

## SECTION V: FAMILY NURSE PRACTITIONER OPTION POLICIES AND INFORMATION

September 12, 2007

Dear Family Nurse Practitioner Student or Prospective FNP Student:

Students often have questions about the number of clinical hours for each course and the responsibilities of the faculty and preceptor as well as your own responsibilities during the program. For part-time students beginning FNP clinical courses in Winter 2004 or later, a new curriculum is in effect. The new curriculum does not change the number of units required but separates the FNP courses into theory and clinical companion courses. If you have an older application packet, the new courses compared with the previous courses are described in the following table:

**Table: Course Numbers in 2001-2003 Catalog  
and  
New Course Numbers in 2003-2005 Catalog  
And  
New Course Numbers in 2005-2007**

<b>2001-2003</b>	<b>2003-2005, 2005-2007</b>
N623	N616 and N617
N633	N636 and N637
N643	N646 and N647

This Section of the Graduate Handbook includes the overview of the FNP Program, Guidelines and Responsibilities of Preceptor, Faculty and Student, a Summary of Minimum Clinical Requirements; and the BRN Content for Theory and Clinical Hours. The FNP Preceptor Information can be printed from this information and includes an accompanying letter to the Preceptor. You will need this the quarter before you start a clinical course as you select a preceptor.

The Nurse Practitioner Preceptorship Agreement form needs to be completed by you and your preceptor. If this is the first time the preceptor has agreed to mentor a California State University, Bakersfield graduate student, the FNP Preceptor Biography/Curriculum Vitae form needs to be completed. The forms need to be returned to your faculty member prior to the clinical course or during the first week of clinical. Prior to a clinical course you need to submit the "Verification of Contract for FNP Placement" form to the Nursing office so agency contract verification can be confirmed. The verification form is then given to your clinical faculty. Your clinical faculty needs to be notified at least 8 weeks before you start clinical if you are requesting to use an agency where a new contract is needed. You are not to do clinical hours in any agency where the Department of Nursing, CSU Bakersfield does not have a current contract.

If you have questions about selecting a preceptor contact your clinical faculty or advisor.

As a reminder, you also need to be prepared to submit your health clearance from CSUB Health Center, receipt of malpractice insurance from the CSU Foundation, and a copy of your RN license and current CPR card.

If you require further information you can contact me at: (661) 654-2410; e-mail [bmeyer@csub.edu](mailto:bmeyer@csub.edu).

Sincerely,  
Bobbi Meyer JD, MSN, RN, FNP-BC  
Director, CSUB Family Nurse Practitioner Program

### **FAMILY NURSE PRACTITIONER PROGRAM - Overview**

The Family Nurse Practitioner program at CSUB is a 2-year full-time program, which leads to a Masters of Science degree in Nursing. Upon graduation, students are eligible to apply for state certification as a nurse practitioner. The first quarter of the program includes nursing theory, pathophysiology for advanced practice nurses, and an advanced health assessment course, which prepares them to conduct comprehensive history and physical exams. The first of five clinical nurse practitioner courses begins in the second quarter. Students continue to take didactic theory courses at CSUB during the time they are completing their clinical requirements. An outline of the required courses is included.

Clinical experience, defined as direct client care to individuals/families and/or communities, is a required component of the nurse practitioner curriculum. Clinical experience gives students the opportunity to apply theory in the clinical situation, develop an understanding of the nurse practitioner's role, function as a member of an interdisciplinary team, and demonstrate the ability to mobilize and coordinate available community resources in the management of client health and illness states. Students develop their critical thinking skills and test their philosophy of practice throughout clinical experience. This opportunity to apply in practice, the theory, research, and technical skills they are learning must be sufficient to enable the student to develop the competencies necessary for practice.

While faculty are accountable for the final evaluation of students, preceptors are vital members of the teaching team and are clinically expert individuals with whom students have the opportunity to work.

This document outlines the curriculum timetable and minimum clinical requirements for family nurse practitioner students. This provides, for student and preceptor alike, an overview of what the emphasis is for each quarter in addition to type and frequency of patient encounters.

**TABLE I**  
**Curriculum Timetable 2005-2007 Catalog**

<i>Quarter 1</i>	<i>Quarter 2</i>	<i>Quarter 3</i>
<b>September - December</b> Students attend classes at CSUB.	<b>January - March</b> Students attend classes at CSUB and spend approximately 8 hours per week with preceptor.	<b>April - June</b> Students attend classes at CSUB and spend approximately 11 hours per week with preceptor.
<i>Quarter 4</i>	<i>Quarter 5</i>	<i>Quarter 6</i>
<b>September - December</b> Students attend classes at CSUB and spend approximately 11 hours per week with preceptor.	<b>January - March</b> Students attend classes at CSUB and spend approximately 11 hours per week with preceptor.	<b>April - June</b> Students attend classes at CSUB and spend approximately 11 hours per week with preceptor.

\*Each clinical course has an additional one-hour per week of conference time.

**TABLE II**  
**List Of Courses And Units For FNP Option**

<b>Year 1</b>	<b>Course #</b>	<b>Course Title</b>	<b>Units</b>
FALL:	N586	<i>Adv. Health Assessment (theory and clinical)</i>	5
	N590	<i>Theoretical Foundations of Nursing (theory)</i>	3
	N603	<i>Pathophysiology for Advanced Practice Nurse (theory)</i>	3
WINTER:	N515	<i>Roles In Advanced Practice (theory)</i>	2
	N584	<i>Pharmacotherapeutics (theory)</i>	3
	N606	<i>Family Theory and Health Promotion</i>	3
	N607	<i>Assessment and Management of Family Health Care Laboratory /Clinical</i>	3
SPRING:	N625	<i>Nursing Research (theory)</i>	4
	N616	<i>Assessment &amp; Management of Chronic Family Health Care Theory</i>	4
	N617	<i>Assessment &amp; Management of Chronic Family Health Care Laboratory/Clinical</i>	4
<b>Year 2</b>	<b>Course #</b>	<b>Course Title</b>	<b>Units</b>
FALL:	N518	<i>Care of Vulnerable Populations (theory)</i>	2
	N690	<i>Thesis/Project</i>	1-5
	N636	<i>Assessment &amp; Management of Acute Family Health Care Theory</i>	4
	N637	<i>Assessment &amp; Management of Acute Family Health Care Laboratory/Clinical</i>	4
	N684	<i>Advanced Pharmacotherapeutics (Theory)</i>	2

