

# Graduate Nursing Clinical Handbook

2024-2025

**Briar·Cliff**  
**UNIVERSITY**

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Department of Nursing

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# Table of Contents

I.	Preparing for Practicums	3
II.	Practicum Prerequisites	3
III.	General Considerations for Clinical	4
IV.	Identifying Sites and Preceptors	5
V.	Approval of Sites and Preceptors	6
VI.	Student/Preceptor/Faculty Responsibilities	6
VII.	Evaluation Process	9
VIII.	Remediation	9
IX.	Forms	10
X.	Appendix A Clinical Hours By Semester	15
XI.	Appendix B Clinical Distribution Guidelines FNP/AGNP	17
XII.	Appendix C Clinical Distribution Guidelines PMHNP	19
XIII.	Appendix D Preparation of SOAP Notes	21

## I. Preparing for Practicums

Clinical experiences are a significant part of advanced practice nursing education. The identification and selection of clinical sites and preceptors is a shared responsibility that begins with each student. The Clinical Education Coordinator works closely with students throughout the program to ensure the best possible clinical experiences.

There are multiple clinical practicum requirements that must be completed prior to starting clinical experiences. Failure to complete these requirements will prevent students from completing the graduate program.

## II. Practicum Prerequisites

Prior to beginning the first clinical experience, students must complete the following courses with a grade of B- or better:

NURS 631 Advanced Physical Assessment

NURS 550 Advanced Pathophysiology

NURS 570 Advanced Pharmacology

All students must provide evidence of current CPR certification.

Students must meet all of the health-related prerequisites prior to beginning clinical. Please refer to Graduate Student Handbook – *Health Status*.

Students must complete a background check prior to beginning clinical. Please refer to Graduate Student Handbook – *Background Check Policy*.

Students must show evidence of a minimum of 2000 hours of clinical nursing practice as a registered nurse within the two years prior to enrollment in a clinical course. Employment must be verified by employer.

Students must provide evidence of personal health insurance coverage.

Students must be licensed as a registered nurse by the same state [or a nurse licensure compact (NLC) state] in which they are completing clinical. Any special licensure requirements, such as Mandatory Reporter, must be met in order to practice in a state in which the student is not a resident. For example: Students who reside in South Dakota (SD) may complete clinical in Iowa because both states are part of the NLC. However, Iowa requires that all RNs complete a Mandatory Reporter training program every 3 years, so even though they are part of the NLC and SD nurses don't need to apply for an Iowa RN license, they must still complete this

training program to be able to practice or complete clinical during their educational program. Students are responsible for notifying the Department of Nursing about any changes in the status of their licenses.

Students may need to meet additional requirements of the practicum experience agency, such as urine drug screens or annual background checks. All related expenses are the responsibility of the student.

Students must upload all required documents into the CastleBranch compliance management system. Students will not be able to begin or continue clinical if there are any missing or outdated documents.

### **III. General Considerations for Clinical**

Students are expected to dress and behave as professionals in all interactions with clinical agencies.

Appropriate dress includes business casual unless a specific dress code is designated by the clinical agency. Lab coats with the BCU Department of Nursing patch on the left upper sleeve and a BCU student photo ID are required, unless not permitted by the clinical agency. Students should be conservative with jewelry. The following are NOT permitted to be worn in the clinical area: blue jeans, revealing blouses or tops, open-toe shoes or sandals, long fingernails, exposed tattoos, exposed body piercings – with the exception of one ear piercing per ear.

Appropriate behaviors include proper introductions of self to patients and staff. Students are guests of the preceptor and clinical site. Patients should always be asked if they want a student to be involved in their visit. If this request has not been made prior to a student being assigned to a patient, the student should request and obtain permission. Students are expected to be timely and courteous. If students need to be absent from a scheduled clinical day, due to illness or an emergency, they are responsible for notifying the preceptor before the start of the clinical day.

Any expenses related to clinical experiences are the responsibility of the student. This includes transportation and may include overnight hotel and meal costs.

