College of Nursing and Health Care Professions Graduate Field Experience Manual 2021-2022

Letter from the Dean

Dear Students,

Welcome to the clinical, practicum or practice immersion component of your program. The following Graduate Field Experience Manual describes student expectations related to clinical or practice preparedness and successful achievement of outcomes. This procedural document is intended to augment the policies contained in the University Policy Handbook. Students should read and become familiar with the University Policy Handbook for general University policies, in addition to reviewing the specific sections of admission, progression, and graduation policies for the CONHCP program in which you are enrolled.

It is the intent of the CONHCP to assist in developing a more consistent field experience for all graduate students independent of their field assignment or preceptor. This consistency revolves around appropriate supervision, regular formal and informal feedback, and consistent assessment of students' clinical and practice proficiencies among other topics and skills. This is an on-going process and we look to each of you and your respective professional and life experiences to aid us in shaping the graduate field experience so that it reflects both GCU's and CONHCP's missions of developing outstanding future health care professionals. While counselors and faculty are available to guide students with respect to the requirements, students ultimately bear the responsibility of their education and their career.

If you have any questions about the clinical, practicum or practice immersion requirements of your program please contact your assigned Office of Field Experience Counselor. They are a valuable resource to guide you through the clinical or practice requirements of your program.

Lisa G. Smith PhD, RN, CNE
Dean, Professor
College of Nursing & Healthcare Professions
Grand Canyon University

Contact Information

The College of Nursing and Health Care Professions Administration and Faculty welcome you to the clinical component of the program. Below are some College Administration contact information:

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Office of Field Experience

Grand Canyon University College of Nursing and Health Care Professions faculty and the Office of Field Experience (OFE) team serve as a support to students in programs with practicum, practice immersion or clinical experiences. The assigned Field Experience Counselor or Field Clinical Counselor will communicate with students throughout their program to ensure they meet GCU's high academic standards. The OFE team will determine if all of the site requirements necessary to begin the field experience courses have been met. Additional responsibilities of the OFE Counselor are as follows:

- Reinforce the students understanding of the clinical or practicum experience and the expectations involved.
- Assist in ensuring all required health and safety documents and site requirements have been met.
- Be available to counsel students as situations dictate.
- Communicate with the field experience instructors and faculty as necessary.

Office of Field Experience Exective Director

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Version Record

Edition	Version	Updated	Changes Made
2015-2016	V1.0	6/5/15	• New document
2015-2016	V1.1	7/6/15	• Appendices updated
2015-2016	V1.2	9/25/15	• TB and lice, RN-BSN updated
2015-2016	V1.3	10/27/15	• NM specific information clarified
2015-2016	V1.4	11/3/15	• RN-BSN new program information added
2016-2017	V1.5	1/8/16	• Clarification in RN-BSN processes
2016-2017	V1.6	7/18/16	• Clarification in RN-BSN program versions • Lab and simulation expectations • Updates to BSN Pre-licensure Curriculum and hours
2016-2017	V1.7	4/3/17	• Removed policy information (See University Policy Handbook) • Re-arranged information
2017-2018	V1.8	9/20/17	• New document
2017-2018	V1.9	3/27/18	• Added Master of Nursing with an Emphasis in Health Informatics Practicum Guidelines
2018-2019	V1.10	10.3.18	• Contact information updated • Updated Public Health Nursing preceptor reuqirements • Added Public Health Examples • Updated ACNP hour delineation • Added time committement verbiage to programs • Added Master of Science in Health Information Practicum Guidelines
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2020-2021	V1.13	4.23.2020	• Contact Information • Added MSHA • Added MSHA HQS • Added MSN HQS • Modified DNP verbiage on Mentors • Added Telehealth guidelines for APRN
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2020-2021	V1.17	10.26.2020	• Added verbiage to DNP section with new program version • Modified DNP verbiage on Mentors
2021-2022	V1.18	8.4.2021	• Updated College Contact information • Updated DNP Mentor and Context Expert • Lopes Activity Tracker information added for FNP and ACNP • Updated Experience requirements for FNP and ACNP • Update hour breakdown for FNP and ACNP • Updated General Health and Safety Requirements

Table of Contents

General Guidelines for Graduate Field Experiences

This document provides graduate students in College of Nursing and Health Care Professions programs the information they need to complete their clinical or practicum requirements. Information contained in this document is to be used in conjunction with the policies outlined in the University Policy Handbook and the Academic Catalog. This document's purpose it to accompany those documents and provide more information on the processes for the graduate programs listed below:

Programs with Clinical Hours

- Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology
- Master of Science in Nursing: Family Nurse Practitioner
- Post-Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult Gerontology Certificate
- Post-Master of Science in Nursing: Family Nurse Practitioner Certificate
- Bridge to Master of Science in Nursing: Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology
- Bridge to Master of Science in Nursing: Family Nurse Practitioner
- Master of Science in Nursing with an Emphasis in Nursing Education

Programs with Practicum Hours

- Master of Science in Nursing with an Emphasis in Nursing Education
- Master of Science in Nursing with an Emphasis in Nursing Leadership in Health Care Systems
- Master of Science in Nursing with an Emphasis in Public Health Nursing
- Master of Science in Nursing with an Emphasis in Health Informatics
- Master of Science in Nursing with an Emphasis in Health Care Quailty and Safety
- Master of Science in Health Informatics
- Master of Science in Health Administration
- Master of Science in Health Administration with an Emphasis in Health Care Quailty and Safety
- Master of Public Health
- Post-Master of Science in Nursing: Nursing Education Certificate
- Bridge to Master of Science in Nursing with an Emphasis Nursing Leadership in Health Care Systems
- Bridge to Master of Science in Nursing with an Emphasis in Public Health

Programs with Practice Immersion Hours

- Doctor of Nursing Practice
- Doctor of Nursing Practice with an Emphasis in Educational Leadership

Student Professional Dispositions

One important aspect of the experience here at Grand Canyon University is the fulfillment of professional dispositions—ways of working, thinking, and interacting with others—in three areas: Professionalism, Work Ethic, and Communication Skills. In order to support student development and have clear expectations in these areas CONHCP lists the following key dispositions. When students fail to demonstrate these professional dispositions, they jeopardize their program or employment continuation. The ability to reflect on personal growth, strengths, and challenges is a central characteristic of effective people working in health care. These disposition statements do not replace the University Code of Conduct.

Communication Skills

- Demonstrate appropriate, professional, respectful verbal communication
- Demonstrate appropriate, professional respectful written communication
- Demonstrate a disposition toward inquiry and problem solving
- Work collaboratively with students, faculty, and professionals
- Demonstrate consistently positive attitudes toward learning and/or teaching
- Accept responsibility for decisions and actions
- Establish maintain mutually respectful interactions
- Demonstrates understanding of university/program organizational chart by communicating "need to know information" to individuals according to the chain of command

Work Ethic

- Demonstrate regular attendance
- Demonstrate punctuality
- Complete work in a timely manner
- Demonstrate organizational skills
- Know and observe all pertinent policies and procedures
- Demonstrate a disposition toward personal ownership of learning and professional development

Professionalism

- Demonstrate a commitment to work with patients, their families, students, faculty, and staff in appropriate, professional, and respectful ways
- Demonstrate an awareness of community, state, national, and world contexts that have an impact on the profession and the learning process
- Treat everyone fairly, equitably, and respectfully
- Accept constructive criticism and adjusts performance accordingly
- Express and demonstrate interest in and enthusiasm for teaching/learning
- Adapt to new and diverse teaching/learning situations
- Adapt to differences among people including differences of SES, gender, age, ability, sexual orientation, race, ethnicity, religion, language, etc.
- Maintain confidentiality about all student, patient, faculty, and staff records unless disclosure serves a professionally compelling purpose or is required by law
- Demonstrate discretion when discussing colleagues, faculty, field sites, and personal information
- Respect the points of view of others
- Contribute meaningfully, appropriately, professionally, and respectfully to discussions by asking questions, giving opinions, and listening to others
- Project an appropriate professional appearance in professional settings
- Project an appropriate professional and respectful demeanor
- Be open to leadership and opportunities for growth
- Understand and practice professional ethical standards
- Recognize personal at risk behavior: Behavioral choice that increases risk where risk is not recognized, or is mistakenly believed to be justified
- Recognize personal reckless behavior: Behavioral choice to consciously disregard a substantial and unjustifiable risk
- Acts overall in a manner that furthers the interests of others (enlightened self-interest)
- Utilize social media responsibly, avoiding issues regarding privacy and confidentiality by not communicating information regarding field experiences or documents contained in a client record

Healthcare Specific Regulations

HIPAA Guidelines

As health care providers, one of the covered entities, nurses must be knowledgeable about the various aspects of the Health Insurance Portability and Accountability Act of 1996 (HIPAA). CONHCP offers this guidance below for those persons to ensure compliance with those requirements and asks that all students sign the HIPAA/FERPA Confidentiality Agreement:

- Sign the HIPAA/FERPA Confidentiality Agreement before any involvement at a field experience site.
- Know and adhere to a site's privacy and procedures before undertaking any activities at the site.
- Maintain at all times the confidentiality of any patient information, regardless of whether the identifiers listed in the "Do not" section of these guidelines have been removed.
- Promptly report any violation of those procedures, applicable law, or CONHCP's HIPAA/FERPA Confidentiality Agreement by a CONHCP student, faculty or staff member to the appropriate CONHCP lead faculty member.
- Understand that a violation of the site's policies and procedures, of applicable law, or CONHCP's HIPAA/FERPA Confidentiality Agreement will subject the student to disciplinary action.

Students are not to do the following:

- Discuss, use or disclose any patient information while at a field experience site unless it is part of the site.
- Remove any record from the field experience site without the prior written authorization of that site.
- Disclose any information about a patient during the experience to anyone other than the health-care staff of the site.
- Use patient information in the context of a learning experience, classroom case presentation, class assignment, or research without attempting to exclude as much of the following information as possible:

- Names
- Geographical subdivisions smaller than a state
- Dates of birth, admission, discharge, death
- Telephone and fax numbers
- E-mail addresses
- Social security numbers
- Medical records or account numbers
- Certificate/license numbers
- Vehicle or device numbers
- Web locators/Internet protocols
- Biometric identifiers
- Full face identifiers
- Any other unique identifying number, characteristic, or code
- All ages over 89
- Access any client information unless client is clinical assignment.
- Disclose any personal health information to any entity not requiring PHI for health care purposes without their consent.

OSHA Guidelines

Please complete the bloodborne pathogens training at the link below.

https://cirt.gcu.edu/frc/facultyacademy/odw/graduate_and_dnp_bloodborne_pathogen_and_sharps_2

Transportation/Travel to Field Experience Sites

Students must provide their own transportation to the sites. GCU, in conjunction with these agencies, makes every attempt to minimize the distance that students travel to their field experience, but sometimes additional travel is unavoidable.

General Health and Safety Requirements

Students are expected to take measures to maintain their personal health so as not to jeopardize themselves or any patient with which they come in contact. Therefore, students who are accepted into the programs must show evidence of the CONHCP required immunizations and diagnostic procedures as required by the sites. At any time, a student may be required to receive a medical examination if deemed necessary by the faculty for the wellbeing of the student and/or the patients.

As students are in contact with patients in a variety of health situations, it is imperative that students maintain protection against communicable illnesses. In addition, students must meet site health requirements to participate in field experiences. **Students will not be allowed to participate in field experiences unless all site and GCU requirements are current**. Any student that falls out of compliance due to expired documentation will immediately be restricted from participation at the site until renewed documentation is provided. Missing hours may jeopardize a student being successful in the program. All students will be contacted in their program by the Office of Field Experience and provided guidance on the proper submission of required health and safety documentation. Students should refer to program specific sections for a checklist of required immunizations and documentation as it varies by program.

Students will adhere to all guidelines for Standard Precautions at respective sites

Tuberculosis (TB) For continued enrollment – required annually	Initial Tuberculosis testing must be a 2-step PPD (repeated PPD) or IGRA test (QuantiFERON®, T-Spot). If the first PPD is negative, a second skin test is required within 7 – 21 days. Subsequent tuberculosis testing is a one-step PPD repeated annually. The skin test reaction should be read between 48 and 72 hours after administration. A patient who does not return within 72 hours will need to be rescheduled for another skin test. A TB test is valid for one year. TB records must be current and on file. For positive skin tests, an annual symptoms checklist is required, and date of positive conversion provided. CXRs will be required. A chest x-ray is valid for 1 year. The IGRA test (QuantiFERON®, T-Spot) may be accepted in lieu of the PPD or chest x-ray. The PPD is not contraindicated for anyone including pregnant women, persons who are HIV-infected, or persons who have been vaccinated with BCG. Evaluation will be made on an individual basis.
MMR: Measles, (Rubeola), Mumps, Rubella	Documentation of history of measles, mumps, and/or rubella is not sufficient. Student must be vaccinated with two doses of MMR vaccine, separated by at least 28 days. Students must show proof of positive immunity (lab evidence indicating positive MMR titers). If titers results are negative, equivocal, or borderline documentation of the two doses of MMR must be submitted

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Tetanus- Diphtheria-Pertussis (Tdap) **For continued enrollment - required** **10 years from date of last vaccine.**	Documentation of Tetanus-Diphtheria with Acellular Pertussis vaccination administered within the past 10 years.
Influenza (Flu) **For continued enrollment - required annually.**	Flu vaccines are available from September through early May. Students are required to have a flu vaccine for the current season on file no later than September 30th of each year in order to enter the clinical setting. Influenza vaccine is required annually. If you have a medical condition which does not allow for current immunization, then you must speak to your Field Experience/Clinical Counselor on potential options.
Hepatitis B	Hepatitis B vaccine (3 doses) or blood titers are required. A lab confirmation must be presented if using blood titers. If you have a medical condition which does not allow for current immunization, then you must speak to your Field Experience/Clinical Counselor on potential options.
DPS Fingerprint Clearance Card **For continued enrollment:** **Unexpired card required.**	When requesting a fingerprint clearance card, please ask for a "Healthcare Student" card (which encompasses criminal and sex offender checks performed at the federal and state levels). In other words, per the Fingerprint Clearance Card application, students are to indicate that they are Health Sciences Students and Clinical Assistants (ARS 15-1881). When completing the Fingerprint Clearance Card application, please list Grand Canyon University (and its address) as the sponsoring agency. http://www.azdps.gov/Services/Fingerprint/
Varicella (Chicken Pox)	Documentation of history of chicken pox is not sufficient. Students must show proof of positive immunity (lab evidence indicating positive varicella titers) or vacinnation records showing two doses of Varicella vaccine.
COVID-19*	The number of doses needed depends on which vaccine you receive. - Two Pfizer-BioNTech vaccine doses should be given 3 weeks (21 days) apart. - Two Moderna vaccine doses should be given 1 month (28 days) apart. - Johnson & Johnsons Jansen (J&J/Janssen) COVID-19 vaccine requires only one dose. If you receive a vaccine that requires two doses, you should **get your second shot as close to the recommended interval as possible.** However, your second dose may be given up to 6 weeks (42 days) after the first dose, if necessary. You should **not** get the second dose earlier than the recommended interval. *Grand Canyon University does not require the covid-19 vaccine for students or staff, however, if a student is offered placement at a clinical facility that requires this vaccine, proof of vaccine must be provided prior to clinical clearance. Healthcare agencies determine exemption criteria and if offered at the site, students will need to be approved and compliant prior to clinical deadlines. Should a student decline clinical placement offered for any reason, including covid-19 vaccine, that student will need to secure their own placement for that term prior to clearance for class.

Protocol for Puncture Wounds and Exposure to Blood or Bodily Fluids

- Incidents involving any type of needle stick or body-fluid exposure must be reported to the Preceptor/Clinical Faculty/Facility immediately. The clinical faculty will then notify the course faculty and lead faculty.
- All students should observe the protocol for safe needle usage when practicing or performing parenteral injections, IV starts, blood draws, or using syringes, or performing any invasive procedure as part of a skills check off, or in a clinical setting. The student should follow the protocol for needle usage at the site where clinical is being held.

Uncontaminated Needle Stick or Intact Skin Exposure

A student who accidentally punctures him/herself with an uncontaminated needle or is exposed to blood or bodily fluid that is an intact skin exposure should:

- Wash the area immediately and thoroughly with soap and water.
- The student should follow the protocol for needle usage at the site where clinical is being held.
- Counseling referral and other referrals can be arranged through the health center.
- If student is outside Maricopa County, the lead faculty must be contacted for specific information related to resources for medical treatment.

Contaminated Needle Stick or Non-Intact Skin or Mucous Membrane Exposure

If the exposure is via a contaminated needle or if a bodily fluid exposure to non-intact skin, or to mucous membranes the student should continue with the following:

- Wash the skin area immediately with soap and water. If exposure is to mucous membranes, flush area with water immediately
- Report the incident to their clinical preceptor/ clinical faculty/OFE/program lead faculty
- Immediately seek medical attention. If in an acute care setting, always follow agency guidelines. This may include reporting to either Occupational Health or the agency Emergency Department.
- If student is in the population health or community setting, the student must immediately seek a medical professional equipped to treat contaminated needle stick injuries (e.g. Emergency room, urgent care, or primary care provider). See below for available medical professionals that may be utilized.
- Complete a Nursing Program Incident Report (available from the CONHCP) to be filled out by the student, preceptor and program lead faculty. A copy of this report will be given to the Assistant Dean and placed in the student's file.
- Financial responsibility for testing and recommended care following an exposure rests solely with the student. This could include testing, evaluation, treatment, and counseling.
- Exposed students may contact the Center for Disease Control and Prevention PEP 24 hour assistance line at 1.888.448.4911
- (Clinicians' Post Exposure Prophylaxis Hotline) after seeking local medical attention first.

Tuberculosis Exposure Plan

According to the CDC, "It is important to know that a person who is exposed to TB bacteria is not able to spread the bacteria to other people right away. Only persons with active TB disease can spread TB bacteria to others."

"Some people develop TB disease soon (within weeks) after becoming infected, before their immune system can fight the TB bacteria. Other people may get sick years later, when their immune system becomes weak for another reason. Many people with TB infection never develop TB disease." http://www.cdc.gov/tb/topic/basics/exposed.htm

Students will not be held from clinical experiences unless they have an active TB infection, not TB disease. Active TB is determined by the use of TB screening and confirmation by qualified health care providers/professionals based on symptoms of active TB.

Tuberculosis (TB) exposure potential is defined as any exposure to the exhaled or expired air of a person with suspected or confirmed TB disease. A high hazard procedure involving an individual with suspected or confirmed TB disease is one that has the potential to generate potentially infectious airborne respiratory secretions such as aerosolized medication treatment, bronchoscopy, sputum induction, endotracheal intubation, and suctioning. Workplaces with inherent exposure potential to TB disease:

- Health care facilities
- Corrections facilities
- Homeless shelters/clinics for homeless
- Long term health facilities
- Drug treatment centers
- Post-exposure Procedure

When a Tuberculosis (TB) exposure occurs, the involved student will report the incident to the clinical instructor and the appropriate administrative staff at the involved institution or agency.

- The student will be counseled immediately and referred to his or her personal health care provider, the local Health Department, or the Canyon Health and Wellness Center.
- A baseline Tuberculosis Skin Test (TST) should be administered as soon as possible after the exposure.
- Frequency of follow-up TSTs will be performed per provider protocol. A TST performed 12 weeks after the last exposure will indicate whether infection has occurred.
- A student with evidence of new infection, (TST conversions) needs to be evaluated for active TB. Even if active TB is not diagnosed, prophylactic therapy for latent TB is recommended.
- A student with a previously documented reactive TST need not be retested but should have a baseline symptom screen performed following the exposure and repeated 12 weeks after the exposure. If the symptom screen is positive a chest x-ray is required.
- Any active case of TB must be reported to local Health Department.

A student diagnosed with active pulmonary or laryngeal TB may be highly infectious and will not be able to attend class or clinical experiences until he/she is noninfectious.

- In order to return to school the student will need to provide documentation from the health care provider that he/she is noninfectious. The documentation needs to include evidence that:
  o The student has received adequate therapy for a minimum of 2 weeks.
  o The cough has resolved, and the student is not experiencing chest pain, hemoptysis, fever or chills.

- o The results of three consecutive sputum acid-fast bacilli (AFB) smears collected on different days are negative
- o Note: The Health and Wellness Center can perform TST, but will refer the student to local Health Department for treatment and AFB testing if indicated.
- Documentation and Financial Responsibility
  - o After the student returns to school and remains on anti-TB therapy, periodic documentation from their health care provider is needed to show that effective drug therapy is being maintained for the recommended period and that the sputum AFB smear results remain negative.
  - o The student is responsible for all costs related to the exposure incident.
  - o The student's health records will be maintained in a confidential file within the College of Nursing & Health Care Professions.