WINTER:	N527	<i>Health Care Policy and Delivery Systems (theory)</i>	3
	N690	<i>Thesis/Project</i>	1-5
	N646	<i>Assessment &amp; Management of Complex Family Health Care Theory</i>	4
	N647	<i>Assessment &amp; Management of Complex Family Health Care Laboratory/Clinical</i>	4
	N690	<i>Thesis/Project</i>	1-5
	N653	<i>Advanced Practice Practicum in Family Health Care (1 unit theory and 4 units clinical)</i>	5

### QUARTERLY GUIDELINES FOR STUDENT PROGRESS

#### *End of First Quarter (N586 - On Campus)*

In addition to the successful completion of theory requirements, students will be able to do an adequate screening physical exam, be able to use their instruments properly, and have necessary interviewing and communication skills for patient encounters. Students will be able to consider the patients' growth and development as part of assessing, planning and intervening.

#### *End of Second Quarter (N607 - First Clinical Rotation)*

The emphasis in this quarter will be on data gathering, conducting routine H & P's, and health promotion/risk reduction activities. Expectations include:

1. Students will be able to perform a thorough and complete screening history and physical, including developmental health history, psychosocial assessment.
2. Students will be able to do a focused history and physical on the common "walk-in" patient problems and report their findings to the preceptor. In doing focused histories and physicals, it is expected that the student will cover at least what is needed, but probably make the error of gathering too much data.
3. Students will be able to demonstrate basic communications skills including active listening, acknowledging concerns of the patients, responding and using appropriate language, and avoiding medical jargon.
4. Students will be able to recall and elicit through interviewing a review of systems for major organ systems. For example, if a patient comes in complaining of a respiratory complaint, the student will be able to state what the basic respiratory ROS he or she would obtain.
5. Students will develop and use diverse protocols as a basis for intervention and management of common health problems.

6. Students will be able to plan appropriate health promotion/discuss prevention interventions. For example, if a patient has a history of smoking, the student will be able to encourage smoke cessation.
7. Students will be able to assess family structure and support mechanisms as well as identify community resources.
8. Students will demonstrate a beginning level in interpretational laboratory findings.
9. Students will evaluate the assessment data to provide a preliminary diagnosis of health and developmental problems.
10. Students will be aware of their limitations. They have to be able to acknowledge areas of limited knowledge and say: "I don't know." The corollary of this is that they request appropriate preceptor help depending on the clinical problem at hand.

### *End of Third Quarter (N617)*

Emphasis during this quarter will be consolidation of prior skills, the management and follow up of patients with chronic diseases across the life span. The student will be expected to apply pathophysiological concepts to clinical practice and have a knowledge of common differential diagnoses and develop sound assessments. The student will continue to emphasize risk reduction and health promotion activities.

1. Students will be expected to collect a focused data base on common chronic diseases, including: hypertension, diabetes, COPD, congestive heart failure, rheumatoid arthritis, coronary artery disease, and cerebral vascular disease.
2. They will be able to make accurate assessments and differential diagnoses for common chronic health problems.
3. They will make consistent and accurate problem lists for all patients they see.
4. They will be able to order and interpret appropriate diagnostic tests, including radiology tests, and initiate and evaluate treatments for health problems that have been covered in class or by standardized procedures, including pharmacotherapeutic.
5. They will incorporate nutritional assessment and intervention into their assessment and management of chronic health problems.
6. They will be able to perform, when required, special physical exam techniques, for example, checking for jugular venous distension, testing for ascites, etc.

### *End of Fourth Quarter (N637)*

Emphasis this quarter will be on health promotion, disease prevention and management of patients with acute self-limiting illnesses across the life span. The student will start

incorporating referrals to other health care professionals in their plan of care and understand the implications of this dimension in terms of coordinating primary care.

1. Students will be expected to collect a focused database on common self-limiting and acute health problems including: bronchitis, otitis media, conjunctivitis, pharyngitis, chest pain, etc.
2. They will be able to make accurate assessments and differential diagnoses for common acute problems seen in the primary care setting.
3. They will continue to evaluate patients with common chronic diseases and, with preceptor consultation recommend appropriate pharmacological and non-pharmacological interventions. Provide appropriate follow up care.
4. Students will demonstrate basic counseling skills and improved communication skills with patients and their families.
5. Students will continue eliciting and recording a developmental health history, psychosocial assessment and nutritional assessment.
6. Students will develop greater depth in determining the need to order laboratory tests and in interpreting those tests.
7. During an oral presentation to the preceptor or faculty member they will be able to give pertinent positives and negatives for patient problems encountered.
8. Students will initiate and provide emergency treatments. For example, if a patient comes in with an allergic reaction, the student will provide initial treatment. Students will use EKG results in determining appropriate plans and interventions.

### ***End of Fifth Quarter (N647)***

Emphasis this quarter will be on the management of complex health problems. The student should be able to collect a focused database on patients with chronic multi-system disease, for example, COPD with underlying coronary artery disease, poorly controlled hypertension with underlying diabetes mellitus, etc.

1. They will be able to do condensed H & P notes and appropriate, but brief, SOAP notes.
2. They will be able to assess, diagnose, and treat common problems with some level of preceptor consultation.
3. Focused history and physicals will be limited to the problem.
4. Students must have basic problem solving skills and be able to triage or think through problems that are either uncommon or atypical.

5. Students will continue to evaluate patients with common chronic disease and acute self-limiting illness across the life span.
6. Students will obtain greater depth in laboratory interpretation, pharmacotherapeutic, and nutrition.
7. Students will refer and consult with other health professionals and specialists.

***During the Sixth Quarter (N653)***

Emphasis this quarter is on the refinement of clinical skills. Any deficiency in depth or breadth of clinical experiences will be corrected by the end of the quarter. Demonstrate skill in the performance of selected advanced skills, for example, cryotherapy, biopsy, etc. Demonstrate the ability to appraise, identify, and recognize signs and symptoms of acute self-limiting illnesses as well as those with chronic, multi-system disease.

