APPROVAL OF THE COURSE COORDINATOR** has been obtained.
- c. All clinical hours are to be completed during the weeks of the semester in which students are enrolled. No clinical hours may be completed between semesters, unless special arrangements are made with clinical faculty.
- d. After completion of NRS 887 and prior to graduation, students are expected to complete 80 clinical hours in 2 - 40 hour blocks.

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

EXPECTATIONS OF FAMILY NURSE PRACTITIONER STUDENTS

Active Learning

It is our expectation that as graduate students and experienced nurses, you identify your strengths and areas for improvement, set personal goals that address the areas for improvement, and actively seek learning opportunities to meet your goals. As active learners it is important that you give critical thought to your learning needs and devise a plan to address them. As you get into clinical areas you might want to discuss your thoughts with your clinical faculty or preceptor and ask for feedback. We also expect that you actively prepare for every clinical day and set aside time at the end of each clinical day to identify the things you need to look up or review, and then take time during the week to get that learning done.

Preceptor

As active learners, we want to remind that you are not **“following”** preceptors. “Following” is a very passive term that implies very little learning. The language you use makes a difference in how you are perceived and how you make meaning of your experience, i.e. if you talk about passive following that is likely to be what you are doing. Please talk about **“working”** with your clinical preceptors or use some other more active term. And as you start your clinical experiences in January it is our expectation that you are an active participant in assessing, diagnosing, and managing the care of most of the patients you see in collaboration with your preceptor.

Time Management

When you were initially interviewed for this program we talked about the importance of focusing on school and suggested that you would be better off if you work as little as possible during your 2 years of clinical courses. You cannot socialize to the role if most of your energy is in other roles. If you haven't already, look at your obligations outside of school and identify ways that you can cut back for these next two years so you can get the most out of this experience.

Billing for Services

Students need to be learning about the billing process from the first day they enter clinicals. All patient procedures and services are coded using CPT (Current Procedural Terminology) codes—usually by the provider at the end of the visit. The CPT codes for services are based on (1) new or returning patient, (2) key components of the encounter, (3) complexity of medical decision making, and (4) time. Based on these codes, patients and their insurance companies are billed. Therefore, accurate CPT selection and documentation that supports their selection are important skills to be gained by FNP students.

In addition, ICD-9 (International Classification of Diseases, 9th Revision) codes are used to (1) identify health problems (i.e., diagnosis, symptoms) and (2) establish medical necessity by indicating the severity and emergent nature of the problem. There are numeric codes, which are

basic diagnosis codes; “V” codes used to describe services provided as the primary reason for the visit or incidental to the visit (physical exams, counseling services, contraceptive services); and “E” codes which describe why the diagnosis or injury is being assigned (e.g., accident of some kind, drug overdose). Students need to participate in the identification and designation of ICD-9 and CPT codes.

Communication with Clinical Faculty

Students will have a designated clinical faculty member who is responsible for the evaluation of the student’s performance. It is essential that students keep their designated clinical faculty member informed of any change in their clinical site, preceptor, or schedule, as well as any unanticipated events that occur during the clinical experience, i.e. student illness or injury related to experience.

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

GUIDELINES FOR WRITTEN AND ELECTRONIC DOCUMENTATION IN PATIENT RECORDS

Appropriate preceptor validation of patient findings is essential to assure successful billing for services and compliance. Students need to discuss with their preceptors the documentation policy used by the agency where they precept, and comply with the policy. Students are expected to document patient encounters in the patient record whenever they are actively involved in the patient's care.

For agencies that do not have policies regarding student documentation, the University of Nebraska Medical Center (UNMC)/University of Nebraska Medical Center-Physicians (UNMC-P) Policy Regarding Preceptor Documentation is provided here. This policy states, "Documentation provided must demonstrate to any knowledgeable reviewer that the billing provider performed the service and the student participated in the delivery of care."

Having validated student findings, the preceptor should indicate this validation on the patient record (written or electronic). A standard template may be used and the student may enter the statement for the preceptor's signature. The following language options are suggested:

Option 1: "I was present and participated in the exam, assessment of the patient, and the plan of care."

Option 2: "Dr. _____ was present and participated in the exam, assessment of the patient, and the plan of care."

If the preceptor is unable to allow a student to document patient encounters due to agency policy, the student must maintain a "shadow chart" for each patient encounter that consists of a SOAP note without patient identifiers. Feedback from the preceptor on the charting in the shadow chart should be regularly obtained.

All students, regardless of the agency where they are precepting, are to sign their names legibly as follows:

First Name (no initials) and Last Name, RN, FNP student, UNMC

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

GUIDELINES - CLINICAL AGENCY CONTRACT REQUEST FORM

Students may not engage in clinical experiences unless there are contracts in place with the agencies where their preceptors practices. The only exception is for a purely observational experience.