Return to Class for Active TB

A student diagnosed with active pulmonary or laryngeal TB may be highly infectious; and will not be able to attend class or clinical experiences until he/she is noninfectious.

In order to return to school the student will need to provide documentation from the health care provider that he/she is noninfectious. The documentation needs to include evidence that:

- The student has received adequate therapy for a minimum of 2 weeks.
- The cough has resolved, and the student is not experiencing chest pain, hemoptysis, fever or chills.
- The results of three consecutive sputum acid-fast bacilli (AFB) smears collected on different days are negative
- Note: The Health and Wellness Center can perform TST, but will refer the student to local Health Department for treatment and AFB testing if indicated.
- Documentation and Financial Responsibility
- After the student returns to school and remains on anti-TB therapy, periodic documentation from their health care provider is needed to show that effective drug therapy is being maintained for the recommended period and that the sputum AFB smear results remain negative.
- The student is responsible for all costs related to the exposure incident.
- The student's health records will be maintained in a confidential file within the College of Nursing & Health Care Professions.

Malpractice Insurance

University Insurance Coverage

The College of Nursing and Health Care Professions carries Medical Professional Liability Insurance on all students for our programs that require practicum, practice immersion or clinical experiences. The coverage is $2,000,000 each incident or occurrence and $4,000,000 in the aggregate. Students should contact the Office of Field Experience if their practicum site requires a Certificate of Insurance from GCU.

Students should refer to information regarding self-insurance and University provided insurance in the [University Policy Handbook](#). Student-Self Coverage: Advanced Practice Registered Nurse (APRN) students are required to carry their own professional liability insurance. The coverage is a minimum of $1,000,000 per event/$3,000,000 total coverage. This coverage must state that the student is in an advanced practice role.

Identifying a Preceptor/Mentor/Site

The Office of Field Experience (OFE) will be working with these students in programs that require clinical, practicum or practice immersion hours to ensure that all placement requirements are met. The College of Nursing and Health Care Professions has found it is best to begin searching for a preceptor/mentor and site placement as soon as possible. As students begin their program, they will be contacted by OFE to discuss placement requirements.

All sites and preceptor/mentors will need to be approved by the College of Nursing and Health Care Professions in advance of placement. OFE may be able to offer placement assistance with known and established sites depending on your program of study. However, students are encouraged to reach out to preceptors in their area for possible availability. Students are responsible for maintaining contact with the OFE so that field experience placement and all the proper forms are completed in a timely manner.

Faculty provide indirect supervision to all practicum students. The practicum faculty are required to contact the preceptor by phone, skype, or other virtual modality to conduct the formative assessment of the student. The preceptor provides direct supervision and valuable feedback/input in the formative and summative evaluation process. All practicum faculty are responsible for the final review and approval of all evaluations.

Affiliation Agreements

The College of Nursing and Health Care Professions must have an agreement with the site prior to the student beginning field experiences. It is the student's responsibility to provide OFE their site's education coordinator information, so that the OFE can work

directly with the facility to obtain the required paperwork. **It is important to remember this is not a contract when submitted for approval.**

If a current agreement is not already in place, the legal contract will be sent directly to the preceptor's site from the OFE. Completing new site agreements can be a lengthy process and the Affiliation Agreement must be in place prior to the course start date. **Students should allow at least four to six months for a new agreement to be finalized.** Failure to provide site information accurately and entirely can slow this process and may prevent the student from beginning the field experience on time. Once an Affiliation Agreement has been finalized, students will be notified via email.

Some sites may have specific requirements for documentation for a placement. Students are to work with both the site and OFE to ensure all requirements are met (e.g. a hospital may require a background check different from the original background check and has the right to specify their own institutional requirements that are not within the control of the University).

Family Nurse Practitioner (FNP) Clinical Guidelines

The population for the FNP program is primary care across the lifespan according to the APRN Consensus Model. Primary care across the lifespan is diverse, and the majority of hours shall be spent in primary care with family practice specialists (physicians and nurse practitioners). However, there is value added learning in specialty rotations because of the need to learn when to refer out, to whom, and what practice guidelines are being used (e.g. asthma care). Course objectives are used to determine what specialty hours are applicable. The clinical experience is completed along with didactic coursework. Didactic content must be completed before (or concurrently) participating in the clinical care of a patient.

Summary

For FNP education: 675 clinical hours in primary care across the lifespan are required for program completion with a minimum of 500 hours to sit for the national certification. A maximum of 175 specialty hours are permitted to be completed throughout the clinical courses. It is important that diversity is seen in the patient encounters. Students should contact their FCC or SSC if further clarification is needed.

APRNs cannot practice in a population focus for which they were not trained. If, for example, a student wants to work in pediatrics or women's health, he or she would need that additional PNP or WHNP education and certification.

For more information about the APRN Consensus Model, students may visit: https://www.ncsbn.org/aprn-consensus.htm

Professional Dress/Clinical Etiquette

Advanced practice nursing students are expected to purchase and wear a white lab coat during their clinical rotations or adjust to the clinical site's dress code as needed. A white coat can be purchased here: Canyon Promotions - College of Nursing & Healthcare Professions Store (promoplace.com) All other students are expected to dress in business casual attire.

Professional Appearance

Students must purchase and wear an official Grand Canyon University student nametag from Apparel Pro. The name tag will read INSERT NAME, CURRENT CREDENTIALS, and STUDENT TYPE.

Example:

Jane Doe, RN, BSN or MSN (if post-master's)

Grand Canyon University

Family Nurse Practitioner Student

Students should not place other credentials on the GCU nametag. To order official nametags students must complete an order form located on the Apparel Pro website at: http://www.apparelprousa.com/gcu/popular-items/gcu-name-tag.html

1. When applicable, the clinical site ID must be worn whenever at that site. Students who do not wear this ID may be asked to leave the site.
2. Shorts, very short skirts, jeans, tank tops, tube tops, see-through clothing, exercise clothes (sweats), and open-toed shoes are not acceptable attire in any clinical agency.
3. Hair should be clean, neatly groomed, pulled-back, and off the shoulder. A natural hair color is required with no purple, blue, etc. Beards or mustaches, if worn, should be neatly trimmed.
4. Only clear or neutral nail polish may be used if desired. Fingernails should be neatly trimmed and free of cracked nail polish. Acrylic nails or any other nail enhancements are not permitted.
5. Permitted jewelry is: one pair of studded earrings, a watch, a plain ring band. No other visible jewelry is acceptable including tongue rings or other facial jewelry. Clear spacers may not be worn in place of facial piercings. Tattoos and any other body art should be covered where possible. Students are directed to follow the agency guidelines when in specified areas such as nursery, labor and delivery, and operating room.
6. Perfume, after-shave lotion, and heavy makeup are not acceptable in the clinical area.
7. Gum chewing is not acceptable.
8. Clothing worn in course activities not requiring student uniform should adhere to professional standards.
   a. Women: wrinkle free slacks (dress pants), skirts, (mid-calf to about two inches above the knee), blouses, shells, cardigans, blazers or dresses, shoes that cover the entire foot.
   b. Men: wrinkle free dress pants, button down shirts, polo shirts (short sleeved shirts with a collar), blazers, shoes that cover the entire foot.
   c. Students may not wear:
      i. Denim material

   ii. Anything that is see-through, short, tight, or shows too much skin
   iii. Flip-flops or tennis shoes
9. Cell phone use for non-clinical purposes is not permitted. Students are expected to follow site guidelines and clinical instructor directions regarding appropriateness of cell phone usage in the clinical settings.

Field Experience Documentation Checklist – FNP

The following documentation is required and must be scanned and uploaded to student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Background Check (within 6 months of clinical)
- Drug screen (within 6 months of clinical)
- Malpractice Insurance Coverage ($1M per incident, $3M aggregate) – Policy must state "NP Student"
- Immunizations and/or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3, covid-19*
    - *Grand Canyon University does not require the covid-19 vaccine for students or staff, however, if a student is offered placement at a clinical facility that requires this vaccine, proof of vaccine must be provided prior to clinical clearance. Healthcare agencies determine exemption criteria and if offered at the site, students will need to be approved and compliant prior to clinical deadlines. Should a student decline clinical placement offered for any reason, including covid-19 vaccine, that student will need to secure their own placement for that term prior to clearance for class.
- Student and Preceptor Current Curriculum Vitae or Resume
- Copy of student and preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of clinical)
- Acknowledgment of Field Experience Guidelines
- APRN Clinical Placement Expectations Statement

The deadline to submit required documentation is a minimum of 8 weeks prior to the planned clinical course. Documentation submitted late may result in a later registration of the clinical course. Students should submit their documentation early to avoid a delay in their clinical start date. Students who cannot start hours within 2 weeks of their clinical course beginning will be delayed.

Family Nurse Practitioner Clinical Skills Checklist and Clinical Criteria

Students will be required to track their clinical experiences. Students must have didactic training and check offs completed by a faculty member. All NP students must be educationally prepared with theory/didactic instruction and established competency before performing any procedure or task under the DIRECT supervision (at all times) of their preceptor. Students are to obtain permission from all clincial sites to perform any procedure and inquire about any written policies or procedures before any procedure/skill is performed. Safe, high quality care is priority. Below is a list of the minimum clinical experiences needed for the program.

- 5 newborn exams
- 10 well exams for those 2 weeks to 5 years old
- 10 episodic exams for those 2 weeks to 5 years old
- 10 well exams for those 6 to 12 years old
- 10 episodic exams for those 6 to 12 years old
- 10 well exams for those 13 to 17 years old
- 10 episodic exams for those 13 to 17 years old
- 300 adult* episodic or wellness exams
- 150 encounters for chronic illness care
- 10 Women's Health Encounters
    - o 2 – Bi Manual Pelvic Exams
    - o 2 – Contraception
    - o 2 – Female Hormones
    - o 2 – Sexually Transmitted Infections
    - o 2 – Student Choice of the above 4 options

FNP Hours Allotment

Major: Minimum 500 hours with all required experiences met	Minor: Specialty Maximum 175	Optional: Sub Specialty: Maximum 75 hours
Primary Care Family Medicine Pediatric Clinic Internal Medicine Clinic Emergency room (ER) -Levels 3-5 Urgent Care OB/GYN	Cardiology Pulmonology Nephrology GI Hematology Oncology Neurology/ stroke Hospice/ Palliative Care Infectious Disease Orthopedics Pain Management ENT Occupational Health Sports Medicine Endocrine Dermatology Urology Rheumatology Long Term Care Allergy/Immunology Skill Nursing Facility Rehab- Sub-Acute	Wound Management Clinics Bariatric Burn Podiatry Psychiatry Weight Loss Clinic - 50 hours Telehealth – 50 hours **Sub-specialty – Maximum 30 hours** Latching/Tongue Tie Specialist Radiology Ophthalmology Interventional Radiology Aesthetics Plastic surgery Nursery NICU Functional Medicine

Clinical hours may be completed in the emergency room setting however must be in a "fast track' environment and the emergency severity index while doing clinical training as an FNP cannot be more than a 3, 4 or 5 with an index of 1 being the most urgent. https://www.ahrq.gov/professionals/systems/hospital/esi/index.html and https://www.ena.org/docs/default-source/education-document-library/esi-implementation-handbook-2020.pdf?sfvrsn=fdc327df_2

Telehealth/telemedicine experiences may now be incorporated and counted as clinical hours. The following are the rules and parameters around these direct care experiences. All telehealth experiences must be approved by the college. Experience requirements are listed below:

- Maximum of 50 hours
- Telemedicine hours must be within the scope of practice for the program of study and population foci.
- Hours Must be **Direct Care and supervised** (by preceptor) through teleconferencing. Telehealth simulation experiences cannot be included.
- Telehealth cannot be conducted via telephone and must be done on a virtual face to face platform such as Zoom conferencing.
- Students cannot simply observe the telemedicine encounter. It must be treated just as if it was Face to Face and the student is conducting the interview with collecting the history and then obtaining an assessment with treatment and management plans.
- If a provider does a mix of face to face encounters and telemedicine, these hours would not be limited to the maximum of 50 hours; the Maximum of 50 hours is when the provider (preceptor) is **ONLY** doing Telemedicine.
- Must be compliant with Rules and Regulations of Telemedicine; Treatment and management can only take place from a provider that is licensed in the state that the patient resides in.
- Scope of practice/Nurse Practice Act is different for every state; Must comply with Nurse Practice Act and the Advanced Practice Scope of Practice for every state. APRN's are not able to independently practice in every state. Some states require a collaborating physician and some require a supervising physician. Very important to know and understand what each BON requires. Ex: If AZ NP is conducting telemedicine in Florida, there must be a supervising physician because Florida is not an independent practice state.
- All Telehealth hours/experiences must be documented in Lopes Activity Tracker per clinical day.

- If students will be using a provider other than the provider's they are already cleared with for the Telehealth option, they must contact their Field Clinical Counselor to receive clearance with this from the college prior to completing any hours.

Selection Criteria for FNP Clinical Sites

The College of Nursing and Health Care Professions requires that nurse practitioner student clinical experiences occur in clinical sites that meet the criteria below, and follow the state board of nursing scope of practice. Students are expected to review and become knowledgeable of the scope of practice for their particular state board of nursing. In order to meet the criteria, students should be prepared to travel to clinical sites outside of the city in which they reside during any semester.

- As a primary care nurse practitioner focusing across the lifespan, *student clinical placements should mostly be in primary care clinics*. These experiences should be based upon student learning objectives and students are encouraged to discuss this with faculty. For example, an FNP student may want to spend a few days in a pulmonary clinic to learn more about evidence- based asthma care.
- The mandatory preceptor/student ratio (direct supervision) is 1:1. Any violations of this 1:1 ratio will result in a loss of those hours.
- Patient characteristics represent diversity (education, income, insurance, race/ethnicity).
- Patient volume is adequate to ensure sufficient patients per day for student to acquire the skills required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation
- Space is available for student (examination room, area for documentation)
- Adequate resources available on site
  o Preceptor
  o Medical record system (electronic preferred but not required)
  o Current medical reference books or Internet access for searching

Selection Criteria for FNP Clinical Preceptors

APRN students engage in clinical practice under the guidance of a qualified clinical preceptor. The clinical preceptor must be:

- Formally educated for professional practice:
  o Advanced Practice Nurse (APRN) - A student must have the majority of clinical experiences with preceptors from the same population focus (e.g. ACNP students should be placed with ACNP preceptors). As well, to promote the student's understanding of the APRN role and ability to meet the core competencies, it is preferred to place the student with an APRN. Students will only be approved to complete direct supervised clinical hours with a Board Certified NP, MD or DO. The program does not approve clinical hours with a physician assistant or Resident Physicians. Placing ACNP students with FNP preceptors is not appropriate.
  o Board Certified Physician - DO or MD with at least one year of practice.
    o Please Note: Students are required to complete at least one full rotation or a minimum of 225 hours with a Nurse Practitioner.
- Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
  o Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN or physician license in the United States;
  o Have at least one year clinical experience as a physician or an advanced practice nurse
  o Practice in a population focus comparable to that of the APRN program;
  o For APRN preceptors, have at least one of the following:
    ▪ Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
    ▪ Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
    ▪ If an advanced practice preceptor cannot be found who meets the requirements of educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board, approvals will be obtained only by the College Dean.
- Be actively involved in clinical practice.
- The Office of Field Experience collects preceptor licensing, credentialing, CV/Resume and certification information. These documents are sent to the Lead Faculty who reviews and provides final approval or denial of the preceptor.
- Approved preceptors will receive preceptor training materials and will receive a certification of completion once they review those materials.

Preceptor Responsibilities

- Submit a current CV, copy of license, and specialty certification to the Office of Field Experience (OFE) prior to student beginning clinical experience.
- Complete the Pre-Mid-Post conference form with the student and in collaboration with the faculty.
- Orient student to the clinical site and agency policies and expectations. Discuss with student the preferred method for communication with preceptor and/or clinic site.
- Review with student the site's patient population, most frequent diagnoses and procedures commonly performed, if applicable.
- Facilitate an informal collaborative and mutually respectful environment in which to learn.
- Promptly communicate to faculty regarding issues of concern or unsafe practice.
- Review the objectives of the course and student's learning objectives to determine the type of learning opportunities that will enhance the student's learning. Direct the student to resources and evidence based readings and areas for quality improvement.
- Provide regular feedback to improve the student's knowledge and skills.
- Provide a variety of appropriate learning experiences. If available, encourage participation in interdisciplinary team meetings.
- Facilitate student's progressive independence in knowledge and skills by supporting the student's autonomy.
- Share expertise, tools, and references that will aid the student in role transition.
- Provide time to mentor student learning by answering questions and reviewing material.
- Facilitate professional advanced education socialization.
- Students will log their hours and experiences in Lopes Activity Tracker within 72 hours of the clinical day. Preceptors will verify, confirm and approve the student's time logs in ThunderTime. The student will then upload the document to the classroom for final review, approval and grade from the Clinical faculty
- Complete the student clinical evaluations.
- Complete preceptor training provided by GCU.

Preceptor Fit

It is intended that students stay with the clinical preceptor and site arranged by themselves or the OFE during the course. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations the clinical faculty and student will discuss the need to identify another clinic site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site and must be in communication with the OFE and their faculty regarding any preceptor and site changes as soon as practical. The College and faculty must be apprised of students' placement at all times.

FNP Student Documentation Requirements

The Lopes Activity Tracker (LAT) is used to track clinical hours and patient experiences throughout the students clinical course work. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours: https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

- Students are not to log hours with any preceptor until they have been cleared by the OFE. Please note that each site and each preceptor must be approved prior to starting hours. Any hours completed without prior approval will not be accounted for and student will be subject to review with the professional practice committee.
- Clinical hours can only be accounted for when "direct patient care under direct supervision" takes place. Conference hours and training workshops are not approved as clinical time. Charting can only occur in the clinical setting under direct supervision.
- Students need to be aware of differences between ICD10 vs. CPT codes (see Billing, Coding and Compliance Information)
- All time logs will be monitored and audited throughout the semester. Clinical Case logs need to be completed on all encounters

Evaluations

Clinical Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student

and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum/clinical faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student.

The valuable feedback/input given by the preceptors on the students' performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of clinical/practicum, Students will submit an evaluation of the site supervisor, preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Acute Care Nurse Practitioner with an Emphasis in Adult-Gerontology Clinical Guidelines

Students enrolled in this program will collaborate with faculty members and the Office of Field Experience to select an appropriate population clinical site. The program includesclinical practice hours under the direct supervision of a qualified/approved preceptor. It is recommended that the student reduce their work hour commitment during this time. These hours are divided among acute care preceptorships with acute care specialists (physicians and nurse practitioners) and supplemental preceptorships (specialties). A minimum of 675 hours must be earned in the delivery of direct patient care according to the program population foci as required for national certification. Additionally, AGACNP students must complete at least 400 hours either in the intensive care unit (ICU) and/or with a hospitalist. The clinical experience is completed along with didactic coursework. Students must have received the didactic content before (or concurrently) participating in the clinical care of a patient. Adult health and gerontology students may not care for pediatric patients under the age of 13.

AGACNP Hour Allotment

MAJOR: minimum 400 hours	Specialty: Maximum 275 hours with any combination of specialty and sub-specialty	Sub-specialty: Maximum 75 Hours Total
Hospitalist Intensivist	Cardiology - 225 Pulmonology - 225 Emergency room (ER) - 225 **Specialty: Maximum 100 hours each** Surgical team: Pre-op or Post-op - 125 Nephrology - 125 Endocrine - 125 Burn - 125 Trauma - 125 Hematology - 125 Oncology - 125 Rehab/ Skilled Nursing Facility - 125 Neurology/ Stroke - 125 Hospice/ Palliative Care - 125 Infectious Disease - 125 Primary Care - 125 Urgent Care - 125 Transplant program - 125 Gastroenterology/GI - 125	Neurosurgery - 75 Psychiatry - 75 Rheumatology - 75 Orthopedics - 75 Bariatric - 50 Telehealth hours - 50 **Skills purpose only:** Interventional Radiology - 75 Anesthesiology - 75 **Sub-specialty – Maximum 25 hours** Plastic surgery - 25 Aesthetics - 25 Dermatology - 25 Gynecological - 25 Urology- Clinic and Hospital - 25 Ophthalmology - 25 Pain Management - 25 Surgery team: Operating Room - 25

Each course will has a specific number of patient encounters that must be documented.