1. Students will finish any outstanding requirements for graduation.
2. Students will continue to work on efficiency in office practice.
3. Students will continue to work on patient follow up skills, especially regarding patients with chronic multi-system disease.
4. Students will focus on the professional aspects of the nurse practitioners role, including legal and ethical implications of advanced practice.

**Note to Preceptors:** You are being provided with a copy of the student's minimum clinical requirements for informational purposes. The student is responsible for working with you and your office staff in choosing appropriate patients to meet these requirements. The number of patients seen will depend upon the complexity of the patients' problems and the students' familiarity with the condition. Students are expected to be thorough and complete. Student productivity is expected to increase as the student progresses in the program. Typically students see an average of 2-3 patients per day during their first quarter (N607), 4-5 patients per day during the second quarter (N617), and 5-6 patients per day in subsequent quarters (N637, N647, N653).

Standards used in developing The Family Nurse Practitioner content:

- (a) American Association of College of Nursing (1996). *Essentials of master's education for advanced practice nursing*.
- (b) California State Board of Registered Nursing Laws and Regulations for Nurse Practitioners; and
- (c) National Organization of Nurse Practitioner Faculties (2000). *Domains and Competence of Nurse Practitioner Practice*.
- (d) U.S. Department of Health and Human Service, Division of Nursing (2002). *Nurse practitioner primary care competencies in specialty areas: Adult, family, gerontological, pediatric and women's health*.

The NONPF (2000) guidelines address the six domains of the curricular content:

- (1) Management of Client Health/Illness (Health Promotion, Health Protection, Disease Prevention and Treatment)
  - clinical decision-making
  - health assessment
  - health promotion and disease prevention
  - pathophysiology
  - lifespan and transitional development
  - family theory
  - epidemiology
  - community assessment/program planning
  - nursing/health related theory/application
  - clinical research
  - clinical therapeutics – pharmacologic
  - clinical therapeutics – non-pharmacologic
  - technical skills
  - management of acute and chronic illness
- (2) Nurse-Client Relationship
  - communication
  - therapeutic use of self
  - confidentiality
  - decision-making with client

- 3) Teaching-Coaching Function
  - timing
  - eliciting
  - assisting
  - providing
  - negotiating
  - coaching
- (4) Professional Role
  - developing and implementing role
  - directing care
  - providing leadership
- (5) Managing and negotiating the health care delivery system
  - managing
  - negotiating
- (6) Monitoring and ensuring the quality of health care practice
  - ensuring quality
  - monitoring quality
- (7) Cultural Competence
  - respect for cultural and spiritual beliefs
  - health care available to patients from diverse cultures

H. Sands (8/98)

Revised - P. Leapley, J. Robinson, B. Meyer (10/02) Revised - P. Leapley (09/04),  
Revised-B. Meyer (9/07)

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**  
**Department of Nursing**

**SUMMARY OF MINIMUM CLINICAL REQUIREMENTS**  
**For Family Nurse Practitioner Students**

***Introduction***

The following information is intended to serve as a guide for the student's *selection of clinical experiences* required of the FNP courses: N607, N617, N637, N647, and N653. It is recognized that patient problems encountered in the clinical setting do not always coincide with the order of gaining didactic knowledge through the scheduled classes and assignments. However, the student is expected to gather complete subjective and objective data, even though the student may not currently be able to *fully assess the problem or to develop a complete treatment plan*. At any given time, the student will be responsible for the diagnoses and treatment of only those conditions covered didactically in the FNP courses. Since the evaluation of minimum clinical requirements includes cross-references to clinical logs, general instructions regarding this record keeping is also included.

***Instructions***

**Advanced Practice Nursing Encounter Log**

Each patient seen will be recorded on the APN Encounter Log. Each time the student sees an individual patient that visit will be recorded with a new number. Student participation in decision-making and type of decision-making is to be recorded along with other pertinent information. Patients designated as observation only will count as a patient encounter and the time required to see the patient counts as clinical time. Only the diagnosis and social problems addressed by the student should be recorded even though the patient may have additional problems on their problem list. All problems addressed by the student should be recorded each time the patient is seen. APN Encounter Logs are reviewed three times a quarter (every 3 weeks) by faculty. Students are to tally their clinical hours information three times a quarter (every 3 weeks) on the *Clinical Hours Log* and provide a copy to faculty and preceptor. This will assure faculty and preceptor alike that the student is making timely progress.

**Minimum Clinical Requirements (MCR) and APN Encounter Log**

The student is expected to maintain a current list of encounters (Patient Log Records), which list in chronological order patients seen at the clinical practice site. For efficient record keeping of the minimum clinical requirements (MCR), the same patient encounter number is used for cross-referencing which clinical requirement was met. The impetus for using the MCR is two fold:

1. Provide necessary record keeping of depth and breadth of nurse practitioner student experiences as mandated by the Board of Registered Nursing.
2. Assure a broad foundation of clinical experience that is oriented to primary health care of families.

In many cases students have more than one problem cared for at a single visit. Accordingly, patients' problems may be recorded under more than one category of the MCRs if the student is thoroughly addressing each. Although the patient may have multiple problems, only those problems addressed by the student may be credited toward the MCR Log.

Student level of responsibility (participation in decision-making) ranges from level 1 observation, level 2 some help, level 3 joint care, to level 4, mostly student. Observation is not included in meeting the minimal clinical requirements. Students must have a complete chart note on all patients listed on MCRs. These chart notes may be audited during the clinical site visit.

Of the following minimum clinical requirements, the student is responsible for at least one written comprehensive history and physical each month of a patient who has at least one clinical problem. The student may have additional written assignments assigned by the faculty depending on which quarter the student is registered in.

