

MEDICAL UNIVERSITY OF SOUTH CAROLINA COLLEGE OF NURSING



Guidelines for APRN Clinical Practice

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Section I: Definition of Terms

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Academic Advisement: Notification to a student by faculty that the student's course work and/or clinical performance is failing, or at risk of failing; and/or the student is exhibiting unprofessional behaviors in the clinical or online academic settings. The academic advisement includes a written plan for the student to work towards successful completion of the course/clinical requirements. An academic advisement follow-up will be issued to track the student's progression of recommendations for improvement.

Clinical Affiliation Agreement: A facility contract between MUSC (Medical University of South Carolina) and the clinical site.

Clinical Faculty: The faculty assigned to students in a clinical course. This faculty will monitor and review clinical activities (Typhon) as well as maintain correspondence with clinical preceptors.

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 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.

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

CON Graduate Affiliation 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.

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 plans of study should be directed. (Questions concerning course and clinical/Typhon issues are first directed to course faculty/coordinators. The Graduate Program Coordinator will assist the course coordinators when needed.)

CON Clinical Education Manager: The coordinator of clinical placements for all academic programs at the CON. The Clinical Education Manager assists with Area Health Education Center (AHEC) placements, affiliation agreements, and preceptor/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 enrolled students.

Lead NP faculty: The MUSC College of Nursing Faculty assigned to coordinate the AGNP, FNP, PNP, PMHNP, Post-MSN or Palliative Care programs.

Typhon: The software system MUSC CON requires for clinical students to track clinical hours and patient encounters.

Section II: Clinical Hours

** Clinical hours and sites may be contingent upon geographical location and individual needs.*

MSN & DNP Students:

Weekly calculation of clinical hours is dependent on the 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. Clinical hours must be spread out throughout the semester.

Advanced Care Management (ACM) I, II and III require 180 hours each of clinical time per semester.

Students may count two clinical hours for completing the Objective Structured Clinical Examinations (OSCEs) during their scheduled Learning Intensives.

NRDNP 848B Role Practicum requires **225 hours** of clinical time.

DNP students only: In addition to the above-mentioned clinical courses, DNP students will also be enrolled in NRDNP 890 Residency over 2 semesters. A minimum of 400 hours is required during DNP Residency. Incorporated into these hours in Residency are 100 hours related to the student's unique area of interest that supports the Scholarly Project. The remaining 300 clinical hours can be met as outlined below.

Post-BSN

For post-BSN to DNP AGNP, PNP, and FNP students, all **300 clinical Residency hours** must be in direct patient care, at least 150 of these hours must be in a primary care setting. The remaining hours (150) may be in primary care or in specialty care. For post-BSN to DNP PMHNP students, all clinical hours will be in a behavioral health setting.

MSN-DNP APRN hours by course (Post BSN):

COURSE	CLINICAL HOURS
ACM 1	180
ACM 2	180
ACM 3	180
Role Practicum	225
Residency (DNP only)	300 actual clinical hours over 2 semesters (and additional 100

	hours are designated for the project work)
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Post-MSN (both traditional MSN to DNP and Palliative Care Track)

Post-MSN APRN to DNP students who have entered the DNP program with 640 or more precepted hours from their MSN degree program will be required to obtain 300 clinical hours plus 100 hours for project) in Residency. If less than 640 precepted hours, additional hours will be required during Residency to meet the 1,000 hours DNP degree criteria.

Clinical hours may consist of mentored learning that provides a broad range of activities to assist the student in meeting the DNP competencies as outlined by NONPF. All Post-MSN clinical activity must have a clinical contract and a preceptor. The student will work with faculty to determine suitable preceptors, learning opportunities and clinical sites based on competency outcomes. The student may do clinical hours in direct patient care or other activities that include the following:

1. Projects related to specialization (ie. Palliative Care) and work in developing or implementing practice protocols, guidelines, and process improvement.
2. Time spent on a clinical agency's committee to evaluate a practice protocol, guidelines, and process improvement project.
3. Time spent participating in a health initiative in the state's health department.
4. Time spent in CE (Continuing Education) programs may be applied to DNP clinical hours on a case-by-case basis.
5. Residency clinical hours do not include time spent in seminars/conferences that are counted toward a course in which the student receives credit, nor in time spent traveling to and from seminars/conferences.
6. For Palliative Care Track only- for those who plan to sit for HPCC certification in palliative care, you must obtain 500 hours in palliative care within 12 consecutive months (can include work setting and DNP Residency hours/elective palliative care).

DNP APRN hours by course (Post MSN):

COURSE	CLINICAL HOURS
Residency	<p>300</p> <p>*This is variable and additional hours may be required depending on the number of clinical hours completed in the student's Master's program</p>

DNP in Lifespan Palliative Care hours by course (Post MSN):

COURSE	CLINICAL HOURS
<i>Elective Palliative Care Clinical</i>	45-200
Residency Course	300 *This is variable and additional hours may be required depending on the number of clinical hours completed in the student's Master's program. <i>Students must complete 500 hours in a Palliative Care setting within 12 months to be eligible for the HPCC Certification Exam</i>

Section III: Clinical Site and Preceptor Criteria

Selection Criteria for Clinical Sites

The MUSC College of Nursing requires that graduate 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.