Prior to the first clinical course, students are asked to complete the *Clinical Practicum Planning Form*. This form is used by Clinical Education Coordinator to begin the planning process for your clinical practicums.

#### IV. Identifying Sites and Preceptors

Clinical sites need to be appropriate for the student's learning needs. Beginning students may benefit from clinical sites that have extra examination rooms to allow students to spend more time with patients. Consider the type of practice (primary care versus specialty care) and the geographical location (urban versus rural) when selecting clinical sites. Travel time to and from sites does not count as clinical time, so distance from your home might be a consideration as well.

FNP/AGNP Programs-Primary care family medicine and general internal medicine practices are the most appropriate sites for beginning students. The minimum hours for the program are 750 hours. The student may do more hours but not less 590 hours must be in a Primary Care site. Students are expected to complete their first 360 hours of clinical in a primary care site. Primary care sites may include urgent care, pediatrics, and geriatric care. Emergency care sites are considered primary care in certain situations.

FNP/AGNP Programs-Specialty care rotations are optional rotations in the year of the FNP/AGPCNP programs. Specialty rotations are limited to 80 hours per semester in the final fall and final spring semesters of the program. Choosing a specialty rotation is optional. Specialty rotations are limited to outpatient clinics and can include rotations in cardiology, orthopedics/sports medicine, dermatology, geriatrics, palliative care, pain management, wound care, and pulmonology. Students should not enter a hospital setting during their specialty rotation. Inpatient settings are not appropriate for specialty rotations. Students may enter long-term care facilities for a geriatric rotation. Specialty rotations should not be observational and are intended to be hands-on learning experiences. Specialty rotations may require additional content preparation prior to the clinical experience. Additional learning modules prepared by BCU clinical faculty will be emailed to the student once a specialty site is confirmed when available.

By the end of the program, all students are encouraged to have completed a minimum of 60 hours in a clinical site that serves vulnerable populations, ie. Federally Qualified Health Centers (FQHCs), rural health clinics (RHCs), critical access hospitals (CAHs) or Indian health services (IHS).

Identifying preceptors can be a challenging experience. It is the responsibility of the student to initially identify and plan for potential clinical sites and preceptors and to work with the Clinical Education Coordinator to ensure all steps are completed to secure the rotations. Students may identify preceptors by networking with other health professionals in their workplace, through professional organizations, and community contacts. Preceptors must hold a current license to practice in the state where the practicum is located. Advanced practice nurse preceptors may hold a

Master of Science in Nursing or Doctorate of Nursing Practice and have a minimum of 1 year of clinical experience in advanced nursing practice and current national certification. Physician preceptors must hold a medical or osteopathic degree and current board certification. A student's immediate supervisor at his or her place of employment may not serve as the student's preceptor. Precepting with relatives who are APRN, MD, DO, or PAs is not appropriate but may be considered on an individual basis. Exceptions are made for the therapy rotation hours within the PMHNP program.

All students are expected to complete the majority of their clinical experiences with advanced practice nurse practitioners throughout the program.

See Appendix A

#### **V. Approval of Sites and Preceptors**

The Clinical Education Coordinator will approve clinical sites and preceptors. When necessary, the Clinical Education Coordinator will assign students to clinical sites and preceptors. Student refusal to accept an available clinical site may result in delayed progression through the program or an inability to complete the clinical requirement for graduation.

Students must complete a *Request to Establish Clinical Contract* form and submit it to the Clinical Education Coordinator for the approval of clinical sites and preceptors.

The Clinical Education Coordinator will then determine whether we have a current contract (affiliation agreement) with the clinical site and the necessary information from the preceptor. Sites and/or preceptors who do not meet the requirements will not be approved. Once approved, the Clinical Education Coordinator will facilitate the establishment of an affiliation agreement and enter the necessary information into the Typhon Clinical Tracking System.