- ANP-650 – 100
- ANP-652 – 125
- ANP-654 – 150

Telehealth/telemedicine experiences may now be incorporated and counted as clinical hours. The following are the rules and parameters around these direct care experiences. All telehealth experiences must be approved by the college. Experience requirements are listed below:

- Maximum of 50 hours
- Telemedicine hours must be within the scope of practice for the program of study and population foci.

- Hours Must be **Direct Care and supervised** (by preceptor) through teleconferencing. Telehealth simulation experiences cannot be included.
- Telehealth cannot be conducted via telephone and must be done on a virtual face to face platform such as Zoom conferencing.
- Students cannot simply observe the telemedicine encounter. It must be treated just like if it was Face to Face and the student is conducting the interview with collecting the history and then obtaining an assessment with treatment and management plans.
- If a provider does a mix of face to face encounters and telemedicine, these hours would not be limited to the maximum of 50 hours; the Maximum of 50 hours is when a provider is **ONLY** doing Telemedicine.
- Must be compliant with Rules and Regulations of Telemedicine; Treatment and management can only take place from a provider that is licensed in the state that the patient resides in.
- Scope of practice/Nurse Practice Act is different for every state; Must comply with Nurse Practice Act and the Advanced Practice Scope of Practice for every state. APRN's are not able to independently practice in every state. Some states require a collaborating physician and some require a supervising physician. Very important to know and understand what each BON requires. Ex: If AZ NP is conducting telemedicine in Florida, there must be a supervising physician because Florida is not an independent practice state.
- All Telehealth hours/experiences must be documented in Lopes Activity Tracker per clinical day.
- If students will be using a provider other than the provider's they are already cleared with for the Telehealth option, they must contact their Field Clinical Counselor to receive clearance with this from the college prior to completing any hours

AGACNP Clinical Skills Checklist

Students are required to track their observation, assistance, and completion of clinical skills. Students should also keep track of the skills they perform in clinical using the APRN Skills Checklist in the appendix. Not all skills are required for graduation or certification and students must have didactic training and check offs completed by a faculty member before performing the skill independently. All NP students must be educationally prepared with theory/didactic instruction and established competency before performing any procedure or task under the DIRECT supervision (at all times) of their preceptor. As a preceptor it would be required to obtain documentation that the student successfully completed the additional education required to perform any procedure/skill. The students are to obtain permission from all current facilities/sites to perform any procedure and inquire about any written policies or procedures before any procedure/skill is performed. Safe, high quality care is priority.

Field Experience Documentation Checklist – ACNP

The following documentation is required and must be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

- Copy of current Healthcare Insurance Card
- CPR/BLS **AND** ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Background Check (within 6 months of clinical)
- Drug screen (within 6 months of clinical)
- Malpractice Insurance Coverage ($1M per incident, $3M aggregate) – Policy must state "NP Student"
- Immunizations and/or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3, covid-19*
    - *Grand Canyon University does not require the covid-19 vaccine for students or staff, however, if a student is offered placement at a clinical facility that requires this vaccine, proof of vaccine must be provided prior to clinical clearance. Healthcare agencies determine exemption criteria and if offered at the site, students will need to be approved and compliant prior to clinical deadlines. Should a student decline clinical placement offered for any reason, including covid-19 vaccine, that student will need to secure their own placement for that term prior to clearance for class.
- Student and Preceptor Current Curriculum Vitae or Resume
- Copy of student and preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines
- APRN Clinical Placement Expectations Statement

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned clinical course. Documentation submitted late may result in a later registration of the clinical course. Students should submit their documentation early to avoid a delay in their clinical start date.

Selection Criteria for AGACNP Clinical Sites

The College of Nursing and Health Care Professions requires that nurse practitioner student clinical experiences occur in clinical sites that meet the criteria below, and follow the state board of nursing scope of practice. Students are expected to review and become knowledgeable of the Scope of Practice for their particular state board of nursing. In order to meet the criteria, students should be prepared to travel to clinical sites outside of the city in which they reside during any semester.

- As an AGACNP student, clinical placements should be in facilities that manage acutely ill, critically ill and complex chronic patients. These experiences should be based upon student learning objectives and students are encouraged to discuss this with faculty. For example, an AGACNP student may want to spend a few days in a pulmonary critical care service to learn more about evidence based management of acute respiratory failure.
- The mandatory preceptor/student ratio (direct supervision) is 1:1. Any violations of this 1:1 ratio will result in a loss of those hours.
- Patient characteristics represent the appropriate population age for scope of practice and reflect course objectives.
- Patient characteristics represent diversity (education, income, insurance, race/ethnicity).
- Patient volume is adequate to ensure sufficient patients per day for student to acquire the skills required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation.
- Space is available for student (examination room, area for documentation)
- Adequate resources available on site:
  - Preceptor
  - Medical record system (electronic preferred but not required)
  - Current medical reference books or Internet access for searching

Selection Criteria for AGACNP Preceptors

APRN students engage in clinical practice under the guidance of a qualified clinical preceptor. The clinical preceptor must be:

- Formally educated for professional practice:
  - Advanced Practice Nurse (APRN) - A student must have the majority of clinical experiences with preceptors from the same population focus (e.g. ACNP students should be placed with ACNP/ANP preceptors). As well, to promote the student's understanding of the APRN role and ability to meet the core competencies, it is preferred to place the student with an APRN. Students will only be approved to complete direct supervised clinical hours with a Board Certified NP, MD or DO. The program does not approve clinical hours with a physician assistant or Resident Physician.
  - Board Certified Physician-DO or MD with at least one year of practice.
    - Please Note: Students are required to complete at least one full rotation or a minimum of 225 hours with a Nurse Practitioner.
    - CA state residents are required to complete all 675 hours with a Nurse Practioner.
- Clinical preceptors may be used to enhance faculty-directed clinical learning experiences, but not to replace faculty. A clinical preceptor shall be approved by program administration or faculty and:
  - Hold a current unencumbered license or multistate privilege to practice as a registered nurse or physician in the state in which the preceptor practices or, if employed by the federal government, holds a current unencumbered RN or physician license in the United States;
  - Have at least one year clinical experience as a physician or an advanced practice nurse
  - Practice in a population focus comparable to that of the APRN program;
  - For nurse preceptors, have at least one of the following:
    - Current national certification in the advanced practice role and population focus of the course or program in which the student is enrolled;
    - Current Board certification in the advanced practice role and population focus of the course or program in which the student is enrolled; or
    - If an advanced practice preceptor cannot be found who meets the requirements of subsection (B)(6)(d)(i) or (ii), educational and experiential qualifications that will enable the preceptor to precept students in the program, as determined by the nursing program and approved by the Board, approvals will be obtained only by the College Dean.
- Be actively involved in clinical practice.
- The Office of Field Experience collects preceptor licensing, credentialing, CV/Resume and certification information. These documents are sent to the Lead Faculty who reviews and provides final approval or denial of the preceptor.

Preceptor Responsibilities

- Submit a current CV, copy of license, and specialty certification to the Office of Field Experience (OFE) prior to student beginning clinical experience.

- Complete the Pre-Mid-Post conference form with the student and in collaboration with the faculty.
- Orient student to the clinical site and agency policies and expectations. Discuss with student the preferred method for communication with preceptor and/or clinic site.
- Review with student the site's patient population, most frequent diagnoses and procedures commonly performed, if applicable.
- Facilitate an informal collaborative and mutually respectful environment in which to learn.
- Promptly communicate to faculty regarding issues of concern or unsafe practice.
- Review the objectives of the course and student's learning objectives to determine the type of learning opportunities that will enhance the student's learning. Direct the student to resources and evidence based readings and areas for quality improvement.
- Provide regular feedback to improve the student's knowledge and skills.
- Provide a variety of appropriate learning experiences. If available, encourage participation in interdisciplinary team meetings.
- Facilitate student's progressive independence in knowledge and skills by supporting the student's autonomy.
- Share your expertise, tools, and references that will aid the student in role transition.
- Provide time to mentor student learning by answering questions and reviewing material.
- Facilitate professional advanced education socialization.
- Students will log their hours and experiences in Lopes Activity Tracker within 72 hours of the clinical day. Preceptors will verify, confirm and approve the student's time logs in ThunderTime. The student will then upload the document to the classroom for final review, approval and grade from the Clinical faculty.
- Complete the student clinical evaluations.
- Complete preceptor training provided by GCU.

Preceptor Fit

It is intended that students stay with the clinical preceptor and site arranged by themselves or the OFE during the course. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations, which is determined by the midterm and final clinical evaluations, the clinical faculty and student will discuss the need to identify another clinical site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site and must be in communication with the OFE and their faculty regarding any preceptor and site changes as soon as practical. The College and faculty must be apprised of students' placement at all times.

ACNP Student Documentation Requirements

The Lopes Activity Tracker (LAT) is used to track clinical hours and patient experiences throughout the students clinical course work. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours: https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

- Students are not to log hours with any preceptor until they have been cleared by the OFE. Please note that each site and each preceptor must be approved prior to starting hours. Any hours completed without prior approval will not be accounted for and student will be subject to review with the professional practice committee.
- Clinical hours can only be accounted for when "direct patient care under direct supervision" takes place. Conference hours and training workshops are not approved as clinical time. Charting can only occur in the clinical setting under direct supervision.
- Students need to be aware of differences between ICD10 vs. CPT codes (see Billing, Coding and Compliance Information)
- All time logs will be monitored and audited throughout the semester. Clinical Case logs need to be completed on all encounters

Evaluations

Practicum/clinical Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience.   The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The Midterm and final evaluations are electronic and stored in LoudCloud. The practicum/clinical faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality and the faculty member will complete the midterm evaluation electronically with the input of the preceptor. The final evaluation will be completed by the preceptor and reviewed with the student.

The valuable feedback/input given by the preceptors on the students' performance will then receive a final review and evaluation by the practicum faculty. The student and preceptor will attest to reviewing these evaluations together by again signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom both mid-course and in the final week.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of clinical/practicum, Students will submit an evaluation of the site supervisor, preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Nursing with an Emphasis in Education Practicum Guidelines

NUR- 646E Seminar I   (50 hours of clinical)

The goal of the 50 hour clinical experience is to apply and implement at the advanced level, the advanced health assessment skills and knowledge from their NUR-643E course. It is essential to understand the content and skill required in the Advanced Health Assessment at this higher level. As a future master's-prepared nurse you are expected to address the changing and expanding educational needs of the nursing profession. By understanding and demonstrating the advanced health assessment skill, you are better prepared to meet these expectations at the master's level.

Preceptor qualifications:

- Must have an MSN and RN License
- May be a Nurse Practitioner
- May be a Certified Nurse Specialist
- Must be an RN with an MSN who with has an advanced specialty certification:
  - Diabetic specialist certified
  - Wound care specialist certified
  - Ambulatory care certification
  - Medical-surgical nursing certification
  - Cardiac vascular nursing certification
  - Inpatient obstetric nursing certification
  - Maternal newborn nursing certification
  - Low-risk neonatal nursing certification
  - Neonatal intensive care nursing certification

Sites: Clinical setting, such as: (direct care with patients)

- Hospital
- Private practice Clinic
- Community clinic

Field Experience Documentation Checklist

The following documentation is required and must be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the list below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Student and Preceptor Current Curriculum Vitae or Resume
- Copy of student and preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is a minimum of 8 weeks prior to the planned practicum/clinical course. Documentation submitted late will result in a later registration of the practicum/clinical course. Students must submit their documentation early to avoid a delay in their practicum/clinical start date.

NUR- 665E Practicum (150 hours of clinical)

The goal of the 150-hour practicum experience is to explore an area of academic or clinical nursing education. This practicum affords students the opportunity to refine educational expertise in their selected areas of interest (e.g., assessment of learning needs, program/curriculum planning, implementation, and assessment/evaluation in either a traditional or nontraditional setting).

Selecting a Nursing Educator Preceptor and Site

Once students have decided upon their area of interest in nursing education, they are ready to select their preceptor. Students may already know a nurse educator with whom they would like to work. If they do not know what they want to do, they might look at the National League for Nursing (NLN) Competencies for Nurse Educators. Their practicum experience should allow them to mature into one or more of those competencies. Students cannot be paid for their practicum time.

Potential Preceptors work and teach in a variety of locations. University and community college faculty members, both didactic and clinical, may be preceptors. Preceptors may work in Education departments at hospitals, community health centers, or outpatient medical facilities.

Examples of MSN-Education Practicum Activities

National League for Nursing Certified Nurse Educator Competencies	Competency Statements for the Nurse Educator	Examples of a Suitable Practicum Activities
1.Facilitate Learning	• Nurse educators are responsible for creating an environment in classroom, laboratory, and clinical settings that facilitates student learning and the achievement of desired cognitive, affective, and psychomotor outcomes.	▪ Implement a variety of teaching strategies in practicum setting ▪ Utilize information technologies to support teaching-learning process ▪ Utilize knowledge of advance health assessment techniques to support teaching-learning process ▪ Create positive learning environment ▪ Apply knowledge of evidence-based practices to instruct leaners
2. Facilitate Learner Development and Socialization	• Nurse educators recognize their responsibility for helping students develop as nurses and integrate the values and behaviors expected of those who fulfill that role.	▪ Identify different learner styles and needs ▪ Create learning environments ▪ Foster learners in the 3 domains: cognitive, psychomotor, and affective ▪ Provide resources for diverse learners
3. Use Assessment and Evaluation Strategies	• Nurse educators use a variety of strategies to asses and evaluate student learning in classroom, laboratory and clinical settings, as well as in all domains of learning.	▪ Input to develop programs ▪ Enforce program standards ▪ Incorporate current research and knowledge of advanced role

		• Utilize current assessment and evaluation resources • Provide timely and effective feedback to learners
4. Participate in Curriculum Design and Evaluation of Program Outcomes	• Nurse educators are responsible for formulating program outcomes and designing curricula that reflect contemporary health care trends and prepare graduates to function effectively in the health care environment.	• Demonstrate curriculum design • Lead curriculum or course design • Revise curriculum based on evaluations
5. Function as a Change Agent and leader	• Nurse educators function as change agents and leaders to create a preferred future for nursing education and nursing practice.	• Include cultural sensitivity with in your teaching • Participate in interdisciplinary efforts • Develop leadership skills • Create a culture of change
6. Pursue Continuous Quality Improvement in the Nurse Educator Role	• Nurse educators recognize that their role is multidimensional and that an ongoing commitment to develop and maintain competence in the role is essential.	• Promote membership in professional organizations • Role model professional behaviors • Demonstrate commitment to life-long learning • Mentor faculty and or students • Engage in self-reflection • Use feedback from evaluations to improve role effectiveness
7. Engage in Scholarship	• Nurse educators acknowledge that scholarship is an integral component of the faculty role, and that teaching itself is a scholarly activity.	• Exhibit a spirit of inquiry • Use evidence-based resources to improve and support teaching • Share teaching expertise with colleagues as appropriate eat practicum site
8. Function Within the Educational Environment	• Nurse educators are knowledgeable about the educational environment within which they practice and recognize how political, institutional, social, and economic forces impact their role.	• Make decisions based on historical trends • Function effectively in the organizational setting • Understand goals of the nursing program • Participate in professional committees

Nursing Educator Preceptor Requirements

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing.
- Preceptor is experientially and academically prepared
- Provide opportunities to work with other nursing educators as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in a nursing education position. This can be at a clinical or academic site.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to mentor students learning by serving as a resource during the practicum time
- Preceptors cannot be relatives, personal friends or direct supervisor of student.
- Preceptor can work at student's place of employment but cannot work in the same department as the student.

Preceptor responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Approve student submitted practicum hours through ThunderTime preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with him or/ her. Students must determine what do they want to learn and how do they best see themselves learning it. Students must discuss this with their potential preceptor and see if their preceptors' responses fits with the students' learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. More importantly, they must determine if they are comfortable making a mistake and taking feedback from this person. Those are critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor selected and how the student works with that person. So this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank a prospective preceptor for their time, but should not select them as their preceptor if they do not feel it is a good fit. It just is not the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have OFE approval. All preceptors are approved by the Assistant Dean of Graduate Studies or program lead faculty prior to the start of the course.

Time Commitments to the Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.
• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 150 hours required for passing this course. Faculty members will provide final validation of all practicum hours.
• Field Experience Counselors are available for questions and assistance with this program if needed.
• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member.The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Nursing with an Emphasis in Leadership in Health Care Systems Practicum Guidelines

The goal of the 150-hour culminating practicum is to provide an opportunity for students to explore an area of nursing leadership. The practicum will allow students to apply the theoretical knowledge and skills gained in both the nursing core and leadership courses by engaging in leadership activities (e.g., committees, staff education, and quality improvement) and completing a leadership-based project. Students will then analyze and evaluate leadership behaviors and processes through self-reflection and writing.

Selecting a Nursing Leader Practicum Preceptor and Site

Once students have decided upon their area of interest in nursing leadership, they are ready to select their preceptor. Students may already have a nurse leader whose leadership role they would like to experience. If they do not know what they want to do, they might look at the American Organizations of Nurse Executives Competencies. Whatever they decide to do as their practicum experience, it should allow them to mature into one or more of the executive competencies. Students cannot be paid for practicum time.

Practicum opportunities in Nursing Leadership are varied and multiple. Potential preceptors could include Nurse Managers, Administrators, or Clinical Leaders. Chief Nursing Officers, Quality Improvement Specialists, and Directors of Nursing could all meet the practicum preceptor requirements.

Examples of MSN-Leadership PracticumActivities

American Organization for Nursing Leadership Competencies	Sub-standards	Preceptor Required Activities	Example of Practicum Activities
Communication and Relationship Building	- Effective Communication - Relationship Management - Influencing Behaviors - Diversity - Community Involvement - Medical/Staff Relationships - Academic Relationships	Direct oversight of staff	- Staff education - Development of preceptors - Working with academic leaders
Knowledge of the Health Care Environment	- Clinical Practice Knowledge - Delivery Models / Work Design - Health Care Economics and Policy - Governance - Evidence-Based Practice / Outcome Measurement and Research - Patient Safety	Work with policy	- Developing new policy for the practicum site. - Implementing a performance improvement metric - Researching the effectiveness of a current delivery model

	• Performance Improvement / Metrics • Risk Management		
Leadership	• Foundational Thinking Skills • Personal Journey Disciplines • Systems Thinking • Succession Planning • Change Management	▪ Designated leadership position	▪ Education staff on upcoming changes. ▪ Integrating leadership styles into leadership positions. ▪ Determining how the organization's mission relates to the goals of the preceptor.
Professionalism	• Personal and Professional Accountability • Career Planning • Ethics • Advocacy	▪ Professional Accountability	▪ Holding true to professional dispositions throughout the practicum. ▪ Attending ethics committee meetings. ▪ Advocating for patients.
Business Skills	• Financial Management • Human Resource Management • Strategic Management • Information Management and Technology	▪ Budgetary responsibility	▪ Understanding the relevance of preceptor's current staffing model. ▪ Participation in the interviewing and evaluation of staff.

Nursing Leader Practicum Preceptor Requirements

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing or other advanced graduate degree.
- Preceptor is experientially and academically prepared.
- Provide opportunities to work with other health care leaders as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in a leadership position. This can be at a clinical or academic site.
- Minimum of 3 months at current employer.
- Current leadership role must include direct report oversight.
- Current leadership role must include experience in managing a budget as one of their responsibilities.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to precept student learning by serving as a resource during the practicum time.

- Preceptor cannot be relatives, personal friends or direct supervisor of student. Preceptor can work at student's place of employment but cannot work in the same department as the student.

Preceptor responsibilities include

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Approve student submitted practicum hours through ThunderTime preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with the potential preceptor. Students must determine what do they want to learn and how they best see themselves learning it. Students must discuss this with their potential preceptor and see if the preceptors' responses fits with the students' learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. Critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor selected by the student and how he or she works with that person, so this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank prospective preceptors for their time, but do should not select a preceptor with whom they do not feel a good fit. This would not provide the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have OFE approval. All preceptors are approved the Assistant Dean of Graduate Studies or the program lead faculty prior to the start of the practicum.

