



CLINICAL GUIDEBOOK
Doctor of Nursing Practice Nurse Practitioner
(DNP-NP)

Florida Gulf Coast University

Marieb College of Health and Human Services
School of Nursing

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Dear Preceptor/Clinical Mentor:

Thank you for agreeing to serve as a preceptor/clinical mentor (Mentor) for a student enrolled in the Doctor of Nursing Practice (DNP) Nurse Practitioner Program at Florida Gulf Coast University. Your teaching, guidance, and mentorship are critical to a successful learning experience. The clinical setting is where synthesis of concepts and application of principles for quality health care delivery are achieved. The student will work closely with you and through your supervision, the student will develop the knowledge and skills necessary to advance in their professional role. Faculty will work closely with the student, preceptor/mentor to achieve course outcomes and evaluate the student's progress. Communication will occur between the faculty, preceptor/mentor, and student through site visits, telephone or email correspondence. The student will contact you to arrange a convenient time to meet and review the course requirements, establish a clinical practice schedule, and develop mutually agreed upon goals.

The *Clinical Guidebook* is based on the *National Organization of Nurse Practitioner Faculties (NONFP) Competencies for Nurse Practitioners and Essentials of Doctoral Education for Advanced Nursing Practice*. The *Clinical Guidebook* provides a brief description of the DNP Program and outlines the roles and responsibilities of students, program faculty, and preceptors/mentors. Please review the *Clinical Guidebook*, and complete the *DNP Preceptor/Clinical Mentor Agreement*, and fax or email to me along with a current resume/curriculum vitae. Your timely response to these materials is critical for student success. The *Clinical Guidebook* should be read in conjunction with *the Doctor of Nursing Practice Program Guidebook*, which is located on the School of Nursing Website. If there is a conflict in policies, the DNP Program Guidebook takes precedence.

If you have any questions regarding your role or the clinical practice experience, please do not hesitate to contact me. Again, many thanks for your participation in this experience for the student.

Sincerely,

Loureen Downes, PhD, APRN, FNP-BC
Associate Professor
Director, Doctor of Nursing Practice Program
Phone: 239-590-7449
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Accreditation/Approvals

Florida Gulf Coast University is accredited by the Commission on Colleges of the Southern Association of Colleges and Schools to award associate, baccalaureate, master's, and doctoral degrees. Contact the Commission on Colleges for questions about the accreditation of Florida Gulf Coast University.

The Doctor of Nursing Practice program in nursing at Florida Gulf Coast University is accredited by the Commission on Collegiate Nursing Education. (<http://www.ccnaccreditation.org>)

DNP NP FACULTY and GRADUATE STAFF

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I. INTRODUCTION TO DNP PROGRAM

SCHOOL OF NURSING VISION, VALUES, MISSION, AND PHILOSOPHY

Vision

The School of Nursing envisions a future where faculty and students serve as mentors and inter-professional role models to develop engaged nurse leaders who deliver transformative care to diverse populations, conduct research, and promote evidence-based practice through academic and community partnerships. Approved April 2017

Values

1. Caring

- a. Value and exhibit a personal commitment of concern and empathy for patients, families, communities and self without bias
- b. Jean Watson: A caring environment is one that offers the development of potential while allowing the patient to choose the best action for him or herself at a given point in time

2. Health Promotion

- a. Actively participate in a culture acknowledging wellness, prevention, wholeness, physical and mental health, incorporating the mind, body and spirit of patients, families, communities and self
- b. Hochbaum, Rosenstock & Kegels' *Health Belief Model*:
A person's health-related behavior depends on the person's perception of severity of a potential illness, susceptibility to the illness, benefits of taking preventive action, barriers to taking that action, and self-efficacy

3. Critical Thinking

- a. Mindful judicious use of available knowledge and information to produce best outcomes for patients, families and communities
- b. Patricia Benner: Expert nurses develop skills and understanding of patient care over time through a sound educational base and a multitude of experiences

4. Cultural Connectedness

- a. Embrace diversity and uniqueness of patients, families, and communities while recognizing the importance of self-awareness
- b. Madeleine Leininger: Culture refers to learned, shared, and transmitted values, beliefs, norms and lifeways to a specific individual or group that guide their thinking, decisions, actions and pattered ways of living

5. Communication

- a. Commitment to respectful interpersonal and interprofessional conveyance of trustworthy, responsible, reliable and ethical information

- b. Hildegard Peplau: The six main roles of a nurse are stranger, teacher, resource person, counselor, surrogate and leader

Mission

The School of Nursing mission is consistent with the mission and goals of Florida Gulf Coast University and the Marieb College of Health & Human Services. The School of Nursing strives for excellence in providing evidence-based, learner-centered nursing education that prepares competent and compassionate nursing professionals to meet the ever-changing healthcare needs of diverse global communities.

Philosophy

The faculty of the School of Nursing believes that the practice of professional nursing rests upon a sound arts and science foundation that prepares graduates to excel in a diverse, rapidly changing, and technologically oriented society. Faculty members serve as guides, mentors, role models, and facilitators for students to synthesize the roles and responsibilities of the scope of nursing practice. Integrated and conceptually based curricula are built upon the principles of communication, critical thinking, cultural-connectedness, health promotion, and adherence to professional and ethical standards of practice, which form the foundation for knowledge and skills essential for nursing professionals. Teaching and learning activities are keystones of the curricula and occur within caring, interdisciplinary, and environmentally sensitive settings.