### **STUDENT LEVEL OF RESPONSIBILITY (LOR)**

- LEVEL 1     Observation Only: Student observes provider or "assists" peripherally in procedure. Utilized when student observes surgery or other procedures without scrubbing. Can be recorded on APN Encounter Log, but not counted toward MCRs.
- LEVEL 2     Some Help: Preceptor rechecks almost all of history and or exam and provides most of the assessment and plan. Utilized for students very early in the program or for a patient with very complex or potentially life-threatening problems. Less than shared responsibility.
- LEVEL 3     Joint Care: Approximately half FNP student responsibility; utilized for beginning students or complex patient problems. Equal responsibility between student nurse practitioner and preceptor with some review of history and physical exam and sharing of assessment and plan.
- LEVEL 4     Mostly Student: The student sees a patient without preceptor consultation during the patient visit. However, the student must briefly present the patient's case to the preceptor prior to the patient leaving. Primary responsibility for patient encounter. Greater than 50% by the student.

#### OR

The student briefly consults the preceptor for less than 5 minutes, usually for presentation or to confirm positive exam findings. The student is responsible for assessment and plan with preceptor approval.

Patient encounters in level 1 will not be counted in these clinical requirements. Only patient contacts in levels 2 through 4 will be accepted as meeting the minimal clinical requirements.

It is expected that approximately 1/5 of these requirements will be completed each quarter, from Winter of the first year to Spring of the 2nd year (second through sixth quarters).

It is anticipated, however, that overlap will occur and that students may see fewer patients in the second and third quarters but considerably more in the remaining quarters as their efficiency and ability to manage more complex patients improves.

### **IMPORTANT:**

Students must write the progress note on the chart for Levels 2-4, although preceptor may write an additional note for patients who require consultation for potentially life-threatening problems. This is a legal requirement.

### **HOW TO DETERMINE IF A PATIENT ENCOUNTER WOULD BE ACCEPTABLE TO COUNT AS A MCR**

1. Patient cannot just be observed. LOR must be 2-4 (if you are watching your preceptor handle the encounter, you may not count it).
2. The encounter must be diagnosis specific for the MCR counted e.g., if the MCR is contact dermatitis, the diagnosis must state contact dermatitis not rule out contact dermatitis or contact dermatitis vs. psoriasis.
3. The SOAP must contain questions (i.e., Review of Systems, HPI) about the MCR, a physical exam of the part, an assessment with the diagnosis (which is the same as the MCR) and a treatment plan for the diagnosis.
4. Each APN Encounter Log may not have more than 3 recordings on the MCRs. For example, if you see a patient who is pediatric, is being seen for asthma, and has a sinus infection as well, all three of these diagnostic categories can be used as MCRs. But if the same patient was also seen at the same visit for otitis media, only three of the four diagnoses could be used as MCRs.

**MCRS MAY BE AUDITED AT ALL SITE VISITS SO KEEP TRACK OF YOUR PATIENT CONTACT/CARE RECORDS SO THAT THE APPROPRIATE CHARTS CAN BE RETRIEVED FOR THE FACULTY TO REVIEW. AN ALTERNATIVE WOULD BE TO MAKE A COPY OF THE CHART RECORDINGS WHICH YOU ARE USING AS MCRs.**

H. Sands (8/98)

Revised - P. Leapley (10/02)

Revised - P. Leapley (9/04)

California State University, Bakersfield  
Department of Nursing

**MINIMUM CLINICAL REQUIREMENTS**  
For Family Nurse Practitioner Students

Encounter refers to one client. The detail of requirements can be counted in two areas or twice in the same area but not more than twice.

REQUIREMENT	ENCOUNTERS NEEDED	DETAIL OF REQUIREMENTS
PEDIATRICS	18	6 less than 1 year , 6 greater than 1 year, 2 complete work ups, 6 well baby/child exams/sports physicals,6 immunizations
WOMEN'S HEALTH OB/GYN	16	10 pelvic exams (5 paps.), 2 contraception, 2 STD 2 initial pregnancy, 2 postpartum, 2 amenorrhea or DUB, 3 microscopy procedures (Ex.wet mounts)
CARDIOVASCULAR	16	3 CHF, 3 chest pain, 3 murmurs, 6 HTN, 3 Dyslipidemia
DERMATOLOGY	10	1 acne, 2 eczema/ atopic dermatitis, 1 contact dermatitis, 2 actinic keratosis, 2 tinea, 1 suturing procedure, 3 wound care procedures
ENDOCRINE	10	6 diabetics, 2 thyroid problems, 2 obesity
ENT - EYE	14	4 otitis media, 1 otitis externa, 2 sinusitis, 2 allergic rhinitis, 2 funduscopy exams, 1 fluorescein staining, 2 red eye (conjunctivitis)
GI	12	5 abdominal pain, 1 appy or acute abdomen, 1 hepatitis, 1 gallbladder disease, 2 ulcers, 2 GERD,
GU	8	3 prostate exams, 5 UTI
MUSCULO-SKELETAL	10	1 shoulder injury or pain, 1 knee injury or pain, 1 ankle, injury or pain, 2 arthritis, 3 low back pain, 3 splinting procedures
NEUROLOGY	8	3 headache, 2 vertigo, 1 CVA/TIA
PSYCHIATRIC/ MENTAL HEALTH	8	2 situations crisis (individual), 2 family crisis, 3 depression, 1 drug/alcohol dependence/abuse
RESPIRATORY	12	2 COPD, 2 asthma, 3 cough, 3 bronchitis, 2 pneumonia,
REFERRALS/ HEALTH PROMOTION	20	10 screening (mammograms, colonoscopy), 5 medical specialist, 5 other discipline

630 hours of clinical practice are required in the Family Nurse Practitioner option. FNP option students must complete a minimum of 120 hours of the 630 hours in state or nationally designated medically under-served areas.

A balance in clinical experience is important. The following are guidelines for achieving this balance. At least 210 hours with a nurse practitioner. The distribution of adult health/ women's health and child health should be 50%:25%:25%.