Time Commitments to the Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MSN/L

The following documentation may be required and can be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the list below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Copy of preceptor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum start date.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.
• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 150 hours required for passing this course. Faculty members will provide final validation of all practicum hours.
• Field Experience Counselors are available for questions and assistance with this program if needed.
• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Nursing with an Emphasis in Public Health Nursing Practicum Guidelines

The practicum course for Master of Science in Nursing, emphasis in Public Health Nursing (MSN-PHN) students provides an opportunity to apply public health nursing knowledge and skills in various public health settings. Students formulate public health assessments and interventions for improving quality health outcomes for populations in their selected setting while enhancing their leadership and collaboration skills with professionals in the field. Students are required to complete a minimum of 150 hours of field experience in an approved public health nursing setting under close supervision of a qualified preceptor approved by the College. Students must have completed all previous coursework and a release by the Office of Field Experience to enroll in the practicum course. The practicum experience should integrate one or more of the Standards of Public Health Nursing Practice:

- Assessment – collection of comprehensive data pertinent to the health status of population
- Population diagnosis and priorities – analysis of assessment data to determine the population diagnoses and priorities.
- Outcome Identification – identification of expected outcomes for a plan that is based on population diagnoses and priorities
- Planning – development of plans that reflects best practices by identifying strategies, action plans and alternatives to attain expected outcomes.
- Implementation – implementation of an identified plan by partnering with others.
  - Coordination – coordinating programs, services, and other activities to implement an identified plan.
  - Health Education and Promotion – employs multiple strategies to promote health, prevent disease, and ensure a safe environment for populations.
  - Consultation – consultation to various community groups and officials to facilitate the implementation of programs and services.
  - Regulatory Activities – identifies, interprets, and implements public health laws, regulations, and policies.
- Evaluation – evaluating the health status of the population.

It is required that students have taken steps to ensure their practicum placements prior to beginning the practicum courses. It is an expectation of all MSN-PHN students to actively seek placement.

The requirement is that the student engage in hands-on application of public health nursing knowledge in practice (observing or shadowing is not acceptable as a primary activity). Activities during the practicum should allow for hands-on application of public health nursing knowledge in a practice setting. These activities should lead to a tangible product at the end of the experience (i.e., a report, health educational materials, etc.).

Selecting a Public Health Nursing Practicum Site

Appropriate practicum sites are organizations whose primary purpose or function is health related. Appropriate sites may include health departments or other governmental agencies, medical centers or clinics, community-based organizations, health-related nonprofit organizations. Other organizations whose primary purpose or function is not health-related, but who have health-related projects or provide health-related services can include faith-based organizations, worksites (Example: employee health and wellness; occupational health and safety), community-based research projects, community-based coalitions, or university/college health or research centers. Sponsoring sites designate a qualified member of their staff to serve as student preceptors. Preceptors will guide students' experience on site, helping them think critically about the meaning of activities, while facilitating interactions with staff and community members.

Examples of Public Health Nursing Practicum Activities

Standard of Public Health Nursing Practice	Description	Examples of a Suitable Practicum Activities	Examples of Suitable Practicum Sites
Assessment	Collection of comprehensive data pertinent to the health status of population.	• Conduct a community needs assessment. • Conduct interviews and/or collect data in the investigation of disease outbreaks within the community or a health system.	State or local health department Hospital, clinic, or community health center Behavioral/mental health organization

			School or school district
Population Diagnosis and Priorities	Analysis of assessment data to determine the population diagnoses and priorities.	▪ Evaluate health trends and risk factors of population groups or patients to determine priorities for targeted interventions. ▪ Interpret public health data and prepare a summary as part of a research project.	Health-related nonprofit organization (Ex: American Red Cross) State or local health department Academic institution or research organization Hospital, clinic, or community health center
Outcome Identification	Identification of expected outcomes for a plan that is based on population diagnoses and priorities	▪ Work with a community coalition or a health system to identify priority areas of concern and develop shared goals. ▪ Prepare a grant for funding a public health intervention and identify expected outcomes and measures.	State or local health department Community coalitions Hospital, clinic, or community health center Health-related nonprofit organization Academic or research institution
Planning	Development of plans that reflects best practices by identifying strategies, action plans and alternatives to attain expected outcomes.	▪ Develop a disaster preparedness plans (i.e., for a health system, for a community, etc.).	State or local health department Academic or research institution Hospital, clinic, or community health center Health-related nonprofit organization
Implementation	Implementation of an identified plan by partnering with others.	▪ Coordinate the implementation of programs, services that promote health, prevent disease, and ensure a safe environment for patients or populations. ▪ Consultation to various community groups and officials to facilitate the implementation of programs and services.	Hospital, clinic, or community health center State or local health department

		▪ Identify, interpret, and/or analyze public health laws, regulations, and policies.	Health-related nonprofit organization or foundation Behavioral/mental health organization
Evaluation		▪ Prepare an evaluation plan for a grant for funding of a public health intervention ▪ Collect primary and/or secondary data for the evaluation of a public health intervention	Hospital, clinic, or community health center State or local health department Health-related nonprofit organization or foundation Behavioral/mental health organization

Public Health Nursing Practicum Preceptor Requirements

- Holds an unencumbered and current nursing license.
- Must hold a Master's degree in Nursing or Master's degree in a related public health field (examples can include natural or social sciences, public health, health care administration, health sciences, social work).
- Preceptor is experientially and academically prepared.
- Provide opportunities to work with other public health professionals as appropriate to augment the practicum experience. .
- Minimum of 2 years current work experience in public/community/population health.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to precept student learning by serving as a resource during the practicum time.
- Preceptor cannot be relatives,personal friends or direct supervisor of student.
- Preceptor can work at student's place of employment but cannot work in the same department as the student.

Preceptor responsibilities:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Approve student submitted practicum hours through Thunder Time preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Time Commitments to the Public Health Nursing Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important

for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the public health practicum will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Using a Current Place of Employment to Complete the Public Health Nursing Practicum Experience

If students plan to use their current place of employment to complete practicum, they must inform the Office of Field Experience that this is the intention, and obtain approval from the public health lead faculty, in advance of the start date. It is important to note that practicum hours must be unpaid. Students must be able to define a project for their practicum that is distinct from their day-to-day employment duties, with specific goals and objectives defined.

Special Note for Students Seeking California Public Health Nurse (PHN) Certification

Students who plan to seek eventual public health nursing certification from the California Board of Registered Nursing must ensure that their practicum experience meets the following criteria:

- The practicum experience must occur in a public health setting with individuals, families, and/or community
- The public health setting must employ professionals with the title and function of public health nurse
- The preceptor must a) be a practicing public health nurse, AND b) have a California Public Health Nurse Certificate

Field Experience Documentation Checklist – MSN-PHN

The following documentation may be required and can be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum start date.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.

• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 150 hours required for passing this course. Faculty members will provide final validation of all practicum hours.

• Field Experience Counselors are available for questions and assistance with this program if needed.

• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Nursing with an Emphasis in Health Care Quality and Patient Safety

The goal of the 150-hour culminating practicum is to provide an opportunity for students to explore an area of Health Care Quality and Patient Safety within the nursing realm. This project-focused practicum will allow students to apply the theoretical knowledge and skills gained in both the nursing core and emphasis courses by engaging in quality improvement and patient safety activities (e.g., committees, projects, and staff education). Students will also analyze and evaluate behaviors and processes through self-reflection and writing.

Selecting a Nursing Practicum Preceptor and Site

Once students have decided upon their area of interest in nursing quality improvement and patient safety, they are ready to select their preceptor. Students may already have a nurse leader whose role they would like to experience. If they do not know what they want to do, they might look at the websites for the National Association for Healthcare Quality or the National Patient Safety Foundation for ideas. Students cannot be paid for practicum time.

Practicum opportunities in Nursing Quality Improvement and Patient Safety are varied and multiple. Potential preceptors could include those who work in Patient Safety, Accreditation, Quality Review and Accountability, Process Improvement, or Health Data Analytics. Quality Improvement Specialists, Risk Management Directors, Area Quality Lead, Compliance Nurse Manager, and Director of Clinical Services could all meet the practicum preceptor requirements.

Examples of MSN-Health Care Quality and Patient Safety Activities:

Quality & Safety Education for Nursing (QSEN) Competencies	Sub-Competencies (see https://qsen.org/competencies/graduate-ksas/ for full list of sub-competencies)	Example of Practicum Activities
Patient-Centered Care	• Communicate patient values, preferences and expressed needs to other members of health care team • Effective communication • Patient and family advocacy	▪ Participation in interdisciplinary meetings ▪ Participation or presence in ethics meetings ▪ Working with case management on safe discharge planning
Teamwork and Collaboration	• Value different styles of communication • Identify system barriers and facilitators of effective team functioning • Analyze authority gradients and their influence on teamwork and patient safety	▪ Developing new policy for the practicum site. ▪ Implementing a performance improvement metric ▪ Researching the effectiveness of a current delivery model
Evidence-Based Practice	• Appreciate strengths and weaknesses of scientific bases for practice • Value development of search skills for locating evidence for best practice • Value public policies that support evidence-based practice	▪ Use health research methods and processes to generate new knowledge for practice in your project. ▪ Participate in designing systems that support evidence-based practice

Quality Improvement	• Appreciate that continuous quality improvement is an essential part of the daily work of all health professionals • Value the need for ethical conduct of quality improvement • Describe common quality measures in the practice specialty	▪ Attend quality improvement meetings. ▪ Attending ethics committee meetings. ▪ Participate in a quality improvement process.
Safety	• Describe human factors and other basic safety design principles as well as commonly used unsafe practices • Describe best practices that promote patient and provider safety in the practice specialty • Describe methods of identifying and preventing verbal, physical and psychological harm to patients and staff	▪ Introduce appropriate strategies to reduce reliance on memory (such as forcing functions, checklists) ▪ Conduct interdisciplinary education on safety measures citing best practices for the specialty. ▪ Work with your preceptor to provide education on prevention of assaults and loss of dignity for patients, staff, and aggressors
Informatics	• Evaluate benefits and limitations of different communication technologies and their impact on safety and quality • Appreciate the time, effort, and skill required for computers, databases and other technologies to become reliable and effective tools for patient care	▪ Attend technology advancement meetings. ▪ Spend time discussing the process of enabling the facility with reliable technology with the director of informatics.

Nursing HQS Practicum Preceptor Requirements

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing or other advanced graduate degree.
- Preceptor is experientially and academically prepared.
- Provide opportunities to work with other health care leaders as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in a quality or patient safety-related position.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to precept student learning by serving as a resource during the practicum time.
- Preceptor cannot be relatives or personal friends with student.

Preceptor responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Approve student submitted practicum hours through Thunder Time preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with the potential preceptor. Students must determine what they want to learn and how they best see themselves learning it. Students must discuss this with their potential preceptor and see if the preceptors' responses fit with the students' learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. Critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor selected by the student and how he or she works with that person, so this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank prospective preceptors for their time, but they should not select a preceptor with whom they do not feel a good fit. This would not provide the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have OFE approval. All preceptors are approved the Assistant Dean of Graduate Studies or the program lead faculty prior to the start of the practicum.

Time Commitments to the Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MSN-HQS

The following documentation may be required and can be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the list below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Copy of preceptor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum start date.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.

• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 150 hours required for passing this course. Faculty members will provide final validation of all practicum hours.

• Field Experience Counselors are available for questions and assistance with this program if needed.

• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

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Master of Public Health Practicum Guidelines

The practicum course for Master of Public Health students is designed to provide an opportunity to transition from theory to practice in public health. The student reinforces, integrates, and applies concepts, principles, and skills gained during coursework that are essential to professional competency. Students are required to complete a minimum of 150 hours of field experience in an approved public health setting under close supervision of a qualified preceptor approved by the College. Students must have completed all previous coursework and a release by the Office of Field Experience to enroll in the practicum course.

The requirement is that the student engage in hands-on application of public health knowledge in practice (observing or shadowing is not acceptable as a primary activity). Activities during the practicum should allow for hands-on application of public health knowledge in a practice setting. These activities should lead to a tangible product at the end of the experience (i.e., a report, health educational materials, etc.). The practicum experience should relate to at least one of the core areas of public health:

- Social and Behavioral Sciences – concepts and methods of social and behavioral sciences relevant to the identification and solution of public health problems
- Epidemiology – distributions and determinants of disease, disabilities and death in human populations; the characteristics and dynamics of human populations; and the natural history of disease and the biologic basis of health
- Biostatistics – collection, storage, retrieval, analysis and interpretation of health data; design and analysis of health-related surveys and experiments; and concepts and practice of statistical data analysis
- Environmental Health– environmental factors including biological, physical and chemical factors that affect the health of a community
- Health Services Administration and Health Policy – planning, organization, administration, management, evaluation and policy analysis of health and public health programs

Selecting a Public Health Practicum Site

Appropriate practicum sites are organizations whose primary purpose or function is health related. Appropriate sites may include health departments or other governmental agencies, medical centers or clinics, community-based organizations, health-related nonprofit organizations. Other organizations whose primary purpose or function is not health-related, but who have health-related projects or provide health-related services can include faith-based organizations, worksites (Example: employee health and wellness; occupational health and safety), community-based research projects, community-based coalitions, or university/college health or research centers. Sponsoring sites designate a qualified member of their staff to serve as student preceptors. Preceptors will guide students' experience on site, helping them think critically about the meaning of activities, while facilitating interactions with staff and community members.

Examples of Suitable Public Health Practicum Experiences

Core Area of Public Health	Description	Examples of a Suitable Practicum Activities	Examples of Suitable Practicum Sites
Social & Behavioral Sciences	Addresses the behavioral, social and cultural factors related to individual and population health and health disparities over the life course. Research and practice in this area contributes to the development, administration and evaluation of programs and policies in public health and health services to promote and sustain healthy environments and healthy lives for individuals and populations.	▪ Conduct a community needs assessment ▪ Participate in the implementation of community health education (i.e., delivering health education classes, preparation of health education materials, etc.) ▪ Conduct an evaluation of a public health intervention	Health-related nonprofit organization (Ex: American Diabetes Association) State or local health department Hospital, clinic, or community health center Youth or senior center Social services nonprofit (Ex: Boys & Girls Club)

			Behavioral/mental health organization School or school district
Epidemiology	The study of patterns of disease and injury in human populations and the application of this study to the control of health problems.	▪ Develop a disaster preparedness plans (i.e., for a health system, for a community, etc.) ▪ Implement clinical or community based research (i.e., collection of data via surveys/interviews, data entry/analysis/reporting) ▪ Conduct interviews and/or collect data in the investigation of disease outbreaks	Health-related nonprofit organization (Ex: American Red Cross) State or local health department Academic institution or research organization Hospital, clinic, or community health center
Biostatistics	The study of developing and applying statistical reasoning and methods in addressing, analyzing, and solving problems in public health; health care; and biomedical, clinical and population-based research.	▪ Apply statistical analyses to answer a particular research question ▪ Interpret public health data and prepare a summary as part of a research project ▪ Develop a written presentation, oral presentation, or report based on statistical analyses	State or local health department Academic or research institution Hospital, clinic, or community health center Health-related nonprofit organization
Environmental Health	The study of environmental factors including biological, social, physical and chemical factors that affect the health of a community.	▪ Conduct routine food safety inspections for sanitation ▪ Collect and analyze samples (i.e., food, water, soil) to investigate contamination or illness ▪ Participate in the completion of a health risk assessment or environmental impact assessment	State or local health department Water and sewage treatment plants Air quality organizations Waste management facilities Occupational health organizations

			Neighborhood zoning and planning departments
Health Services Administration and Health Policy	Multidisciplinary field of inquiry and practice concerned with the delivery, quality and costs of health care for individuals and populations, from both a managerial and a policy perspective, including health care costs, financing, organization, outcomes and accessibility of care.	▪ Prepare or review a grant for funding a public health intervention ▪ Review and analyze public health legislation or regulations related to public health interventions ▪ Conduct a cost-benefit/economic analysis of a public health interventions	Hospital, clinic, or community health center State or local health department Health-related nonprofit organization or foundation Behavioral/mental health organization

Public Health Practicum Preceptor Requirements

Public health is an interdisciplinary field; therefore, preceptors may come from various professional backgrounds. Preceptors for students in the MPH program must meet the following criteria:

MPH Preceptor Qualifications

- Master's degree* in a public health related discipline. (An MPH degree is preferred, but not required. Other acceptable disciplines can include health administration/management, nursing, natural sciences (e.g. biology, epidemiology, environmental science), social sciences (e.g. psychology, sociology, social work), etc. Preceptors with non-health related degrees will be evaluated on a case-by-case basis.
- Have at least two years of public health experience relating to the student's proposed practicum activities.
- Preceptor cannot be relatives, personal friends or direct supervisor of student.
- Preceptor can work at student's place of employment but cannot work in the same department as the student.

  *Preceptors with a Bachelor's degree in a health related discipline with at least 5 years of relevant public health experience and/or related certifications will be considered on a case-by-case basis. Preceptors without a minimum of a bachelor's degree will not be considered.

Preceptor Responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague.
- Communicate expectations to the student.
- Approve student submitted practicum hours through Thunder Time preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation.
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Time Commitments to the Public Health Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to**

note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the public health practicum will result in failure of the course.

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MPH

The following documentation may be required and can be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- HIPAA/FERPA Confidentiality form
- Student and Preceptor Current Curriculum Vitae or Resume
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum/clinical course. Documentation submitted late will result in a later registration of the practicum/clinical course. Students must submit their documentation early to avoid a delay in their practicum/clinical start date.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.
• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 150 hours required for passing this course. Faculty members will provide final validation of all practicum hours.
• Field Experience Counselors are available for questions and assistance with this program if needed.
• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Nursing with an Emphasis in Health Informatics- Practicum Guidelines

The goal of the 200 hour practicum experience is to explore an area of healthcare informatics. Some options include informatics clinical workflow and electronic health record application projects using SQL or Java, EPIC, UML, UP, HIE,use of report writing software such as Tableau or Crystal Reports, record template development and other Health Information Technology projects. Other opportunities/experiences do exist and all have final approval by the faculty member of the practicum course. All preceptors and sites are initially approved by the lead faculty or assistant dean for graduate studies.

Selecting a Nursing Informatics Preceptor and Site

Once students have decided upon their area of interest in informatics, they are ready to select their preceptor. Students may already know an expert or specialist in the field with whom they would like to work. Preceptors may include: clinic or nurse managers that work in informatics, Chief Medical Informatics officers (CMIO), Chief Information Officer (CIO), clinic administrators, Health Information Management (HIM) department specialists, informatics department specialists, and compliance, revenue integrity and revenue informatics specialists. If they do not know what they want to do, it is recommended to look at the AHIMA, ANIA, and AMIA websites, individual state component associations such as AzHIMA, HIMSS and Health Current, the Arizona health information exchange to help identify project sites. Projects should add value/benefit to the organization chosen. Students cannot be paid for their practicum time.

Examples of Suitable Health Informatics Practicum Experiences

Health Informatics Practicum Topic	Description	Examples of a Suitable Practicum Activities	Examples of Suitable Practicum Sites
Electronic Health Record Enhancement	The electronic health record (EHR) is a digital version of a patient's clinical information that provides secure, transferrable records that can improve patient safety and the quality of patient care. EHRs often require customization to enhance the patient safety end-user experience. Backed by evidence-based research, students participate in usability tests to identify potential EHR enhancements.	▪ Review EHR related patient safety incidents, conduct related usability tests, analyze root cause, and develop solutions and specifications for enhanced EHR functionality. ▪ Based on interviews with the clinical documentation improvement and health information management departments, identify a clinical record gap that impacts capture of clinical criteria or quality measure data. Work with system stakeholders to design a solution including user screen layout, templates, menus, or user alerts. ▪ Discuss interoperability issues with health information technology, health informatics, and health information management stakeholders. Conduct an analysis of the EHR and corresponding interoperable systems. Create a graphical depiction of the interfacing systems. Select one interoperability issue and identify root cause. Interview users and develop a proposed solution with a corresponding presentation.	Hospital, clinic, or community health center Provider medical practice
Database Management	Database management systems in healthcare are used to store, protect, and analyze data from diverse sources. Databases are used to warehouse data for easy user access, data	▪ Interview the health information management director and determine the need for an employee productivity database. Identify the data elements required for productivity monitoring. Assess the current systems that house productivity data. Evaluate database	Hospital, clinic, or community health center

	analysis, report generation, and strategy development. Students will create a database to solve a specific user defined need for business intelligence.	management system options based on user preference. Create a database system that imports electronic or manually entered productivity data. Using the selected database, create reports per user specification. Develop training materials and train users to input the data and access the reports.	Provider medical practice
User Interface and Workflow Mapping	Effective user interface functionality and workflow mapping are crucial to a successful health information system implementation. Based on stakeholder discussions students will select a user interface or workflow issue and develop a solution.	▪ Interview information technology, health informatics, or health information management stakeholders and identify a system related user interface or workflow issue. Use evidence-based principles of user-centered design, including user feedback at multiple points of the workflow to assess the problem. Conduct usability testing with the users through test cases and walk-throughs. Map the workflow and identify potential improvements. Design a system enhancement or workflow improvement. Create training materials for user presentations.	Hospital, clinic, or community health center Provider medical practice
Request for Proposal (RFP)	RFPs are documents used to provide system details for vendors who wish to submit health information systems bids. Students will investigate system requirements and develop an industry-standard RFP.	▪ Interview information technology, health informatics, or health information management stakeholders regarding future information system needs. Research industry-standard examples of health care system RFPs. Research system offerings by several vendors based on user preference. Based on evidence-based research identify industry-standard system requirements for the chosen application. Create a health information system RFP for the selected system.	Hospital, clinic, or community health center Provider medical practice
Implementation Training	Implementation training is a key to success of any new health information system. Information technology stakeholders conduct implementation training before system go-live and afterward for new users joining the organization. With the health of organization stakeholders, students will identify a need for implementation training, develop educational materials, and conduct training sessions.	▪ Interview organization stakeholders and identify a new or recently implemented information system or module where additional training is required. Gain access to and analyze the system functionality. Conduct evidence-based research on techniques for developing health information system training materials. Using industry best practices develop training materials using screenshots and workflow graphics in a PowerPoint document. Conduct training sessions for new users.	Hospital, clinic, or community health center Provider medical practice

Nursing Informatics Preceptor Requirements

- Holds an unencumbered and current nursing license.
- Must hold a master's degree in Nursing.
- Provide opportunities to work with other nursing staff as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in informatics. This can be within a hospital or clinic setting.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives
- Preceptor willingness and time available to mentor students learning by serving as a resource during the practicum time.
- Preceptor is experientially and academically prepared
- Preceptors cannot be relatives, personal friends, direct supervisor or a current GCU student
- Preceptor can work at student's place of employment but cannot work in the same department as the student.