Nurse Practitioner Program Philosophy

The Nurse Practitioner Faculty believes that graduate nursing education builds upon the foundation of undergraduate nursing education, and that application of communication, critical thinking, cultural-connectedness, health promotion, and adherence to professional and ethical standards of practice within a rapidly changing, diverse and technologically oriented society are essential aspects of nurse practitioner practice. The Nurse Practitioner Program embraces patient-centered holistic care that is safe, competent, current and culturally sensitive. The Nurse Practitioner Faculty are committed to life-long learning, professional development, academic excellence, scholarly inquiry, collegiality, collaboration, and cohesiveness. Approved April 2008

DNP Program Overview

The Doctor of Nursing Practice Program prepares advanced practice nurses for leadership clinical opportunities in a variety of evolving global health care environments. The ability to create innovative roles as well as consolidate existing roles is a hallmark of graduates. Extensive practice experiences enable student-initiated opportunities that promote development of diverse knowledge, values, and competencies essential for advanced practice. Throughout the DNP Program, students are guided in the processes of self-development aimed at pursuing excellence in scholarly and professional endeavors.

The FGCU BSN-DNP Program offers specialty practice studies leading to eligibility as a certified Family Nurse Practitioner (FNP). The BSN to DNP studies also include the DNP core that focuses on utilization of research in the practice setting, quality of care delivery, examination of health care outcomes, leadership in practice, and fundamentals of nurse education. The total credit hours required for Nurse Practitioner BSN to DNP major is 81 and a minimum of 1000 practice hours. The program can be completed in 8 semesters (3 years) of full-time study or 11 semesters (4 years) of part-time study.

A MSN to DNP is available to candidates who have already completed a Master's degree in nursing from a nationally-accredited nursing program with a clinical specialty area. The MSN to DNP builds upon the candidate's specialty practice area through a DNP core that focuses on utilization of research in the practice setting, quality of care delivery, examination of health care outcomes, leadership in practice, and fundamentals of nurse education. The total credit hours required for the MSN to DNP is 36 credit hours and a minimum of 1000 practice hours including MSN clinical practice hours.

DNP Program Student Learning Outcomes (DNP Essentials)

At the completion of the program, graduates will:

1. Collaborate with other healthcare professionals to provide high quality, ethical patient-centered care that meets current standards of best practice. (# 2)
2. Lead inter-professional teams to design, implement, and evaluate clinical practice strategies based on theoretical, scientific, and ethical knowledge. (#1, #2, #6)
3. Integrate advanced critical reasoning and judgment in the management of complex clinical situations and systems in a selected area of advanced practice nursing and organizational systems. (#8)
4. Implement health care delivery models and strategies designed for increased safety and quality improvement in health promotion, clinical prevention and population health. (#2, #7)
5. Employ evidence-based framework and information technology to evaluate and develop strategies and interventions to improve health status, access patterns, and identify gaps in care of diverse patients, populations, and organizations. (#1, #3, #4)
6. Advocate for change in health care practice and health care environments through policy development, implementation, and evaluation. (#2, #5, #8)

Nurse Practitioner Core Competencies (National Organization of Nurse Practitioner Faculties, 2017)

Scientific Foundation Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policymakers) to improve health care.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost-effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice.

Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users' needs.
 - a. Assess the patients' and caregivers' educational needs to provide effective, personalized health care.
 - b. Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision-making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost-effective care.
5. Uses technology systems that capture data on variables for the evaluation of care.

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality and cost.
3. Analyzes ethical, legal and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.
7. Advocates for policies for safe and health practice environments.

Health Delivery System Competencies

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethic Competencies

1. Integrates ethical principles in decision-making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
 - a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.
 - b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
 - c. Employs screening and diagnostic strategies in the development of diagnoses.
 - d. Prescribes medications within scope of practice.
 - e. Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
 - a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
 - b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
 - c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
 - d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.
 - e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.
 - f. Addresses cultural, spiritual and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.
5. Educates professionals and lay caregivers to provide culturally and spiritually sensitive appropriate care.
6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.
7. Coordinates transitional care services in and across care settings.
8. Participates in the development, use and evaluation of professional standards and evidenced-based care.

II. BSN-DNP PRIMARY CARE CLINICAL PRACTICE

GENERAL GUIDELINES

BSN to DNP student will engage in approved practice activities related to specific courses. Practice sites, Preceptors, and Mentors will be identified for students and approved by the Program Director. Students may identify possible practice sites, Preceptors, and Mentors based on appropriateness to the specific course and required learning outcomes with approval of Program Director.

STUDENT ROLES AND RESPONSIBILITIES

- Students are expected to contact their Preceptor by phone prior to starting their rotations.
- Assist with completion of submitting required documents for Preceptor (s).
- Establish a mutually agreeable schedule in collaboration with faculty for practice time with the Preceptor and complete *Monthly Clinical Practice Schedule in Typhon*.
- Arrive to the clinical practice experience prepared to perform in accordance with course learning outcomes, individualized goals, and assigned learning activities after the first day of class or by approval of Program Director and course faculty. Bring appropriate equipment to clinical site.
- Appropriate business casual attire with full-length white lab coat and name badge.
- Maintain currency of all DNP student program requirements.
- Follow policies and procedures established in the practice site and keep the Preceptor informed of all learning activities.
- Maintain accurate records of practice time using *Time Logs* in Typhon. Time logs will not be approved if a student does not indicate a 30-minute break was taken if hours exceed 7 hours. In *Time Logs*, the student indicates time focused on *DNP Essentials and DNP Program Outcomes*. It is the student's responsibility to select the correct course, Preceptor, and clinical site.
- Enter all patient encounters in the case log, and the associated number of SOAP notes determined by the course faculty member, in Typhon.
- **Students are required to log their cases and time log(s) on the same day as clinical.** In the clinical setting, it is the expectation that notes are written on the same day for accurate documentation and billing purposes. **There will be an automatic seven-day lockout period in Typhon to enter cases and time logs starting from the encounter date.** Students will only receive credit for the hours and cases logged into Typhon.
- If a student is unable to enter cases and time logs into Typhon due to extenuating circumstances, they must notify the faculty before the end of the seven-day lockout period. A student will not be able to enter cases/time after the seven-day lockout period and may need to complete additional hours and/or receive an unsatisfactory grade.
- Students are expected to be engaged in the clinical learning process.