Clinical sites should reflect the opportunity for unbiased experience for 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 Assistant Dean for clinical placements where they are employed.

Clinical Hours

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 as many as 100 clinical hours in specialty clinics during NRDNP 848B (Role Practicum), and as many as 150 specialty hours during NRDNP 890 (Residency). These specialty experiences should be based upon student learning objectives and students should 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. The Clinical Education Manager will assist students in determining the number of approved hours per specialty site.

For FNP students only: Students are required to secure clinical placements with the awareness of developing clinical skills to care for individuals across the lifespan. The expected breakdown of age population percentages for the FNP student to see in the clinical placement is approx. 100 hours of pediatric care (ages 1-day to 18y), approx. 100 hours of geriatric care (>65y), and 50 hours of women's reproductive health care. The remaining hours are to be adult care with a total by the time of graduation of 765 hours [MSN] and 1165 [DNP]. **Students** may have greater numbers but not less than required of your specialty. This is the envisaged goal for all FNP students. A discussion with the Lead Faculty will be necessary should an FNP student be unable to meet these parameters.

FNP Clinical Hours	MSN	DNP
Pediatric	100	100
Geriatric	100	100
Women's Health	50	50
Adult	515 +/-	815 +/-
Total required	765	1165

For AGNP students only: Students are required to secure clinical placements with the awareness of developing clinical skills to care for individuals from adolescence (≥ 12 years) through late adulthood. The expected breakdown of age population percentages for the AGNP student to see in the clinical placement is approx. 50 hours of pediatric care (ages 12 - 18y), approx. 50 hours of women's reproductive health care and approx. 100 hours of geriatric care (>65y). The remaining hours are to be adult care with a total by the time of graduation of 765 hours [MSN] and 1165 [DNP]. The student may have more clinical hours but not less than required of your specialty. A discussion with the Lead Faculty will be necessary should an AGNP student be unable to meet these parameters.

AGNP Clinical Hours	MSN	DNP
Pediatric	50	50
Geriatric	100	100
Women's Health	50	50
Adult	565 +/-	865 +/-
Total required	765	1165

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 specialty clinics during the program. PMHNP DNP students may complete 160 psychotherapy clinical hours supervised by a LISW, MSW or Psychologist. MSN students may obtain 100 psychotherapy clinical hours.

PMHNP Clinical Hours	MSN	DNP
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Pediatric	80	175
Geriatric	50	115
Adult	635 +/-	875 +/-
Total required	765	1165

Palliative Care – Students in the Post-MSN to DNP Lifespan Palliative program or enrolled in the Elective Palliative Care Clinical Course *should be placed in palliative care settings*. This includes, but is not limited to, in-patient palliative care programs, out-patient palliative or hospice care settings, long-term care facilities, or certain other specialized out-patient settings. Students must identify a primary preceptor following criteria as listed below but are encouraged to spend time with other interdisciplinary members (social workers, chaplains, child life, art therapists, etc.) of the palliative care team during their clinical experience. During NRDNP 890 students in this track may obtain hours outside of Palliative Care that add to their expertise, for example Quality Improvement, Evidence Based Care, Program Evaluation, or Policy development.

Clinical patient characteristics

Clinical site demographics should represent patients of all backgrounds to include education, gender, income, insurance, race/ethnicity and, if appropriate to foci, ages to allow students to experience a wide variety of healthcare needs.

Patient volume

Clinical site workload and patient volume should be adequate to ensure sufficient numbers of patients per day for a student to acquire the skills and patient care experiences required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation.

Clinical site office space

Clinical site environment should provide a student with enough office space to ensure lack of crowding while participating in clinical experiences such as the examination rooms and an area for chart review, differential diagnosis review, and documentation.

On-site resources

Preceptor:

APRN, MD, DO, PA, Psychologist, Masters-prepared psychotherapist

Medical record system:

Electronic preferred, but not required

Current medical reference:

Books, Internet access or other informatics technologies (apps, telemedicine)

Selection Criteria for Clinical Preceptors

Students in the MSN/DNP program engage in clinical practice under the guidance of a qualified clinical preceptor. In addition to the preceptor, all students are assigned a MUSC clinical faculty who reviews all of their documentation and evaluations and communicates with the students to ensure they are progressing in the program. This clinical faculty will also be in contact with the student's preceptor.

The clinical preceptor must be:

1. Formally educated for professional practice:
 - a. Graduate prepared APRN or Nurse Practitioner- *Each student should spend at least some time with an APRN or nurse practitioner during clinical experiences. The APRN must have a minimum of 1-year of clinical experience.*
 - b. Physician (MD or DO) - *Residents are acceptable if they have been at the practice for at least one year.*
 - c. Physician Assistant (PA) - *The PA must have a minimum of 1 year of clinical experience.*
 - d. LISW, MSW or Psychologist (for PMHNP students) – *Each professional 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/DO)
4. Clinical preceptors are at the clinical site with the students at all times and oversee their clinical practice.
5. For PMHNP – psychotherapy hours must be approved in advance by PMHNP Lead faculty.