Preceptor responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
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- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with him or/ her. Students must determine what do they want to learn and how they best see themselves learning it. Students must discuss this with their potential preceptor and see if their preceptors' responses fits with the students' learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. More importantly, they must determine if they are comfortable making a mistake and taking feedback from this person. Those are critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor selected and how the student works with that person. So this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank a prospective preceptor for their time, but should not select them as their preceptor if they do not feel it is a good fit. It just is not the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have Office of Field Experience approval. All preceptors and sites are approved by the lead faculty or the Assistant Dean of Graduate Studies.

Time Commitments to the experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 200 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MSN-HI

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- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum/clinical start date.

Logging Practice Experience Hours

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• All 200 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 200 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.
• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 200 hours required for passing this course. Faculty members will provide final validation of all practicum hours.
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Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Health Informatics- Practicum Guidelines

The goal of the 150 hour practicum experience is to explore an area of healthcare informatics. Some options include informatics clinical workflow and electronic health record application projects using SQL or Java, EPIC, UML, UP, HIE, use of report writing software such as Tableau or Crystal Reports, record template development and other Health Information Technology projects. Other opportunities/experiences do exist and all have final approval by the faculty member of the practicum course. All preceptors and sites are initially approved by the lead faculty or assistant dean for graduate

Selecting a Healthcare Informatics Preceptor and Site

Once students have decided upon their area of interest in informatics, they are ready to select their preceptor. Students may already know an expert or specialist in the field with whom they would like to work. Preceptors may include: managers that work in informatics, Chief Medical Informatics officers (CMIO), Chief Information Officer (CIO), clinic administrators, Health Information Management (HIM) department specialists, informatic department specialists, and compliance and revenue integrity and revenue informatics specialists. If they do not know what they want to do, it is recommended to look at the AHIMA and AMIA websites, individual state component associations such as AzHIMA, HIMSS and Health Current, the Arizona health information exchange to help identify project sites. Projects should add value/benefit to the organization chosen. Students cannot be paid for their practicum time.

Examples of Suitable Health Informatics Practicum Experiences

Health Informatics Practicum Topic	Description	Examples of a Suitable Practicum Activities	Examples of Suitable Practicum Sites
Electronic Health Record Enhancement	The electronic health record (EHR) is a digital version of a patient's clinical information that provides secure, transferrable records that can improve patient safety and the quality of patient care. EHRs often require customization to enhance the patient safety end-user experience. Backed by evidence-based research, students participate in usability tests to identify potential EHR enhancements.	▪ Review EHR related patient safety incidents, conduct related usability tests, analyze root cause, and develop solutions and specifications for enhanced EHR functionality. ▪ Based on interviews with the clinical documentation improvement and health information management departments, identify a clinical record gap that impacts capture of clinical criteria or quality measure data. Work with system stakeholders to design a solution including user screen layout, templates, menus, or user alerts. ▪ Discuss interoperability issues with health information technology, health informatics, and health information management stakeholders. Conduct an analysis of the EHR and corresponding interoperable systems. Create a graphical depiction of the interfacing systems. Select one interoperability issue and identify root cause. Interview users and develop a proposed solution with a corresponding presentation.	Hospital, clinic, or community health center Provider medical practice
Database Management	Database management systems in healthcare are used to store, protect, and analyze data from diverse sources. Databases are	▪ Interview the health information management director and determine the need for an employee productivity database. Identify the data elements required for productivity monitoring.	Hospital, clinic, or community health center

	used to warehouse data for easy user access, data analysis, report generation, and strategy development. Students will create a database to solve a specific user defined need for business intelligence.	Assess the current systems that house productivity data. Evaluate database management system options based on user preference. Create a database system that imports electronic or manually entered productivity data. Using the selected database, create reports per user specification. Develop training materials and train users to input the data and access the reports.	Provider medical practice
User Interface and Workflow Mapping	Effective user interface functionality and workflow mapping are crucial to a successful health information system implementation. Based on stakeholder discussions students will select a user interface or workflow issue and develop a solution.	▪ Interview information technology, health informatics, or health information management stakeholders and identify a system related user interface or workflow issue. Use evidence-based principles of user-centered design, including user feedback at multiple points of the workflow to assess the problem. Conduct usability testing with the users through test cases and walk-throughs. Map the workflow and identify potential improvements. Design a system enhancement or workflow improvement. Create training materials for user presentations.	Hospital, clinic, or community health center

Provider medical practice |
| **Request for Proposal (RFP)** | RFPs are documents used to provide system details for vendors who wish to submit health information systems bids. Students will investigate system requirements and develop an industry-standard RFP. | ▪ Interview information technology, health informatics, or health information management stakeholders regarding future information system needs. Research industry-standard examples of health care system RFPs. Research system offerings by several vendors based on user preference. Based on evidence-based research identify industry-standard system requirements for the chosen application. Create a health information system RFP for the selected system. | Hospital, clinic, or community health center

Provider medical practice |
| **Implementation Training** | Implementation training is a key to success of any new health information system. Information technology stakeholders conduct implementation training before system go-live and afterward for new users joining the organization. With the health of organization stakeholders, students will identify a need for implementation training, develop educational materials, and conduct training sessions. | ▪ Interview organization stakeholders and identify a new or recently implemented information system or module where additional training is required. Gain access to and analyze the system functionality. Conduct evidence-based research on techniques for developing health information system training materials. Using industry best practices develop training materials using screenshots and workflow graphics in a PowerPoint document. Conduct training sessions for new users. | Hospital, clinic, or community health center
Provider medical practice |

Healthcare Informatics Preceptor Requirements

- Must hold a Master's degree in Healthcare Informatics, Bioinformatics, Public Health Informatics, HIM, Information Technology, Nursing Informatics or graduate degree in a related discipline.
- Provide opportunities to work with other informatics and HIM professionals as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in informatics, IT or HIM. This can be within a hospital or clinic setting.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives
- Preceptor willingness and time available to mentor students learning by serving as a resource during the practicum time.
- Preceptor is experientially and academically prepared
- Preceptors cannot be relatives, personal friends, direct supervisor or a current GCU student
- Preceptor can work at student's place of employment but cannot work in the same department as the student.

Preceptor responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Approve student submitted practicum hours through Thunder Time preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with him or/ her. Students must determine what do they want to learn and how do they best see themselves learning it. Students must discuss this with their potential preceptor and see if their preceptors' responses fits with the students' learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. More importantly, they must determine if they are comfortable making a mistake and taking feedback from this person. Those are critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor selected and how the student works with that person. So this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank a prospective preceptor for their time, but should not select them as their preceptor if they do not feel it is a good fit. It just is not the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have Office of Field Experience approval. All preceptors and sites are approved by the lead faculty or the Assistant Dean of Graduate Studies.

Time Commitments to the Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**
The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MHI

The following documentation may be required and can be scanned and uploaded to one's student file, via the student portal. It is requested that the students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the lists below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form

- Copy of current Healthcare Insurance Card
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practicum course. Documentation submitted late may result in a later registration of the practicum course. Students should submit their documentation early to avoid a delay in their practicum/clinical start date.

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours can be completed on-site or virtually under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours.
• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 150 hours required for passing this course. Faculty members will provide final validation of all practicum hours.
• Field Experience Counselors are available for questions and assistance with this program if needed.
• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience. The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Healthcare Administration Practicum Guidelines

The goal of the 150-hour culminating practicum is to provide an opportunity for students to explore an area of interest in healthcare administration. This project-based practicum will allow students to apply the theoretical knowledge and skills gained in the healthcare administration core courses by engaging in administrative activities (e.g., committees, projects, staff education, and quality improvement). Students will then analyze and evaluate their activities and project through self-reflection and writing.

Selecting a Healthcare Administration Practicum Preceptor and Site

Once students have decided upon their area of interest in healthcare administration, they are ready to select their preceptor. Students may already have a leader whose role they would like to experience. If they do not know what they want to do, they might look at the American College of Healthcare Executives (ACHE) or the American Association of Healthcare Administrative Management (AAHAM) for ideas. Whatever they decide to do as their practicum experience, it should allow them to mature into one or more of the healthcare administration focus areas. Students cannot be paid for practicum time, and therefore should not be a part of their regular work duties.

Practicum opportunities in Healthcare Administration are varied and multiple. Potential preceptors could include Nurse Managers, Chief Executive Officers, or Administrators. Chief Nursing Officers, Quality Improvement Directors or Specialists, and Risk Managers could all meet the practicum preceptor requirements.

Examples of MSHA Practicum Activities:

Competencies	Sub-standards	Example of Practicum Activities
Communication and Interpersonal Effectiveness	• Effective Communication • Relationship Management • Influencing Behaviors • Diversity • Community Involvement • Medical/Staff Relationships	▪ Staff education ▪ Development of preceptors ▪ Interprofessional teambuilding
Organizational Management	• Delivery Models / Work Design • Health Care Economics and Policy • Governance • Financial Management • Human Resource Management • Strategic Management • Information Management and Technology	▪ Developing new policy for the practicum site. ▪ Researching the effectiveness of a current delivery model ▪ Understanding the relevance of preceptor's current staffing model. ▪ Participation in the interviewing and evaluation of staff.

Leadership and Management	• Foundational Thinking Skills • Personal Journey Disciplines • Systems Thinking • Succession Planning • Change Management	▪ Educating staff on upcoming changes. ▪ Integrating leadership styles into leadership positions. ▪ Determining how the organization's mission relates to the goals of the preceptor.
Professionalism and Ethics	• Personal and Professional Accountability • Career Planning • Ethics • Advocacy	▪ Holding true to professional dispositions throughout the practicum. ▪ Attending ethics committee meetings. ▪ Advocating for patients.
Data Analysis and Evidence-Based Decision-Making	• Evidence-Based Practice / Outcome Measurement and Research • Patient Safety • Performance Improvement / Metrics • Risk Management	▪ Implementing a performance improvement metric ▪ Implementing an EBP intervention

Healthcare Administration Practicum Preceptor Requirements

- Must hold a master's degree in Healthcare Administration or other appropriate advanced graduate degree.
- If preceptor is a nurse, must hold an unencumbered and current nursing license.
- Preceptor is experientially and academically prepared.
- Provide opportunities to work with other health care leaders as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in a healthcare administrative position.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to precept student learning by serving as a resource during the practicum time.
- Preceptor cannot be relatives or personal friends with student.

Preceptor responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Approve student submitted practicum hours through Thunder Time preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.
- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with the potential preceptor. Students must determine what do they want to learn and how they best see themselves learning it. Students must discuss this with their potential preceptor and see if the preceptors' responses fits with the students' learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. Critical pieces of a practicum experience and

the success of the practicum may be directly related to the preceptor selected by the student and how he or she works with that person, so this selection process may be one of the most important steps in the overall practicum experience.

Students should not hesitate to thank prospective preceptors for their time, but do should not select a preceptor with whom they do not feel a good fit. This would not provide the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have OFE approval. All preceptors are approved the Assistant Dean of Graduate Studies or the program lead faculty prior to the start of the practicum.

Time Commitments to the Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**

The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MSHA

The following documentation may be required and can be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the list below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Acknowledgment of Field Experience Guidelines

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.

• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Hours that are not approved will not count toward the 150 hours required for passing this course. Faculty members will provide final validation of all practicum hours.

• Field Experience Counselors are available for questions and assistance with this program if needed.

• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience.   The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

The midterm and final evaluations are required elements for passing this course. They must be completed and submitted on time in order for the student to receive a passing grade in the course.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Master of Science in Healthcare Administration with an Emphasis in Quality Improvement and Patient safety Health Care Systems Practicum Guidelines

The goal of the 150-hour culminating practicum is to provide an opportunity for students to explore an area of healthcare administration specifically in quality improvement and safety. The practicum will allow students to apply the theoretical knowledge and skills gained in both the healthcare administration core and quality improvement and patient safety courses by engaging in administrative and quality improvement activities (e.g., committees, projects, staff education, and quality improvement). Students will then analyze and evaluate quality and safety processes through self-reflection and writing.

Selecting a Healthcare Administration Quality Improvement and Patient Safety Practicum Preceptor and Site

Once students have decided upon their area of interest in healthcare administration quality/safety, they are ready to select their preceptor. Students may already have a leader whose quality role they would like to experience. If they do not know what they want to do, they might look at the National Association for Healthcare Quality (NAHQ), Institute for Health Care Improvement (IHI), or Agency for Healthcare Research and Quality (AHRQ). Whatever they decide to do as their practicum experience, it should allow them to mature into one or more of the quality improvement or patient safety focus areas. Students cannot be paid for practicum time and therefore should not be a part of their regular work duties.

Practicum opportunities in Healthcare Administration Quality and Safety are varied and multiple. Potential preceptors could include Nurse Managers, Administrators, or Safety Directors. Chief Nursing Officers, Quality Improvement Directors or Specialists, and Risk Managers could all meet the practicum preceptor requirements.

Examples of MSHA Healthcare Quality and Patient Safety Practicum Activities:

Competencies	Sub-Competencies	Example of Practicum Activities
Communication and Interpersonal Effectiveness	- Effective Communication - Relationship Management - Influencing Behaviors - Diversity - Community Involvement - Medical/Staff Relationships	- Staff education - Development of preceptors - Interprofessional teambuilding
Organizational Management	- Delivery Models / Work Design - Health Care Economics and Policy - Governance - Financial Management - Human Resource Management - Strategic Management	- Developing new policy for the practicum site. - Researching the effectiveness of a current delivery model - Understanding the relevance of preceptor's current staffing model. - Participation in the interviewing and evaluation of staff.

	• Information Management and Technology	
Leadership and Management	• Foundational Thinking Skills • Personal Journey Disciplines • Systems Thinking • Succession Planning • Change Management	▪ Educating staff on upcoming changes. ▪ Integrating leadership styles into leadership positions. ▪ Determining how the organization's mission relates to the goals of the preceptor.
Professionalism and Ethics	• Personal and Professional Accountability • Career Planning • Ethics • Advocacy	▪ Holding true to professional dispositions throughout the practicum. ▪ Attending ethics committee meetings. ▪ Advocating for patients.
Data Analysis and Evidence-Based Decision-Making	• Evidence-Based Practice / Outcome Measurement and Research • Patient Safety • Performance Improvement / Metrics • Risk Management	▪ Implementing a performance improvement metric ▪ Implementing an EBP intervention

Healthcare Administration Quality Improvement and Patient Safety Practicum Preceptor Requirements

- Must hold a master's degree in Healthcare Administration or other appropriate advanced graduate degree.
- If preceptor is a nurse, must hold an unencumbered and current nursing license.
- Preceptor is experientially and academically prepared.
- Provide opportunities to work with other health care leaders as appropriate to augment the practicum experience.
- Minimum of 2 years current work experience in a quality or patient safety-related position.
- Minimum of 3 months at current employer.
- Able to provide an educational experience that will help meet overall practicum objective and personal learning objectives.
- Preceptor willingness and time available to precept student learning by serving as a resource during the practicum time.
- Preceptor cannot be relatives or personal friends with student.

Preceptor responsibilities include:

- Provide an environment for the student to gain experience in planning as part of a leadership team, while regarding the student as a professional colleague
- Communicate expectations to the student
- Approve student submitted practicum hours through Thunder Time preceptor website.
- Objectively review and validate the student's competencies through intermittent observation, discussion, mid-term and final evaluation
- Share educational expertise, tools, and references that will aid the student in role transition to a competent public health professional. Provide time to mentor the student's learning by answering questions and reviewing progress on practicum work, etc.

- Participate in conferences with course faculty to review and assess student progress (see Preceptor-Faculty-Student Conferences and Evaluations section)

Students must make an appointment to interview their potential preceptor. They must share their objectives for their practicum with the potential preceptor. Students must determine what do they want to learn and how they best see themselves learning it. Students must discuss this with their potential preceptor and see if the preceptors' responses fits with the students' learning needs and learning styles. Students should determine if they are comfortable with this potential preceptor. Critical pieces of a practicum experience and the success of the practicum may be directly related to the preceptor selected by the student and how he or she works with that person, so this selection process may be one of the most important steps in the overall practicum experience.
Students should not hesitate to thank prospective preceptors for their time, but do should not select a preceptor with whom they do not feel a good fit. This would not provide the foundation for a good learning experience. Students must not make a final commitment to their potential preceptor until they have OFE approval. All preceptors are approved the Assistant Dean of Graduate Studies or the program lead faculty prior to the start of the practicum.

Time Commitments to the Practicum Experience

Students should plan ahead to meet the commitments of the practicum experience. Most practicum sites are often limited to daytime and weekdays for providing practicum hours, so it may be necessary to adjust one's schedule accordingly. Students must complete all of their professional time commitment to the host agency even if they have successfully completed their logged clock hour commitment. They must discuss, and agree upon, their practicum experience start and end dates with their preceptor. It is important for students to confer with the preceptor on how they will be expected to provide closure to their assigned projects. **It is important to note that failure to complete the required minimum 150 hours within the timeframe of the practicum course, or failing to properly document completed hours for the practicum experience will result in failure of the course.**
The practicum course curriculum is developed to be taken concurrently as the student is fulfilling their practicum hours. If the student experiences an extenuating circumstance that will require the early completion of hours, the student must receive faculty permission before doing so.

Field Experience Documentation Checklist – MSHA-HQS

The following documentation may be required and can be scanned and uploaded to one's student file, via the student portal. It is requested that students organize the required documents after the checklist in the order of the checklist if possible. Note: A student's practicum site may require additional or different health and safety documents than those in the list below, as stipulated in an affiliation agreement.

- Field Experience Site Information Form
- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

Logging Practice Experience Hours

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the students experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours:

https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

• All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities.
• All hours must be completed and signed off/approved by their preceptor no later than at mid-term and end of term. Faculty members will provide final validation of all practicum hours.
• Field Experience Counselors are available for questions and assistance with this program if needed.
• Students are not to log hours until they have been cleared by the OFE.

Evaluations

Practicum Course Evaluations

A *pre-conference* will occur prior to the start of the practicum/clinical experience. This meeting is intended for the student and preceptor to review course and student-specific learning objectives as well as the roles, responsibilities, and expectations of student and preceptor during this clinical experience.   The preceptor and student will attest to meeting by signing the Preceptor-Faculty-Student Conferences and Evaluations form and submitting to the classroom in the first week for faculty approval of the proposed experiences.

The midterm and final evaluations are electronic and can be accessed in ThunderTime (the preceptor version of Lopes Activity Tracker). The practicum faculty will contact the preceptor at midterm by phone, Skype, Facetime, or any other desired virtual modality. The preceptor will complete the midterm evaluation electronically after discussion with the faculty member. The final evaluation will be completed by the preceptor with input from the faculty member. In both cases, the student will be involved, either during the conference period or through review of the evaluation with the preceptor. This valuable feedback/input given by the preceptors on the students' performance will receive a final review and evaluation by the practicum faculty after being uploaded to the classroom by the student.