- Every clinical rotation and every clinical Preceptor have their own characteristics and mode of operation. The student should be able to adjust to the differences in the various rotations in terms of patient flow, charting, methods of assessment, and patient care management. From this diversity, the student will eventually derive his/her own techniques and philosophy.
- Students must ensure that mid-term and final evaluations are completed by their Preceptor in Typhon.
- Complete and submit *Practice Site Evaluation* and *Student Evaluation of Preceptor* at the end of each practice course in Typhon.
- Students may use a maximum of 240 clinical hours for indirect clinical experiences, including online case studies, and simulation. Refer to Appendix F for Guidelines for DNP Activities Applicable to DNP Clinical Practice Hours

FACULTY ROLES AND RESPONSIBILITIES

The Program Director and Course Faculty assume ultimate responsibility for student education. Faculty use several methods to ensure a successful practice experience for students, such as communication with the Preceptor, regular reviews of student work and practice journals, reviewing evidence from preceptors, direct observation of student, and evaluating assignments as outlined in the course syllabus.

- Evaluate practice sites for appropriateness of learning experience.
- Evaluate Preceptor to ensure they are academically and experientially qualified for their role as Preceptor.
- Ensure Preceptor has the expertise to support student achievement of expected course and program outcomes.
- Evaluate all documents related to the preceptorship, including Typhon logs.
- Arrange at least one joint conference with Preceptor and student.
- Provide immediate consultation and support of Preceptor, if necessary.
- Seek preceptor input regarding student performance.
- Document student progress and specify satisfactory/unsatisfactory completion of the practice experience based on preceptor verbal input, ***Preceptor Evaluation of Student***, and achievement of course-specific learning outcomes and program outcomes.
- Review ***Student Evaluation of Preceptor*** and ***Practice Site Evaluation*** at the end of each semester.
- For each preceptor and site complete ***Faculty Evaluation of Preceptor and Site*** by the end of each semester.
- Provide Preceptor (s) with an electronic copy of this Guidebook and training

PRECEPTOR ROLES AND RESPONSIBILITIES

The Program Director and Course Faculty assume ultimate responsibility for the formal evaluation of students with the Preceptor's input. Preceptors are a vital part of nurse practitioner education serving as role models, providing planned clinical experiences and giving feedback to students to meet course objectives.

- Provide signed DNP ***Preceptor/Clinical Mentor Agreement*** and a current Resume/Curriculum Vitae, certifications if necessary and license copy to the Program Director or Clinical Coordinator by the first day clinical day of the student at the clinical site.
- Orient student to the practice and agency policies.
- Provide a safe environment in which the student may observe, practice and participate.
- Function as a role model.
- Guide the student to pace their learning experiences to meet clinical site needs.
- Collaborate with student to establish ***Monthly Clinical Practice Schedules*** throughout the semester.

- Provide leadership and supervision for the student.
- Review and validate student clinical hours.
- Provide frequent feedback to student on performance.
- Consider student response to feedback as part of the evaluation process.
- Compare student performance with practice standards, course outcomes, and program outcomes.
- Complete the *Preceptor Evaluation of Student* in the online documentation system, Typhon, at midterm and end of the semester, as required by specific course.
- Notify course faculty when questions or student performance concerns arise.
- Preceptor understands that information received from Florida Gulf Coast University, regarding student participation during clinical training, is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). Purpose of such information is confidential and not to be made available to any third party without first obtaining the student's consent. The Preceptor agrees that any information received regarding the student should be destroyed or returned to the student or university within a reasonable period after the completion of the clinical experience. This may include records, files, documents and other materials related to a student, audio recordings or photos.

III. MSN-DNP and BSN-DNP CLINICAL PRACTICE

GENERAL GUIDELINES

The Doctor of Nursing Practice (DNP) provides rich and varied opportunities for clinical nursing practice. The BSN-DNP and MSN-DNP clinical practice assists students to achieve integration of *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006).

Throughout the DNP program, students are expected to use their clinical practice experiences and involvement with Clinical Mentors/Organizational Partners to develop and refine their DNP Project.

NGR 7949L - DNP Clinical Practice 7 credits: Emphasis is on the development of clinical expertise in the management of health problems in selected populations.

The Doctor of Nursing Practice degree requires a minimum of 1000 hours of post-baccalaureate supervised academic practice experience. The post-master's student completes a total of a minimum of 1000 hours that includes 420 DNP Clinical Practice hours (7 credit hours) at FGCU. All MSN-DNP students will provide verification of clinical hours completed during MSN Program to determine if additional hours are needed.

See Appendix A for Guidelines for DNP Activities Applicable to DNP Clinical Practice Hours.

DNP Essentials (American Association of Colleges of Nursing, 2006)

Essentials I – VIII (Foundational Outcome Competencies)

1. Scientific Underpinnings for Practice

1. Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice.
2. Use science-based theories and concepts to:
 - a. determine the nature and significance of health and health care delivery phenomena; describe the actions and advanced strategies to enhance, alleviate, and ameliorate health and health care delivery phenomena as appropriate; and
 - b. evaluate outcomes.