#### **VI. Student/Preceptor/Faculty Responsibilities**

Students are expected to arrange dates and times for clinical experiences with the preceptor or designated clinical site office staff member.

There are no restrictions on how many hours per day or days per week a student may attend clinical. Students are allowed to complete full weeks of clinical if agreeable with their schedule and with their clinical site.

Students should be mindful of their preceptor and clinical site when creating their clinical schedule. It is recommended that first year clinical students schedule 1-2 clinical days per week.

Students should be prepared for clinical practicums. This preparation includes developing individual learning objectives, conferring with the preceptor on specific

learning needs, and seeking independent learning experiences to improve autonomy and self-confidence. Students are encouraged to visit the clinical site and meet the preceptor prior to the first scheduled clinical day. Students should be prepared to leave a current resume and the syllabus for the clinical course with the preceptor. During this visit, students are encouraged to share their goals for the practicum. Prior to each new clinical rotation, students must complete the *Clinical Experience Goals* sheet and submit it to their designated clinical faculty member.

If not initiated by the preceptor, the student should request end of day debriefing on what went well, what they need to improve upon, and what types of experiences they would like to have during subsequent clinical days.

Students are required to enter HIPAA compliant data into the Typhon Clinical Tracking system, a web-based clinical tracking system, for each patient they are involved with during their clinical practicum experiences. They are also required to record the dates and times of their experiences onto a time log within this system. Time logs should reflect the amount of time spent in direct patient care and related activities, including debriefing with the preceptor. Training, orientation, travel, off-site research, and non-working lunch or other breaks should not be counted as clinical time. Students document completion of clinical procedures (observed, assisted, or performed) in the Typhon system as well. Clinical time logs should be entered in the Typhon system within 24 hours of the clinical shift. Clinical case logs should be entered in the Typhon system with 7 calendar days of the clinical date/encounter. Failure to enter logs in a timely manner may result in non-approval of late entry time and/or case logs.

Training on use of Typhon is provided during the first clinical practicum.

Beginning Level Students are expected to be able to complete the following:

- Gather comprehensive health history
- Accurately conduct physical examination techniques appropriate for comprehensive and focused examinations
- Utilize additional resources to gather pertinent information (i.e. medical record, family members)
- Begin development of differential diagnoses for the presenting problem
- Begin suggestions for ordering of diagnostic tests relevant to presenting problem
- Begin suggestions for evidenced-based interventions and referrals for presenting problems
- Document complete, accurate, and legible notes (If student is unable to have direct access to the EHR, they should document their findings in a written SOAP note).
- Articulate the role of a nurse practitioner
- Prioritize patient problems and clinical findings
- Use practice guidelines and other resources in the care of the patient
- Maintain patient confidentiality
- Demonstrate professional behavior, demeanor, and presentation

Intermediate Students are expected to complete the following:

- Improve use of time and resources
- Increase efficiency in obtaining history and physical examination
- Develop differential diagnosis attained with less input from preceptor
- Demonstrate greater depth and breadth of clinical knowledge
- Improve ability to prioritize and coordinate care
- Show greater comfort with presentation of cases to preceptor and/or consultants

Final Level Students are expected to complete the following:

- Perform all role functions in efficient, organized, and independent manner
- Demonstrate professionalism and grasp of nurse practitioner role
- Engage in interdisciplinary collaboration and consultation

Preceptors are expected to engage advanced practice nursing students in the guided experience of integration and applying scientific knowledge to clinical practice. The preceptorship of clinical students is a recognized responsibility for most health care professionals. Preceptors are not financially compensated for their efforts, however, precepting provides the clinician with an opportunity to teach, share in clinical expertise, increase one's own knowledge base, serve as a role model, and influence changes in health care professionals' education and the future of health care. Specific responsibilities of a preceptor include:

- Directs overall goals and objectives for the practicum experience based on student outcomes provided by the student and/or faculty.
- Provides students with clinical experiences that are grounded in the implementation of evidence-based practice and represent typical advanced practice nursing.
- Identifies and discusses student's needs in order to meet the course objectives.
- Assesses the nature of particular patient-care encounters that will enable the student to meet personal learning objectives.
- Utilizes appropriate teaching methods to help the student meet learning objectives.
- Evaluates whether the student's objectives have been achieved by the end of the practicum.
- Provides the student with feedback regarding patient care decisions, professional behaviors, and progress toward objectives.
- Demonstrates attitudes and qualities consistent with the ethics of health professions.
- Applies leadership skills in the area of peer review, quality assurance and community involvement.
- Respects the student, the clinical faculty, the advanced practice curriculum, and the nurse practitioner/DNP program.
- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.
- Ensures that students comply with HIPAA training and regulations.



- Co-signs orders and writes a note following the student's documentation. "I have seen, examined and discussed this patient with the student and concur with the findings and management plan."

Clinical Faculty are responsible for overseeing and evaluating the students' clinical practicum experiences. Nursing faculty review student clinical and time logs, review SOAP notes, and conduct site visits. The clinical faculty member is responsible for completing clinical evaluations and determining whether students develop the competencies established for each clinical course. Clinical Faculty will reach out to preceptors during each semester via, phone, email, face to face or virtual visit.

## **VII. Evaluation Process**

Clinical preceptors are expected to complete formal written evaluations of students at designated times throughout the program. The forms are available on the Typhon Clinical Tracking system and can be completed electronically. Prior to the designated time for completing the evaluations, preceptors will receive an email with a link to the online evaluation form. Students should ask their preceptor to review the evaluation with them before the end of the clinical rotation.

Students will be completing a self-evaluation of their performance and evaluation of the preceptor and clinical site.

Clinical Faculty assigned to students will complete site visits for the purpose of evaluating the clinical site, the preceptor, and the student. These visits can be conducted by phone, email, face to face or virtual presence. A final clinical evaluation will be completed by the clinical faculty on each student.

## **VIII. Remediation**

Students who are found to have deficiencies may be provided an opportunity for remediation. Remediation is offered to students who may have received an unfavorable evaluation by a preceptor or clinical faculty. The purpose of remediation is to provide students with an opportunity to demonstrate their knowledge and skills in a simulated or physical clinical environment. Whenever possible, students will be evaluated by at least two clinical faculty. The remediation will be tailored to the level of the student. The results of the remediation will be documented and placed in the student's clinical folder.

**IX. Forms**

**Clinical Practicum Planning Form**

Student's Name:

Address (include street, city, state, zip code):

County of residence:

Home Email:

Cell Phone:

Name of Emergency Contact Person:

Phone number of emergency contact:

Student's work Status (full-time, part-time, per diem):

Type of Work (describe setting [hospital, clinic, home, etc.] & clinical area [peds, ob/gyn, surgery, etc]):

EMPLOYEES of AVERA, SANFORD or UNITYPOINT HEALTH systems must check & answer below:

- AVERA Location: \_\_\_\_\_
- SANFORD location: \_\_\_\_\_
- UNITYPOINT location: \_\_\_\_\_

PLACE A CHECK IN THE RESPECTIVE PROGRAM: \_\_\_ FNP or \_\_\_ AGPCNP or \_\_\_ PMH

Please check if you have ever received any of the following sources of financial support during post-high school education:

\_\_\_ Qualified for Federal disadvantaged assistance

\_\_\_ Loans from Health Professions Student Loans or Loans for Disadvantaged Student Program

\_\_\_ Scholarship from US DHHS under Scholarship for Individuals with Exceptional Financial Need

## Request to Establish Clinical Contract

Date of Request:

Student requesting agreement:

Program:  FNP     AGPCNP     PMHNP     DNP

**Official Name of Clinical Site:**

Physical Address of site:

Mailing Address (if different):

Phone number of Clinical site:

**Name of Office Manager or Primary Contact Person to whom agreement should be sent:**

Name:

Title:

Phone number:

Fax number:

Email address:

**Preceptor Name & Credentials (ARNP, CNP, MD, DO, PA):**

Phone number:

Email:

**RETURN FORM TO Melissa McClain, Clinical Education Coordinator by email at**

**[melissa.mcclain@briarcliff.edu](mailto:melissa.mcclain@briarcliff.edu)**

## Clinical Experience Goals- PART I

Student Name:

Semester/Year:

Course Number:

Practice Site:

Preceptor:

Total Hours planned:

Goals for Experience:

**Develop a minimum of 3 goals that you want to achieve by the end of this clinical experience. Goals need to be written using SMART criteria. A SMART goal is one that is Specific, Measurable, Achievable, Relevant, and Time-bound. <sup>1</sup>**

Goal # 1.

Goal # 2.

Goal # 3.

Goal # 4.

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

\_\_\_\_\_  
Date

I (preceptor name) \_\_\_\_\_, agree to precept BCU graduate nursing student –  
named above for \_\_\_\_\_ hours during the (fall, spring, summer) \_\_\_\_\_ semester  
of 20\_\_.

\_\_\_\_\_  
Preceptor Signature

\_\_\_\_\_  
Date

## Clinical Experience Goals- PART II

Student Name:

Semester:

Course Number:

Practice Site:

Preceptor:

Total Hours Completed:

**Describe the extent to which the goals that you set for this clinical rotation were met (or unmet). Include examples of how goals were met. Explain why unmet goals were not met.**

Goal #1.

Goal #2.

Goal #3.

Goal #4.

Additional Comments:

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Student Signature

---

Date

---

Preceptor Signature

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Date

**<sup>1</sup>Specific:** This is the what, why, and/or how of your goal. Example: Complete a comprehensive H & P without using note cards.

**Measurable:** How much or how many? Tangible evidence that the goal is achieved. Example: Complete two comprehensive H & P's without using notecards.

**Achievable:** Needs to stretch you slightly, but fit with your knowledge skills, and abilities. You should have the knowledge and skills to do this, but need to have the opportunity to practice. Example You need to complete the comprehensive H Ps enough times so that you can do it without notecards. You might also want to be able to determine the differential diagnoses for a patient who presents with a headache, since that is covered in your first clinical course.

**Relevant:** What about the goal makes it important and pertinent to you? If you are already able to complete an H & P without the use of notecards, than this is not a relevant goal for you. At some point in your career you may want to be able to perform colposcopy, but this is not relevant during your basic advanced practice nursing education. This typically requires special training beyond your basic education as an NP. Goal needs to be appropriate for your level of education and fit with the opportunities in the clinical site.

**Time-bound:** By when? For your 60 hour experiences, it will typically be the last date of your clinical experience. For longer clinical rotations, you might have dates for goal completion staggered throughout your experience.

# Virtual Site Visit Consent Form

Thank you for allowing the Briar Cliff Nurse Practitioner Student an opportunity to complete their clinical education. Today your clinical assessment and exam will include a video conference component.

The purpose of the video conference is to allow a faculty member to observe the student's clinical skills. The site visit will focus on the student's interaction and skill level in the clinical setting.

The software utilized is profession telemedicine software. All data is encrypted, your session is anonymous, and none of your information is stored. We adhere to HIPAA, PIPEDA, and GDPR data privacy requirements. For more information, please visit Telemedicine Solutions at <https://doxy.me/>

Please read the statement below and sign where indicated. All patients should be offered the right obtain a copy of this signed consent form.

I understand that I will be participating in a virtual clinical visit with Briar Cliff University Nursing Faculty. I understand this is for educational purposes only, and that this interaction is anonymous and no personal information will be recorded.