The Clinical Agency Contract Request form provides the information needed to establish a formal contract. *It is not the contract itself and no signatures are necessary.* Multiple steps are needed to execute a contract, therefore, it is essential that the contract request be placed at least six weeks prior to the anticipated clinical experience. Submitting an accurately completed request form will prevent unnecessary delays.

**UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
CLINICAL AGENCY CONTRACT REQUEST FORM**

PLEASE PRINT

Date: _____

Name of **FACULTY** requesting this Agency: _____ (Faculty name)

Agency Name: _____

Agency Address: _____

City: _____ State: _____ Zip: _____

Phone No.: (____) _____ FAX No.: (____) _____

Student(s) name(s): _____

Preceptor name and credentials (i.e., MD, DO, PA, APRN): _____

Preceptor's e-mail: _____

Who made the initial phone call or visit: _____

(Faculty or Student name who initiated contact with agency)

Person they spoke with at the agency: _____

That person's title: _____

Contact Person: _____ (Person the letter/contract should be sent to - if different from above)

Contact Person's Title: _____

Name (not signature) of Agency Official Authorized to sign the future contract if different from contact person: _____

Title: _____ (If different from contact person)

SPECIFICS OF CONTRACT

When will the clinical experience begin and end? _____

How will the Agency be used: (choose one)

*Preceptor supervised (One semester only? _____ **OR** On a regular basis, more than one semester? _____ [choose one])*

Observation only (Frequency of use? _____)

Is this the main preceptor for the semester or a supplemental preceptor? (Circle)

Total Number of Hours anticipated for the semester: _____

For main preceptors, day of the week and number of hours per day: _____

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

GUIDELINES FOR PRECEPTORS

Introduction

Each student comes to your practice with a background in basic nursing practice and one to two years of master's level study at the College of Nursing. The student will be expanding his/her knowledge base in advanced nursing practice. The preceptor's responsibility is to provide clinical experiences and guidance for the Family Nurse Practitioner student to develop the skills necessary to provide primary care to clients with acute minor and stable chronic health problems and to provide health maintenance care to clients across the lifespan. As students progress through the program their skills will develop. Their skills and our expectations for their performance are described in these guidelines.

Spring Semester I: Primary Health Care of Older Families (Nursing 888)

The focus during this semester should be on adults with acute minor health problems and stable chronic health problems and with routine health promotion needs. All visits should be "staffed" with the preceptor. During their clinical time they should:

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

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

- * adult with upper and lower respiratory symptoms
- * adult with urinary tract complaints
- * adult with Type 2 DM
- * adult with hypertension
- * midlife woman experiencing peri-menopausal symptoms

Fall Semester II: Primary Health Care of Young Families (Nursing 887)

During this semester, the focus should be on children with acute minor illnesses, well pregnant women, and women with gynecological health care needs. All visits should be "staffed" with the preceptor. During their clinical time they should:

- * obtain focused histories
- * perform focused examinations
- * make appropriate differential diagnoses of women and children
- * develop a treatment plan including pharmacological and non-pharmacological therapy
- * identify appropriate follow-up

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

- * child with an earache
- * pre-menopausal woman with vaginal symptoms
- * routine pre-natal visits
- * women with family planning needs

Spring Semester III: Advanced Primary Health Care of Families (Nursing 889)

This is the final clinical semester and the emphasis is on synthesis and application of previous content in addition to management of more complex patients. Students should be making appropriate clinical decisions on patients with problems that are within the family nurse practitioner scope of practice.

Student Evaluations

Preceptors will be asked to assist faculty in evaluating students at the end of each semester.

A faculty member will schedule a time to meet with you and the student to discuss the evaluation and how the clinical experience is progressing. In addition, a faculty member will schedule convenient time to observe the student with several patient encounters and to evaluate the student's progress during the semester.

The faculty of the UNMC College of Nursing Family Nurse Practitioner Area are grateful for your support of our program. We are well aware of the time and effort which goes into being a clinical preceptor. In exchange, we hope that our students will become valuable members of your practice during their time there and will enhance the care you already deliver to your clients.

Should you have any additional questions please feel free to call or e-mail at any time.

Respectfully,

Susan M. Beidler PhD, MBE, APRN-NP, FNP-BC
Associate Professor and Coordinator
Family Nurse Practitioner Area
sbeidler@unmc.edu
402-559-6652

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

Clinical Skills Checklist

Students are required to track their observation, assistance, and completion of clinical skills in the Typhon Clinical Tracking System.

