

MEDICAL UNIVERSITY OF SOUTH CAROLINA

College of Nursing

Guidelines for Graduate
Advanced Practice
Registered Nurse (APRN)
Clinical Experiences

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Students are held accountable for information and policies written in the following guidelines. The following guidelines have been developed to clarify the faculty, preceptor, and student role during the student's clinical experience.

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Guidelines for Graduate Advanced Practice Registered Nurse (APRN) Clinical Experiences

Section I: Definition of Terms

Academic warning: Notification to a student by faculty that the student's course work and/or clinical performance is not acceptable or at risk of failing; and/or the student is exhibiting unprofessional behaviors in the clinical or online academic settings. The academic warning includes a written plan for the student to work towards successful completion of the course/clinical requirements. An academic warning follow-up will be issued to track student's progression of recommendations for improvement.

Clinical affiliation agreement: A facility contract between MUSC and the clinical site.

Clinical faculty: The faculty assigned to students in a clinical course. This faculty will monitor Typhon.

Clinical preceptor: An APRN, board certified physician (MD or DO), or PA who provides clinical preceptorship to an NP (nurse practitioner) student at an approved clinical site.

Affiliation Agreement Request Form: The form submitted to the Clinical Education Coordinator in order to start the process of a clinical affiliation agreement between MUSC and the clinical site.

CON Graduate Program Coordinator: The coordinator of the MSN and DNP academic programs at MUSC. The Graduate Program Coordinator serves as an advisor to whom all questions about course requirements, plans of study, and Typhon should be directed.

CON Clinical Education Coordinator: The coordinator of clinical placements for all academic programs at the CON. The Clinical Education Coordinator assists with Area Health Education Center (AHEC) placements, affiliation agreements, preceptor, and site entry into Typhon. All questions related to affiliation agreements, preceptors, sites, or required clinical paperwork should be directed here.

Faculty course coordinator: The MUSC College of Nursing Faculty coordinating the course for the students enrolled.

Lead NP faculty: The MUSC College of Nursing Faculty assigned to coordinate the AGNP, FNP or PNP programs.

Section II: Clinical Hours

MSN & DNP students: Advanced Care Management I, II and III require 180 hours of clinical time per semester. Completing the Learning Intensive and Competency Exams during these courses can count as two clinical hours each. After completion of these courses, NRDNP 848B Role Practicum occurs and requires 225 hours of clinical time during that semester. Weekly calculation of clinical hours is dependent on number of weeks during each semester. Students must calculate the average number of hours needed in order to complete the required clinical hours by the end of the semester.

DNP students only: In addition to the above-mentioned clinical courses, DNP students will also be enrolled in NRDNP 890 Residency over the course of 2 or 3 semesters. In addition to 100 hours directed toward the Practice Inquiry Project, all students must complete a total of 300 precepted clinical hours for Residency. For post BSN DNP AGNP, PNP, FNP students, 150 of these hours must be in a primary care setting. For Post BSN DNP PMHNP students, all clinical hours will be in a behavioral health setting. Additional information about Residency can be found in the [Residency Guidelines](#).

COURSE	CLINICAL HOURS
ACM 1	180
ACM 2	180
ACM 3	180
Role Practicum	225
Residency (DNP only)	300

Section III: Clinical Sites and Preceptors

Selection Criteria for Clinical Sites

The MUSC College of Nursing requires that NP student clinical experiences occur in clinical sites that meet the criteria below. In order to meet the criteria, students should be prepared to travel to clinical sites outside of the city in which they reside during any semester.

1. **AGNP, PNP, FNP** - As a primary care nurse practitioner program, *student clinical placements should be in primary care clinics*. MSN/DNP students are eligible to obtain some clinical hours in subspecialty clinics during NRDNP 848B (Role Practicum), up to 100 hours of the 225 required hours can be specialty hours and NRDNP 890 (Residency; DNP students only) can obtain up to 150 subspecialty hours. These specialty experiences should be based upon student learning objectives and students are encouraged to discuss this with faculty. For example, a student may want to spend a few days in a pulmonary clinic to learn more about evidence-based asthma care.
2. **PMHNP** - As a psychiatric mental health nurse practitioner program, *student clinical placements should be in behavioral health care settings*. MSN/DNP students may be eligible to obtain some clinical hours in subspecialty clinics during the program.
3. Patient characteristics represent diversity (education, gender, income, insurance,

- race/ethnicity).
4. Patient volume is adequate to ensure sufficient patients per day for student to acquire the skills required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation.
 5. Space is available for student (examination room, area for documentation).
 6. Adequate resources available on site-
 - a. Preceptor
 - b. APRN, Physician or PA consultation
 - c. Medical record system (electronic preferred but not required)
 - d. Current medical reference books, Internet access or other informatics technologies (apps, polycom, telemedicine)
 7. Clinical sites should reflect the opportunity for unbiased experience with adequate growth and development of the student per accreditation guidelines and professional nursing standards. Placement in a student's place of employment cannot occur unless there are specific criteria met for the clinical experience. Because of this, students must seek prior approval from the track lead Faculty and Program Director for clinical placements where they are employed.