2. Organizational and Systems Leadership for Quality Improvement and Systems Thinking

1. Develop and evaluate care delivery approaches that meet current and future needs of patient populations based on scientific findings in nursing and other clinical sciences, as well as organizational, political, and economic sciences.
2. Ensure accountability for quality of health care and patient safety for populations with whom they work.
 - a. Use advanced communication skills/processes to lead quality improvement and patient safety initiatives in health care systems.
 - b. Employ principles of business, finance, economics, and health policy to develop and implement effective plans for practice-level and/or system-wide practice initiatives that will improve the quality of care delivery.
 - c. Develop and/or monitor budgets for practice initiatives.
 - d. Analyze the cost-effectiveness of practice initiatives accounting for risk and improvement of health care outcomes.
 - e. Demonstrate sensitivity to diverse organizational cultures and populations, including patients and providers.
3. Develop and/or evaluate effective strategies for managing the ethical dilemmas inherent in patient care, the health care organization, and research.

3. Clinical Scholarship and Analytical Methods for Evidence-Based Practice

1. Use analytic methods to critically appraise existing literature and other evidence to determine and implement the best evidence for practice.
2. Design and implement processes to evaluate outcomes of practice, practice patterns, and systems of care within a practice setting, health care organization, or community against national benchmarks to determine variances in practice outcomes and population trends.
3. Design, direct, and evaluate quality improvement methodologies to promote safe, timely, effective, efficient, equitable, and patient-centered care.
4. Apply relevant findings to develop practice guidelines and improve practice and the practice environment.
5. Use information technology and research methods appropriately to:
 - a. collect appropriate and accurate data to generate evidence for nursing practice
 - b. inform and guide the design of databases that generate meaningful evidence for nursing practice
 - c. analyze data from practice
 - d. design evidence-based interventions
 - e. predict and analyze outcomes
 - f. examine patterns of behavior and outcomes
 - g. identify gaps in evidence for practice
6. Function as a practice specialist/consultant in collaborative knowledge-generating
7. Disseminate findings from evidence-based practice and research to improve healthcare outcomes.

4. Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

1. Design, select, use, and evaluate programs that evaluate and monitor outcomes of care, care systems, and quality improvement including consumer use of health care information systems.
2. Analyze and communicate critical elements necessary to the selection, use and evaluation of health care information systems and patient care technology.
3. Demonstrate the conceptual ability and technical skills to develop and execute an evaluation plan involving data extraction from practice information systems and databases.
4. Provide leadership in the evaluation and resolution of ethical and legal issues within health care systems relating to the use of information, information technology, communication networks, and patient care technology.
5. Evaluate consumer health information sources for accuracy, timeliness, and appropriateness.

5. Health Care Policy for Advocacy in Health Care

1. Critically analyze health policy proposals, health policies, and related issues from the perspective of consumers, nursing, other health professions, and other stakeholders in policy and public forums.
2. Demonstrate leadership in the development and implementation of institutional, local, state, federal, and/or international health policy.
3. Influence policymakers through active participation on committees, boards, or task forces at the institutional, local, state, regional, national, and/or international levels to improve health care delivery and outcomes.
4. Educate others, including policymakers at all levels, regarding nursing, health policy, and patient care outcomes.
5. Advocate for the nursing profession within the policy and health care communities.
6. Develop, evaluate, and provide leadership for health care policy that shapes health care financing, regulation, and delivery.
7. Advocate for social justice, equity, and ethical policies within all health care arenas.

6. Interprofessional Collaboration for Improving Patient and Population Health Outcomes

1. Employ effective communication and collaborative skills in the development and implementation of practice models, peer review, practice guidelines, health policy, standards of care, and/or other scholarly products.
2. Lead interprofessional teams in the analysis of complex practice and organizational issues.
3. Employ consultative and leadership skills with intraprofessional and interprofessional teams to create change in health care and complex health care delivery systems.

7. Clinical Prevention and Population Health for Improving the Nation's Health

1. Analyze epidemiological, biostatistical, environmental, and other appropriate scientific data related to individual, aggregate, and population health.
2. Synthesize concepts, including psychosocial dimensions and cultural diversity, related to clinical prevention and population health in developing, implementing, and evaluating interventions to address health promotion/disease prevention efforts, improve health status/access patterns, and/or address gaps in care of individuals, aggregates, or populations.
3. Evaluate care delivery models and/or strategies using concepts related to community, environmental and occupational health, and cultural and socioeconomic dimensions of health.

8. Advanced Nursing Practice

1. Conduct a comprehensive and systematic assessment of health and illness parameters in complex situations, incorporating diverse and culturally sensitive approaches.
2. Design, implement, and evaluate therapeutic interventions based on nursing science and other sciences.
3. Develop and sustain therapeutic relationships and partnerships with patients (individual, family or group) and other professionals to facilitate optimal care and patient outcomes.
4. Demonstrate advanced levels of clinical judgment, systems thinking, and accountability in designing, delivering, and evaluating evidence-based care to improve patient outcomes.
5. Guide, Mentor, and support other nurses to achieve excellence in nursing practice.
6. Educate and guide individuals and groups through complex health and situational transitions.
7. Use conceptual and analytical skills in evaluating the links among practice, organizational, population, fiscal, and policy issues.