Laboratory skills

hemoglobin
pH with litmus paper
urinalysis – microscopic
urine dipstick
cultures (wound, throat, genital)
fecal occult blood
rapid strep antigen
saline wet mount
potassium hydroxide (KOH) prep
glucose (capillary)
prepare lab for transport, handle media/specimens/use fixative

Therapeutic skills

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

Assessment & Diagnosis skills

woods light
fluorescein staining of eyes
drops for ophthalmic exam
tympanometry
audiometry
EKG
PFTs/spirometry
anoscopy
growth/development tests/charts
pap smear/thin prep
radiologic screening of chest and other x-rays

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

DOCUMENTATION OF EXPERIENCES IN TYPHON CLINICAL TRACKING SYSTEM

All students are required to use the Typhon Group Nurse Practitioner Student Tracking (NPST) electronic system for documenting clinical experiences. At the beginning of the first clinical course, students will be provided with the web address and password for logging on to the system. They will need to make a **one time payment of \$75.** to use the system throughout the remainder of their educational program. Because the system is web-based, students can log on from anywhere without downloading software. All data entered onto the system are stored on a secure, HIPAA compliant server. Students can quickly and easily enter all patient encounter information on one page, including demographics, clinical information, diagnosis and procedure codes, medications, and clinical notes. A special section is available to log the observation, assistance, or completion of various competencies that are appropriate to the student's educational program. Dates and hours of clinical experiences, service learning, and continuing education are entered on a time log. Students and faculty are able to access information in "real-time" and run reports by date, course, semester, clinical site, and preceptor for individual students or in aggregate for an entire class.

Another feature of the Typhon Group NPST is that students can create and customize their portfolios which can help in seeking employment after graduation. Students can provide potential employers with a password so that they may view selected aspects of the portfolio, such as a resume and list of completed courses, on the website.

The Typhon Group NPST website includes detailed instructions and videos to assist students in the use of all aspects of the system.

For access to the Typhon Group NPST, go to:

<https://www.typhongroup.net/unmc/>

The UNMC College of Nursing Facility Number is: 7245

Enter your user Login and Password and click on "Login"

University of Nebraska Medical Center
 College of Nursing
 Family Nurse Practitioner Area
Student Self Evaluation

Student Name _____ Course _____ 888 _____ 887 _____ 889
 _____ MIDSEMESTER _____ END OF SEMESTER

List your top three learning objectives for semester:

- 1.
- 2.
- 3.

	Student Comments	Faculty Comments
What have you learned from your clinical experiences?		
What have you learned that has improved your skills?		
Have you had any frustrations at your clinical site?		
Describe your progress toward meeting your learning objectives.		
Describe your Service Learning experience(s).		

Faculty Signature _____ Date _____

UNIVERSITY OF NEBRASKA MEDICAL CENTER
 COLLEGE OF NURSING
 FAMILY NURSE PRACTITIONER PROGRAM
 CLINICAL EVALUATION OF STUDENT PERFORMANCE

Student Name: _____

Course: _____ Semester & Year: _____

Primary Clinical Site: _____

Preceptor: _____

Clinical Faculty Evaluator:: _____

Circle the number that corresponds to the student's clinical performance a majority of the time. Use the following key:

- N/A no opportunity to perform
- 0 omitted required item (omitted a critical element)
- 1 required extensive prompting
- 2 required minimal prompting
- 3 performed independently

I. ASSESSMENT					
A. Subjective Data (History)					
1. Obtains appropriate history for comprehensive, interval, or acute episodic visits.	N/A	0	1	2	3
2. Focuses on priority areas in data collection.	N/A	0	1	2	3
3. Demonstrates skillful interviewing techniques sensitive to individual, family, or group client needs including sensitivity to socioeconomic groups.	N/A	0	1	2	3
4. Identifies factors influencing health and/or disease management.	N/A	0	1	2	3
Comments:					
B. Objective Data – Physical Examination					
1. Performs the indicated exam (comprehensive, interval, or acute episodic) in an organized manner	N/A	0	1	2	3
2. Uses assessment techniques and equipment correctly.	N/A	0	1	2	3
3. Differentiates normal from abnormal findings (obvious and subtle).	N/A	0	1	2	3
4. Modifies the exam to reflect chief complaint, presenting symptoms, exam findings, and differential diagnoses.	N/A	0	1	2	3
5. Conducts and/or reviews previous physical, developmental, and screening procedures or labs.	N/A	0	1	2	3
Comments:					

II. DIAGNOSIS					
1. Formulates appropriate differential diagnoses.	N/A	0	1	2	3
2. Formulates appropriate nursing and medical diagnoses and/or rule outs.	N/A	0	1	2	3
3. Prioritizes nursing and medical diagnoses.	N/A	0	1	2	3
4. Provides rationale (Pathophysiology, psychosocial) for diagnoses formulated.	N/A	0	1	2	3
5. Interprets test, procedure, and/or screening findings correctly.	N/A	0	1	2	3
6. Identifies risk profile and prevention/counseling/screening needs appropriate to the situation.	N/A	0	1	2	3
Comments:					
III. MANAGEMENT					
A. Therapeutics/Diagnostics					
1. Prescribes appropriate pharmacological therapies (including drug and dose).	N/A	0	1	2	3
2. Recommends/prescribes non-pharmacological therapies.	N/A	0	1	2	3
3. Provides appropriate rationale for therapy.	N/A	0	1	2	3
4. Demonstrates sound clinical judgment in determining the treatment plan.	N/A	0	1	2	3
5. Orders additional diagnostic tests/procedures as appropriate.	N/A	0	1	2	3
6. Initiates interventions for health promotion, prevention, maintenance, and/or restoration.	N/A	0	1	2	3
7. Demonstrate use of resources (PDA, clinical practice guidelines)	N/A	0	1	2	3
Comments:					
B. Education/Counseling					
1. Provides appropriate education based on client learning needs.	N/A	0	1	2	3
2. Provides mental health counseling based on client needs.	N/A	0	1	2	3
3. Provides anticipatory guidance and counseling for growth and developmental needs throughout the life cycle.	N/A	0	1	2	3
Comments:					
C. Follow-Up and Referral					
1. Orders consults and referrals as indicated.	N/A	0	1	2	3
2. Identifies appropriate outcomes.	N/A	0	1	2	3
3. Designates follow-up as appropriate.	N/A	0	1	2	3
Comments:					