Clinical Preceptors

NP students in the MSN/DNP program engage in clinical practice under the guidance of a qualified clinical preceptor.

The clinical preceptor must be:

1. Formally educated for professional practice:
 - a. Graduate prepared APRN - *Each student must spend some time with a nurse practitioner during clinical experiences. The APRN must have a minimum of 1 year clinical experience.*
 - b. Physician (MD or DO) - *Residents are acceptable as long as they have been at the practice for at least one year.*
 - c. Physician Assistant (PA) - *The PA must have a minimum of 1-year clinical experience.*
2. Holds an unencumbered and current license to practice in the state where the practice site is located unless placed in a federal clinical site
3. Nationally board certified (APRN, PA, MD)

Identifying a Clinical Preceptor

At least two semesters prior to a clinical course, the process of identifying an acceptable preceptor will begin. While enrolled in the first semester, students will be asked to complete a clinical survey, sent out by the CON Graduate Program Coordinator, to indicate the location they plan to conduct clinicals (tri-county area or outside of tri-county area) and if there is a qualified preceptor with whom they prefer or a preceptor whom has been recommended to them.

For students who live in South Carolina:

Students have two choices for clinical placement:

1. The CON Clinical Education Coordinator will work with AHEC to arrange the clinical placement. The SC AHEC will find clinical sites in SC. Student names will be forwarded to the appropriate regional AHEC Health Professions Student Coordinator. Students should follow up with the AHEC Health Professions Student Coordinator within a week after their names have been forwarded. Students are responsible for maintaining contact with AHEC and the CON Clinical Education Coordinator so that clinical placement and all the proper forms are completed in a timely manner. Students who choose to be placed by AHEC are required to take the site provided, even if travel is involved. If a student has found an additional site on his/her own, the student must still take the site provided by AHEC.
2. The student may choose their own clinical site and must follow the same criteria as for students living outside of the state.

For students residing out of state:

1. Students are responsible for contacting and securing qualified clinical preceptors following the Tips for Securing a Clinical Site and Preceptor on the [Graduate Clinical Education Intranet site](#). Students who encounter difficulty locating a clinical preceptor are to contact the Clinical Education Coordinator. The Clinical Education Coordinator or Lead NP faculty will assist the student as much as possible to identify a clinical preceptor; however, it is the student's ultimate responsibility to obtain an acceptable clinical site and preceptor.

Approval of Clinical Site and Preceptor

For all students obtaining their own preceptor and clinic site: Once a provider (NP, Physician, or PA) has agreed to serve as a clinical preceptor, the Clinical Site Approval Form and the Clinical Preceptor Abbreviated CV Form, which are also found on the [Graduate Clinical Education Intranet](#) site must be completed.

- a. *Students living in South Carolina or out of state:* The student should let the Clinical Education Coordinator know when they have identified a preceptor so that the Clinical Education Coordinator can ensure the appropriate forms are completed in a timely manner.
- b. *Students living in South Carolina who choose to be placed:* The student will be notified by AHEC once they have been placed in site so that students can introduce themselves to their clinical preceptor and ask for the above-mentioned forms to be completed (please also see Initial Contact with Preceptor).

Once completed, these forms must be faxed or scanned/emailed to the Clinical Education Coordinator at the CON. Lead NP faculty will approve all clinical sites and clinical preceptors according to student learning needs and specific course objectives. The Clinical Education Coordinator will verify that an Affiliation Agreement for the approved site is on file at the CON.

If not, the student will be requested to complete and submit the Affiliation Agreement Request. Prior to the start of the clinical experience, a copy of the preceptor's license and certification, and an abbreviated CV must also be on file at MUSC. It is the responsibility of the student to obtain this.

Affiliation Agreement

MUSC College of Nursing must have a facility contract with the clinical site prior to the student beginning clinical experiences. A Clinical Affiliation Agreement must be obtained for each clinical site the student plans to utilize. It is the responsibility of the student to complete the Clinical Affiliation Agreement Request form so that the College of Nursing can work directly with leadership at the facility to obtain the signed legal contract. The Affiliation Agreement Request form can be found on the [Graduate Clinical Education Intranet site](#). Please remember this is not a contract when submitted for approval. It is only a planning form that begins the process of securing the final agreement with the College of Nursing to ensure liability coverage for students. Failure to complete the form accurately and entirely can slow this process and may prevent the student from beginning the clinical experience on time. If a current agreement is not already in place, the legal contract will be sent directly to the preceptor's agency from the MUSC College of Nursing. Completing new facility agreements are extremely time consuming. The clinical affiliation agreement must be in place at least one semester prior to the semester of the clinical course. At least two months should be allowed for an agreement to be finalized. Once an affiliation agreement has been finalized, students will be notified via email and provided the details of the clinical placement.