Identifying a Clinical Site and Preceptor

At least two semesters (6 months) prior to a clinical course, the process of identifying an acceptable site and preceptor should begin. The CON Clinical Education Manager will email student reminders about this process throughout your time in the program. This is the timeline suggested by most clinical sites for provider availability and will also allow the student and CON staff/faculty time to complete required paperwork before clinicals begin. It is not recommended that clinical preceptors be personal friends, work colleagues, or involved in the healthcare of your immediate family.

Students who live in the Lowcountry area of South Carolina:

Students have two choices for clinical placement assistance:

1. The student can reach out to the CON Clinical Education Manager to work with Lowcountry AHEC to arrange clinical placement. Lowcountry AHEC will help identify available clinical sites and providers in the rural areas of the region. Student names and information will be forwarded to the Lowcountry AHEC Health Professions Student Coordinators and the CON Clinical Education Manager will remain the liaison until placement is secured. Students who choose to be placed by AHEC are required to take the site provided, no matter the travel distance involved (typically 1-2 hours each way, as these are rural sites). During this process, if a student has found a clinical site on their own, please update the CON Clinical Education Manager as soon as possible so they can notify AHEC. If the student still wishes to pursue an AHEC site alongside their additional site, please identify the adjustment of hours you will need with AHEC.
2. The student can secure their own clinical site and must follow the same criteria as for students living outside of the Lowcountry (see below).
3. Local pediatric site assistance:
 - a) **Due to the saturation of students in the Charleston area, we ask that students please do not contact primary pediatric practices or providers in the tri-county area (i.e., Coastal Pediatrics, Sweetgrass Pediatrics).** If you are an AGNP/FNP student who needs additional pediatric hours, please email the Clinical Education Manager to request pediatric time. We will attempt to place you with a Lowcountry area preceptor for some peds hours in either ACM III, Role Practicum or Residency. Placement will depend on availability and your current peds percentage. It is imperative that you ask to see as many pediatric patients as possible at your family medicine sites. You

are also encouraged to consider pediatric specialty hours in Role Practicum and Residency as they count toward your overall pediatric patient percentage. Note: you can contact pediatric specialty sites directly, without going through the College of Nursing. If you are exiting with an MSN, you must pay close attention to your pediatric hours since you only have 4 semesters to meet the expectations of your focus.

- b) **For local PNP students:** Please work with the Clinical Education Manager beginning at least 6 months prior to the start of your Xirst clinical course to collaborate on primary pediatric clinical placement. If you have a connection to a local site or preceptor that you would like to pursue, please reach out to the Clinical Education Manager as soon as possible so that **they** can cultivate that connection together.
- c) Any student needing or requesting pediatric primary care clinical sites may be required to travel outside of the Charleston area. The Clinical Education Manager will work with the student to limit these distance clinical sites throughout their time in the program.

Students residing out-of-state or other areas of South Carolina outside the local tri-county area:

- 1. Students are responsible for contacting and securing qualiXied clinical preceptors following the *Tips for Securing a Clinical Site and Preceptor* on the Graduate Clinical Education Intranet site. This effort should begin 6 months prior to the clinical semester. Students who encounter difXiculty locating a clinical preceptor should contact the CON Clinical Education Manager for guidance. The CON Clinical Education Manager and the track 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.
- 2. Out-of-state students, or students in the Midlands, Pee Dee, or Upstate regions of South Carolina, may attempt to contact their regional AHEC Health Professions Student Coordinator or similar state-related program. Students should make initial contact with their state-related program at least six months prior to the start of clinical to see if placement assistance is available.

Approval of Clinical Site and Preceptor

Lead Faculty and the CON Clinical Education Manager will approve all clinical sites and clinical preceptors according to student learning needs and specific course objectives. Once a provider (NP, PA, MD, DO) 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. All sites new to working with the College of Nursing must have an affiliation agreement completed on Xile with CON before a student can report to their first day of clinical. Please work with the Clinical Education Manager to ensure an agreement is on Xile (see Affiliation Agreement section below). Prior to the start of the clinical experience, a copy of the preceptor's license and certification must also be on Xile at MUSC. It is the responsibility of the student to obtain these documents.

Students residing in South Carolina or out-of-state:

The student must inform the Clinical Education Manager when they have secured a clinical site and preceptor placement so that the Clinical Education Manager can ensure the appropriate forms are completed in a timely manner.

Students residing in the Lowcountry of South Carolina who collaborate on placement with AHEC/Clinical Education Manager:

The student will be notified by the Clinical Education Manager once they have been placed in the site so that students can introduce themselves to their clinical preceptor and ask for the above-mentioned forms to be completed.