IV. PRESENTATION/DOCUMENTATION					
1. Oral presentation is succinct, complete, and accurate.	N/A	0	1	2	3
2. Written documentation is succinct, complete, and accurate.	N/A	0	1	2	3
Comments:					
V. ROLE IMPLEMENTATION					
1. Knows own limitations	N/A	0	1	2	3
2. Seeks and accepts constructive criticism.	N/A	0	1	2	3
3. Presents a professional demeanor appropriate for clinical setting i.e., appearance, dress, behavior, and language.	N/A	0	1	2	3
4. Completes client encounter within designated time frame.	N/A	0	1	2	3
5. Develops therapeutic rapport.	N/A	0	1	2	3
6. Works well with other members of health care team	N/A	0	1	2	3
Comments:					
Faculty Comments:					
Student Comments:					

Clinical Grade: Pass Fail Incomplete
Plans for completing clinical component of course:

I have provided a copy of this evaluation for the student to review:

Faculty Signature & Date

I acknowledge that I reviewed this evaluation and have had the opportunity to comment:

Student Signature & Date

SMB:lc:7/21/09

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

PRECEPTOR REPORT OF STUDENT PROGRESS
SPRING SEMESTER I: PRIMARY HEALTH CARE OF OLDER FAMILIES (NURSING 888)

Student: _____

Please evaluate the student's performance using the following rating scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor NA = Not applicable

I. STUDENT'S HISTORY TAKING TECHNIQUE	4	3	2	1	NA
1. Chief Complaint/present illness					
2. Past Medical History					
3. Family History					
4. Social History					
5. Review of Systems					
6. Health History					
7. History appropriate for age of client					
COMMENTS:					
<hr/>					
II. STUDENT'S PHYSICAL EXAM TECHNIQUE	4	3	2	1	NA
1. Skin, lymph					
2. HEENT					
3. Chest/respiratory					
4. Cardiovascular					
5. Abdomen					
6. Genito-urinary					
7. Musculoskeletal					
8. Neurological					
9. Identification of age related normal changes					
10. Identification of abnormal physical findings					
11. Screening diagnostic tests					
COMMENTS:					

III. ORGANIZATION AND COMMUNICATION OF DATA IN WRITING AND VERBALLY	4	3	2	1	NA
1. Health maintenance charting					
2. Focused visit charting					
3. Patient presentation					
4. Development of differential diagnosis					
COMMENTS:					
IV. ABILITY TO ASSESS CLIENT'S HEALTH NEEDS AND PROVIDE ANTICIPATORY GUIDANCE AND COUNSELING	4	3	2	1	NA
1. Physical					
2. Psychosocial					
3. Cognitive					
COMMENTS:					
V. KNOWLEDGE AND ABILITY TO ASSESS AND PLAN FOR AGE APPROPRIATE HEALTH PROMOTION/DISEASE PREVENTION EDUCATION	4	3	2	1	NA
1. Nutrition					
2. Safety					
3. Immunization					
4. Behavioral problems					
5. Life span developmental tasks					
COMMENTS:					
VI. ABILITY TO ASSESS AND MANAGE SPECIFIC HEALTH PROMOTION NEEDS	4	3	2	1	NA
1. Weight management					
2. Smoking cessation					
3. Fitness program					
4. Cardiovascular risk reduction					

	4	3	2	1	NA
5. Cancer risk reduction					
6. Stress management					
COMMENTS:					
VII. ABILITY TO ASSESS AND MANAGE STABLE CHRONIC CONDITIONS:					
1. DM Type 1					
2. DM Type 2					
3. Hypertension					
4. Hyper/hypothyroidism					
5. Asthma/COPD					
6. Degenerative joint disease					
7. Cardiac arrhythmias					
8. Osteoporosis/osteopenia					
9. Common complaints of menopause					
10. Dyslipidemia					
11. Gastroesophageal reflex/peptic ulcer disease					
12. Peripheral vascular disease					
13. Functional health problems (Irritable bowel, etc.)					
COMMENTS:					
VIII. DEMONSTRATES ABILITY TO DEVELOP A COMPREHENSIVE PLAN OF CARE THROUGH ADVANCED SYNTHESIS OF DATA AND PROBLEM SOLVING					
	4	3	2	1	NA
COMMENTS:					