STUDENT ROLE AND RESPONSIBILITIES

- Identify facility/site and Mentor appropriate for DNP clinical practice prior to the start of the semester in collaboration with faculty.
- Submit student's objectives for the experience to course faculty prior to the start of the semester for review and approval.
- Complete any required health requirements as per Florida Gulf Coast University policy and clinical agency.
- Discuss course objectives and student's goals with Mentor before beginning the term.
- Develop agreement in writing outlining student-specific learning objectives, educational experiences, and agency/ Mentor contact hours each week.
- Maintain accurate records of practice time using *Time Logs* in Typhon. Time logs will not be approved if a student does not indicate a 30-minute break was taken if hours exceed 7 hours. In *Time Logs*, the student indicates time focused *on DNP Essentials and DNP Program Outcomes*. It is the student's responsibility to select the correct course, Mentor, and clinical site.
- **Students are required to log their cases and time log(s) on the same day as clinical.** In the clinical setting, it is the expectation that notes are written on the same day for accurate documentation and billing purposes. **There will be an automatic seven-day lockout period in Typhon to enter cases and time logs starting from the encounter date.** Students will only receive credit for the hours and cases logged into Typhon.
- If a student is unable to enter cases and time logs into Typhon due to extenuating circumstances, they must notify the faculty before the end of the seven-day lockout period. A student will not be able to enter cases/time after the seven-day lockout period and may need to complete additional hours and/or receive an unsatisfactory grade.

FACULTY ROLES AND RESPONSIBILITIES

- Approve selection of clinical practice site and Mentor.
- Facilitate site contract and Preceptor/Mentor agreement.
- Provide relevant course-related materials to the student for the Mentor.
- Consult with student regarding personal objectives for DNP clinical practice.
- Initiate contact with Mentor regarding student performance and progress in the course.
- Provide Preceptor/Mentor with an electronic copy of this Guidebook.

MENTOR ROLE

- Welcome the student and encourage a mutually respectful and collaborative learning environment.
- Orient the student to the clinical practice, relevant policies, and organizational priorities.
- Introduce student to appropriate individuals and available facility resources they may access.
- Facilitate student's exposure to key patients, senior clinicians, and the role of the senior health care provider/clinician.
- Provide oversight and consultation to the student throughout the clinical practice period.
- Observe application, synthesis and integration of knowledge, skills and professional role development.

MENTOR RESPONSIBILITIES

- Meet with the student to discuss the DNP clinical practice.
 - Review the course objectives and the student's personal objectives for the DNP clinical practice.
- Sign the ***DNP Practice Mentor Agreement*** and provide a current Resume/Curriculum Vitae, Certifications if applicable and Licensure to the Clinical Coordinator.
- Provide ongoing feedback to the student.
- Notify course faculty regarding any concerns relating to student's performance during the clinical practice.
- Consult with course faculty at least one time during the clinical practice period regarding student performance.
- Communicate with course faculty throughout the semester concerning student progress and notify of any immediate concerns.
- Complete both a midterm and final evaluation using the online documentation system, Typhon.
- Verify student's hours in Typhon.
- Mentor understands that information received from Florida Gulf Coast University, regarding student participation during clinical training, is subject to the provisions of the Family Educational Rights and Privacy Act (FERPA). Purpose of such information is confidential and not to be made available to any third party without first obtaining the student's consent. The Mentor agrees that any information received regarding the student should be destroyed or returned to the student or university within a reasonable period after the completion of the clinical experience. This may include records, files, documents and other materials related to a student, audio recordings or photos.

ATTENDANCE AND PUNCTUALITY

An expectation of professional DNP practice is that students attend all classes, skills labs, simulations and clinical practice experiences. Responsibility and accountability for meeting course obligations is a fundamental component of professionalism.

Tardiness includes reporting late for clinical or having extended lunch periods and coffee breaks in the clinical area. A pattern of excessive tardiness results in counseling by the Preceptor at the clinical site and/or by the DNP Program Director. Any further tardiness may result in disciplinary action.

All counseling sessions related to tardiness are documented and become part of a student's file.

If a student has knowledge that he/she will be delayed in reporting to clinical, he/she should make every effort to notify appropriate Preceptor. **The student must also notate tardiness in Typhon.** It is the policy of the DNP Program that any student reporting to clinical two hours or later than scheduled may be considered absent for the day. Such incidents are handled on a case-by-case basis.

In the rare instance where illness or other catastrophic event prohibits attendance at or completion of a clinical field experience, the following process **must** be followed:

1. Personal contact by telephone to clinical Preceptor (**No E-mail, no texts**).

AND

2. Personal contact by telephone to DNP Program Director.

AND

All missed clinical time must be made up.

Appendices

Appendix A

Online Management Evaluation System

TYPHON

Florida Gulf Coast University Doctor of Nursing Practice Program uses *Typhon* to track student's clinical hours, progress and evaluations. As a part of our accreditation standards, each preceptor/mentor will be asked to complete mid-semester and final student evaluations, and validate clinical hours online in *Typhon*. You will receive an email notification with a link to the evaluation to complete.

Typhon is a web-based evaluation system that is available 24 hours a day from any computer with Internet access. A password will be assigned to you during the student's rotation. To login to the Preceptor and Mentor section of the Typhon Group NPST System, go to:

www3.typhongroup.net/np/preceptor/login.asp?facility=7368&role=1

For any questions regarding password and access to this evaluation system, please contact Gretchen Warn, Graduate Program Assistant gwarn@fgcu.edu.