Once completed, the appropriate forms must be scanned/emailed to the Clinical Education Manager at the CON. The Clinical Education Manager will verify that all documents are complete and an Affiliation Agreement for the approved site is on Xile at the CON. Once this is verified, the Clinical Education Manager will ensure your site and preceptors are loading into the Typhon system before clinicals begin so you can log your experiences appropriately.

If an Affiliation Agreement is not on file with the CON, 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 these documents.

Affiliation Agreement

MUSC College of Nursing must have a legal contract secured with the clinical site prior to a student's rotation. The affiliation agreement outlines the responsibilities of the University and site, along with compliance and liability insurance requirements. A student is not legally covered to be in a clinical facility without this. An affiliation agreement must be obtained for each clinical site the student plans to utilize. It is the responsibility of the student to complete the 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.

Remember that the form itself is not a contract but a means to begin the process of securing an agreement. Failure to complete the form accurately and entirely can slow this process and may prevent the student from starting clinical rotations on time. If a current agreement is not already in place, a legal contract may be sent directly to the preceptor's agency from the MUSC College of Nursing or a facility's template may be requested. Completing new facility agreements is an extensive process that often involves the legal department of both parties.

The Affiliation Agreement Request Form should be submitted as soon as a site is secured. At least two months should be allotted for an agreement to be finalized. Once an affiliation agreement has been secured, students will be notified via email and provided with the details of the clinical placement.

Liability Insurance

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 require 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.

Residency [NRDNP 890] Contracts

In addition to the Affiliation Agreement, signed clinical contracts are required in Residency. *Contracts are not required in the other clinical courses, but Affiliation Agreements are required for all courses.* The purpose of the clinical experience for Residency is to increase the student's exposure to and involvement in doctoral level clinical practice under the direction of a clinical preceptor and to work toward independent practice.

The student is responsible for identifying and initiating a Residency clinical contract with a clinical preceptor involved in or with expertise in practice. Input from the Residency clinical faculty is important as the contract is developed. The student and clinical preceptor must

establish mutually agreed upon objectives and evaluation criteria. The specific objectives, requirements and evaluation criteria will depend on the practice focus in which the student is participating, the student's level of education, and the student's educational needs. *Additional instructions and all contract forms are available in the Residency course.*

There are different types of clinical contracts for Residency:

1. Primary care or Specialty care contracts (for both Post-B and Post-M students)
2. Post-MSN students functioning as preceptor's contracts

Initial Contact with the Clinical Preceptor

Once a clinical preceptor is approved and the preceptor's contact information is obtained, the students should contact the preceptor prior to the start of clinical within three weeks of receiving the notification. Students should also contact their preceptor again about a month before starting clinicals to ensure all arrangements are still in place. Students are encouraged to call their preceptor's office as the initial contact to make an appointment to meet with them in person. 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 provide 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 Through the Clinical Courses

Students may stay with the same clinical preceptor and site throughout the progression of their ACM clinical courses or may alternate clinical sites. All students who do not wish to remain with their preceptor and site for other assorted reasons will be responsible for finding a new clinical preceptor and site.

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.

Section IV: Student Responsibilities

Role/Responsibilities of the Post-BSN APRN 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.

AGNP, PNP, FNP

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 8-hour clinical 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 Role practicum and Residency are expected to see 4-7 patients per clinical day.

Course	Expected Patient Load <u>per 8-hour day</u> FNP, PNP, AGNP **** pro rate according to hours – ie. If 12 hours day then add 0.5 to total	Expected Patient Load <u>per 8-</u> <u>hour day</u> PMHNP **** pro rate according to hours – ie. If 12 hours day then add 0.5 to total
ACM I	4-6	2-4
ACM II	6-8 building to	3-5

	8-10 by midterm	
ACM III	10-12	4-6
Role Practicum	10-12	4-7
Residency	10-12 (or more)	4-7

When a student is in a specialty site during Role Practicum or Residency the student may document a lesser number of clinical patients in light of the educational experience of a specialty site. The number of typhon entries will be determined between the student and clinical faculty

Role/Responsibilities of the Post-MSN Student (Post-MSN to DNP and Post-MSN to DNP in Palliative Care)

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. Post-MSN students may complete direct patient care clinical hours, precept NP students or complete other activities that assist the student in meeting the AACN DNP Essentials. If questions or problems arise during a clinical experience, students should contact their assigned clinical faculty.