**IX. ABILITY TO MAKE APPROPRIATE DECISIONS RE: REFERRAL,
COLLABORATION AND CONSULTATION:**

4

3

2

1

NA

COMMENTS:

Number of hours student spent with me (student may fill in, but not after preceptor signs) _____

Preceptor's Signature

Date

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

PRECEPTOR REPORT OF STUDENT PROGRESS
FALL SEMESTER II: PRIMARY HEALTH CARE OF YOUNG FAMILIES (NURSING 887)

Student: _____

Please evaluate the student's performance using the following rating scale:
4 = Excellent 3 = Good 2 = Fair 1 = Poor NA = Not applicable

I. STUDENT'S HISTORY TAKING TECHNIQUES	4	3	2	1	NA
1. Chief Complaint/present illness					
2. Past Medical History					
3. Family History					
4. Social History					
5. Review of Systems					
6. Health History					
7. History appropriate for age of client					
COMMENTS:					
II. STUDENT'S PHYSICAL EXAM TECHNIQUE	4	3	2	1	NA
1. Skin, lymph					
2. HEENT					
3. Chest/respiratory					
4. Cardiovascular					
5. Abdomen					
6. Genito-urinary					
7. Musculoskeletal					
8. Neurological					
9. Identification of age related normal changes					
10. Identification of abnormal physical finding					
11. Screening Diagnostic tests					
COMMENTS:					

III. ORGANIZATION AND COMMUNICATION OF DATA IN WRITING AND VERBALLY	4	3	2	1	NA
1. Health maintenance charting					
2. Focused visit charting					
3. Patient presentation					
4. Development of differential diagnosis					
COMMENTS:					
IV. ABILITY TO ASSESS CLIENT'S HEALTH NEEDS AND PROVIDE ANTICIPATORY GUIDANCE AND COUNSELING	4	3	2	1	NA
1. Physical					
2. Psychosocial					
3. Cognitive					
COMMENTS:					
V. KNOWLEDGE AND ABILITY TO ASSESS AND PLAN FOR AGE APPROPRIATE HEALTH PROMOTION/DISEASE PREVENTION EDUCATION	4	3	2	1	NA
1. Nutrition					
2. Safety					
3. Immunization					
4. Behavioral problems					
5. Life span developmental tasks					
COMMENTS:					
VI. ABILITY TO ASSESS AND MANAGE SPECIFIC HEALTH PROMOTION NEEDS.	4	3	2	1	NA
1. Weight management					
2. Smoking cessation					
3. Fitness program					

	4	3	2	1	NA
4. Cardiovascular risk reduction					
5. Cancer risk reduction					
6. Stress management					
COMMENTS:					
VII. ABILITY TO ASSESS AND MANAGE MINOR COMMON GYNECOLOGICAL NEEDS:	4	3	2	1	NA
1. Vaginitis					
2. Amenorrhea					
3. Dysfunctional bleeding					
4. Minor sexual dysfunction					
5. Cervical cancer screening/education					
6. Breast cancer screening					
7. Safe sex information					
8. Hormonal contraceptives					
9. Other family planning methods					
COMMENTS:					
VIII. ABILITY TO ASSESS AND MANAGE ACUTE MINOR ILLNESS IN ADULTS AND CHILDREN	4	3	2	1	NA
1. Rhinosinusitis/allergic rhinitis					
2. Otitis media/serous otitis					
3. Pharyngitis/tonsillitis					
4. Pneumonia/bronchitis					
5. Gastroenteritis					
6. Urinary tract infection					
7. Back/joint sprain/strain					
8. Headache					
9. Sexually transmitted infections					

	4	3	2	1	NA
10. Common rashes and other skin problems					
11. Mild situational anxiety/depression					
COMMENTS:					
IX. ABILITY TO ASSESS AND MANAGE STABLE CHRONIC CONDITIONS:					
	4	3	2	1	NA
1. DM Type 1					
2. DM Type 2					
3. Hypertension					
4. Hyper/hypothyroidism					
5. Asthma/COPD					
6. Degenerative joint disease					
7. Cardiac arrhythmias					
8. Osteoporosis/osteopenia					
9. Common complaints of menopause					
10. Dyslipidemia					
11. Gastroesophageal reflex/peptic ulcer disease					
12. Peripheral vascular disease					
13. Functional health problems (Irritable bowel, etc.)					
X. DEMONSTRATES ABILITY TO DEVELOP A COMPREHENSIVE PLAN OF CARE THROUGH ADVANCED SYNTHESIS OF DATA AND PROBLEM SOLVING					
	4	3	2	1	NA
COMMENTS:					

XI. ABILITY TO MAKE APPROPRIATE DECISIONS RE: REFERRAL, COLLABORATION, AND CONSULTATION	4	3	2	1	NA
COMMENTS:					

Number of hours student spent with me (student may fill in, but not after preceptor signs) _____