Signature of patient \_\_\_\_\_

Printed name of patient \_\_\_\_\_

Signature of staff witness \_\_\_\_\_

Printed name of staff witness \_\_\_\_\_

Signature of student \_\_\_\_\_

Printed name of student \_\_\_\_\_

Date \_\_\_\_\_

## Appendix A

### Clinical Hours By Semester

Briar Cliff University  
Department of Nursing

Family and Adult/Gerontology/Psych and Mental Health Nurse Practitioner Programs  
Cohorts Graduating in Spring 2024 and Spring 2025

	FALL	SPRING	SUMMER
YEAR 1 – All Tracks	No clinical rotations	No clinical rotations	No clinical rotations
YEAR 2 FNP & AGPCNP	120 hours	120 hours	120 hours
YEAR 2 PMH	No Clinical rotations	180 hours	120 hours
YEAR 3 FNP & AGPCNP	180 hours	210 hours	
Year 3 PMH	210 Hours	240 Hours	

#### Clinical Hours:

The minimum hours for the FNP and AGPCNP programs are 750 hours. The student may do more hours with approval of the Clinical Education Coordinator but not less.

590 hours must be in a Primary Care site – see below for appropriate Primary Care sites

The minimum hours for the PMH program are 750 hours. The student may do more hours with approval of the Clinical Education Coordinator but not less.

#### Preferred clinical sites:

Year 2 Clinicals for FNP and AGPCNP are preferably primary care sites (family practice, internal medicine, urgent care, geriatric care). The summer session focuses on pediatric primary care(FNP program) or geriatric care(AGPCNP program).

Year 3 Clinicals for FNP and AGPCNP may be a combination of specialty practices along with primary care. There is a limit of 80 hours each semester of specialty hours. Prefer a minimum of 60 hours in any specialty rotation. Specialty sites may include:

ambulatory practices for dermatology, cardiology, pulmonology, endocrinology, neurology, gastroenterology, orthopedics, and women’s health.

Year 2 and Year 3 Clinicals for PMH-PMHNP clinical sites should be behavioral/mental health outpatient clinics, either community health or private practices, that provide care for complex mental health issues for all age groups To ensure sufficient clinical experience across the lifespan. The preceptors should be either board certified psychiatric mental health nurse practitioners, physician assistants with specialty training in behavioral mental health, or board certified psychiatrists. Alternative mental health training sites, for example inpatient psychiatry units or inpatient and/or outpatient chemical dependency units will be considered on a case-by-case basis. For the non-pharmacological therapy and counseling, the preceptor will be a licensed social worker, psychologist, psychiatric mental health nurse practitioner, or psychiatrists with additional specialty training in counseling.

Preferred preceptors:

51% of all clinical hours must be precepted by a nurse practitioner. The remaining hours can be with physician or physician assistant preceptors.

All preceptors should have a minimum of 1 year of experience in their role.

Clinical Site Visits:

Every student has a faculty member who is assigned to supervise and evaluate the students' performance in the clinical setting.

Clinical sites visits will occur at least once a semester during the third and final year of clinicals. Site visits can be in person or virtual.

The faculty member can choose to make additional site visits at any time during a student's clinical experience.

Department Contact Information:

**Clinical Education Coordinator:**

Melissa McClain [melissa.mcclain@briarcliff.edu](mailto:melissa.mcclain@briarcliff.edu)

**Graduate Program Director:**

Dr. Sandra Scholten [sandra.scholten@briarcliff.edu](mailto:sandra.scholten@briarcliff.edu)

**Chair of Nursing Department:**

Dr. Courtney Ott [courtney.ott@briarcliff.edu](mailto:courtney.ott@briarcliff.edu)



## Appendix B

### **Clinical Distribution Guidelines for FNP and AGNP**

The following distributions are minimum guidelines for students, preceptor, and clinical faculty to follow while progressing through their specified nurse practitioner tracks.

#### **Family Nurse Practitioner Program (Across the Lifespan): 750 Total Clinical Hours Required**

##### **Total Hours Distribution:**

- Child/Adolescent (0-17yo): 150 hours or 20% of hours
- Adult (18-54 yo): 300 hours or 40% of hours
- Older Adults/Geriatric (>55 yo): 150 hours or 20% of hours  
\*The remaining hours may be distributed among any life stage.