Additional Clinical Student Responsibilities [Post-BSN & Post-MSN]

1. Integrate personal learning objectives with course objectives.
2. Ensure preceptor abbreviated CV and Affiliation Agreement forms are completed and submitted prior to starting clinical hours.
3. The student may then contact approved clinical preceptor and determine the schedule for the clinical experience, including days of the week and hours per day.
4. Develop the clinical calendar of dates and times the student will be in clinic with the preceptor. It is required that clinical hours be completed consistently during 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. Students **are not** allowed in clinic on MUSC recognized holidays or in-between semesters. If the student requests to work on a weekend this must be cleared with the clinical faculty who will need to be available to the student when they are in the clinic.
5. Must start clinic and Typhon entries within **two weeks of the semester** or the student will receive an academic warning.
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. Complete the Typhon tutorial in advance of the first clinical course. [Typhon Student Log-in](#)
10. 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.
11. Completion of the clinical calendar includes listing the following data for each clinical day: Clinical Site; Preceptor name for the day; Hours scheduled at the clinic. For example: Sunrise Primary Care; Dr. Dawn Moonshine, MD. ; 0800 – 1700.
12. *Students are expected to complete half of their clinical hours per clinical course by midsemester and the calendar of clinical days and hours should reflect this.*
13. 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).
14. 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.
15. Demonstrate increasing competencies in assessment, management and presentation of patients to the clinical preceptor.
16. Function in the role of the Nurse Practitioner under the supervision of the clinical preceptor incorporating evidence-based practice guidelines.
17. Typhon corrections requested by clinical faculty: When a typhon entry is “not approved”, the student is required to correct any errors that are noted by the clinical faculty. This correction is to be completed within 7 days of the “not approved” notification.
18. Attend all scheduled clinical experiences on time and be prepared, completing all required clinical hours by the date designated by the course coordinator of each clinical course. Extensions must be approved by the clinical coordinator.
19. Complete clinical preceptor and clinical site evaluations at end of clinical rotation and before the semester ends.
20. Students will review the Typhon pie chart of clinical experiences for the semester to evaluate personal learning needs in the clinical setting.

The faculty understands that patient numbers may vary depending on the clinical site and level of acuity. Students must see a mixture of populations as well as ages. APRN Post-BSN 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 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 II for directions on how to create the Typhon graphical and time log reports.)

Important: The student's clinical calendar in Typhon 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 the Course Coordinator, Lead Faculty and/or Asst. Dean for any questions or concerns.

Post-BSN Typhon Clinical Logs

Typhon is the software system MUSC CON requires for clinical students to track clinical hours and patient encounters. Students will receive an email with a Typhon username and password and will be introduced to the Typhon system 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 or consultation 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." No documentation needs to be included in the “consult time” or “conference time”.

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 and ensuring earned clinical hours count towards graduation requirements. There is to be no added time to the day if the student arrives early to the clinic day to prep for the

day. The clinic time begins when the office officially opens. The end of the clinic day is when the last patient seen and the office closes – this may be past the “posted” closing time.

Post-MSN Typhon Clinical Logs

For Post-MSN students, clinical dates may be more fluid depending on the clinical experience. Dates entered in the Typhon calendar can be specific individual dates/times or a general plan.

As an example of a general plan: If the Post-MSN student is precepting a student 80 hours during January and February, the student will enter one Typhon calendar event for Precepting with consecutive days starting January and ending in February for a total of 80 hours (this can be entered in the “clinical hours”). The Typhon calendar will allow for entries with consecutive dates or individual date.

Section V: Clinical Preceptor Responsibilities

1. Complete Clinical Preceptor Information Form and abbreviated CV Form prior to student beginning clinical experience. Students will submit to the Clinical Education Manager.
2. Provide copy of license and specialty certification to Clinical Education Manager 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 the 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/or final clinical evaluation and review with clinical faculty during required phone conference and/or email communication. Mid- semester and/or final evaluations **must be completed by the clinical preceptor and reviewed with the student.**

These criteria are to be used to evaluate the student at their current semester level in the program.

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 is 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.

Section VI: Clinical Faculty Responsibilities

1. Complete 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 beginning of the semester, mid-semester and end of semester, and as needed. Each clinical faculty will attempt one personal phone call with the preceptor during the semester.
2. Communicate with student 1-2 times (at the beginning and end of the semester) and as needed throughout the semester.
3. Provide preferred method of communication and be available to answer questions or concerns regarding the student's clinical experience. The clinical preceptor is to be available to the student, in an emergency, during the student's clinical day.
4. Review student Typhon entries and provide educational feedback.
5. Assist student and clinical preceptor to optimize clinical learning environment.
6. Review Typhon clinical electronic log entries each week throughout the semester and verify scheduled clinical day attendance as posted in Typhon clinical calendar.
7. 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.
8. 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.

9. Review Post BSN-APRN student Typhon graphical charts of patients evaluated in clinic at midterm and final to ensure students see a mixture of patient demographics and diagnoses.
10. Award student's final grade upon achievement of clinical competencies.
11. Review the student's evaluation of the clinical preceptor and clinical site and provide information to the faculty course coordinator.
12. Complete documentation requested by Course Coordinator on the clinical course spreadsheet.
13. Inform Student Services if the preceptor requests confirmation of precepting for use with certification requirements or the like.

Section VII: Typhon Documentation Specifics

Advanced Care Management [ACM] & Role Practicum Courses

An "approved" rate of 85% of the cases is required for passing of clinical course.

For each patient documented:

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. Indicate correct participation in the care of the patient:
 - 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. If completing the H&P independently – this is a shared visit [first clinical semester students should attain this quickly].