******Documentation in Typhon is extremely important, as the student will be unable to progress until all documentation is completed.******

Appendix B

Micro-Skills for Clinical Teaching

One-Minute Preceptor Model

1. Get a Commitment
2. Probe for Supporting Evidence
3. Teach a general principle
4. Reinforcing what was done well
5. Correct errors

Furney, S.L., Orsini, A.N., Orsetti, K.E. et al. J GEN INTERN MED (2001) 16: 620.
<https://doi.org/10.1046/j.1525-1497.2001.016009620.x>

Other tips

- **Agree on the central issue**
 - *What do you think is going on?"*
 - *Get the student's opinion*
 - *Refocus if necessary*
- **Make the central issue the educational focus**
- **Meet the client's needs and the student's needs at the same time**
- **Ask targeted questions to define student's needs**
 - *What led you to that conclusion?*
 - *What part of the comprehensive assessment is most important in this situation?*
 - *Is the client's primary concern the same as yours?*
- **Teach general clinical rules**
 - *"When this happens, you need to consider . . .*
- **Reinforce the principles of quality care**
- **Positively reinforce clinical skills**
 - *Reinforce what is right*
 - *Review what needs to be improved*
 - *Correct mistakes*
- **Demonstrate/critique skills in client and family education**
- **Promote critical thinking skills and diagnostic reasoning.**

Appendix C

Preceptor Evaluation of Nurse Practitioner Student Clinical Performance

Student _____ Date _____ Preceptor _____

Clinical: PHC I PHC II PHC III PHC IV DNP Practice Sequence ____

| I. Professionalism/Communication/Collaboration/Leadership | Needs Improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
|--|-------------------|--------------|----------------|--------------------|
| 1. Recognizes areas in need of further knowledge/skill development and seeks to remediate, seeks assistance appropriately. [E1/L] | | | | |
| 2. Demonstrates flexibility in managing time and patients. [E1/L] | | | | |
| 3. Respects the unique cultures, values, roles and responsibilities and expertise of other health professions. [EII, VII/EC] | | | | |
| 4. Communicates with others in a confident, assertive, and respectful manner. [EII, VI/L] | | | | |
| 5. Communicates pertinent views on patient care, practice knowledge effectively, both orally and in writing. [EII, VIII/SF/L] | | | | |
| 6. Establishes collaborative relationships with others in planning and providing patient centered care. [EVI/L] | | | | |
| 7. Integrates information and perspectives from others in planning and providing patient centered care. [EVI/EC/L] | | | | |
| 8. Shares information with other providers that is useful for the delivery of patient centered care. [EVI/EC/L] | | | | |
| 9. Integrates ethical principles in decision making. [E1/EC] | | | | |
| 10. Assumes leadership role to foster and guide change in healthcare related to patient outcomes. [EII/L] | | | | |
| 11. Consults and seeks assistance from Preceptor in a timely, professional manner. [EVI/L] | | | | |
| 12. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care professionals, and policy makers) to improve health care. [EII, VI/L] | | | | |

| | | | | |
|---|--------------------------|---------------------|-----------------------|---------------------------|
| 13. Demonstrates an understanding of the interdependence of policy and practice. [EI, V/SF, Q, P] | | | | |
| <i>Comments:</i> _____ _____ | | | | |
| II. Interviewing and History Taking | Needs improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
| 1. Works to establish a relationship with the patient demonstrating mutual respect, empathy, and collaboration. [EI, VIII/EC/L] | | | | |
| 2. Seeks input from patient and family in a respectful manner regarding feelings, beliefs, needs and care goals. [EVIII, EC, IPC] | | | | |
| 3. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into care plan. [EVIII, EC, IPC] | | | | |
| 4. Accurately collects relevant subjective data: [EIV, IPC] | | | | |
| a. identifies and explores chief complaint. | | | | |
| b. performs symptom analysis of each presenting problem. | | | | |
| c. obtains relevant health, family, and social histories. | | | | |
| d. obtains preventative health screening assessment when appropriate. | | | | |
| e. completes appropriate review of systems. | | | | |
| <i>Comments:</i> _____ _____ | | | | |
| III. Physical Examination | Needs improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
| 1. Accurately selects appropriate exam components and performs appropriate physical examination systematically. [EVIII, IPC] | | | | |
| 2. Differentiates normal vs. abnormal exam findings. [EVIII, IPC] | | | | |
| 3. Demonstrates proficient use of instruments used in physical examination. [EVIII, IPC] | | | | |
| <i>Comments:</i> _____ _____ | | | | |

| IV. Critical Thinking | Needs improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
|---|--------------------------|---------------------|-----------------------|---------------------------|
| 1. Identifies relevant data and interprets diagnostic cues and necessity of diagnostic testing based on history and physical examination. [EIV, VIII, IPC] | | | | |
| 2. Applies pathophysiologic concepts, diagnostic reasoning, and evidence-based guidelines to improve outcomes. [EVIII, IPC] | | | | |
| 3. Cognizant of patient's and family's life circumstances, cultural preferences, values, expressed needs, and health beliefs/behaviors. [EVII, VIII/EC, IPC] | | | | |
| 4. Evaluates patients and family options and health care information and shares appropriate information and resources. [EVIII, IPC] | | | | |
| 5. Evaluates the relationships among access, cost, quality, and safety and their influence on health care. [EVII, IPC, Q] | | | | |
| 6. Analyzes and communicates critical elements necessary to formulate differential diagnoses [EVIII, IPC] | | | | |
| <i>Comments:</i> _____ | | | | |
| V. Assessment | Needs improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
| 1. Assesses the patient's and caregiver's educational needs to provide effective personalized health care. [EVIII, IPC] | | | | |
| 2. Prioritizes and formulates an accurate and complete problem list, including health promotion/health maintenance needs [EIII, IV, VIII, IPC] | | | | |
| 3. Determines and performs common screening and diagnostic tests as appropriate with attention to cost, invasiveness, acceptability, and patient's age/preferences. [EVII, VIII, IPC] | | | | |
| <i>Comments:</i> _____ | | | | |