##### **Total Case Log Distribution:**

- Acute Visits: 94 patient encounters or approximately 94 hours
- Chronic Visits: 94 patient encounters or approximately 94 hours
- Well Child Visits: 75 patient encounters or approximately 75 hours
- Well Adult Visits/Routine Physicals: 38 patient encounters or approximately 38 hours
- GYN/OB/Postpartum: 38 patient encounters or approximately 38 hours  
\*The remaining case logs may be distributed among various types.

##### **Varied Skills Experiences/Procedure Logs:**

- Dermatologic procedures such as Minor Lesion Removal, I & D, Wound Management, Skin Biopsies, Wound Closure, Nail Removal: 10 Experiences
- Pap Tests/Long-term Contraceptive Management/Hormonal Implantation: 10 Experiences
- Therapeutic Aspirations/Injections: 5 Experiences
- Fluorescein dye/Corneal Eye Abrasions/Foreign Body Removal/Cerumen Removal: 5 Experiences
- Interpretation of ECG: 10 Experiences
- Diagnostic Interpretation of X-Ray: 15 Experiences
- PFT/Office Spirometry: 5 Experiences

**Adult/Geriatric Primary Care Nurse Practitioner Program: 750 Total Clinical Hours Required**

**Total Hours Distribution:**

- Adolescent (13-17yo): 75 hours or 10% of hours
  - Adult (18-54 yo): 300 hours or 40% of hours
  - Older Adults (55-74 yo): 150 hours or 20% of hours
  - Frail Elderly (>75 yo): 75 hours or 10% of hours
- \*The remaining hours may be distributed among any life stage.

**Total Case Log Distribution:**

- Acute Visits: 94 patient encounters or approximately 94 hours
  - Chronic Visits: 94 patient encounters or approximately 94 hours
  - Well Adult Visits/Routine Physicals: 38 patient encounters or approximately 38 hours
  - GYN/OB/Postpartum: 38 patient encounters or approximately 38 hours
  - Nursing Home Visits: 75 patient encounters or approximately 75 hours
- \*The remaining case logs may be distributed among types.

**Varied Skills Experiences/Procedure Logs:**

- Dermatologic procedures such as Minor Lesion Removal, I & D, Wound Management, Skin Biopsies, Wound Closure, Nail Removal: 10 Experiences
- Pap Tests/Long-term Contraceptive Management/Hormonal Implantation: 10 Experiences
- Therapeutic Aspirations/Injections: 5 Experiences
- Fluorescein dye/Corneal Eye Abrasions/Foreign Body Removal/Cerumen Removal: 5 Experiences
- Interpretation of ECG: 10 Experiences
- Diagnostic Interpretation of X-Ray: 15 Experiences
- PFT/Office Spirometry: 5 Experiences

## Appendix C

### Clinical Distribution Guidelines for PMHNP

The following distributions are minimum guidelines for students, preceptor, and clinical faculty to follow while progressing through their specified nurse practitioner tracks.

	FALL	SPRING	SUMMER
YEAR 1	No clinical rotations	No clinical rotations	No clinical rotations
YEAR 2	No clinical rotations	180 hours	120 hours
YEAR 3	210 hours	240 hours	

By the end of your clinical experiences, you should have accumulated the following number of completed encounters:

Psychiatric Care of Children/Adolescents	187.5 (25% of total hours)
Psychiatric Care of Adults	375 hours (50% of total hours)
Psychiatric Care of Older Adults	187.5 (25% of total hours)

You should also have completed the minimum number of hours performing the following:

Comprehensive physical assessments incorporating comprehensive mental and neurologic exams	50 hours
Comprehensive psychiatric interviews to include past medical, family, and psychiatric history	75 hours
Directing group therapy sessions	19 hours
Providing individual counseling utilizing recognized counseling modalities	25 hours

\*\*\*Therapy hours should be completed during NURS 617 clinical whenever possible. The maximum therapy hours completed should not exceed 90 hours throughout the program.\*\*\*