4. Complete *Social Problems* section, noting only what was addressed in the visit
5. Clinical Notes section – see below
6. Medications – see below
7. If references are required in the Clinical Notes section all reference(s) should be in APA 7th ed. format. Be sure to utilize Evidence-Based Guidelines, scholarly textbooks (pharmacology text), and current review articles [primary sources]. Students may use other secondary sources such as Lexicomp to augment these primary sources only.

Clinical Notes Section (course specific)

*Students should reference their clinical course syllabus for additional information about Typhon requirements.

NRDNP 864 ACM I – 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 clinical guidelines or primary reference(s).

NRDNP 865 ACM II – Review *two medications* per clinical day for a primary disorder. You may not repeat medications and are expected to vary the drug category.

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. Is this drug used for multiple conditions – if so, what are they and what is the dosage recommended
5. Any labs needed before or during therapy and why?
6. Any dose changes for co-morbid conditions or the resultant lab work (include pregnancy and lactation)? If so, what would the dosage change be?
7. Pertinent potential medication reactions?
8. Any drugs that are contraindicated with this medication?
9. Any follow-up needed?
10. What patient education should be provided?
11. How is this medication being utilized in your patient and what in particular needs to be monitored for this patient?

NRDNP 866 ACM III – 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 (written in prescription form including Disp: Ref:), lab/diagnostics, patient education, follow-up and referrals. Students will need to 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 diagnoses is expected each week.

PMHNP students will be required to write up plans for 2-3 patients.

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. Students will need to include (cite) the Evidence-Based Guideline that formed the foundation for these decisions.

NRDNP 890 Residency - Post-BSN and Post-MSN students will document all patient encounters and/or clinical hours in Typhon. Required information includes the drop-down menus for patient encounters and medications written in prescription-format in the Clinical Comments or a time log note for non-patient encounters by Post-MSN students. The Typhon

calendar will allow for entries with consecutive dates or individual dates. Please keep the Typhon calendar up to date as faculty will use the calendar to monitor clinical progress.

NRDNP 876 Palliative Care Clinical Elective - Students will document all patient encounters and/or clinical hours in Typhon. A minimum of 2 patients encounters per clinical day is required (in-line with other specialty settings). These elective clinical hours will be added to required clinical expectations for plan of study.

Medication Documentation in Typhon

For ALL clinical Typhon entries in any course through Residency: Write out new medications in full prescription for each patient. These 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 the name of medication, strength, dosage and route only.

Examples for Medication Documentation ACM 1 through Residency:

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. 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.).

Section VIII: Evaluations

Preceptor Evaluations of Student

All clinical preceptors who complete **at least 50 hours by mid-term and/or end of the semester**, will be sent an email from the CON Student Services Compliance and Evaluation Officer requesting that a student evaluation be completed. It is the student's responsibility to ensure that the clinical preceptor completes these evaluations. Each student is required to review their evaluation with their preceptor in person.

Preceptors will receive an email with a link to the student evaluation at midterm and/or end of the semester. Remind the preceptor(s) to check their email (many of them provided their personal email that they may not check daily) and spam folders. If the preceptor does not receive the evaluation via email, please contact your course faculty/course coordinator with the most updated email address so the link can be sent to the preceptor.

Preceptors will evaluate students using the following “key”. These criteria are to be used to evaluate the student at their current semester level in the program.

- Below expected skill level: Consistently requires substantial assistance/supervision to perform task adequately
- Basic skill level: Performs tasks with basic skill and with moderate amount of assistance/supervision
- Intermediate skill level: Performs tasks with skill and is able to interpret findings with minimal assistance/supervision.
- High skill level: Performs with proficiency and skill, interprets with consistently accurate judgment, does not need assistance/supervision.

Once the preceptor has completed the evaluation:

1. Log into Typhon and under EASI, click on My Evaluations & Surveys.
2. On the bottom of the page, you will see a section called *“The following evaluations and surveys were completed about you.”*
3. Click on the Preceptor Evaluation of Student (look at date for most current one). You will only see this after your preceptor completes the evaluation.
4. Once you have reviewed the evaluation, click on Add your comments at the top. A new window will open. Please type in so that clinical faculty know you have reviewed and signed off. You can also include additional comments, if needed.
5. Once done, click Save.

Clinical Site and Preceptor Evaluation

1. Log into Typhon and under EASI, click on My Evaluations & Surveys.
2. Under Clinical Site and Preceptor Evaluation, click on Begin new evaluation.
3. A new window will pop up for you to begin completing the evaluation. Once done, click on the button that says SUBMIT COMPLETED EVALUATION.
4. Please complete an evaluation for each preceptor/site.
5. If you have two or more preceptors at the same site, complete an evaluation for each preceptor. (When completing the evaluation for the second preceptor, you can omit questions #8-#11 as long as you answered those on the first evaluation.)
6. If you have the same preceptor but you were at more than one site, complete an evaluation for each site. (When completing the evaluation for the second site, you can omit questions #4-#7 as long as you answered those on the first evaluation.)
7. Be honest in the evaluation, faculty rely on these evaluations to determine continued use of sites and preceptors.