P.Leapley5-26-05

Approved by Graduate Program Committee 5-26-05 and Faculty Organization 6-05

**California State University, Bakersfield - Department of Nursing**

**GUIDELINES AND RESPONSIBILITIES: FAMILY NURSE PRACTITIONER  
PRECEPTORS, STUDENTS, AND FACULTY**

**FOR PRECEPTORS:**

1. Provide for an orientation of the student to the facility or office, staff, policies and protocols.
2. Assist the student in the selection of appropriate patient health problems.
3. Provide validation for the student's findings when necessary or desired.
4. Be available to supervise, collaborate and counsel the student regarding the medical management of health problems and therapeutic plan of care including prescriptions.
5. Receive referrals of problems the student is unable to handle within the scope of the nurse practitioner role or level of experience.
6. Observe the student's clinical performance periodically.
7. Provide the student with ongoing and terminal evaluation of clinical performance (Evaluation forms are provided).
8. Review and countersign the student's recordings on patient health records.
9. Collaborate and counsel the student in the review of protocols.

**FOR STUDENTS:**

1. Prepare personal learning and clinical objectives (according to course syllabus) and present them to preceptor and faculty.
2. Arrange conferences and site visits with the assigned clinical faculty member as appropriate for clinical learning goals and needs.
3. Possess a clear, current, active California Registered Nursing license. Be familiar with the California Nurse Practice Act as a basis for the legality of practice.
4. Be prepared to explain the nurse practitioner role, personal objectives and goals for practice and the legality of the role to preceptors, patients, nurses and others.
5. Validate clinical findings with preceptor when indicated.
6. Refer problems outside the scope of student nurse practitioner practice and/or level of experience to preceptors.

7. Collaborate with preceptor and seek guidance from the preceptor for medical management.
8. Obtain preceptor's collaboration for and signature on prescriptions for pharmacologic therapy based on cooperative plan for care.
9. Obtain preceptor's countersignature on health care records.
10. Assume responsibility and accountability for nursing interventions.
11. Plan continuous self-evaluation of personal and course objectives.
12. Prepare terminal evaluation of personal objectives and present to preceptor and faculty.

**FOR FACULTY:**

Provide direction and supervision for student clinical preceptorship as follows:

1. Arrange conferences with student at the beginning and end of each quarter.
2. Assist student in solving clinical and interactional problems in placement facilities:
  - a. during on-site visits.
  - b. during conferences.
  - c. during class discussion.
3. Make a minimum of one site visit 607, 617, 637, 647, and 653. Others as appropriate and/or necessary. Inform preceptor before each site visit and arrange visits directly or through the student.
4. Maintain communication with physician and nurse practitioner preceptors in the office or facility.
5. Evaluate the student's performance at midterm and end of quarter for 607, 617, 637, 647, and 653 by an appropriate combination of the following.
  - a. observation on site, using clinical evaluation form.
  - b. ongoing contact with preceptor.
  - c. written materials.
  - d. contribution to clinical conference.

**Required Curriculum Content – Indicate where in the curriculum each of the following subject areas are addressed. [Title 16, CCR Section 1484(d)(21)]**

<b>Subject Area</b>	<b>Course Number(s)</b>	<b>Theory Hours</b>	<b>Clinical Hours</b>
A. Normal growth and development	N586 N606	N586-4 N606-3	20*
B. Pathophysiology	N603	N603-30	20*
C. Interviewing & communication skills	N586	N586-3	N586-18 32*
D. Eliciting, recording & maintaining a developmental health history	N607 N636/637 N646/647	N636-8 N646-4	N607-5 N637-5 N647-5
E. Comprehensive physical examination	N586	N586-15	N586-24 85*
F. Psycho-social assessment	N586 N606/607 N636/637 N646/647 N653	N586-2 N606-7 N636-4 N646-4	N586-10 25*
G. Interpretation of laboratory findings	N586 N606/607 N616/617 N636/637 N646/647 N653	N586-2  N616-6 N636-6 N646-6	25*
H. Evaluation of assessment data to define health & developmental problems	N586 N606/607 N616/617 N636/637 N646/647 N653	N586-2 N606-8 N616-10 N636-9 N646-12	N586-6 50*
I. Pharmacology	N584 N607 N617 N637 N647 N653	N584-30 N684-20**	40*

J. Nutrition	N606 N616/617 N636/637 N646/647 N653	N616-4 N636-2 N646-4	20*
K. Disease management	N606/607 N616/617 N636/637 N646/647 N653	N606-3 N616-20 N636-7 N646-10 N653-6	155*
L. Principles of health maintenance	N586 N606/607 N617 N637 N647 N653	N586-2 N606-6	20*
M. Assessment of community resources	N606/607 N617 N637 N647 N653	N606-3	15*
N. Initiating & providing emergency treatments	N636/637	N636-4	N637-20
O. Nurse practitioner role development	N515 N653	N515-12 N653-2	N653-6
P. Legal implications of advanced practice	N515 N586 N607 N617 N637 N647 N653	N515-2 N586-2 N653-2	N586-2 N607-4 N617-2 N637-2 N647-2 N653-2
Q. Health care delivery system	N515	N515-4	10*

\*Lab experience in N607, N617, N637, N647, N653

\*\*N684 is a new requirement to meet BRN regulations.

NNP-FRM-09 (1/98)

11/05

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September 12, 2005

Dear Preceptor:

Thank you for agreeing to act as a preceptor for a family nurse practitioner student. We greatly appreciate your willingness to share your clinical expertise and to act as a mentor. The student you will be precepting is currently enrolled in one of the following courses: N607/N617/N637/N647 or N653. All five courses are clinically focused graduate level courses. N607 starts in the winter quarter of the first year. The expectation is that as the student progresses through each of the courses they will practice with greater skill and confidence. The "Nurse Practitioner Preceptorship Agreement" form needs to be completed by you and the student, each time you agree to precept a student for a course.

I have included the "Guidelines and Responsibilities for Preceptors, Students, and Faculty." The student will provide you with the specific course objectives and evaluation tool. As a mentor you will need to review the objectives with the student at the beginning of the quarter to clarify any questions that you or the student may have. At the end of the quarter you will need to provide a final evaluation of the student's clinical performance. This should be returned to the appropriate faculty member. The faculty member will be meeting with you at a mutually convenient time to discuss the student's clinical performance. Generally speaking, the meeting occurs between the fourth and ninth week of the quarter. The instructor will also spend some time in the clinical site observing the student's performance and clarifying any concerns the student may have. The nurse practitioner faculty for this academic year's clinical courses are Julia Robinson, MS, RN, FNP-C, Bobbi Meyer, JD., MSN, RN, FNP-C, and Peggy Leapley, PhD, RN, CNS, FNP-C. Additional part-time nurse practitioner faculty are employed based on the number of students.