Preceptor's Signature

Date

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

PRECEPTOR REPORT OF STUDENT PROGRESS
SPRING SEMESTER III: ADVANCED PRIMARY HEALTH CARE OF FAMILIES (NURSING 889)

Student: _____

Please evaluate the student's performance using the following rating scale:

4 = Excellent 3 = Good 2 = Fair 1 = Poor NA = Not applicable

1. STUDENT'S HISTORY TAKING TECHNIQUE	4	3	2	1	NA
1. Chief Complaint/present illness					
2. Past Medical History					
3. Family History					
4. Social History					
5. Review of Systems					
6. Health History					
7. History appropriate for age of client					
COMMENTS:					
II. STUDENT'S PHYSICAL EXAM TECHNIQUE	4	3	2	1	NA
1. Skin, lymph					
2. HEENT					
3. Chest/respiratory					
4. Cardiovascular					
5. Abdomen					
6. Genito-urinary					
7. Musculoskeletal					
8. Neurological					
9. Identification of age related normal changes					
10. Identification of abnormal physical findings					
11. Screening diagnostic tests					
COMMENTS:					

III. ORGANIZATION AND COMMUNICATION OF DATA IN WRITING AND VERBALLY	4	3	2	1	NA
1. Health Maintenance charting					
2. Focused visit charting					
3. Patient presentation					
4. Development of differential diagnosis					
COMMENTS:					
IV. ABILITY TO ASSESS CLIENT'S HEALTH NEEDS AND PROVIDE ANTICIPATORY GUIDANCE AND COUNSELING	4	3	2	1	NA
1. Physical					
2. Psychosocial					
3. Cognitive					
COMMENTS:					
V. KNOWLEDGE AND ABILITY TO ASSESS AND PLAN FOR AGE APPROPRIATE HEALTH PROMOTION/DISEASE PREVENTION EDUCATION	4	3	2	1	NA
1. Nutrition					
2. Safety					
3. Immunization					
4. Behavioral problems					
5. Life span developmental tasks					
COMMENTS:					
VI. ABILITY TO ASSESS AND MANAGE SPECIFIC HEALTH PROMOTION NEEDS	4	3	2	1	NA
1. Weight management					
2. Smoking cessation					
3. Fitness program					
4. Cardiovascular risk reduction					

	4	3	2	1	NA
5. Cancer risk reduction					
6. Stress management					
COMMENTS:					
VII. ABILITY TO ASSESS AND MANAGE MINOR COMMON GYNECOLOGICAL NEEDS:					
	4	3	2	1	NA
1. Vaginitis					
2. Amenorrhea					
3. Dysfunctional bleeding					
4. Minor sexual dysfunction					
5. Cervical cancer screening/education					
6. Breast cancer screening					
7. Safe sex information					
8. Hormonal contraceptives					
9. Other family planning methods					
COMMENTS:					
VIII. ABILITY TO ASSESS AND MANAGE ACUTE MINOR ILLNESS IN ADULTS AND CHILDREN					
	4	3	2	1	NA
1. Rhinosinusitis/allergic rhinitis					
2. Otitis media/serous otitis					
3. Pharyngitis/tonsillitis					
4. Pneumonia/bronchitis					
5. Gastroenteritis					
6. Urinary tract infection					
7. Back/joint sprain/strain					
8. Headache					
9. Sexually transmitted infections					

	4	3	2	1	NA
10. Common rashes and other skin problems					
11. Mild situational anxiety/depression					
COMMENTS:					

IX. ABILITY TO ASSESS AND MANAGE STABLE CHRONIC CONDITIONS:	4	3	2	1	NA
1. DM Type 1					
2. DM Type 2					
3. Hypertension					
4. Hyper/hypothyroidism					
5. Asthma/COPD					
6. Degenerative joint disease					
7. Cardiac arrhythmias					
8. Osteoporosis/osteopenia					
9. Common complaints of menopause					
10. Dyslipidemia					
11. Gastroesophageal reflex/peptic ulcer disease					
12. Peripheral vascular disease					
13. Functional health problems (Irritable bowel, etc.)					

COMMENTS:

X. DEMONSTRATES ABILITY TO MANAGE COMPLEX MEDICAL AND SOCIAL HEALTH PROBLEMS	4	3	2	1	NA
---	---	---	---	---	----

COMMENTS:

XI. DEMONSTRATES ABILITY TO DEVELOP A COMPREHENSIVE PLAN OF CARE THROUGH ADVANCED SYNTHESIS OF DATA AND PROBLEM SOLVING	4	3	2	1	NA
--	----------	----------	----------	----------	-----------

COMMENTS:

XII. ABILITY TO MAKE APPROPRIATE DECISIONS RE: REFERRAL, COLLABORATION AND CONSULTATION:	4	3	2	1	NA
---	----------	----------	----------	----------	-----------

COMMENTS:

Number of hours student spent with me (student may fill in, but not after preceptor signs) _____