Self-Evaluation

1. After logging in Typhon, under EASI click on My Evaluations & Surveys.
2. Under Self-Evaluation, click on Begin new evaluation.
3. A new window will pop up for you to begin completing the evaluation. Once done, click on the button that says SUBMIT COMPLETED EVALUATION.

Unsatisfactory Clinical Performance

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 advisement after communicating with the course faculty to acknowledge the preceptor's concerns and develop the written plan.
3. The faculty course coordinator, lead faculty, student services, and Assistant Dean will receive a copy of the academic advisement. After successful completion of the written plan the academic advisement is closed.
4. If the conditions of the academic advisement 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 may 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

and the Asst. Dean for Graduate Practice Programs, will determine the appropriate course of action for the student.

5. If mid-term and/or final evaluations indicate course competencies are not being met, students may be required to obtain additional clinical hours as determined by clinical faculty.

Evaluation Types Required of ACM and Role Practicum Courses

For each clinical course, the following clinical evaluations will be completed by the Post-BSN APRN Students: Midterm:

1. Preceptor evaluation of student
2. Self-evaluation by student

Final:

1. Preceptor evaluation of student
2. Clinical site and preceptor evaluation by student
3. Self-evaluation by student

These evaluations are imperative and provide necessary feedback to guide student's learning and for future placements with the preceptor/site. The evaluations completed by the students are found and completed in Typhon. Completion of the assigned evaluations is required for all clinical courses.

Evaluation Types Required of Residency Courses

Midterm evaluations are not completed in Residency, but final evaluations are. Below are the types of evaluations and which clinical evaluation tool is required for each type of contract to meet Residency course requirements. Evaluations are mandatory and due before the course ends.

Post-BSN APRN Students are assigned 3 final evaluations:

1. Preceptor Evaluation of Student
2. Clinical Site and Preceptor Evaluation by Student
3. Self-Evaluation by Student

Post-MSN Students are assigned 1 final evaluation:

1. Preceptor Evaluation of Student

The preceptor is required to sign at the bottom of the Residency contract confirming the completion of clinical hours.

Post-MSN student functioning as preceptor to other APRN/DNP students

1. The assigned Residency Faculty will sign the completed contract.
2. Upload final signed contract to the designated link as instructed by course faculty

3. No evaluations are needed by the student when functioning as a preceptor – that evaluation is done by your student for his/her own college and program.

Appendix I – Coding, Billing, & Compliance

Coding, Billing, & Compliance Issues in the Clinical Setting

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.

ICD-10-CM Codes

[International Classification of Diseases, Tenth Revision, Clinical Modification]

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 ICD10-CM coding in practice will extend to up to seven digits BUT for Typhon purposes it will only extend to 5 digits.

Example:

I10 – Hypertension

E11.65 – Type 2 Diabetes Mellitus without complications

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

Current Procedural Terminology (CPT) Codes

These are 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

For primary care visits at a primary care location the 992XX is used. 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

These are only for established patients in a clinical practice. New patients have a different code as well as visits specifically for well checks.

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

ICD-10-CM coding as well and CPT coding can be complicated. Some useful tips [though not exhaustive:

1. The first diagnosis listed on the billing form should be the primary reason for the encounter or visit.
2. Signs and symptoms are considered acceptable diagnoses if further workup is needed for a confirmed diagnosis and should be coded accordingly.
3. Working diagnoses such as “suspected” or “questionable” or “rule out” are acceptable to document only but are not considered valid diagnoses on the billing form.
4. 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.
5. Be specific with your documentation as this supports your visit and diagnostic coding.
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.

Additionally, CPT Codes are used for other care decisions. Select the code that most accurately identifies the service being performed. Some of the commonly used include:

1. Pathology and Laboratory Procedures - 80047-89398
2. Radiology Procedures - 70010–79999
3. Surgical Procedures on the Integumentary System - 10030-19499 (some may apply to primary care practice)
4. Vaccines and Toxoids - 91304-90749

Websites to Check for Billing and Coding Information:

American Academy of Pediatrics:

<https://www.aap.org/en/practice-management/practice-financing/coding-and-valuation/>

CMS.gov information:

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

ICD-10 codes

<https://www.icd10data.com/>

Appendix II – Progression of a Post-BSN Nurse Practitioner Student

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

First Clinical Experience 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, the preceptor allows student to take on more independent responsibilities.
- Student management plans need significant guidance.

Second Clinical Experience Student

- Student becomes more proficient in analyzing data, determining differential diagnoses, and more skilled with assessing and formulating management plans.
- Student improves their 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 Clinical Experience Student to Graduation

- 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.

Appendix III – Directions for Creating Typhon Reports

Clinical Graphics Report (Typhon graphical pie chart)

Use this chart to evaluate your learning needs – noting age groups, diagnoses, medications categories, procedures

Create one for your complete clinical experience when graduating that you can use when you interview for positions upon completion of the program.