**If this is your first time to serve as a preceptor for CSU, Bakersfield, Department of Nursing Family Nurse Practitioner Option, you will need to complete the Family Nurse Practitioner Preceptor Biography/Curriculum Vitae or provide your own resume with the indicated information. The Department of Nursing will initiate a request through the University for a contract to be established between your agency and the University if one is not already in place. I have provided the Family Nurse Practitioner Overview, Summary of Minimum Clinical Requirements, and BRN Subject Area for Theory and Clinical Hours and an article about documentation as an orientation for you to the FNP program.**

Should you have any questions, please do not hesitate to contact me. My faculty office phone number is: (661) 664-3110; e-mail [pleapley@csub.edu](mailto:pleapley@csub.edu).

Sincerely,

Peggy Leapley, PhD, RN, CNS, FNP, APRN-BC  
Director, CSUB Family Nurse Practitioner Program  
Professor of Nursing

Enclosures: Guidelines & Responsibilities, Nurse Practitioner Preceptorship Agreement, FNP Preceptor Biography, Overview FNP Program, Summary of Minimum Clinical Requirements, BRN Subject Area

**California State University, Bakersfield  
Department of Nursing**

***NURSE PRACTITIONER PRECEPTORSHIP AGREEMENT***

Dear: \_\_\_\_\_  
Family Nurse Practitioner Faculty

I have met with \_\_\_\_\_ R.N., regarding a preceptorship at this agency. I have reviewed the preceptorship agreement, and we have discussed the course objectives, clinical requirements, and the FNP Student Evaluation document for \_\_\_\_\_ (course name).

*I meet the following minimum qualifications to precept this student:*

- Possession of a current California license to practice as a physician, or nurse practitioner.
- At least two years of clinical experience either as a physician or nurse practitioner providing primary care.

*In a group practice, any other provider participating in supervision of the student must also meet the same qualifications with regard to education and clinical experience.*

I am willing to serve and be available as a preceptor for this student enrolled in the above named course during the period of \_\_\_\_\_ (quarter), in \_\_\_\_\_ (year).

I am also aware that I must complete the FNP Student Evaluation document prior to the end of the quarter in which this student is enrolled.

Agency \_\_\_\_\_ Preceptor Name \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ FAX Number \_\_\_\_\_

Most convenient time to call \_\_\_\_\_

**Verification of Contract for Family Nurse Practitioner Placement**

*Name of Student:* \_\_\_\_\_

*Course Number:* \_\_\_\_\_

*Quarter/Year:* \_\_\_\_\_

*Name of Agency:* \_\_\_\_\_

*Address of Agency:* \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Telephone/Agency:* \_\_\_\_\_

*Fax/Agency:* \_\_\_\_\_

*Name of Preceptor:* \_\_\_\_\_

(Department of Nursing)

Verification of Contract: Yes \_\_\_\_\_ No \_\_\_\_\_

Initiated but not signed \_\_\_\_\_

Date of Contract: \_\_\_\_\_

Verified by: \_\_\_\_\_ Date: \_\_\_\_\_

Please return to instructor after verification of contract has been completed by Nursing Department staff.

Signature of Instructor: \_\_\_\_\_ Date: \_\_\_\_\_

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**  
**Department of Nursing**  
**9001 Stockdale Highway**  
**Bakersfield, CA 93311-1099**

**Family Nurse Practitioner**  
**Preceptor Biography/Curriculum Vitae**

Name of Physician/Nurse Practitioner: \_\_\_\_\_  
(Last) (First) (Middle)

MD/RN License #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Expiration: \_\_\_\_\_

Area of Specialization: \_\_\_\_\_ Name of Medical Group: \_\_\_\_\_

Business Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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Degrees, Institutions Attended, Positions Held,  
Professional Organizations, Honor Societies, Publications\*

EDUCATION:

DEGREES	INSTITUTION	DATE	MAJOR
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Universities, colleges, or technical schools attended that are not listed above:

INSTITUTION	FROM	TO
_____	_____	_____
_____	_____	_____
_____	_____	_____

Positions held/name of organization/nature of work/date:

POSITION HELD/NAME OF ORGANIZATION	NATURE OF WORK	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____

Membership in professional and honor societies:

\_\_\_\_\_  
\_\_\_\_\_

Scholarship (Books, articles):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

California State University, Bakersfield nursing course in which you are a resource person?

\_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\*In lieu of completing this section, attach your curriculum vitae documenting this information.

PLEASE RETURN TO CALIFORNIA STATE UNIVERSITY BAKERSFIELD

ATTENTION: \_\_\_\_\_

Department of Nursing  
9001 Stockdale Highway  
Bakersfield, CA 93311-1099

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**  
**Department of Nursing**

**How NP Preceptors Can Comply with Medicare Requirements:**

**Changes in Medicare documentation requirements affect NPs who precept NP students, medical students, and physician assistant students. The changes apply to NPs who bill under their own Medicare number and those who bill under a physician's number.**

The 1995 Health Care Financing Administration guidelines state that the provider of record is responsible for providing and documenting all evaluation and management services submitted to Medicare.<sup>1</sup> In some states, this applies to Medicaid too.<sup>2</sup>

The Association of American Medical Colleges notes that NP students, medical assistants, and physician assistant students may document only the review of systems and the past, family, and social histories of Medicare patients. Under the 1995 guidelines, the provider cannot refer to student documentation of physical examination findings and medical decision making. The provider of record “must verify and redocument the history of present illness as well as perform and redocument the physical exam and medical decision making of the visit service.”<sup>2</sup>

**Practice Implications**

Precepted students polish their charting skills by documenting the history, examination, and assessment. Students then develop patient plans under preceptor supervision. Non-Medicare and Medicaid payers have not challenged this practice; however, NP preceptors must determine if their state's Medicaid carrier has adopted the new guidelines. Preceptors can use several strategies to ensure adherence to the 1995 guidelines. First, the student sees the patient, discusses the patient with the preceptor, and documents the visit on the chart. Then, the preceptor must also see the patient, repeat and redocument the relevant history of present illness, major findings of the physical examination, assessment, and plan of care. This practice may add uncertainty to visit documentation if the preceptor and student notes present conflicting information.