Preceptor's Signature

Date

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

SUPPLEMENTAL PROGRESS REPORT

Student's Name: _____

Clinic and Specialty: _____

Number of hours: _____

Please let us know if the student:	Comments
1. Was prepared for experience	
2. Identified clinical objectives	
3. Displayed initiative in learning experiences	
4. Demonstrated professionalism	
5. Overall rating	

Evaluator's Signature

Date

Print Evaluator's Name

Evaluator's Phone Number

UNIVERSITY OF NEBRASKA MEDICAL CENTER
 COLLEGE OF NURSING
 FAMILY NURSE PRACTITIONER AREA

CLINICAL PRECEPTORSHIP SUMMARY AND HOURS

Student _____

FIRST SEMESTER - NRSG 888: 135 hours required

	Name/Specialty	Dates	Total # of Hours	Progress Report turned In?
Major Preceptor				
Major Preceptor				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Service Hours				
Service Hours				
Total # of Hours				

UNIVERSITY OF NEBRASKA MEDICAL CENTER
 COLLEGE OF NURSING
 FAMILY NURSE PRACTITIONER AREA

CLINICAL PRECEPTORSHIP SUMMARY AND HOURS

Student _____

SECOND SEMESTER - NRS 887: 135 hours required

	Name/Specialty	Dates	Total # of Hours	Progress Report turned in?
Major Preceptor				
Major Preceptor				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Service Hours				
Service Hours				
Total # of Hours				

UNIVERSITY OF NEBRASKA MEDICAL CENTER
 COLLEGE OF NURSING
 FAMILY NURSE PRACTITIONER AREA

CLINICAL PRECEPTORSHIP SUMMARY AND HOURS

Student _____

THIRD SEMESTER - NRS 889: 225 hours required

	Name/Specialty	Dates	Total # of Hours	Progress Report turned In?
Major Preceptor				
Major Preceptor				
40 hour week				
40 hour week				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Service Hours				
Service Hours				
Total # of Hours				

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

CLINICAL PRECEPTORSHIP SUMMARY AND HOURS

Student _____

SUPPLEMENTAL SEMESTER - NRSG 898: _____ 45 hours _____ 90 hours _____ 135 hours

	Name/Specialty	Dates	Total # of Hours	Progress report turned In?
Major Preceptor				
Major Preceptor				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Supplemental				
Service Hours				
Service Hours				
Total # of Hours				

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

CLINICAL PRECEPTORSHIP EVALUATION

Preceptor _____ Clinical Site _____

Course Number _____ Dates _____

Rating Scale:

1. Consistently 2. Usually 3. Rarely 4. Never

Student: Using the above rating scale, please complete this evaluation form to assist in evaluating the preceptor's teaching effectiveness. This evaluation encompasses teaching in the clinical site. This is an evaluation of the clinical preceptor only.

My preceptor:

Criteria	Rating	Comments
1. Stimulated the student to integrate course content, theory, and current research into practicum experiences.		
2. Identified areas for student improvement and provided appropriate guidance.		
3. Was available to the student for patient problem discussion and clarification of questions.		
4. Encouraged the student's critical inquiry, independent thinking, and creativity in approaches to patient care problems.		
5. Allowed the student to perform clinical management skills (ie., H&P, prescriptions, procedures) as appropriate for level in program.		
6. Provided regular evaluative feedback to assist the student in learning and professional growth.		
7. Demonstrated genuine interest in the student's practicum performance and professional growth.		
8. Demonstrated clinical expertise and utilizes standards of care and evidenced based practice.		
9. Demonstrated and encouraged use of interdisciplinary team.		
10. Allowed the student to be responsible in the patient decision-making process.		

Additional Comments:

GUIDELINES FOR SUPPLEMENTAL EXPERIENCES

These guidelines are to assist students in preparing for certain supplemental experiences. Preparation is necessary for achieving optimal learning from the experience for both the student and the preceptor.

Additional supplementary experiences are encouraged in prenatal clinics, newborn assessment (hospital nursery), and long term care facilities. While guidelines are not available at the time for these experiences, students are encouraged to write their own learning objectives and activities ahead of time.

Guidelines for Podiatry Experience

Description of Experience:

One 8-hour day with a podiatrist. Suggested time for this experience is during NRS 888.

Learning Objectives:

1. Identify the scope of practice of a podiatrist.
2. Determine guidelines for foot health across the lifespan as a basis for health education focused on prevention of foot problems.
3. Identify the initial management strategies for common foot problems, e.g., corns, calluses, warts, and heel spurs and when to refer to a podiatrist.

Learning Activities:

1. Discuss health promotion guidelines for foot health with the podiatrist
2. Observe the podiatrist assess and treat common and complex foot problems.
3. Practice assessment and treatment of common foot problems.

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

Guidelines for ENT Clinic Experience

Description of the Experience:

The FNP student will spend 4 to 8 hours with otolaryngologist to expand her/his knowledge on this specialty and its relationship to primary care.