Finally, you will need to complete the following number of types of encounters (Encounters will be tracked in the Typhon Clinical Tracking system):

Child/Adolescent Comprehensive Intakes	13
Adult Comprehensive Intakes	25
Older Adult Comprehensive Intakes	13
Acute/Crisis Care Management	25
Child/Adolescent Medication Management	50
Adult Medication Management	313
Older Adult Medication Management	19
Substance Abuse Disorder Management	63
Seriously Mentally Ill Continuity of Care Management	63
Group Therapy Sessions	19
Individual Counseling sessions	25

**Notes: No more than 360 hours of clinical experiences may be completed through telepsychiatry.**

**A minimum of 51% of all precepted experiences must be with a PMHNP. Consideration can be given for hours precepted with a psychiatrist.**

**Post-graduate PMHNP certificate students will complete clinical experiences aligned with their gap analysis.**

**One encounter may be counted for more than one type of encounter. For example: an adult encounter might meet hours for an adult visit, plus hours for a comprehensive assessment and numbers needed for medication management.**

**Group therapy documentation-It is not necessary to document all patients from a group therapy session. Depending on the size of the group, 3-5 patient case logs should be entered per session.**

## Appendix D

### Preparation of SOAP notes for Academic Assignments

Knowing how to write a comprehensive SOAP note is an essential skill for all primary care providers. The SOAP note serves as documentation of what the provider learned about the patient's complaint or concern and what is done about it. With the advent of electronic health records (EHRs), writing out SOAP notes is infrequently used in practice. However, the process of obtaining a history, performing the physical exam, obtaining diagnostic studies, determining a diagnosis list and planning how to manage the complaint or concern are the SAME no matter how this information is ultimately documented.

Completing SOAP notes for academic assignments demonstrates the student's ability to complete the patient encounter and document it in an organized, concise manner. SOAP notes for academic assignments should include all the pertinent information that was used to complete the encounter.

**The following format should be used for all academic SOAP notes, regardless of what type of documentation is utilized in the actual clinical site.**

**“CC”:** Start with the chief complaint which is what the patient states is the problem they are being seen for during the visit. This is typically a brief phrase or short sentence and is written in the patient's exact words and placed in quotation marks.

On occasion, a patient does not have a problem but is being seen for a reason. This can be written as a **“Reason for visit”** which might be something like – Here for work physical. It is not necessarily placed in quotation marks because it might be the provider's statement regarding why the patient is being seen.

**S:** Include an organized history of the present illness (HPI), review of systems related to the chief complaint or reason for the visit. Include any pertinent past medical history or review of pertinent body systems.

**O:** Include only assessment findings identified on actual exam or pertinent negative findings. This is not a complete physical and does not need to include sub-headings for each system. It should be written in a narrative format.

**A:** Include the list of diagnoses starting with the most likely diagnosis, or the one that is more relevant for the majority of exams or diagnostic tests being

completed during the exam or planned for another time. Include the ICD-10 code for each diagnosis listed.

**P:** Include the plan for what you do during the visit or plan to complete as part of the encounter. The plan should be broken into sections:

**Dx** – list all the labs or diagnostic procedures that were done or are planned

include immunizations, therapies.

**Rx** – list all meds administered, dispensed, or ordered. Include all pertinent information such as dose, frequency, number dispensed, number of refills and discontinue date.

**Ed/Anticipatory Guidance** (age specific). This section may be the largest section for a well child visit. Remember, if you don't write it down here, it wasn't considered done. A large part of a clinical encounter is the information or education that is provided for the patient and/or family.

**Follow-up:** When to return to the office and what is planned for the next visit.

**E&M code** for the visit.

**Additional Notes:** *This is not a typical part of a SOAP note* but will allow the student to add things they may not have done during the visit but realize after the fact they should have done. This is your self-critique.

**All SOAP notes for academic assignments must follow this format and include each of these sections.**