The second adherence strategy is for the student to see the patient and document the history and examination in a separate teaching file. Notes in the teaching file enable preceptors and visiting faculty to critique student charting and to evaluate student progress. The preceptor must still repeat relevant elements of the history and portions of the examination that substantiate the diagnosis before documenting the visit in the patient's record.

The third strategy entails preceptors and students seeing patients together, performing the history and examination jointly. The student and preceptor both document the visit, or the student and teacher can use a teaching file for the student's notes. If Medicare or Medicaid audits a practice and issues a violation, Medicare or Medicaid can deny claims or levy fines. Although guideline adherence seems inconvenient, following the guidelines will prevent future financial headaches for preceptors.

REFERENCES

1. American Medical Association and Health Care Financing Administration: Documentation guidelines for evaluation and management services. <http://www.hcfa.gov/medlearn/emdoc.htm> (13 February 2002)
2. Chappelle K, Blanchard S, Ramirez-Williams M, et al, Off the charts: Teaching students in compliance with HCFA guidelines, *Family Practice Management* 2000; 5; 37-41.
3. Schaffer, S.D.(2003). *The Nurse Practitioner*, 27 (3) 10.

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD**  
**DEPARTMENT OF NURSING**

PERFORMANCE EVALUATION FOR FAMILY NURSE PRACTITIONER STUDENT

TO BE COMPLETED BY THE PRECEPTOR

Student Name: \_\_\_\_\_  
 Course Number: \_\_\_\_\_ Quarter and Year: \_\_\_\_\_  
 Preceptor Name: \_\_\_\_\_ Agency: \_\_\_\_\_

**Instructions**

For each competency, the preceptor should circle the number that best represents the student's performance at the end of the clinical rotation.

Note: This evaluation form is designed to identify levels of practice and, therefore, to indicate growth and development in all areas of assessment, management, evaluation, and reporting. We expect that students will demonstrate varying levels of practice throughout the education program. We are concerned that the students develop their abilities in both the technical skills and the integration of physical and psychosocial aspects of care. In all quarters the clinical grade must be satisfactory to continue and/or graduate as a nurse practitioner. The table below identifies the average rating for passing the course. Not passing is a "needs improvement" rating in less than the percentage indicated for each course in the table below. For example in Nursing 607 a student would need to attain 51% or greater in areas other than the "needs improvement" rating in order to pass. Not passing indicates a grade of F for the course.

Course Number	N607	N617	N637	N647	N653
Passing level for "needs improvement"	51% or better	61%	71%	81%	91%

**SECTION 1 - PRECEPTOR EVALUATION**  
**NURSE PRACTITIONER STUDENT CLINICAL PERFORMANCE**

<b>I. Health Promotion, Health Protection, Disease Prevention and Treatment</b> <b>A. Assessment of Health Status</b>	Not observed or not available in this setting	Needs improvement	Attained
1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle.	0	1	2
2. Assesses (a) the influence of the family or psychosocial factors on patient illness, (b) conditions related to developmental delays and learning disabilities, (c) women's and men's reproductive health, and (d) problems of substance abuse and violence.	0	1	2
3. Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of all ages. Includes developmental and behavioral screening and physical system evaluations.	0	1	2
4. Performs screening evaluations for mental status and mental health.	0	1	2
5. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle.	0	1	2
6. Demonstrates proficiency in family assessment.	0	1	2
7. Demonstrates proficiency in functional assessment of family members (e.g. elderly, disabled)	0	1	2
8. Assesses specific family health needs within the context of community assessment.	0	1	2
9. Identifies and plans interventions to promote health with families at risk.	0	1	2
10. Assesses the impact of an acute and/ or chronic illness or common injuries on the family as a whole.	0	1	2
11. Distinguishes between normal and abnormal change with aging.	0	1	2

<b>I. Health Promotion, Health Protection, Disease Prevention and Treatment</b> <b>B. Diagnosis of Health Status</b>	Not Observed or Not available in this setting	Needs improvement	Attained
1. Identifies signs and symptoms of acute physical and mental illnesses across the life span. (Rate for N637, N647 and N653 only).	0	1	2
2. Identifies signs and symptoms of chronic physical and mental illness across the life span. (Rate for N617, N647 and N653 only).	0	1	2
3. Orders, performs and interprets age, gender, and condition-specific diagnostic tests and screening procedures.	0	1	2
4. Analyses and synthesizes collected data for patients of all ages.	0	1	2
5. Formulates comprehensive differential diagnoses, considering epidemiology, environmental, and community characteristics and life stage development, including the presentation seen with increasing age, family, and behavioral risk factors.	0	1	2

<b>I. Health Promotion, Health Protection, Disease Prevention and Treatment C. Plan of Care and Implementation of Treatment</b>	Not Observed or Not available in this setting	Needs improvement	Attained
1. Provides health protection, health promotion, and disease prevention interventions/ treatment strategies to improve or maintain optimal health for all family members.	0	1	2
2. Treats common acute and chronic physical and mental illnesses and common injuries in people of all ages to minimize the development of complications, and promote function and quality of living.	0	1	2
3. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations such as infants and children, pregnant and lactating women, and older adults.	0	1	2
4. Adapts care to meet the complex needs of older adults arising from age changes and multiple system disease.	0	1	2
5. Identifies acute exacerbations of chronic illness and intervenes appropriately.	0	1	2
6. Evaluates the effectiveness of the plan of care for the family, as well as the individual, and implements changes.	0	1	2
7. Evaluates patient's and/ or other caregiver's support systems and resources and collaborates with and supports the patient and caregivers.	0	1	2
8. Assists families and individuals in the development of coping systems and lifestyle adaptations.	0	1	2
9. Makes appropriate referrals to other health care professionals and community resources for individuals and families.	0	1	2
10. Provides care related to women's reproductive health, including sexual health, prenatal, and postpartum care.	0	1	2