Please note that some clinical sites require students to carry more liability insurance than the amount provided by MUSC through the South Carolina Budget and Control Board. Students in clinical sites that are requiring additional insurance will be expected to obtain a private policy to make up the difference. The [Nurses Service Organization](#) provides professional liability insurance options through their website.

Initial Contact with the Clinical Preceptor

Once a clinical preceptor is approved, the students should contact them prior to the start of clinical. Once students are aware of their preceptor's contact information they are expected to contact them within three weeks of receiving the notification. Students are encouraged to call their preceptor's office as the initial contact to make an appointment to meet with them in person. This is a great way for students to learn about their preceptor. If a student does not contact a preceptor in a timely manner and the preceptor can no longer serve in that role because contact was not made, the student will be responsible for finding a replacement. This is considered unprofessional behavior (please review MUSC CON Handbook). Students are expected to share their syllabus, these clinical guidelines, and the MUSC College of Nursing website address for the preceptor's reference and use.

All students must remember that clinical preceptors are not getting paid to precept students. Preceptors are providing mentoring and teaching as part of their professional role. It is important to express appreciation and write a thank you note at the end of the semester.

Progression of Clinical Courses

It is intended that students stay with the same clinical preceptor and site throughout the progression of their clinical courses. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations, which is determined by the midterm and final clinical evaluations, the clinical faculty and student will discuss the need to identify another clinic site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site.

Clinical Evaluation Criteria

1. If the student's performance is unsatisfactory on any given clinical day, the clinical preceptor will initiate an informal conference with the student. This informal conference will provide the student with constructive feedback to assist them in on-going improvement in clinical practice.
2. Should the student's performance continue to be unsatisfactory, the clinical preceptor will notify the clinical faculty who will assist the clinical preceptor in formulating a written plan explaining areas of concern and behaviors necessary to correct these deficiencies. This process will be completed by mid-semester, if possible, so the student has time to improve. The clinical faculty will issue an Academic Warning after communicating with the course faculty to acknowledge the preceptor's concerns and develop the written plan.
3. The faculty course coordinator and Director of the Graduate Programs will receive a copy of the Academic Warning. A copy of the written plan and any follow-up will be placed in the student's record.
4. If the conditions of the Academic Warning are not met by the student by the last clinical day, the student's clinical performance will be unsatisfactory on the final evaluation and the student will receive a failing grade. At any time if a student's clinical performance in a clinical course indicates an inability to perform at a safe and/or professional level of practice, the clinical faculty and clinical preceptor, in consultation with the faculty course coordinator, will assign a failing grade regardless of the point in time such a decision is made. In such case, the student will be ineligible to continue in the course.
5. If mid-term and final evaluations indicate course competencies are not being met, students may be required to obtain additional clinical hours as determined by clinical faculty.

Section IV: Clinical Preceptor Responsibilities

Clinical preceptors are in the clinical site with the students and oversee their clinical practice. All students are also assigned a MUSC clinical faculty who reviews all of their documentation and evaluations and works with the students to ensure they are progressing in the program.

Clinical Preceptor Responsibilities

1. Complete Clinical Preceptor Information Form and abbreviated CV Form prior to student beginning clinical experience. Student will submit to the Clinical Education Coordinator.
2. Provide copy of license and specialty certification to Clinical Education Coordinator at MUSC College of Nursing.
3. Use the [Graduate Preceptor Toolbox](#) located on the MUSC College of Nursing website for information regarding precepting and clinical evaluation forms.
4. Orient student to the clinical site and agency policies. Discuss with student the preferred method for communication with clinical preceptor and/or clinic site.
5. Review with student the site's patient population, most frequent diagnoses and procedures commonly performed.
6. Discuss preceptor and agency expectations for the documentation of patient encounters.
7. Facilitate an informal collaborative and mutually respectful environment in which to learn.

8. Promptly communicate to MUSC Clinical Faculty regarding issues of concern or unsafe practice.
9. Review the objectives of the course and student's clinical objectives to determine the type of learning opportunities that will enhance the student's learning. Direct the student to resources and evidence based readings.
10. Provide daily feedback to improve the student's assessment, management, and presentation skills.
11. Provide a variety of learning experiences with appropriate client populations. If available, encourage participation in interdisciplinary team meetings.
12. Facilitate student's progressive independence in clinical knowledge and skills by supporting the student's autonomous assessment and evaluation.
13. Complete student's midterm and final clinical evaluation and review with clinical faculty during required phone conference and/or email communication. Mid-semester and final evaluations must be completed by the clinical preceptor and reviewed with the student. (Student's final clinical grade will be awarded by the assigned MUSC clinical faculty). Students will provide clinical preceptors with a copy of their Typhon time log at the midterm and final evaluations. Clinical preceptor will verify the student's time log and document this on the midterm and final evaluations.