| VI. Plan | Needs improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
|---|--------------------------|---------------------|-----------------------|---------------------------|
| 1. Judiciously requests diagnostic and screening studies. [EVIII/IPC] | | | | |
| 2. Identifies appropriate non-pharmacologic and complementary strategies. [EVIII/IPC] | | | | |
| 3. Recommends and orders appropriate pharmacologic strategies. [EVIII/IPC] | | | | |
| 4. Provides appropriate education/anticipatory guidance to address health problems and health promotion. [EII,III/IPC] | | | | |
| 5. Coaches the patient and caregiver for positive behavioral change. [EVIII/TIL, IPC] | | | | |
| 6. Integrates evidence-based guidelines into health care plan and preventative care. [EV, VI/SF/PI] | | | | |
| 7. Incorporates patient's input in development of health care plan. [EVIII/IPC] | | | | |
| 8. Collaborates in planning for transitions across the continuum of care. [EVII, VIII/IPC] | | | | |
| 9. Plans for appropriate follow-up and when relevant referral. [EVIII/IPC] | | | | |
| <i>Comments:</i> _____ _____ | | | | |
| VII. Documentation and Preceptor Presentation | Needs improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
| 1. Articulates a succinct organized and accurate presentation to Preceptor. [EVI/IPC] | | | | |
| 2. Documents patient data concisely, using appropriate terminology and format. [EVII/IPC] | | | | |
| 3. | | | | |
| <i>Comments:</i> _____ _____ | | | | |
| VIII. Utilization of Evidence-based Practice to Enhance Patient Outcomes and Practice | Needs improvement | Satisfactory | Unsatisfactory | Unable to Evaluate |
| 1. Identifies gaps in care and anticipates variations in practice and is proactive in implementing interventions to ensure quality outcomes. [EIII/SF, PI/HDSC] | | | | |

| | | | | |
|---|--|--|--|--|
| 2. Uses best available evidence to enhance quality in clinical practice. [EIII/SF, PI] | | | | |
| 3. Applies knowledge of organizational practices and complex systems to communicate recommended changes to stakeholders. [EII/HDSC] | | | | |
| 4. Demonstrates conceptual ability and technical skills to execute and evaluate clinical data to improve patient and process outcomes. [EIV/SF, HDSC] | | | | |
| 5. Provides leadership in the translation of new knowledge into practice [EVII, SF/PI, HDSC] | | | | |
| <i>Comments:</i> _____ _____ | | | | |

General Comments: (please attach a separate sheet if necessary)

Please complete at midterm (60 hours) & during the final week.

Preceptor Signature _____ Date _____

Student Signature _____ Date _____

Faculty Signature _____ Date _____



Appendix D
DNP Preceptor/ Practice Mentor Agreement
 NGR 6240L, NGR 6741L, NGR 6305L, NGR 6252L, &
 NGR 7494L

To be completed by DNP Student:

Student Name: _____ Semester: _____ Year: _____
 Course Number/Title: _____ Hours Required: _____
 Course Faculty: _____ Faculty Contact Number: _____

To be completed by Preceptor (please provide name as it appears on your professional license):

Name: _____ Position/Title: _____
 Degree (s): MSN DNP M.D. D.O. Other Degree (s): _____
 Clinical Specialty: _____
 Agency Affiliation: _____ Unit/Dept: _____
 Practice Address: _____ City: _____ State: _____
 Practice Site Phone Number: _____ Preceptor Email: _____

I, _____ agree to act as a preceptor for FGCU DNP student,
Preceptor Name
 _____ to assist the student to achieve the required outcomes.
Student's Name

- I have been provided with a copy of the DNP Clinical Guidebook
- I understand and accept the responsibilities presented in the DNP Clinical Guidebook.
- I have been provided with an abbreviated course syllabus and understand the course objectives and practice requirements.
- I understand that if I have any questions, I should notify the faculty member designated above.
- I have attached a copy of my current resume/CV (**Please use CV Form on page 32 if needed**).
- I have attached a copy of my current License.
- I have attached a copy of my current certification.
- I understand this form, and my resume/CV, License, and Certification must be received by Program Director prior to student beginning DNP Practice Hours.

Email ldownes@fgcu.edu or Fax (239) 590-7474 this completed form to Dr. Downes, DNP Program Director

Preceptor Signature: _____ Date: _____
 Student's Signature: _____ Date: _____

Internal Office Use
 Affiliation Agreement Current: Yes No Preceptor/Mentor CV/Resume on File: Yes No Preceptor License & Certification on File Yes No
 Program Director Signature: _____ Date: _____

Appendix E
School of Nursing
DNP Program
Preceptor/Mentor Curriculum Vita Form
(This form may be used to update or to meet CV Requirement)

Contact Information

| | |
|-----------------------|--|
| Preceptor/Mentor Name | |
| Current Position | |
| Agency Name | |
| Phone Number | |
| Email Address | |

Education

| | University | Degree | Year Earned |
|-------------------|------------|--------|-------------|
| Bachelor's Degree | | | |
| Master's Degree | | | |
| Doctoral Degree | | | |

State License and Certification(s) as applicable

| | | | |
|----------------------|--|-----------|--|
| State License Number | | Exp. date | |
| Certification | | Exp. date | |
| Other | | Exp. Date | |