11. Assesses and promotes self-care in patients with disabilities.	0	1	2
12. Performs primary care procedures, including but not limited to, suturing, minor lesion removal, splinting, microscopy, and pap tests.	0	1	2
13. Recognizes the impact of individual and family life transitions, such as parenthood and retirement, on the health of family members.	0	1	2
14. Uses knowledge of family theories and development to individualize care provided to individuals and families.	0	1	2
15. Facilitates transitions between health care settings to provide continuity of care for individuals and family members.	0	1	2
16. Intervenes with multigenerational families who have members with differing health concerns.	0	1	2
17. Assists patient and family members to cope with end of life issues.	0	1	2
18. Applies research that is family-centered and contributes to positive change in the health of and health care delivery to families.	0	1	2
<b>II. Nurse Practitioner-Patient Relationship</b>	Not Observed or Not available in this setting	Needs improvement	Attained
1. Maintains a sustaining partnership with individuals and families.	0	1	2
2. Assists individuals and families with ethical issues in balancing differing needs, age-related transitions, illness, or health among family members.	0	1	2
3. Facilitates family decision-making about health.	0	1	2
<b>III. Teaching-Coaching Function</b>	Not Observed or Not available in this setting	Needs improvement	Attained
1. Demonstrates knowledge and skill in addressing sensitive topics with family members such as sexuality, finances, mental health, terminal illness, and substance abuse.	0	1	2

2. Elicits information about the family's and patient's goals, perceptions, and resources when considering health care topics.	0	1	2
3. Assesses educational needs and teaches individuals and families accordingly.	0	1	2
4. Provides anticipatory guidance, teaching, counseling, and education for self-care for the identified patient and family.	0	1	2
<b>IV. Professional Role</b>	Not Observed or Not available in this setting	Needs improvement	Attained
1. Demonstrates in practice a commitment to care of the whole family.	0	1	2
2. Recognizes the importance of participating in community and professional organizations that influence the health of families and supports the role of the family nurse practitioner.	0	1	2
3. Interprets the family nurse practitioner role in primary and specialty health care to other health care providers and the public.	0	1	2
4. Serves as a resource in the design and development of family community-based health services.	0	1	2
<b>V. Managing and Negotiating Health Care Delivery System</b>	Not Observed or Not available in this setting	Needs improvement	Attained
1. Maintains current knowledge regarding state and federal regulations and programs for family health care.	0	1	2
<b>VI. Monitoring and Ensuring the Quality of Health Care Practice</b> (7 of the 14 competencies were used)	Not Observed or Not available in this setting	Needs improvement	Attained
1. Interprets own professional strengths, role, and scope of ability to peers, patients and colleagues.	0	1	2
2. Incorporates professional standards into practice.	0	1	2
3. Acts ethically to meet the needs of patients.	0	1	2

4. Engages in self-evaluation concerning practice and uses evaluative information, including peer review, to improve care and practice.	0	1	2
5. Collaborates and/or consults with members of the health care team about variations in health outcomes.	0	1	2
6. Uses an evidence-based approach to patient management that critically evaluates and applies research findings pertinent to patient care management and outcomes.	0	1	2
7. Evaluates the patient's response to the health care provided and the effectiveness of the care.	0	1	2
<b>VII. Cultural Competence</b> (10 of 15 competencies were used)	Not Observed or Not available in this setting	Needs improvement	Attained
1. Shows respect for the inherent dignity of every human being, whatever the age, gender, religion, socioeconomic class, sexual orientation, and ethnicity.	0	1	2
2. Accepts the rights of individuals to choose their care provider, participate in care, and refuse care.	0	1	2
3. Recognizes cultural issues and interacts with patients from other cultures in culturally sensitive ways.	0	1	2
4. Incorporates cultural preferences, health beliefs and behaviors, and traditional practices into the management plan.	0	1	2
5. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient.	0	1	2
6. Develops and applies a process for assessing differing beliefs and preferences and takes this diversity into account when planning and delivering care.	0	1	2
7. Respects the inherent worth and dignity of each person and the right to express spiritual beliefs as part of his/ her humanity.	0	1	2
8. Assists patients and families to meet their spiritual needs in the context of health and illness experiences, including referral for pastoral services.	0	1	2

9. Incorporates patient's spiritual beliefs in the plan of care appropriately.	0	1	2
10. Provides appropriate information and opportunity for patients and families to discuss their wishes for end of life decision-making and care.	0	1	2

**CALIFORNIA STATE UNIVERSITY, BAKERSFIELD  
SECTION 2 — PRECEPTOR VERIFICATION  
OF NURSE PRACTITIONER EXPERIENCE**

\_\_\_\_\_  
(Student's Name) (Date)

1. Dates this student was seeing patients as a nurse practitioner under your supervision or that of other physicians or nurse practitioners on your staff.

\_\_\_\_\_

2. Total hours of supervised clinical experience. \_\_\_\_\_

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**SECTION 3 — PRECEPTOR AND STUDENT COMMENTS**

**Additional Preceptor Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Student Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**SECTION 4 — SIGNATURE/DATE**

\_\_\_\_\_  
Preceptor's Name (Please Print)

\_\_\_\_\_  
Preceptor's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address of Agency

RETURN TO: Faculty \_\_\_\_\_

California State University  
9001 Stockdale Highway  
Bakersfield, CA 93311-1099

### **PROCEDURE FOR FILING FOR FNP CERTIFICATION FROM THE BRN**

During the quarter in which graduation is to occur, the FNP student should submit the:

1. “Verification of the Completion of a Nurse Practitioner Academic Program” form, with Part A having been completed by the student/
2. A receipt for an official transcript purchased at the cashier’s window at Accounting. (The student is not to order a transcript, only to pay for one. The office staff will order the transcript after the degree has been posted, and mail it to the BRN with the appropriate forms.)

### **PROCEDURE FOR FILING FOR A FURNISHING NUMBER**

Complete the single form required by the BRN and submit to the Department of Nursing Office. The office will see that the program information is completed and sent forward to the BRN. Please do not submit anything other than the completed form (do not submit a check to the Department of Nursing, for example.)