Section V: Student Responsibilities

Note: All information regarding clinical experiences and Typhon requirements applies to Post-BSN students only. Post-MSN students will follow clinical documentation requirements found in Residency Guidelines.

Role/Responsibilities of the Student

During the clinical experiences, students are in the learner role and will not assume primary responsibility for client care. Students' primary responsibility is for acquisition of advanced clinical knowledge and skills. If questions or problems arise during a clinical experience, students should contact their assigned clinical faculty. Students are expected to see a minimum of 4-6 patients per 8-hour clinical day initially in the first clinical course working up to 8-10 patients per 8-hour day by midterm of their second clinical course. In subsequent clinical courses, students will be expected to see 10-12 patients in an 8-hour period. During NRDNP 848 Role Practicum and NRDNP 890 Residency, students are expected to see 10-12 patients per clinic day.

PMHNP students will see fewer patients, 2-4 in the first clinical working toward 3-5 in the second clinical, and then to 4-6 in the final clinical course. PMHNP students in practicum and residency are expected to see 4-7 patients per clinical day.

Faculty understands that patient numbers may vary depending on the clinical site and level of acuity. Students must see a mixture of patient populations as well as ages. Students are required to complete and evaluate their personal Typhon graphical (pie) chart detailing the demographics of patients they have seen at mid-term and final when evaluations are due. Clinical faculty will review Typhon graphical charts documented at mid-term and final to ensure learning objectives are met,

but students are ultimately responsible for making sure they are exposed to a mixture of ages and patients. The Typhon graphical chart will assist the student in assessing what further clinical experiences are needed. In addition, at mid-term and final evaluation times, students must ensure the clinical preceptor validates the dates and hours the student attended in the clinic on the Typhon evaluation form sent to them via email. (Please see Appendix I for directions on how to create the Typhon graphical and time log reports.)

Important: The student's clinical calendar is a contract between the preceptor, student and MUSC faculty. The Typhon logs are the student's clinical work. ***Editing logs, falsifying entries, or adding hours is a violation of the University Honor Code and can result in course failure and program dismissal.*** Please contact Course Coordinator, Lead Faculty and/or Program Director for any questions or concerns.

Student Responsibilities

1. Integrate personal learning objectives with course objectives.
2. Ensure Clinical Affiliation Agreement has been approved. The student may then contact approved clinical preceptor and determine the schedule for the clinical experience, including days of week and hours per day.
3. Ensure preceptor abbreviated CV and Affiliation Agreement form are completed and submitted prior to starting clinical hours.
4. Develop the clinical calendar of dates and times the student will be in clinic with the preceptor. The calendar is a contract between the student, preceptor and clinical course faculty. It is required that clinical hours be completely consistently during the semester, up to and including the last week of the semester, unless otherwise directed by the course faculty. There is to be no longer than 2 weeks (with the exception of official MUSC closings) between clinical dates.
5. Complete clinical calendar of dates approved for student to attend clinical setting, in Typhon, as directed by faculty by second week of clinical course.
6. Develop and share clinical learning needs/objectives with clinical preceptor and discuss strategies to meet them.
7. Adhere to professional attire that is in accordance with clinical site requirements and MUSC College of Nursing Professional Dress Code for Graduate Students located in the [MUSC CON Handbook](#).
8. Maintain professional behavior in the clinical setting at all times.
9. Collect and enter all patient encounter data in Typhon (electronic clinical log) within 72 hours of the clinical experience. If not entered within 72 hours, the clinic hours for that day will not count and will need to be made up by the student.
10. Demonstrate increasing competencies in assessment, management and presentation of patients to the clinical preceptor.
11. Function in the role of the nurse practitioner under the supervision of the clinical preceptor incorporating evidence-based practice guidelines.
12. Attend all scheduled clinical experiences on time and be prepared, completing all required clinical hours by the final date of each clinical course.
13. Notify clinical preceptor and MUSC clinical faculty as soon as possible if unable to attend clinical as scheduled and arrange make-up clinical day.
14. Communicate the date of the make - up day to the clinical faculty via e-mail.

15. Complete clinical preceptor and clinical site evaluations at end of clinical rotation and before the semester ends.
16. Print out a Typhon time log of clinical hours at midterm and final for the clinical preceptor to review and verify in the Typhon evaluation that is emailed to the preceptor. (see Appendix I for directions).
17. Students will review the Typhon pie chart of clinical experiences for the semester to evaluate personal learning needs in the clinical setting.