The student and preceptor will attest to reviewing these evaluations together by signing the separate *Preceptor-Faculty-Student Conferences and Evaluations* form and submitting to the classroom both mid-course and in the final week.

Any student who scores "below expectations" at mid-term will meet with the faculty to complete a remediation form and plan.

At the end of practicum, Students will submit an evaluation of the preceptor and site that is reviewed by the faculty. All evaluations that have any "below expectations" will be sent to the program lead for review and further investigation.

Doctor of Nursing Practice Clinical Guidelines

It is important to note that there are two currently running program so please read carefully and direct yourself to the appropriate section of the guidelines

- For leaners who are taking courses that started before November 19, 2020 and the course code is all numbers please read the "Teachout Version (courses not ending in A) section

- For learners who are just starting the program on or after November 19, 2020 please read the section "New A Course Version"

Teach Out Version (Courses that do not end in A)

Practice immersion is an essential component of the DNP educational program that combines scholarly activities with practice environment experiences designed to provide in-depth, application-based learning for all learners. Given the intense practice focus of DNP programs, practice experiences are designed to help learners build and assimilate knowledge for advanced specialty practice at a high level of complexity. Practice immersion hours are gained through real world application-based course assignments or approved independent study assignments that are based on current course objectives. Only assignments with a Practice Portfolio Statement in the syllabus qualify, in addition to pre-approved independent study. A minimum of 50 practice immersion hours will be associated through coursework that is translatable into practice in each of the DNP courses beginning from DNP 805 until the learner reaches the DPI Project courses. These hours will focus on the current course content and learning objectives.

In the practice immersion experience, learner will integrate and synthesize didactic learning into the practice environment which is customized to meet personal and professional goals. Practice experiences are also designed to help learners achieve specific learning objectives related to the DNP Essentials (AACN, 2006) and specialty competencies, all of which align with GCU's DNP Outcomes listed above. These experiences provide systematic opportunities for feedback and reflection and provide the context within which the final Direct Practice Improvement (DPI) Project is completed.

Graduates of the DNP program are expected to demonstrate highly refined clinical and professional nursing skills. Proficiency may be acquired through a variety of methods, such as attending case conferences, practice immersion hours, completing specified independent study projects, demonstrating advanced nursing practice competencies, or a combination of these elements. Practice immersion experiences can include a wide variety of sites where learners practice at the doctorate level. Practice experiences may provide additional hours in leadership, practice inquiry, and policy as part of the fabric of professional preparation for the practice doctorate (NONPF, 2012). This boundary must be clearly and distinctly different from current clinical practice. If learners are currently functioning in an advanced nursing practice role, they may be able to complete their practice immersion hours in their place of employment, but they will be expected to demonstrate doctoral-level practice. Learners should note that advanced nursing practice and advanced practice nursing are not the same thing.

Gaps in learning experiences and professional growth to meet DNP competencies are identified at regularly scheduled intervals with course faculty and a practice mentor. Individual arrangements are made to enhance and expand the practice immersion experience. Practice immersion settings may include ambulatory, inpatient, outpatient, long-term rehabilitative, and subspecialty care. All experiences are logged into the Typhon Student Tracking System which has been modified for DNP use and will be recorded in case logs and verified by faculty and/or mentors. **Individual patient care is NOT the focus of the post-master's DNP program.**

Key Aspects of the Practice Immersion Experience

- Integrative practicum for DNP learners
- Essential component of DNP education
- Synthesis and application of didactic learning and knowledge
- Documentation of having achieved all related competencies and practice hours
- Demonstrate the ability to write and communicate professionally

Practice Immersion Hours and Independent Study Hours

Learners are expected to continue their practice or have access to a clinical organization/practice setting in order to be successful in this program. An academic setting will not suffice for practice immersion hours as they are earned through completion of coursework which are real world, practice-based applications. A minimum of 1,000 post-baccalaureate practice hours are required as part of a supervised academic program. Learners must meet all program competencies, minimum practice hours, and successful completion of the Direct Practice Improvement Project to graduate, in addition to any other graduation requirements set forth by the University. When additional time is needed to reach the 1,000 hour minimum requirement, the learner may enroll in DNP extension courses or develop independent study objectives in each course (documented in an Individual Success Plan or ISP, Typhon, and approved by, and submitted to the course instructor).

For post-master's learners, a maximum of 500 hours of practice integration at the graduate level can be applied to the 1,000 total hours. Learners should contact their Student Services Counselor for the number of practice hours with which they have been credited upon program entry. Hours are determined on an individual basis using an equation of 50 practice hours per credit hour based on courses involving completion of a Master's thesis, evidence based projects, capstones, or equivalents AND practicum hours. Documentation of post-baccalaureate practice hours is required upon admission to GCU's DNP program. Additional information on calculating practice immersion hours can be found in the Appendix.

Incorporated into this practice immersion experience are a minimum of 100 hours related to the learner's area of interest that support the practice improvement project (and assignments in the final three Direct Practice Improvement Project courses). The remaining 400 hours are achieved through coursework. Any additional practice immersion hours above the 500 earned through coursework can include independent study practice immersion hours such as leadership, replication of coursework in other contexts, practice inquiry, and policy projects; however, these must be based on current course objectives and include an assignment or deliverable that learners submit to the course's faculty in the Individual Forum. For courses without course objectives, the content should be based on the program outcomes.

The following activities are some examples of time that can be applied toward independent study practice immersion hours, so long as they meet learners' current course objectives:

- Special projects related to specialization and work in regards to practice protocol, guidelines and process improvement
- Time spent in a clinical agency's committee to evaluate a practice protocol, guidelines and process improvement project
- Time spent participating in a health initiative in the state's health department
- Only course assignments outlined in the syllabus information.
- Program milestone assignments

Practice immersion hours **do not** include:

- Time spent traveling to and from seminars/conferences
- Time spent in CE programs will be applied to DNP clinical hours on a case-by case basis
- Time meeting with mentors/faculty/ documenting in Typhon
- Work not previously approved on the ISP by faculty (except program milestone assignments)

For courses without course objectives (DNP 966, DNP 967, and DNP 968), the content should be based on the program outcomes The number of hours a learner works on that is actual clock time that the learner records **in case logs** within Typhon.

Field Experience Documentation Checklist – DNP

The following documentation may be required and can be scanned and uploaded to one's student file, via the portal. It is requested that learners organize the required documents after the checklist in the order of the checklist if possible. Note: A learner's practice immersion site may require additional or different health and safety documents than those listed below, as stipulated in an affiliation agreement.

- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practice immersion course. Documentation submitted late may result in a later registration of the practice immersion course. Learners should submit their documentation early to avoid a delay in their practice immersion course start date.

Doctor of Nursing Practice Direct Practice Improvement (DPI) Project

The goal of the Direct Practice Improvement (DPI) project is to translate current (within five years) existing knowledge or guidelines into clinical practice to improve patient outcomes. The focus of the project is Quality Improvement and the topic comes from a real problem at the immersion site tht can be improved upon through the translation of current evidence into practice. There should be data at this time that the problem does exist. When considering a potential project topic, learners will start by developing a PICOT question. All of the components in the potential project must be feasible.and sustainable, Learners will need to have access to a clinical site and an ample access to the population they would like to implement the DPI project. Vulnerable populations are discouraged as this may delay progress through IRB **IF** the immersion site **DOES NOT have their own IRB**. **Projects that occur at or within a jail, detention center, or correctional institution are strictly prohibited**. Some examples of vulnerable populations include homeless, pregnant women, cognitively impaired, pediatric, etc. Learners are required to utilize an existing valid and reliable instruments to measure their intervention. Timeline for data collection should be considered to ensure measurable outcomes (minimum data collection is four weeks). **NO DATA COLLECTION CAN BEGIN UNTIL APPROVAL**

FROM GCU IRB APPROVAL IS RECEIVED. Learners are encouraged to review the AACN DNP White paper (2006) and DPI project resources on the DC Network.

Practice Hours

In addition to using Typhon to log practice immersion hours, learners will also use it as their practice portfolio. The development and maintenance of a practice hours portfolio reflects one's self-responsibility in his or her own learning, actively constructing how competencies are met, while faculty provide guidance, teaching and mentoring. Learners are responsible for uploading and maintaining their practice portfolio.

The practice hour's portfolio will include:

- Individualized success plans that are signed by the learner's mentor (Learners are responsible for obtaining approvals from faculty and mentors and upload the final version.)
- Comprehensive clinical log of hours applied to doctoral level learning outcomes
- Learner evaluations of mentor (end of course)
- Mentor evaluations of learner (end of course)
- Faculty evaluation of learner (end of course)
- Current and updated CV (update each course as necessary)
- Certain programmatic assignments such as: ISP, Case Reports/Studies, Reflective Journals, Scholarly Activity Reports
- CITI training date (done as an assignment in DNP 830)

Maintaining Typhon Case Logs

It is imperative that learners keep current with their Typhon logs. They are expected to complete the Typhon log within 2 weeks of the project/assignment as healthcare providers' complete and perform timely documentation in the practice setting. Learners will receive an Early Alert if there are no Typhon entries within the first two weeks of a practice immersion course (if they have a placement).

Learners are ultimately responsible to ensure they have checked their hours per course to ensure they were or were not approved. Faulty will approve hours that are entered ONLY DURING THE CURRENT COURSE. Failure to ensure hours are approved may result in lost hours.

All Practice Immersion hours must be logged under Case Logs NOT Time Logs.

Any observation time (shadowing one's mentor) in the practice setting will not count toward the total amount of practice immersion hours required for each course.

Selection Criteria for Practice Immersion Mentors

Learners will select, with the approval from the department, a mentor for their practice experience.

The mentor must be an expert in the clinical, educational, or administrative area in which the student wishes to develop expertise. There is a growing number of Doctoral prepared nurses who can serve as a mentor to DNP learners. However, depending on your geographical location and size of the institutions, the practice mentor will not necessarily be a DNP-prepared advanced practice nurse. It is important that you speak with your organization to ascertain availability of mentors at the site.

A mentor must:

- A nurse with a doctoral degree DNP, Ph.D**. or**
- An advanced practice nurse with a doctoral degree **or**
- An MD, DO with specialized training and experience **or**
- A Master's prepared nurse (MSN) practicing as an advanced practice nurse with:
  - **at least three years of experience** and/or recognition as an expert, certified in a particular clinical field and
  - must show evidence of experience with quality improvement, performance improvements, evidence-based practice, and/or participation in research
- A Master's prepared nurse (MSN) **or higher or an MD with experience as an administrator such as the Director, Vice President, President, or CEO within a health care organization**
- Be in a position in the organization where he/she can facilitate learner access to organizational information, decision-makers, and other personnel to complete the course-based assignment for up to 16 weeks, including project defense calls.
- A mentor must show quality improvement, project management, research background, or similar experiences that illustrate their involvement in continuous improvement processes. There must be evidence in the CV/resume that they can guide a DNP learner through a quality improvement project.
- Be willing to use the GCU approved tracking system to complete a mentor evaluation and learner evaluations as required.
- Mentors must be on-site (within the vicinity of the project example: anywhere inside the hospital)
- Mentors cannot be relatives, personal friends, or current GCU DNP students; this could result in a code of conduct.

- Have worked at the site for at least six months
- While the mentor must be from the site, there may be a RARE circumstance where a mentor may not be employed at the site. In this circumstance, the learner and mentor are required to show written proof of permission from the healthcare organization, on organizational letterhead, contact information, and signed by someone of authority to be on the site to work with the learner on site.

The preferred mentor candidate should be:
- Nationally certified in their specialty, if applicable.
- Able to navigate thru the identification and process for IRB approval/review of a DNP Project at the site.
- Be able to act as both the mentor and CE if appropriate

*It is important to note that sometimes it is not possible to have a mentor that is within the system or organization due to the nature of the organization. In that case, the other criteria must be met.

When possible and practical, it is encouraged to select a mentor outside of the learner's current work role. In large organizations, for example learners could be placed for the practice scholarship courses with a mentor outside the department or unit where they are employed. The line between current employment and practice scholarship hours and projects must remain clear to the organization, the mentor, the faculty, and the learner. The learner must be able to demonstrate the achievement of the DNP competencies, regardless of whether they are in a current place of employment or a different practice setting.

**Prior to the beginning of the practice experience, all required mentor documents (current CV, licenses etc.) must be submitted to the OFE, and mentors must then be approved by the College of Nursing and Health Care Professions prior to logging any hours. Learners must ensure this understanding and contact the OFE if additional documentation is needed. Any hours logged prior to OFE approval will not be accounted for.

The ISP will be reviewed and evaluated by the course faculty before practice immersion hours are sought. Expected learner outcomes and the evaluation process will be reviewed and approved by course faculty. Telephone conferences will be held in project courses and as needed to monitor and evaluate the learner's progress. If there is any concern regarding individual learner progress, contacts with the mentor may occur initiated by either the mentor or supervising course faculty.

If at any time your mentor, preceptor, or content expert will no longer work with you are to immediately notify your faculty and the OFE as it will affect your ability to gain hours and may impact your ability to take courses. No mentor, preceptor or, content expert means there is no evaluation, which means all hours logged for that course will be forfeited and unavailable for use in the program.

Mentors must attest on the ISP that they have taken the online training.

Selection Criteria for Practice Immersion Sites

Learners are responsible for securing their own practice sites according to their areas of personal and professional interest. Learners are required to identify potential practice sites and mentors immediately after admission to the program to avoid a delay in starting their courses. The project must include nurses and other clinical staff as appropriate. The DPI project is not conducted at a micro-level mearning you must change practice for many healthcare professionals and impact an appropriate sample size of patients (well over ten.) The DPI project is focused on population/aggregate focused (meso/macro-level) outcomes.

The practice site may include a paid or unpaid position. When considering paid positions, learners are advised to consider the position responsibilities as well as their learning needs and negotiate unpaid time for academic experiences, clinical learning opportunities, and practice scholarship, which are all part of the practice immersion experience.

Students may NOT utilize a jail or prison for their site due to the vulnerable nature of the population.

It is not recommended that learners change mentors., However, it is important to note that if learners change their practice site and/or mentor, they must be cleared by the OFE before beginning any hours with the newly selected site. The clinical site for the practice immersion experience is also important to the development and implementation of the Direct Practice Improvement (DPI) Project. Learners are encouraged to select a practice site that can provide the required facilities and practice experts for their growth. The practice site may be a hospital, a health care system, a public health agency, a clinic, or other healthcare organization. Most DNP learner find that their current place of practice is the most favorable setting as it also provides a potential benefit to their employer/organization and the support systems and relationships are already in place.

**Prior to the beginning of the practice experience, all require site documentation must be submitted to the OFE. Please work with your Field Clinical Counselor for more information on what your site will require. Learners must ensure this understanding and contact the OFE if additional documentation is needed. Any hours logged prior to OFE approval will not be accounted for not approved later by faculty.

Worksite Practice Immersion Hours

The practicum will facilitate learners' professional practice goals as well as meet learning objectives of the DNP program. The site for the practicum is determined in accordance with learner interest, skill level, and geographic needs, as well as availability of sites and mentors. Learners may be exposed to a variety of clinical settings and have opportunities to interact with professionals from a variety of disciplines. Learners may complete their practice immersion hours in their workplace setting as described below. The final DPI Project may be implemented at learners' practice site. Conditions for approving the worksite for practicum hour completion include:

- Program goals
  - If the placement will permit accomplishment of learning goals
  - If the learner is doing an evidence-based project appropriate for doctoral study
- Change in current practice
  - If the learner can identify how his/her practice has changed while incorporating the DNP competencies
  - If the project represents a change in the system or leadership activity to improve care
- Clear boundaries
  - If the learner is in a department other than his/her current work environment
  - If boundaries are made clear and agreeable to the faculty, manager, mentor and learner

Learners may consider their practice immersion hours and practice at their worksite an advantage, allowing them to "give back" to their agency by improving practice. DPI project ideas are successful when they come from the organization and have buy-in. It is important to ask what the practice problems are within the organization and find an evidenced-based solution as the intervention. The learner would evaluate that intervention. The DPI project is hands-off as the learner is considered a project manager and this is not a clinical program where hands on care is allowed.

Content Expert for the DPI Project Courses

As part of the DPI Project Courses in the DNP program, learners will identify a qualified Content Expert (CE) (required) to help guide them in the development of their selected project. The CE will perform a similar role as the mentor in prior program courses. Learners can have a Mentor as a CE (if they are also a specialist in the project area), or they will need to have both the mentor and the CE when they enter the DPI project coursework.

**Note:

- If the CE is serving in both the Mentor and CE, they will have to complete the mentor evaluations, attend all dissemination meetings (2), and required mid-point check meetings.
- If there is a mentor and a CE, the mentor is responsible for completing the required mentor evaluations, attend all dissemination meetings (2), and required mid-point check meetings.

Learners should review the information below to ensure they understand and/or follow the proper procedures for the selection of a Content Expert to serve on their DPI Committee.

Content Expert Role: Defined

The individual selected as the Content Expert member of the DPI Committee should be an **expert in the content area of the specific project**. The Content Expert's role is to assist the learner with the development of expertise in the area of the project focus and outcomes. He or She should possess expertise with the population of focus in the practice improvement project. The DNP faculty cannot be the Content Expert.

A Content Expert must:
- A nurse with a doctoral degree DNP, Ph.D. or
- An advanced practice nurse with a doctoral degree or
- An MD, DO with specialized training and experience or
- A Master's prepared nurse (MSN) practicing as an advanced practice nurse with:
- at least three years of experience and/or recognition as an expert, certified in a particular clinical field and
- must show evidence of experience with quality improvement, performance improvements, evidence-based practice, and/or participation in research
- A Master's prepared nurse (MSN) or higher or an MD
- A mentor must show quality improvement, project management, research background, or similar experiences that illustrate their involvement in continuous improvement processes. There must be evidence in the CV/resume that they can guide a DNP learner through a quality improvement project.
- An expert in the area of study, preferably with a doctoral degree, Master's prepared will be permitted with extensive information on the CV outlining how they meet the criteria as an expert.

- Example: If the implementation is to reduce psychiatric inpatient admissions, the CE must have a background in this type of care, written or published in this area, and have the time to work with the learner. The nursing supervisor who has never worked in psychiatry would not be a CE.
- Should be nationally certified in their specialty, if applicable.
- Not be relatives, personal friends, or a student currently enrolled in the GCU DNP program (exception for learners whose manuscript is signed, awaiting graduation (Program Lead approval required)).

A Content Expert should be:

- A nurse with a doctoral degree DNP, PhD
- An advanced practice nurse with a doctoral degree.
- An MD, DO with specialized training and experience
- A Master's prepared nurse (MSN) practicing as an advanced practice nurse with at least with at least 3 years of experience and/or recognition as an expert, certified in a particular clinical field
- A Master's or above prepared administrator such as the Director, Vice President, President or CEO within a health care organization
- An expert in the area of study within the organization preferably with a doctoral degree

*Sometimes it is not possible to have a Content Expert working within the system or the organization due to the nature or policies of the organization. In that case, the other criteria for Content Expert must be met.

DNP with an Emphasis in Educational Leadership Program and Practicum

Grand Canyon University's Doctor of Nursing Practice with Educational Leadership Emphasis program provides broad and in-depth preparation for advanced practice and leadership roles in nursing and education. The program expands on current theoretical and scientific foundations of health care practice, including the discipline knowledge base, the design and evaluation of clinical solutions, and clinical and organizational change leadership. The program prepares nurse leaders to design and implement evidence-based strategies for practice that improve health care delivery, patient outcomes, and educational programs. Emphasis will be placed on employing methods of curriculum design and development, applying teaching strategies, and designing assessments to evaluate teaching and learning outcomes to prepare advanced practice nurses, faculty, program directors and deans to lead nursing education programs in academia or institutions. Graduates will be prepared to practice from the foundation of the University's Christian heritage through an intentional focus on values and ethics.

The goal of the three 50-hour practicum experiences is to examine an area of nursing education learners would like to explore. Some options are academic education (community college or university), clinical staff education (hospitals or other health care facilities) or patient education (out-patient settings or in-patient units). Other opportunities do exist and must be approved by the Office of Field Experience and college for the practicum course. It is important to note that in this emphasis program, the goal of the Practice Immersion hours and DPI project is still to translate existing knowledge and guidelines into clinical practice to improve patient outcomes. Both the Pratice Immersion hours and DPI project will need to be conducted in a clinical setting.