Creation of Graphical Chart

1. Access home page
2. Locate Case Log Reports
3. Access Case Log Totals (Graphical)
4. Choose filters, e.g., name, semester, and course
5. Click Apply Filters
6. Copy and save 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.

Determination of Patient Hours During a Clinical Day

If you are in clinic for 8 hours and see 8 patients, the “Time with Patient” will be 60 minutes per patient. See calculation:

8 hrs = 480 minutes

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

Appendix IV – Medical Service/Mission Trip Guidelines

Medical Service/Mission Trip

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.

1. Students must register their travel itinerary.
2. 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.
3. Students should review Student Handbook for additional information/ policy (**University and CON Requirements for Individual Student Travel** section of CON Student Handbook).

Student Guidelines for Medical Mission/Service Trip:

1. 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.
2. There must be a supervising preceptor who will agree to verify your hours and completion of learning objectives. Learning objectives must be attainable.
3. The Office of Academics/Student Services must have the preceptor information on file in graduate student office.
4. 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 designated site (per faculty).
5. 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.
6. 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 documents 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.
7. Students must review the trip itinerary with faculty to determine the number of clinical hours that can be credited towards the course.
8. 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.
9. All students returning from service/mission trips may be asked to present to undergraduate students on their return. This can be done in the classroom or electronically/virtually.

Appendix V - Scholarly Activities - DNP Program Only

All DNP tracks (PostBSN, PostMSN, etc.) – all tracks will complete 10 Scholarly Activities (SA). These are activities beyond assignments that help you engage and enhance your knowledge and your contribution to interprofessional practice and doctoral work. Examples may include grand rounds, CME (Continuing Medical Education) specific to your track/role as a DNP (No RNs), publications – maybe you are a guest lecturer or presenter at a conference or college, journal clubs (outside of this course), morbidity and mortality committee meetings, IP committee work, QI, policy work, and many others. It has to support your role as an APN and doctoral level. It needs to apply to the different types of NONPF competencies. You want to have a nice distribution of activities and competencies covered – **not all the same type of activity**. If you have any questions or concerns about if an activity qualifies, please reach out to your faculty.

Scholarly Activities allow students to participate in academic activities while engaged in clinical experiences, which are central to Residency. *The National Organization of Nurse Practitioner Faculties (NONPF) lists 9 primary NP competencies. These include: Scientific Foundation, Leadership, Quality, Practice Inquiry, Technology and Information Literacy, Policy, Health Delivery System, Ethics, and Independent Practice competencies (see in folder for further descriptions). Students should aim to participate in as many activities as possible to cover these competencies and add to their DNP “toolbox.”*

Students should engage and contribute to interdisciplinary and interprofessional scholarly activities that are ideally linked to the DNP competencies and contribute to their doctoral work and build their academic portfolio. Examples of scholarly activities may include grand round presentations, CE certificates for educational offerings, publications, participation as a guest lecturer, journal clubs, morbidity and mortality meetings, interprofessional committees, quality improvement committees and other available opportunities that build towards scholarship as an advanced practice nurse.

All students are required to fulfill at least 10 scholarly activities. ***Please note that, although you can attend as many activities as you like, similar activities that qualify as Scholarly Activities are limited and if you do count similar activities, the activities should clearly represent a different NONPF DNP competency (i.e., no more than two CME patient care or pharmacology webinars, two grand round presentations, or interprofessional committee meetings - unless the focus is very different, i.e., one is focuses on ethical principles in decision making and ethical consequences of decision, while another focuses on development of a health care policy, etc. and this should be evident in the descriptor/title). We encourage you to participate in as many advanced scholarly activities as possible - our aim is for you to attend various types of activities, expanding the depth and breadth of your scholarly experience.*

Scholarly activities can be completed throughout the DNP program, but the completion of all Scholarly activities is required by the last semester of Residency. **Documentation of**

Scholarly Activity completion is submitted to the Professional Folder in Typhon. How to compile: Save any certificates provided (you will upload these with your listed activities into Typhon once you're in Residency), but otherwise, you keep a list on a Word document of the date, title of activity (example below) – if the title or competency addressed is not clear, add a sentence descriptor.

Date	Title/Brief Description of Activity	# of hours/days of Activity

Please contact your faculty for any questions about whether an activity is suitable for a Scholarly Activity.

AHEC Scholars:

Are required to participate in a certain number of interprofessional (IP) activities as an AHEC scholar. Students can count 1 of these as a SA; if you can make the case that a second one is fulfilling a different NONPF competency(ies), you can count up to 2 AHEC scholar programs as SAs.

IP program – counts as 2 SA

**Conferences that are up to a half day count as 1 SA, full day conferences count as 2 SA, 2 or more-day conferences may count as a max of 3 SA. Interprofessional electives may count as 3 SA. However, please keep in mind, that all SAs cannot be provider/practice focused, activities; the aim is to attend activities that cover all the competencies; therefore, students cannot count medical education conferences for all SAs.*