Section VI: Faculty Responsibilities

Clinical Faculty Responsibilities

1. Complete at least two phone conference(s) and/or email communication(s), and document communication with clinical preceptor regarding student's performance and requirements of specific clinical rotation at mid-semester and end of semester, and as needed. Provide this documentation to the faculty course coordinator.
2. Assist student and clinical preceptor to optimize clinical learning environment.
3. Review Typhon clinical electronic log entries each week throughout the semester and verify scheduled clinical day attendance as posted in Typhon clinical calendar.
4. Review student Typhon graphical charts of patients evaluated in clinic at midterm and final in order to ensure students are seeing a mixture of ages and patients.
5. Communicate with student as needed throughout the semester.
6. Provide preferred method of communication and be available to answer questions or concerns regarding the student's clinical experience.
7. Award student's final grade upon achievement of clinical competencies
8. Review the student's evaluation of the clinical preceptor and clinical site and provide information to the faculty course coordinator.
9. Provide written documentation to the preceptor of the semester, year, course, and hours worked with the NP student at the end of the semester as requested.

Section VII: Typhon

Typhon Clinical Logs

Typhon is the software system NP students use to track clinical hours and patient encounters. Students will receive a Typhon username and password and will be introduced to the Typhon system during the Learning Intensive before clinical courses begin. Students pay a one-time fee directly to Typhon for access to the software system.

Typhon is only to be used for direct patient encounters. Any observation time in the clinic setting will not count toward the total number of clinical hours required for each course. As stated in the National Organization of Nurse Practitioner Faculties (NONPF) guidelines:

“Direct patient care clinical hours refer to hours in which direct clinical care is provided to individuals & families in one

of the three population-- focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. In addition, whereas 500 direct patient care clinical hours is regarded as a minimum, it is expected that programs preparing NPs to provide direct care to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement."

Documented clinical time in Typhon must be direct patient care. Typhon allows students to divide time into 'Patient Time', 'Consult time', 'Conference Time' and 'Shift Time'. For MUSC documentation, "Patient Time" MUST EQUAL YOUR "Shift Time". To make this simple, it is suggested that students divide the number of patients they are documenting in Typhon by their total shift hours. For example, if students are in clinic for 8 hours and document 6 patients in Typhon, the patient time will be 80 minutes for each patient, so the total time will equal the 8 hours which is the time log shift time. Students may leave consult and conference time at zero.

Clinical faculty are aware that student time with patients in clinic may vary depending on the problem, diagnosis, or situation, however, it is necessary that the work being done during the shift time is attributed to direct patient care. This is important for accreditation and compliance within the college as well as ensuring earned clinical hours count towards requirements for graduation.

IMPORTANT TYPHON INFORMATION

It is imperative that students keep current with their Typhon logs. **Students are expected to complete the Typhon log within 72 hours of the clinic day just as providers complete patient documentation in the clinic setting.** Delay in completion of Typhon often means information required is lost. Students will receive an Academic Warning if there are no Typhon entries within the first two weeks of a clinical course. If students do not complete their Typhon clinical log within 72 hours after their clinical day, they will have to make up the clinical day. Faculty will determine any adjustments to clinical time according to requirements of each clinical course. *Students are expected to complete half of their clinical hours per clinical course by mid-semester and the calendar of clinical days and hours should reflect this.*

Faculty Typhon Responsibilities:

Faculty must:

1. Review student Typhon entries and provide educational feedback. Ensure the student uploads the clinical calendar to Typhon within first 2 weeks of start of course
2. Review preceptor signed calendar that is uploaded by student into Typhon at the end of each month of the semester for accuracy.
3. Review the Clinical Graphics Report (Typhon graphical pie chart) with the student at mid-semester and final in order to assess learning objectives and appropriate clinical placement.
4. Communicate with the student and course coordinator if there are concerns about the

student's clinical performance. Issue an academic warning for borderline or unsatisfactory academic or professional behaviors.

5. Ensure the student submits the mid-semester (self-evaluation and evaluation by preceptor) and final evaluation paperwork (evaluation by preceptor and student evaluations of self, preceptor and clinical site) by due date as determined by course coordinator.

Student Typhon Responsibilities

Each student must:

1. Complete the Typhon tutorial in advance of the first clinical course.
<https://www2.typhongroup.net/np/data/login.asp?facility=713>
2. Complete clinical calendar in Typhon within the first 2 weeks of course start date. This is a contract between the student, preceptor and clinical faculty, and may only be adjusted due to illness, emergency, or with prior agreement with student, preceptor, and faculty. Failure to complete calendar timely, and/or follow calendar will result in an academic warning.
3. Notify the clinical faculty and preceptor in advance if the student cannot attend a clinic day noted on the calendar. (The student must then negotiate a make-up date with the preceptor and notify the clinical faculty).
4. Complete Typhon logs within 72 hours of the scheduled clinical day. If this does not occur, the clinical day will need to be made up by the student.
5. Must start clinic and Typhon entries within two weeks of the semester or the student will receive an academic warning.
6. Upload preceptor signed clinical calendar of preceptor verification by the last day of the last day of each (every) month every (each) semester. Each day of attendance requires verification with the preceptor's signature.
7. For documentation, "Patient Time" must equal your "Shift Time".
8. Respond to faculty questions regarding Typhon entries.
9. Review Clinical Graphics Report (Typhon graphical pie chart) to ensure a wide range of demographics and diagnoses are seen during the semester in order to develop learning objectives for clinic. This should be done at mid-semester and near end of semester and reviewed with the student's clinical faculty.
10. The total number of clinical hours will be reviewed and confirmed during mid-semester and final evaluations with your preceptor. The preceptor will be asked to confirm this on their Typhon student evaluation form.