DNP Education Emphasis

DNP-836, DNP-837, DNP-838 Practicum Experiences

This is a culminating practicum experience completed with a nurse educator mentor in a selected setting. This clinical practicum affords learners the opportunity to refine educational expertise in their selected areas of interest (e.g., assessment of learning needs, program/curriculum planning, implementation and assessment/evaluation in either an academic ground or online environment, clinical facility, or nontraditional setting). These courses offer opportunities for learners to begin integrating the role of the nurse educator into their professional behaviors and is based on meeting the objectives of the practicum courses. A total of 50 practicum hours are required in each of the three educational leadership practicum courses.

Selecting a Nursing Educator Mentor and Site

Once learners have decided upon the area of interest in nursing education, they are ready to select a mentor. Learners may already know a nurse educator with whom they would like to work. If a learner does not know what he or she wants to do, the National League for Nursing (NLN) Competencies for Nurse Educators is a helpful resource. The practicum experience should allow learners to mature in one or more of the NLN Competencies for Nurse Educators.. Learners cannot be paid for practicum time.

Nurse Educator Mentor Requirements

- Holds an unencumbered and current nursing license
- Doctoral degree is preferred; DNP, PhD, or EdD
- Must hold a Master's degree in Nursing
- Provide opportunities to work with other nursing educators as appropriate to augment learners' practicum experiences

- Minimum of 3 years current work experience at the Master's level in a nursing education position. This experience can be clinical or academic site.
- Or Minimum of 1year current work experience at the **Doctoral level** in a nursing education position. This experience can be clinical or academic site.
- Minimum of 6 months at current employer and willing to complete student evaluations
- Able to provide an educational experience that will help learners meet overall practicum objective and personal learning objectives
- Able to provide experience in planning, delivering, and evaluating educational activities
- Have the time and willingness to serve as a resource during the practicum time.
- Mentors cannot be relatives, personal friends or a current GCU DNP student.
- Mentors must be on-site, except in the case of an independently owned practice. In that case, the other criteria must be met and the mentor must be nearby.

*Sometimes it is not possible to have a mentor that is within the system or organization due to the nature of the organization. In that case, the other criteria must be met.

Educational Leadership Practicum Objectives

Learners must review the practicum objectives as outlined in the respective course syllabus.

- Learners are required to meet all practicum objectives and hours to successfully pass the course.
- Learners must schedule hours at the convenience and availability of the mentor. Personal and work schedules are expected to accommodate the mentor's schedule.
- Performing practicum hours at the negotiated times and days with the mentor is required.
- If the learner cannot attend the practicum on a scheduled practicum day, he or she must notify the mentor and faculty prior to the experience. Learners are responsible for making up any missed practicum time with their mentor within the time allotted for the course. Alternate mentors will not be found if the learner misses valuable practicum time.
- Failure to complete all hours, objectives, and practicum expectations will result in failure of the practicum course.
- Learners are encouraged to seek diverse experiences to afford a balanced view of the selected nurse educator role.
- Learners are responsible to consult with their mentor and faculty on any nursing concerns and organizational issues.

Educational Leadership Practicum Documentation

- Typhon will be used to document practicum hours in **Time Logs,** NOT CASE LOGS. The learner will submit the actual time spent each week completing practicum hours in the time log, notating in the "Notes Section" the actual activity that was completed. Learners may contact the OFE with any questions or additional training needs.

- Practicum hours must be validated by the mentor in Typhon. Failure to have hours validated will result in reduction of points on the evaluation and may lead to course failure.

- Learners must complete the required practicum hours for each Educational Leadership Practicum course.

- Learners must review in the textbooks, professional journals, and Internet sites, common challenges relevant to the practicum site population. The mentor may recommend specific materials and topics for review prior to the practicum rotation as well. An example would be if the learner will be working with a specific population of learners or clients in a patient education situation.

- Following the practicum day, learners should seek evidence-based resources to enhance the critical analysis of educational activities.

- If at any time your mentor, preceptor, or content expert will no longer work with you are to immediately notify your faculty and the OFE as it will affect your ability to gain hours and may impact your ability to take courses. No mentor, preceptor or, content expert means there is no evaluation, which means all hours logged for that course will be forfeited and unavailable for use in the program.

Learners are ultimately responsible to ensure they have checked their hours per course to ensure they were or were not approved. Faulty will approve hours that are entered ONLY DURING THE CURRENT COURSE. Failure to ensure hours are approved may result in lost hours.

Calculating Practice Immersion Hours

Learners must check with their SSC to confirm how many hours were transferred over from their MSN work. A total of 1,000 post-baccalaureate hours are required to graduate. 500 practice immersion hours are built into the curriculum. If there is a deficiency, then the learner will create independent study deliverables based on the course and program objectives. E.g. 300 hours transferred=700 hours required - 500 hours from curriculum = 200 hours of independent study.

100 hours may be pushed to the DPI Project courses. 100 hours are divided over the eight core courses. This equates to 62.5 practice hours rather than just the 50 built in course hours.

Evaluations

A pre- and post-conference or evaluation between students and their mentors (preceptors) are <u>mandatory</u> for students enrolled in all DNP courses 805 -840 and 805A-965A including extension courses. This will be considered completed using the *Individual Success Plan*. Conferences may be conducted face-to-face or via technology. A **signature** (Electronic with a digital identifier or wet signature) is required from the mentor (preceptor) during the pre- and post-conference periods. The ISP is to be uploaded into the appropriate drop boxes by the due date. *<u>* DNP-801 and 801A learners should practice filling this form out but they will not be required to submit the document.</u>*

A pre, mid, and post-conference or evaluation between students, faculty, and mentors(preceptors)are <u>mandatory</u> for students enrolled in all DNP project courses (DNP-815, 815A, DNP-830, 830A, DNP-840, 840A, DNP-955, 955A, DNP-960, 960A, DNP-965, 965A, and extension courses). Conferences may be conducted face-to-face or via technology. A copy of this signed document will be uploaded into the course shell no later than the end of week five in the project courses.

<u>**Overall Course and Student Specific Objectives**</u>: These objectives should be discussed during each conference, as students are responsible for completing all experiences as mandated for the program.

A *pre-conference*: This meeting is intended for the student and mentor (preceptor) to review course and student-specific learning objectives: the roles, responsibilities, and expectations of student and mentor (preceptor) during this immersion experience. All faculty and mentor (preceptor) information will be given to each party per the student. Any course or program information requested by the mentor (preceptor) will be provided by the student. During this meeting, the student and mentor (preceptor) will discuss the course and immersion goals, including any projects that are to take place. The faculty will review the submitted document and need to approve proposed projects at this time. The faculty will also send an introductory email to the mentor (preceptor).

A *mid-term conference* is mandatory and will occur no later than week five of all project courses DNP-815, 815A, DNP-830, 830A, DNP-840, 840A, DNP-955, 955A, DNP-960, 960A, DNP-965, 965A, and extension courses. This meeting is intended for the student, faculty, and mentor (preceptor) to discuss student progress toward meeting the course goals. The faculty member will meet with the preceptor to conduct the student's midterm evaluation (virtually). The mentor (preceptor) will meet with the student to review the evaluation form (in person or virtually). If there are areas that need improvement, the faculty will meet with the student to complete a remediation form.

A *post-conference,* is mandatory and will occur at the end of each course beginning in DNP-805 through graduation using the ISP Form. This is intended for the student and mentor (preceptor) to review and evaluate the completion of the ISP. The faculty will validate that all areas are at "meets expectations" on the mentor evaluation form located in Typhon or Lopestracker prior to progression. The learner will upload the ISP and Mentor evaluation, and proof of entered and approved immersion hours into the course drop boxes by week eight with the other required deliverables. Faculty will review this before filling out the Faculty evaluation of the learner in Typhon, which the learner will also upload in week eight. The course faculty completes a separate evaluation of the learner's performance in the classroom. The faculty is responsible for any course grading, final course grade, and validation of the students' completed practicum hours.

New A Course Version

Practice immersion is an essential component of the DNP educational program that combines scholarly activities with practice environment experiences designed to provide in-depth, application-based learning for all learners. Given the intense practice focus of DNP programs, practice experiences are designed to help learners build and assimilate knowledge for advanced specialty practice at a high level of complexity. Practice immersion hours are gained through real-world application-based course assignments (Indirect Immersion Hours (IIH)) and through experiences at the immersion site (Direct Immersion Hours (DIH), which are based on the course outcomes and directly related to the Direct Practice Improvement (DPI) project development. These immersion hours are prescriptive, and therefore, only assignments with a Practice Portfolio Statement in the syllabus qualify for IIH immersion hours (DNP-815A, 830A, 840A, DNP-955A, DNP-960A, DNP-965A, and all DNP A extension courses). These hours will focus on the current course content and learning objectives. Further details for immersion hours are located under Practice Immersion Hours.

In the practice immersion experience, the learner will integrate and synthesize didactic learning into the practice environment which is customized to meet personal and professional goals. Practice experiences are also designed to help learners achieve specific learning objectives related to the DNP Essentials (AACN, 2006) and specialty competencies, all of which align with GCU's DNP Outcomes listed above. These experiences provide systematic opportunities for feedback and reflection and provide the context within which the final Direct Practice Improvement (DPI) project is completed.

Graduates of the DNP program are expected to demonstrate highly refined clinical and professional nursing skills. Proficiency may be acquired through a variety of methods, such as attending case conferences, practice immersion hours, completing specified independent study projects, demonstrating advanced nursing practice competencies, or a combination of these elements. Practice immersion experiences can include a wide variety of sites where learners practice at the doctorate level. Practice experiences may provide additional hours in leadership, practice inquiry, and policy as part of the fabric of professional preparation for the practice doctorate (NONPF, 2012). This boundary must be clearly and distinctly different from the current clinical practice. If learners are currently functioning in an advanced nursing practice role, they may be able to complete their practice immersion hours in their place of employment, but they will be expected to demonstrate doctoral-level practice. Learners should note that advanced nursing practice and advanced practice nursing are not the same things.

Gaps in learning experiences and professional growth to meet DNP competencies are identified at regularly scheduled intervals with course faculty and a practice mentor. Individual arrangements are made to enhance and expand the practice immersion experience. Practice immersion settings may include ambulatory, inpatient, outpatient, long-term rehabilitative, and subspecialty care. All experiences are logged into Lopes Activity Tracker, entered by the learner, signed off by the mentor, and approved by the course faculty. **Individual patient care is NOT the focus of the post-master's DNP program.**

Key Aspects of the Practice Immersion Experience

- Integrative practicum for DNP learners
- Essential component of DNP education
- Synthesis and application of didactic learning and knowledge
- Documentation of having achieved all related competencies and practice hours
- Demonstrate the ability to write and communicate professionally

Prescribed Practice Immersion Hours

Learners are expected to have access to a clinical organization/practice setting in order to be successful in this program. An academic setting will not suffice for practice immersion hours as they are earned through the completion of coursework, which is real-world, practice-based applications. A minimum of 1,000 post-baccalaureate practice hours is required as part of a supervised academic program. Learners must meet all program competencies, evaluations, minimum practice hours, and successful completion of the Direct Practice Improvement Project to graduate, in addition to any other graduation requirements set forth by the University. When additional time is needed to reach the 1,000-hour minimum requirement, the learner may enroll in DNP extension courses.

All current APRNs who receive their degree in the United States will receive a maximum of 500 approved transfer hours. If the APRN degree was earned outside the United States, clinical hours would be verified through transcripts and/or study programs to determine what may apply toward the minimum 1,000 Practice Immersion Hour requirement. Learners should contact their Student Services Counselor after the start of DNP-805A for the number of practice hours with which they have been credited upon program entry. Hours are determined on an individual basis using an equation of 45 hours per 1 credit for Capstone/Thesis, a 1:1 hour transfer of direct/indirect internship/practicum hours: **Example:** If the practicum course required 150 hours of practicum, the student would receive 150 hours0. Documentation of post-baccalaureate practice hours is required upon admission to GCU's DNP program.

All prescribed IIH and DIH are located in the syllabus and can also be found in the DC Network under the Program Documents, Immersion Hours Folder. The document titled DNP Direct and Indirect Hours and Activities outlines how the prescribed hours are set.

Example: If a learner is awarded 500 hours upon entry, they should look at the document that states Transfer of 500 Hours_DNP Direct and Indirect document as an example to follow. When in doubt, please email CONGRAD@gcu.edu to ask your question regarding your transfer hours. ask about the hours

In order to pass the courses, the learner must log the minimum hours outlined below:

- DNP-815A, DNP-830A, DNP-840A - 25 Direct Immersion Hours and 25 Indirect Immersion Hours
- DNP-955A – 75 Direct Immersion Hours and 50 Indirect Immersion Hours
- DNP-960A – 75 Direct Immersion Hours and 50 Indirect Immersion Hours
- DNP-965A - 50 Direct Immersion Hours and 50 Indirect Immersion Hours

Practice immersion hours **do not** include:

- Time spent traveling to and from seminars/conferences
- Time spent in CE programs will be applied to DNP clinical hours on a case-by-case basis
- Time meeting with mentors/faculty/ documenting in Lopes Activity Tracker
- Work not previously approved on the ISP by faculty (except program milestone assignments)

For courses without course objectives (DNP 966A, DNP 967A, and DNP 968A), the content should be based on the program outcomes.

Field Experience Documentation Checklist – DNP

The following documentation may be required and can be scanned and uploaded to one's student file via the portal. It is requested that learners organize the required documents after the checklist in the order of the checklist, if possible. Note: A learner's practice immersion site may require additional or different health and safety documents than those listed below, as stipulated in an affiliation agreement.

- Copy of current Healthcare Insurance Card
- CPR/BLS or ACLS (online certification is not acceptable)
- HIPAA/FERPA Confidentiality form
- Immunizations or Titers for the following: TB, Influenza, Tetanus, MMRx2, Varicella, HepBx3
- Preceptor Current Curriculum Vitae or Resume
- Preceptor/mentor current Nursing License, if applicable.
- Medical Clearance Form (or proof of a physical within 6 months of practicum)
- Acknowledgment of Field Experience Guidelines

The deadline to submit required documentation is generally a minimum of 8 weeks prior to the planned practice immersion course. Documentation submitted late may result in a later registration of the practice immersion course. Learners should submit their documentation early to avoid a delay in their practice immersion course start date.

Doctor of Nursing Practice Direct Practice Improvement (DPI) Project

The goal of the Direct Practice Improvement (DPI) project is to translate current (within five years), existing knowledge, or guidelines into clinical practice to improve measurable patient outcomes. The project's focus is Quality Improvement, and the topic comes from a real problem at the immersion site that can be improved upon through the translation of current evidence into practice. There should be data at this time that the problem does exist. When considering a potential project topic, learners will start by developing a PICOT question. All of the components in the potential project must be feasible and sustainable. Learners will need to have access to a clinical site and an ample population to implement the DPI project. Vulnerable populations are discouraged as this may delay progress through IRB **IF** the immersion site **DOES NOT have their own IRB**. **Projects that occur at or within a jail, detention center, or correctional institution are strictly prohibited**. Some examples of vulnerable populations include the homeless, pregnant women, cognitively impaired, pediatric, etc. Learners are required to utilize existing valid and reliable instruments to measure their intervention. The data collection timeline should be considered to ensure measurable outcomes (minimum data collection is four weeks). **NO DATA COLLECTION CAN BEGIN UNTIL APPROVAL FROM GCU IRB APPROVAL IS RECEIVED in DNP-960.** Learners are encouraged to review the AACN DNP White paper (2006), DNP Essentials, and DPI project resources on the DC Network.

Practice Hours

In addition to using Lopes Activity Tracker to log immersion hours, learners will also use it to upload their practice portfolio. The development and maintenance of a practice hours portfolio reflect one's self-responsibility in his or her own learning, actively constructing how competencies are met, while faculty provide guidance, teaching, and mentoring. Learners are responsible for uploading and maintaining their practice portfolio.

The practice hour's portfolio for each course will include:

- All pre-, mid-, and post-conference signed documents (Individualized success plans) that are wet-ink or digitally signed with a digital identified. (Learners are responsible for obtaining approvals from faculty)
- A screenshot of all course approved hours that are signed off.
- Learner evaluations of the mentor (end of course)
- Mentor evaluations of learner (end of course)
- Screenshot of the graded Professional Assignment (DNP A courses)
- Current and updated CV (update each course as necessary)
- Certain programmatic assignments such as ISP, Case Reports/Studies, Reflective Journals, Scholarly Activity Reports (All assignments with practice immersion hours)
- CITI training date (done as an assignment in DNP 830A)

Lopes Activity Tracker

The Lopes Activity Tracker (LAT) is used to track practice immersion hours throughout the student's experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours: https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

It is imperative that learners keep current with their Lopes Activity Tracker logs. Learners are expected to complete the logs weekly with the completion and submission of the assignment. Learners will receive an Early Alert if there are no entries within the first week of a practice immersion course where practice immersion hours are required.

Learners are ultimately responsible for ensuring they have checked their hours per course to ensure they were or were not approved.

Any observation time (shadowing one's mentor) in the practice setting will not count toward the total amount of practice immersion hours required for each course.

Logging Practice Experience Hours
- All hours must be completed and signed off/approved by their mentor no later than mid-term and at the end of the course. **Faculty members will provide final validation and approval of all practicum/immersion hours.**
- Field Clinical Counselors are available for questions and assistance with this program if needed.
- Students are not to log hours until they have been cleared by the OFE
- If minium hour requirments are not met, student may need to repeat the course

Selection Criteria for Practice Immersion Mentors

Learners will select, with the approval from the department, a mentor for their practice experience.

The mentor must be an expert in the clinical, educational, or administrative area in which the student wishes to develop expertise. There is a growing number of Doctorally prepared nurses who can serve as a mentor to DNP learners. However, depending on your institutions' geographical location and size, the practice mentor will not necessarily be a DNP-prepared advanced practice nurse. It is important that you speak with your organization to ascertain the availability of mentors at the site.

A mentor must:

- A nurse with a doctoral degree DNP, Ph.D**. or**
- An advanced practice nurse with a doctoral degree **or**
- An MD, DO with specialized training and experience **or**
- A Master's prepared nurse (MSN) practicing as an advanced practice nurse with:
  - **at least three years of experience** and/or recognition as an expert, certified in a particular clinical field and
  - must show evidence of experience with quality improvement, performance improvements, evidence-based practice, and/or participation in research
- A Master's prepared nurse (MSN) **or higher or an MD with experience as an administrator such as the Director, Vice President, President, or CEO within a health care organization**
- Be in a position in the organization where he/she can facilitate learner access to organizational information, decision-makers, and other personnel to complete the course-based assignment for up to 16 weeks, including project defense calls.
- A mentor must show quality improvement, project management, research background, or similar experiences that illustrate their involvement in continuous improvement processes. There must be evidence in the CV/resume that they can guide a DNP learner through a quality improvement project.
- Be willing to use the GCU approved tracking system to complete a mentor evaluation and learner evaluations as required.
- Mentors must be on-site (within the vicinity of the project example: anywhere inside the hospital)
- Mentors cannot be relatives, personal friends, or current GCU DNP students; this could result in a code of conduct.
- Have worked at the site for at least six months
- While the mentor must be from the site, there may be a RARE circumstance where a mentor may not be employed at the site. In this circumstance, the learner and mentor are required to show written proof of permission from the healthcare organization, on organizational letterhead, contact information, and signed by someone of authority to be on the site to work with the learner on site.

The preferred mentor candidate should be:
- Nationally certified in their specialty, if applicable.
- Able to navigate thru the identification and process for IRB approval/review of a DNP Project at the site.
- Be able to act as both the mentor and CE if appropriate

*It is important to note that sometimes it is not possible to have a mentor that is within the system or organization due to the nature of the organization. In that case, the other criteria must be met.

When possible and practical, it is encouraged to select a mentor outside of the learner's current work role. For example, in large organizations, learners could be placed for the practice scholarship courses with a mentor outside the department or unit where they are employed. The line between current employment and practice scholarship hours and projects must remain clear to the organization, the mentor, the faculty, and the learner. The learner must be able to demonstrate the achievement of the DNP competencies, regardless of whether they are in a current place of employment or a different practice setting.

**Prior to the beginning of the practice experience, all required mentor documents (current CV, licenses, etc.) must be submitted to the OFE, and mentors must then be approved prior to logging any hours. Learners must ensure this understanding and contact the OFE if additional documentation is needed. Any hours logged prior to OFE approval will not be accounted for.

The ISP will be reviewed and evaluated by the course faculty before practice immersion hours are sought. Expected learner outcomes and the evaluation process will be reviewed and approved by course faculty. Telephone or video conferences will be held in project courses and as needed to monitor and evaluate the learner's progress. If there is any concern regarding individual learner progress, contact with the mentor may occur by either the mentor or the supervising course faculty.