Learning Objectives:

1. Refine physical assessment skills of the ear, nose and throat.
2. Observe abnormalities of the ear, nose and throat related to acute or chronic illness.
3. Observe tympanograms and participate in the interpretation of the typanogram.
4. Identify health promotion guidelines and initial treatment strategies for common minor ear, nose and throat problems.
5. Determine when to refer primary care clients to ENT specialist.

Learning Activities:

1. Practice otoscopic examination of normal and abnormal ears with assistance from the physician.
2. Discuss health promotion guidelines for ear, nose and throat care, i.e., ear cleansing, use of inhalers (oral and nasal), etc.
3. Observe physician assessment and treatment of acute and chronic ENT problems.

Note for Omaha: Dr. Anthony Yonkers has agreed to be a preceptor. The ENT clinic times at UNMC are Tuesday mornings, Thursday afternoons and some Friday mornings. You must call in advance and schedule a time with Kathy. The number is 559-8007. Wear a lab coat.

Guidelines for Orthopedic Clinical Experience

Description of Experience:

Primary care patients frequently present with acute and chronic orthopedic problems. The FNP student will spend at least 8 hours with an orthopedist to better understand assessment and management of these problems.

Learning Objectives:

1. Learn appropriate assessment approaches for common orthopedic problems, including those of the ankle, knee, shoulder, elbow, neck, and back.
2. Identify common orthopedic assessment techniques used to aid in diagnosis.
3. Order further diagnostic tests such as x-rays and lab work when appropriate.
4. Become familiar with treatment regimens for common orthopedic problems.

Learning Activities:

1. Review anatomy of joints and joints before attending clinical.
2. Participate in assessment and management of common orthopedic problems.

Guidelines for Emergency Room Experience

Description of Experience:

Many nurse practitioners work in emergency rooms, walk-in emergency centers or take emergency room calls. As a result, student nurse practitioners should understand the role of the NP in the delivery of emergency services. In addition, nurse practitioners should be able to perform certain services in the emergency room. **To be completed during NRS 889 or with faculty permission.**

Learning Objectives and Activities:

1. Work collaboratively with the emergency room staff to identify the role of the nurse practitioner in the emergency room.
2. Provide patient education and counseling appropriate to the needs of the patients seen in an emergency room setting.
3. Perform, with supervision and as allowed by hospital policy, procedures commonly seen in the emergency room, such as suturing, casting, splinting, reviewing of chest and orthopedic x-rays, and microscopic examination of specimens.
4. Assess and manage, with physician/nurse practitioner supervision, patients who present with acute minor illnesses; and
5. Assist the physician/nurse practitioner in the assessment and management of patients who present with complex emergencies.

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

Guidelines for Endocrinology Experience

Description of Experience:

The FNP student will spend 4-8 hours with an endocrinologist to expand her/his knowledge of endocrinology and its relationship to primary care.

Learning Objectives:

1. Refine physical assessment skill of the thyroid including identification of nodules and goiters, calculating BMI
2. Identify common disorders of the endocrine system and contributing risk factors.
3. Order common lab work when appropriate.
4. Determine when to refer primary care clients to endocrinologists.

Learning Activities:

1. Practice thyroid assessment skills with assistance of physician or NP.
2. Discuss health promotion and treatment guidelines used in endocrinology to include obesity.
3. Observe and participate in assessment of acute and chronic patients with endocrine disorders and co morbid conditions that may be linked to the development of endocrine disorders.

UNIVERSITY OF NEBRASKA MEDICAL CENTER
COLLEGE OF NURSING
FAMILY NURSE PRACTITIONER AREA

Guidelines for Cardiology Experience

Description of Experience:

The FNP student will spend 4-8 hours with a cardiologist to expand her/his knowledge of cardiology and its relationship to primary care.

Learning Objectives:

1. Refine physical assessment skill of the heart including identification of abnormal heart sounds
2. Identify common cardiac disorders and contributing risk factors.
3. Order common tests such as stress test, echocardiograms and lab work when appropriate.
4. Determine when to refer primary care clients to cardiology specialists.

Learning Activities:

1. Practice cardiac assessment skills with assistance of physician or NP.
2. Discuss health promotion and treatment guidelines used in cardiology
3. Observe and participate in assessment of acute and chronic patients with cardiac disorders.

Guidelines for Dermatology Experience

Description of Experience:

The FNP student will spend 4-8 hours with a dermatologist to expand her/his knowledge of dermatology and its relationship to primary care.

Learning Objectives:

1. Learn appropriate assessment and treatment approaches for common skin disorders.
2. Identify common assessment techniques used to aid in diagnosis of skin disorders.
3. Order diagnostic tests when appropriate
4. Identify common procedures used assessment of skin disorders
5. Determine indications for referral from primary care to dermatologist

Learning Activities:

1. Review recommended screenings for skin cancers.
2. Observe physician or NP assessment and treatment of skin disorders
3. Participate in assessment of patient with skin disorders