Student Typhon documentation requirements for all *Advanced Care Management and Role Practicum* courses with clinical hours and each patient entered:

1. Complete all drop-down boxes
2. Be aware of differences between ICD-10 vs. CPT codes (see Billing, Coding and Compliance Information Sheet)
3. Under the student participation section of Typhon:
 - ✦ *Primary = greater than 50% effort by student*
 - ✦ *Shared = 50-50 equal student-preceptor effort*
 - ✦ *Less than shared = less than 50% effort*

*As the first semester progresses, the student should advance steadily from *Less than*

Shared visits to *Shared* visits. It is expected that 90% of student-patient contacts will be *Primary* visits by the end of the third semester.

4. Complete *Social Problems* section, noting what was addressed in the visit (Typhon lists this as a problem but any social issue or topic addressed for education and/or intervention should be listed here)
5. Other questions section:
 - ✦ Please enter patient's blood pressure in designated field. If not taken, please enter none. If BP is elevated according to guidelines, complete dropdown box.
6. Respond to faculty comments in order to complete your Typhon work as 85% of all patients entered must be "accepted" or the clinical work is not considered passing.

Clinical Notes section (course specific)

- ✦ **NRDNP 864 ACM1** – For *ALL patients* answer the question “Did this visit reflect the standard of care (based on an EBG) for the primary diagnosis? Why or Why not?” Provide a substantive response supported by reference(s).
 - Reference(s) should be in APA format (<http://www.apastyle.org>)
- ✦ **NRDNP 865 ACM 2** – Review *two medications* per clinical day for a primary disorder that you have not reviewed before. Be sure to utilize Evidence Based Guidelines, scholarly text books (pharmacology text), and current review articles. Students may use other sources such as Lexicomp to augment these primary sources. Be sure to vary the medications reviewed.

Include the following:

1. Drug name and class
2. Mechanism of Action - scholarly and in "layman's terms"
3. Pertinent information regarding medication administration (i.e. time of day, with or without food, etc.)?
4. Any labs needed before or during therapy and why?
5. Any dose changes for co-morbid conditions or the resultant lab work (include pregnancy and lactation)? If so, what would the dosage change be?
6. Pertinent potential medication reactions?
7. Any drugs that are contraindicated with this medication?
8. Any follow-up needed?
9. What patient education should be provided?
10. How is this medication being utilized in your patient and what in particular needs to be monitored for this patient?

- Reference(s) should be in APA format (<http://www.apastyle.org>)
- ✦ **NRDNP 866 ACM 3** – For *five* patient encounters per clinical day write up the plan for the primary diagnosis. These plans should reflect the individual care

given to that specific patient. Be sure to include the medication (write out prescriptions), lab/diagnostics, patient education, follow-up and referrals. Students will need to include (cite) the Evidence-Based Guideline that formed the foundation for these decisions. This can be written in bullet format, but content should be clear and easy to understand. A variety of diagnosis is expected each week. PMHNP students will be required to write up plans for 2-3 patients.

- Reference(s) should be in APA format (<http://www.apastyle.org>)

✦ **NRDNP 848: Role Practicum** – For *three* patient encounters per clinical day, review the Evidence Based Guideline (EBG) for the patient seen in clinic that day. If you were the provider in the practice, how would you treat this patient differently or improve upon the plan of care? Provide a substantive response supported by the EBG.

- Reference(s) should be in APA format (<http://www.apastyle.org>)

✦ **NRDNP 890 Residency** - DNP students please see Residency Guidelines for details.

Medication Documentation in Typhon

***For ALL clinical Typhon entries in any course through Role Practicum: Write out new medications in full prescription for each patient.** *All new* medications should be written in prescription format to include name of medication, strength of medication, dosage, route, duration, number of pills dispensed and number of refills. All previously prescribed, continuing medication should include name of medication, strength, dosage and route only.

Examples for Medication Documentation ACM 1 through Role Practicum:

New medications: Depakote ER 500 mg tablet, 1 tablet po qhs, #30, 6 refills

All continuing medications: Lipitor 20 mg tablet, 1 tablet po qam

Place written prescriptions in the Clinical Comments section of Typhon once there is no room left in the “New prescriptions today” and “Prescription refills today” areas under the “Other Questions About This Case” section. This is required to assist students to learn the proper and legal way to write prescriptions and be informed about how medication types (liquid vs. pill vs. capsule) or formations (extended release, slow release, etc.) may affect the plan of care and whether the evidence based guideline is followed. In addition, there are specific state and federal rules that influence whether there are refills (e.g. stimulant medications, other controlled substances, etc.) that are important to know.