If your mentor, preceptor, or content expert will no longer work with you, you are to immediately notify your faculty and the OFE as it will affect your ability to gain hours and may impact your ability to take courses. No mentor, preceptor or, content expert means there is no evaluation, which means all hours logged for that course will be forfeited and unavailable for use in the program.

Learners are responsible for providing their mentor/preceptor/content expert their faculties contact information, ensure they have seen the syllabus, have taken the online training, and they know when meeting are for each course as required. Professional practice is to notify the mentor/preceptor/content expert of their role in each course. Mentors must attest to the ISP that they have the required items.

Selection Criteria for Practice Immersion Sites

Learners are responsible for securing their own practice sites according to their areas of professional interest. Learners are required to identify potential practice sites and mentors immediately after admission to the program to avoid a delay in starting their courses. The project must include nurses and other clinical staff as appropriate. The DPI project is not conducted at a micro-level, meaning you must change practice for many healthcare professionals and impact an appropriate sample size of patients (well over ten). The DPI project is focused on population/aggregate focused (meso/macro-level) outcomes.

The practice site may include a paid or unpaid position. When considering paid positions, learners are advised to consider the position responsibilities as well as their learning needs and negotiate unpaid time for academic experiences, clinical learning opportunities, and practice scholarship, which are all part of the practice immersion experience.

Students may NOT utilize a jail or prison for their site due to the vulnerable nature of the population.

It is not recommended that learners change mentors., However, it is important to note that if learners change their practice site and/or mentor, they must be cleared by the OFE before beginning any hours with the newly selected site. The clinical site for the practice immersion experience is also important to the development and implementation of the Direct Practice Improvement (DPI) Project. Learners are encouraged to select a practice site that can provide the required facilities and practice experts for their growth. The practice site may be a hospital, a health care system, a public health agency, a clinic, or other healthcare organizations. Most DNP learners find that their current place of practice is the most favorable setting as it also provides a potential benefit to their employer/organization and the support systems and relationships are already in place.

**Prior to the beginning of the practice experience, all require site documentation must be submitted to the OFE. Please work with your Field Clinical Counselor for more information on what your site will require. Learners must ensure this understanding and contact the OFE if additional documentation is needed. Any hours logged prior to OFE approval will not be accounted for not approved later by faculty.

Worksite Practice Immersion Hours

The practicum will facilitate learners' professional practice goals as well as meet the learning objectives of the DNP program. The site for the practicum is determined in accordance with learner interest, skill level, and geographic needs, as well as the availability of sites and mentors. Learners may be exposed to a variety of clinical settings and have opportunities to interact with professionals from a variety of disciplines. Learners may complete their practice immersion hours in their workplace setting, as described below. The final DPI Project may be implemented at the learners' practice site. Conditions for approving the worksite for practicum hour completion include:

- Program goals
  - If the placement will permit the accomplishment of learning goals
  - If the learner is doing an evidence-based project appropriate for doctoral study
- Change in current practice
  - If the learner can identify how his/her practice has changed while incorporating the DNP competencies
  - If the project represents a change in the system or leadership activity to improve care
- Clear boundaries
  - If the learner is in a department other than his/her current work environment
  - If boundaries are made clear and agreeable to the faculty, manager, mentor, and learner

Learners may consider their practice immersion hours and practice at their worksite an advantage, allowing them to "give back" to their agency by improving practice. DPI project ideas are successful when they come from the organization and have buy-in. It is important to ask what the practice problems are within the organization and find an evidence-based solution as the intervention. The

DPI project is hands-off as the learner is considered a project manager, and this is not a clinical program where hands-on care is allowed.

Content Expert for the DPI Project Courses

As part of the DPI Project Courses in the DNP program, learners will identify a qualified Content Expert (CE) (required) to help guide them in the development of their selected project. The CE will perform a similar role as the mentor in prior program courses. Learners can have a Mentor as a CE (if they are also a specialist in the project area), or they will need to have both the mentor and the CE when they enter the DPI project coursework.

**Note:

- If the CE is serving in both the Mentor and CE, they will have to complete the mentor evaluations, attend all dissemination meetings (2), and required mid-point check meetings.
- If there is a mentor and a CE, the mentor is responsible for completing the required mentor evaluations, attend all dissemination meetings (2), and required mid-point check meetings.

Learners should review the information below to ensure they understand and/or follow the proper procedures for the selection of a Content Expert to serve on their DPI Committee.

Content Expert Role: Defined

The individual selected as the Content Expert member of the DPI Committee should be an **expert in the content area of the specific project**. The Content Expert's role is to assist the learner with the development of expertise in the area of the project focus and outcomes. He or She should possess expertise with the population of focus in the practice improvement project. The DNP faculty cannot be the Content Expert.

A Content Expert must:
- A nurse with a doctoral degree DNP, Ph.D. or
- An advanced practice nurse with a doctoral degree or
- An MD, DO with specialized training and experience or
- A Master's prepared nurse (MSN) practicing as an advanced practice nurse with:
- at least three years of experience and/or recognition as an expert, certified in a particular clinical field and
- must show evidence of experience with quality improvement, performance improvements, evidence-based practice, and/or participation in research
- A Master's prepared nurse (MSN) or higher or an MD
- A mentor must show quality improvement, project management, research background, or similar experiences that illustrate their involvement in continuous improvement processes. There must be evidence in the CV/resume that they can guide a DNP learner through a quality improvement project.
- An expert in the area of study, preferably with a doctoral degree, Master's prepared will be permitted with extensive information on the CV outlining how they meet the criteria as an expert.
- Example: If the implementation is to reduce psychiatric inpatient admissions, the CE must have a background in this type of care, written or published in this area, and have the time to work with the learner. The nursing supervisor who has never worked in psychiatry would not be a CE.
- Should be nationally certified in their specialty, if applicable.
- Not be relatives, personal friends, or a student currently enrolled in the GCU DNP program (exception for learners whose manuscript is signed, awaiting graduation (Program Lead approval required)).

A Content Expert should be:
- A nurse with a doctoral degree DNP, PhD
- An advanced practice nurse with a doctoral degree.
- An MD, DO with specialized training and experience
- A Master's prepared nurse (MSN) practicing as an advanced practice nurse with at least with at least 3 years of experience and/or recognition as an expert, certified in a particular clinical field
- A Master's or above prepared administrator such as the Director, Vice President, President or CEO within a health care organization

An expert in the area of study within the organization preferably with a doctoral degree

*Sometimes it is not possible to have a Content Expert working within the system or the organization due to the nature or policies of the organization. In that case, the other criteria for Content Expert must be met.

DNP with an Emphasis in Educational Leadership Program and Practicum

Grand Canyon University's Doctor of Nursing Practice with Educational Leadership Emphasis program provides broad and in-depth preparation for advanced practice and leadership roles in nursing and education. The program expands on current theoretical and scientific foundations of health care practice, including the discipline knowledge base, the design and evaluation of clinical solutions, and clinical and organizational change leadership. The program prepares nurse leaders to design and implement evidence-based strategies for practice that improve health care delivery, patient outcomes, and educational programs. Emphasis will be placed on employing methods of curriculum design and development, applying teaching strategies, and designing assessments to evaluate teaching and learning outcomes to prepare advanced practice nurses, faculty, program directors and deans to lead nursing education programs in academia or institutions. Graduates will be prepared to practice from the foundation of the University's Christian heritage through an intentional focus on values and ethics.

The goal of the three 50-hour practicum experiences is to examine an area of nursing education learners would like to explore. Some options are academic education (community college or university), clinical staff education (hospitals or other health care facilities) or patient education (outpatient settings or inpatient units). Other opportunities do exist and must be approved by the Office of Field Experience and college for the practicum course. It is important to note that in this emphasis program, the goal of the Practice Immersion hours and DPI project is still to translate existing knowledge and guidelines into clinical practice to improve patient outcomes. Both the Practice Immersion hours and DPI projects will need to be conducted in a clinical setting.

DNP Education Emphasis

DNP-836A, DNP-837A, DNP-838A Practicum Experiences

This is a culminating practicum experience completed with a nurse educator mentor in a selected setting. This clinical practicum affords learners the opportunity to refine educational expertise in their selected areas of interest (e.g., assessment of learning needs, program/curriculum planning, implementation, and assessment/evaluation in either an academic ground or online environment, clinical facility, or nontraditional setting). These courses offer opportunities for learners to begin integrating the role of the nurse educator into their professional behaviors and is based on meeting the objectives of the practicum courses. A total of 50 practicum hours are required in each of the three educational leadership practicum courses.

Selecting a Nursing Educator Mentor and Site

Once learners have decided upon the area of interest in nursing education, they are ready to select a mentor. Learners may already know a nurse educator with whom they would like to work. If a learner does not know what he or she wants to do, the National League for Nursing (NLN) Competencies for Nurse Educators is a helpful resource. The practicum experience should allow learners to mature in one or more of the NLN Competencies for Nurse Educators.. Learners cannot be paid for practicum time.

Nurse Educator Mentor Requirements

- Holds an unencumbered and current nursing license
- Doctoral degree is preferred; DNP, PhD, or EdD
- Must hold a Master's degree in Nursing
- Provide opportunities to work with other nursing educators as appropriate to augment learners' practicum experiences
- Minimum of 3 years current work experience at the Master's level in a nursing education position. This experience can be clinical or academic site.
- Minimum of 1year current work experience at the Doctoral level in a nursing education position. This experience can be clinical or academic site.
- Minimum of 6 months at current employer and willing to complete student evaluations
- Able to provide an educational experience that will help learners meet overall practicum objective and personal learning objectives
- Able to provide experience in planning, delivering, and evaluating educational activities
- Have the time and willingness to serve as a resource during the practicum time.
- Mentors cannot be relatives, personal friends or a current GCU DNP student.
- Mentors must be on-site, except in the case of an independently owned practice. In that case, the other criteria must be met and the mentor must be nearby.

*Sometimes it is not possible to have a mentor that is within the system or organization due to the nature of the organization. In that case, the other criteria must be met.

Educational Leadership Practicum Objectives

Learners must review the practicum objectives as outlined in the respective course syllabus.

- Learners are required to meet all practicum objectives and hours to successfully pass the course.
- Learners must schedule hours at the convenience and availability of the mentor. Personal and work schedules are expected to accommodate the mentor's schedule.
- Performing practicum hours at the negotiated times and days with the mentor is required.

- If the learner cannot attend the practicum on a scheduled practicum day, he or she must notify the mentor and faculty prior to the experience. Learners are responsible for making up any missed practicum time with their mentor within the time allotted for the course. Alternate mentors will not be found if the learner misses valuable practicum time.
- Failure to complete all hours, objectives, and practicum expectations will result in failure of the practicum course.
- Learners are encouraged to seek diverse experiences to afford a balanced view of the selected nurse educator role.
- Learners are responsible to consult with their mentor and faculty on any nursing concerns and organizational issues.

Educational Leadership Practicum Documentation

- Students will log hours for practicum experience in Lopes Activity Tracker.

- Practicum hours must be validated by the mentor. Failure to have hours validated will result in reduction of points on the evaluation and may lead to course failure.

- Learners must complete the required practicum hours for each Educational Leadership Practicum course.

- Learners must review in the textbooks, professional journals, and Internet sites, common challenges relevant to the practicum site population. The mentor may recommend specific materials and topics for review prior to the practicum rotation as well. An example would be if the learner will be working with a specific population of learners or clients in a patient education situation.

- Following the practicum day, learners should seek evidence-based resources to enhance the critical analysis of educational activities.

- If at any time your mentor, preceptor, or content expert will no longer work with you are to immediately notify your faculty and the OFE as it will affect your ability to gain hours and may impact your ability to take courses. No mentor, preceptor or, content expert means there is no evaluation, which means all hours logged for that course will be forfeited and unavailable for use in the program.

Lopes Activity Tracker

The Lopes Activity Tracker (LAT) is used to track practicum hours throughout the student's experience. This hour tracking system can be found in the Student Portal. Training material can be found at the following link on how to log hours: https://support.gcu.edu/hc/en-us/articles/360036640353-Lopes-Activity-Tracker

It is imperative that learners keep current with their Lopes Activity Tracker logs. Learners are expected to complete the logs weekly with the completion and submission of the assignment. Learners will receive an Early Alert if there are no entries within the first week of a practice immersion course where practice immersion hours are required.

Learners are ultimately responsible for ensuring they have checked their hours per course to ensure they were or were not approved.

Any observation time (shadowing one's mentor) in the practice setting will not count toward the total amount of practicum hours required for each course.

Logging Practice Experience Hours
- All 150 hours must be completed on-site and under direct supervision. Time taken to complete assignments for the Practicum course does not count toward completion of the 150 hours. **Depending on practicum placement, the faculty member may approve up to 20 hours to be completed at home for research or planning activities (need to remove in the new program).**
- All hours must be completed and signed off/approved by their preceptor no later than mid-term and at the end of the term. **Faculty members will provide final validation and approval of all practicum/immersion hours.**
- Field Clinical Counselors are available for questions and assistance with this program if needed.
- Students are not to log hours until they have been cleared by the OFE

Calculating Practice Immersion Hours

All current APRNs who receive their degree in the United States will receive the maximum of 500 approved transfer hours If the APRN degree was earned outside the United States, clinical hours will be verified through transcripts and/or programs of study to determine what may apply toward the minimum 1,000 Practice Immersion Hour requirement. Learners should contact their Student Services Counselor for the number of practice hours with which they have been credited upon program entry. Hours are determined on an individual basis using an equation of 45 hours per 1 credit for Capstone/Thesis, a 1:1 hour transfer of direct/indirect internship/practicum hours: **Example:** If the practicum course required 150 hours of practicum, the student would receive 150 hours0. Documentation of post-baccalaureate practice hours is required upon admission to GCU's DNP program.

All prescribed IIH and DIH are located in the syllabus and can also be found in the DC Network under the Program Documents, Immersion Hours Folder. The document titled DNP Direct and Indirect Hours and Activities outlines how the prescribed hours are set.

Example: If a learner is awarded 500 hours upon entry they should look at the document that states Transfer of 500 Hours_DNP Direct and Indirect document as the example to follow. When in doubt ask your faculty in DNP-801A for assistance to ensure you have the proper plan to follow.

Evaluations

A pre- and post-conference or evaluation between students and their mentors (preceptors) are <u>mandatory</u> for students enrolled in all DNP project courses (815A, 830A, 840A, and 955A, 960A, and 965A) . This will be considered completed using the *Individual Success Plan*. Conferences may be conducted face-to-face or via technology. A **signature** (Electronic with a digital identifier or wet signature) is required from the mentor (preceptor) during the pre- and post-conference periods. The ISP is to be uploaded into the appropriate drop boxes by the due date. ***<u>* DNP-801 and 801A learners should practice filling this form out but they will not be required to submit the document.</u>***

A pre, mid, and post-conference or evaluation between students, faculty, and preceptors are <u>mandatory</u> for students enrolled in all DNP project courses (DNP-815, 815A, DNP-830, 830A, DNP-840, 840A, DNP-955, 955A, DNP-960, 960A, DNP-965, 965A, and extension courses). Conferences may be conducted face-to-face or via technology. A copy of this signed document will be uploaded into the course shell no later than the end of week five in the project courses.

<u>Overall Course and Student Specific Objectives</u>: These objectives should be discussed during each conference, as students are responsible for completing all experiences as mandated for the program.

A *pre-conference*: This meeting is intended for the student and mentor (preceptor) to review course and student-specific learning objectives: the roles, responsibilities, and expectations of student and mentor (preceptor) during this immersion experience. All faculty and mentor (preceptor) information will be given to each party per the student. Any course or program information requested by the mentor (preceptor) will be provided by the student. During this meeting, the student and mentor (preceptor) will discuss the course and immersion goals, including any projects that are to take place. The faculty will review the submitted document and need to approve proposed projects at this time. The faculty will also send an introductory email to the mentor (preceptor).

A *mid-term conference* is mandatory and will occur no later than week five of all project courses DNP-815, 815A, DNP-830, 830A, DNP-840, 840A, DNP-955, 955A, DNP-960, 960A, DNP-965, 965A, and extension courses. This meeting is intended for the student, faculty, and mentor (preceptor) to discuss student progress toward meeting the course goals. The faculty member will meet with the preceptor to conduct the student's midterm evaluation (virtually). The mentor (preceptor) will meet with the student to review the evaluation form (in person or virtually). If there are areas that need improvement, the faculty will meet with the student to complete a remediation form.

A *post-conference,* is mandatory and will occur at the end of each course beginning in DNP-805 through graduation using the ISP Form. This is intended for the student and mentor (preceptor) to review and evaluate the completion of the ISP. The faculty will validate that all areas are at "meets expectations" on the mentor evaluation form located in Lopes Activity Tracker prior to progression. The learner will upload the ISP and Mentor evaluation, and proof of entered and approved immersion hours into the course drop boxes by week eight with the other required deliverables. Faculty will review this before filling out the Faculty evaluation of the learner in Lopes Activity Tracker, which the learner will also upload in week eight. The course faculty completes a separate evaluation of the learner's performance in the classroom. The faculty is responsible for any course grading, final course grade, and validation of the students' completed practicum ho

Appendix A

APRN Skills List/Site Supervisor or Preceptor's Signature & Date				
Procedure	Confident & Independent	Fairly Confident *Minimal* Supervision Needed	Moderate Supervision Needed	Performed *Once* with Supervision
Arterial Lines				
Chest tubes				
Central lines				
Intubation				
Suturing				
Biopsy				
Incision and Drainage				
Lumbar Puncture				

Student Governance and Organizations

Town Hall Meetings

All students are encouraged and invited to attend the monthly Town Hall Meetings to have dialogue with their College leaders. The meetings are facilitated by the Assistant/Associate Deans and are held monthly. The goals for Town Hall meetings are to:

1. Facilitate communication between faculty, staff, and students.
2. Increase student input regarding College of Nursing & Health Care Professions activities.
3. Identify areas for improvement in the College of Nursing & Health Care Professions.

Sigma (formerly known as Sigma Theta Tau International) Nu Upsilon Chapter

In 1922 six nurses founded Sigma Theta Tau International (STTI) at the Indiana University Training School for Nurses, now the Indiana University School of Nursing, in Indianapolis, Indiana, USA. The founders chose the name from the Greek words Storgé, Tharsos and Timé meaning "love," "courage" and "honor." The honor society became incorporated in 1985 as Sigma Theta Tau International Inc., a nonprofit organization with a 501(c)(3) tax status in the United States.

The mission of the Honor Society of Nursing, Sigma Theta Tau International, is to support the learning, knowledge, and professional development of nurses committed to making a difference in health worldwide The vision of the Honor Society of Nursing, Sigma Theta Tau International, is to create a global community of nurses who lead in using knowledge, scholarship, service and learning to improve the health of the world's people.

chapter of Sigma Nu Upsilon Chapter 330 is affiliated with Grand Canyon University. Membership is by invitation to baccalaureate and graduate nursing students who demonstrate excellence in scholarship and to nurse leaders exhibiting exceptional achievements in nursing. To be considered for membership, the BSN student must meet the following requirements:

- have completed half of the nursing curriculum.
- achieve academic excellence.
  - For universities/institutions of higher education that use a 4.0 grade point average system to measure academic achievement, baccalaureate students must have a cumulative grade point average (GPA) of at least 3.0. GPAs should be computed according to the policies of the university.
- rank in the top 35% of the graduating class.
- meet the expectation of academic integrity.

Registered Nurse Students must:

- have completed 12 credit hours at their current school.
- have completed half of the nursing curriculum.
- achieve academic excellence
  - For universities/institutions of higher education that use a 4.0 grade point average system to measure academic achievement, baccalaureate students must have a cumulative grade point average (GPA) of at least 3.0. GPAs should be computed according to the policies of the university.
- rank in the top 35% of the graduating class.
- meet the expectation of academic integrity.

Graduate Students (Master's and Doctorate) must*:

- have completed 1/4 of the nursing curriculum.
- achieve academic excellence.
  - For universities/institutions of higher education that use a 4.0 grade point average system to measure academic achievement, graduate students must have a cumulative grade point average (GPA) of at least 3.5. GPAs should be computed according to the policies of the university.
- meet the expectation of academic integrity.

*Students in graduate programs who are registered nurses, legally recognized to practice in their country and have a minimum of a baccalaureate degree or the equivalent in any field, shall be eligible to be considered as a Nurse Leader at any point in the program

 If a student is invited, the notice will be sent to the student's GCU email address. Invitations are sent in the spring and the fall.

All information can be found via the chapter website at

https://thecircle.sigmanursing.org/nuupsilonchapter/home

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