For NRDNP 890 Residency Medication documentation requirements please contact the appropriate course coordinator.

Section VIII: Evaluations

Students will be asked to evaluate the clinical site and clinical preceptor at the end of the semester. These evaluations are imperative and provide necessary feedback for future placements with the preceptor/site. The evaluations are found and completed in Typhon. Students will also provide a self-evaluation to their clinical preceptor mid-semester and at the end of the semester. This will be provided to the clinical preceptor one week prior to evaluations being completed by the clinical preceptor. Students will review and sign the mid-semester and final evaluations during each clinical course with their preceptor.

Key to Graduate Program Evaluation Criteria:

1-----Below expected skill level: Consistently requires substantial assistance/supervision to perform task adequately.

2-----Basic skill level: Performs tasks with basic skill and with moderate amount of assistance/supervision.

3-----Intermediate skill level: Performs tasks with skill and able to interpret findings with minimal assistance/supervision.

4-----High skill level: Performs with proficiency and skill, interprets with consistently accurate judgment, does not need assistance/supervision.

Appendix I

Coding, Billing and Compliance

Coding, Billing and Compliance Issues in the Clinical Setting for MUSC Nurse Practitioner Students

This information sheet provides you with an introduction to some of the terms you will hear in the clinic setting as you begin to practice.

Terminology

ICD-10-CM: A coding methodology primarily used to identify the patient's diagnosis, symptoms, medical problems or other reasons for the encounter. This coding system was developed to classify diseases and other conditions encountered in a medical setting. The categories are divided according to systems, with further specificity correlating to the length of the number. The ICD-10-CM coding in practice will extend to up to seven digits. BUT for Typhon purposes it will only extend to 5 digits.

Example:

ICD-10-CM

S72.351C Displaced comminuted fracture of shaft of right femur, initial encounter for open fracture

Z-codes (ICD-10-CM): The use of Z-codes may be used as a principal diagnosis or secondary code, depending on the encounter.

Z80.XX - family history of primary malignant neoplasm (with the XX digits indicating site of malignant neoplasm)

Z68.XX – body mass index of XX

External cause codes (ICD-10-CM): External cause codes are part of the singular ICD-10-CM code and are preceded with a V, W, X or Y. Most of the codes will also include a 7th character to designate if this is the initial visit (A) or subsequent visit (D).

Current Procedural Terminology (CPT) coding: Written by the American Medical Association (AMA) and updated frequently. Adopted by the Health Care Financing Administration (HCFA). Used for all patients regardless of insurance coverage.

Documentation requirements are consistent with Joint Commission on Accreditation of Health Care Organizations (JCAHO) and Medical Staff rules.

CPT codes list services provided, e.g. new visit, established visit, consultation visit, etc. CPT

codes use five digit numbers to describe the procedure that occurred with the clinic visit. There are six sections for CPT codes:

1. Evaluation and Management (E & M)
2. Anesthesia
3. Surgery
4. Radiology
5. Pathology & Laboratory
6. Medicine.

Visits and procedures are coded based upon the level of service provided.

E & M Established Patient Visit Codes:

- 99211 Office Visit Level 1**
- 99212 Office Visit Level 2**
- 99213 Office Visit Level 3**
- 99214 Office Visit Level 4**
- 99215 Office Visit Level 5**

Please see examples of the billing form in your clinic setting to see typical CPT and ICD-10 codes.

Helpful guidelines regarding billing and coding for the clinic setting:

1. Be specific with your documentation as this supports your visit and diagnostic coding.
2. The first diagnosis listed on the billing form should be the primary reason for the encounter or visit.
3. Signs and symptoms are considered acceptable diagnoses and should be coded accordingly.
4. Working diagnoses such as “suspected” or “questionable” or “rule out” are acceptable to document but are not considered valid diagnoses on the billing form.
5. Chronic disease may be listed on the billing form as long as the patient is still receiving treatment for the condition; use the Z-codes for “history of” if the patient is no longer receiving treatment or care for the condition.
6. Obtain a billing form from your clinic setting to use for your student documentation.
7. Talk with providers and billing staff about documentation requirements for billing in the clinical setting. Stay up to date by checking websites regarding billing updates (see Website list below for some suggestions). Attend continuing education presentations on documentation, compliance and billing information.

Websites/ podcasts to check for billing and coding information:

American Academy of Pediatrics

<https://www.aap.org/en-us/professional-resources/practice-transformation/getting-paid/Coding-at-the-AAP/Pages/Webinars.aspx>

CMS: <https://www.cms.gov/Medicare/Coding/ICD10/2016-ICD-10-CM-and-GEMs.html>

Appendix II

Progression of a Nurse Practitioner Student

First semester student

- Student performs a history and physical examination (PMHNP may not do full exam but will do a review of health history).
- Student uses evidence based references
- Student provides bullet presentation to the preceptor
- Student needs high level of direction, which decreases as skill level increases.
- As student progresses, preceptor allows student to take on more independent responsibilities.
- Student management plans need significant guidance.

Second semester student

- Student becomes more proficient in analyzing data, determining differential diagnoses, is more skilled with assessing and formulating management plans.
- Student improves use of time and resources.
- Student may require assistance in prioritizing and coordinating care.
- Student requires support and assistance for complex cases.
- Student is ready to demonstrate other NP functions such as patient/family teaching and participating in teams.

Third semester student

- ✦ Student consistently applies evidence-based guidelines in the clinical setting.
- ✦ Student is expected to perform all role functions in an organized, efficient, skillful and independent manner.
- ✦ Student is expected to engage in interdisciplinary role collaboration, consultation and referral.

Adapted From:

The Geriatric Interdisciplinary Team Training Program (GITT) Nurse Practitioner Clinical Preceptor Guide the Nursing Special Interest Group

Appendix III

Directions for Creating Typhon Reports

Generating **Clinical Graphics Report (Typhon graphical pie chart)** to demonstrate age demographic of patients seen during a particular semester

1. Log in
2. Page opens and lists different reports you can generate (choose patient age)
3. See Case Log Reports (1) and click on Case Log Totals (Graphical)
4. Choose filters, e.g. name, semester, and course (should be adequate for mid-term and final semester patient checks)
5. Click Apply Filters
6. Copy and save the age pie chart to your desktop. Then save as a JPEG on lowest quality. This JPEG file should be saved with your name, course number, semester and year.
7. Use this chart to evaluate your learning needs.
8. You can also create one for your complete clinical experience that you can use when you interview for positions upon completion of the program!

Creating a **Time Log for Preceptor** to review clinic date/time attendance at mid- and end-semester:

1. Log in
2. Page opens and lists different reports you can generate
3. See Time Reports (4)
4. Click on Time Logs
5. Choose filters, e.g. name, date range, and course
6. Click Apply Filters
7. Print report for preceptor's review. The preceptor will verify the hours on the Typhon evaluation that is emailed to them.
8. Remember your student evaluation should be sent at the same time at mid- and end-semester. Also, at end of semester you will submit your student evaluation(s) of the preceptor and clinic site.

Example of making shift time equal to patient hours (addressed on pg. 9):

If you are in clinic for 8 hours and see 8 patients, the "Time with Patient" will be 60 minutes per patient.

8 hrs = 480 minutes

480 minutes / 8 patients = 60 minutes per patient visit.

Appendix IV

Medical Service/Mission Trips Guidelines

Medical Service/Mission Trips

As part of the university global initiative, students in Role Practicum and/or Residency may want to consider a Service/Mission Trip with an outside medical group. MUSC has an [International Travel Policy](#) that the student must review. Students must also register their travel itinerary. In addition, the itinerary and goals of the Service/Mission Trip must be submitted by the student to the course faculty and reviewed for approval as a clinical experience as soon as possible prior to the trip.

Student Guidelines for Medical Mission/Service trips:

- ✦ The student role must be as an advanced practice nurse, within the scope of an PMHNP, AGNP, PNP, or FNP, and not as an RN.
- ✦ There must be a supervising preceptor who will agree to verify your hours and completion of learning objectives. Be sure your objectives are achievable!
- ✦ The Office of Academics/Student Services must have the preceptor information on file in graduate student office.
- ✦ Students cannot do a service/mission trip without approval from faculty well in advance of the trip. Students pursuing a service/mission trip for Residency must upload their approved contract into MyFolio.
- ✦ If the student has Internet access while on a service/mission trip de-identified patient information can be uploaded into Typhon directly. If there is no Internet access, you must upload your calendar of days and hours spent in clinic in Typhon. At the end of the semester, faculty will notify the student when to enter the patients into Typhon. It is critical to maintain good records if there is no internet access.
- ✦ If on a service/mission trip with an organization that does not have an affiliation agreement with MUSC, then patients cannot be entered into Typhon. In this case, the student will develop an Excel or Word document that document your time, the types of patients and conditions seen, procedures and other activities. This can be turned in to course faculty upon return. Dates and hours must still be documented in Typhon.
- ✦ Students must review the trip itinerary with faculty to determine the number of ~~di~~ hours that can be credited towards the course.
- ✦ Service/mission trips that occur between semesters are eligible for exemption credit of up to 40 clinical hours that can be applied to the next semester depending upon the trip schedule and must be worked out with course faculty in advance of the trip.
- ✦ All students returning from service/mission trips will be asked to present to undergraduate students on their return. This can be done in the classroom or electronically/virtually.