Clinical Experience (Last Five Years)

| Year | | Title of Position and Specialty |
|------|--|---------------------------------|
| | | |
| | | |
| | | |
| | | |
| | | |

Learning Opportunities Available for Students in this Practice

| |
|--|
| |
|--|

Preceptor/Mentor Signature: _____ Date: _____

Appendix F

**Florida Gulf Coast University
School of Nursing
Doctor of Nursing Practice Program-
BSN-DNP Nurse Practitioner and MSN-DNP
Guidelines for DNP Indirect DNP Clinical Practice Hours**

Please note the following separate and distinct guidelines for the BSN-DNP and MSN-DNP

BSN-DNP

- BSN-DNP students are allowed 240 hours of indirect patient care clinical hours towards their 1020 Clinical hours. In NGR7949L DNP Sequence I students will complete clinical as indirect hours. Indirect hours can be online clinical case studies, clinical grand rounds, or simulation in addition to the examples provided below relevant to the *DNP Essentials*.
- Students should get final approval from the DNP Clinical course faculty prior to the engaging in indirect patient care clinical hours that may be used for NGR 7949L DNP Clinical Practice hours
- Students may not use any activity towards NGR 7949L DNP Clinical Practice hours if required for a grade, an assignment, or as part of another course.
 - Example: websites developed in Information Management may not be used for DNP clinical practice hours
- All activities should relate to the DNP Essentials and hours claimed must be documented in Typhon to get credit:
 - A narrative should be written to support the hours claimed in Typhon in the Time log notes section. You will be required to have the DNP Clinical Mentor or DNP clinical faculty verify hours documented in Typhon as applicable.
 - Supporting evidence must be provided for approved activities.
 - Example: conference certificate of attendance or CE certificate

MSN-DNP

- Students should get final approval from the DNP Clinical course faculty prior to the completion of any clinical hours. MSN-DNP students are required to obtain a minimum of 420 clinical hours at FGCU.
- Preference will be given for NGR 7949L DNP Clinical Practice hours if the hours are related to the DNP Project and are completed in the clinical setting.
- Students may not use any activity towards NGR 7949L DNP Clinical Practice hours if required for a grade, an assignment, or as part of another course.
- All activities should relate to the DNP Essentials and hours claimed must be documented in Typhon to get credit:
 - A narrative should be written to support the hours claimed in Typhon in the Time log notes section. You will be required to have the DNP Clinical Mentor or DNP Clinical faculty verify hours documented in Typhon as applicable.
 - Supporting evidence must be provided for approved activities.
 - Example: conference certificate of attendance or CE certificate

Every DNP project is unique, and the DNP Experience can vary. According to the AACN (2015), DNP Experiences are designed to provide the following:

- Systematic opportunities for feedback and reflection
- In-depth work/mentorship with experts (nursing and other professions)
- Opportunities for engagement in the practice environment (not just patient care)
- Opportunities to build and assemble knowledge/expertise at a high level
- Opportunities to further application, synthesis, and expansion of learning
- Experience the context of advance practice within which the project occurs
- Opportunities for integration and synthesis of all DNP Essentials

Examples of acceptable use of clinical practice hours based on the DNP Essentials:

DNP Essential I. Scientific Underpinnings for Practice

- Attend conference/workshop related to EBP or focus of project
- Make presentation pertaining to PICOT question (must specify setting [conference, Research Day]).
 - Should not be related to class presentations.
- Face to face collaboration/data gathering related to DNP project

DNP Essential II. Organizational and Systems Leadership for Quality Improvement and Systems Thinking

- Attend quality improvement meeting
- Identify need for rapid cycle improvement project
- Implement rapid cycle improvement project
- Evaluate rapid cycle improvement project
- Disseminate findings of rapid cycle improvement project
- Budget development or review
- Present at quality meeting
- Conduct assessment of practice setting
- Develop a SWOT analysis
- Meet with stakeholders/stakeholder engagement
- Evaluate cultural diversity within an organization
- Implement or disseminate a cultural/diversity awareness intervention
- Mentoring in a new leadership role
- Producing educational materials related to the DNP Project topic
- Provide leadership to foster intra-professional and inter-professional collaboration
- Demonstrate skills in peer review that promote a culture of evidence, apply clinical investigative skills to evaluate health outcomes (examples: interactive tutorials)

DNP Essential III. Clinical Scholarship and Analytical Methods for Evidence-Based Practice

- Serve as an abstract reviewer
- Serve as consultant for collaborative research
- Complete core measure training
- Attend grant training/workshop
- Prepare grant proposal or participate in related activities
- Disseminate DNP project findings internally or externally
- Serve as a proposal reviewer
- Poster or podium presentation of findings at a professional conference, in the organization, or to stakeholders
- Utilizing evidence-based practice to improve patient outcomes through change and/or intervention
 - This must be other than DNP project (example: improving patient processes through policy development and/or process improvement)

DNP Essential Information Systems/Technology and Patient Care Technology for the Improvement of Transformation of Healthcare

- Design web-accessible training material
- Evaluate web-accessible training or educational material
- Design a mobile application for healthcare
- Evaluate a healthcare mobile application
- Participate in health information technology as an evaluator
- Participate in health information technology as a team leader
- Participate on health information committee at institutional level
- Participate on health information committee at international level
- Participate on health information committee at national level
- Participate on health information committee at state level
- Participate on health information committee at a local level
- Development of tools for assessment and evaluation related to project
- Integrates evidence-based practice standards into information management systems

DNP Essential V. Healthcare Policy for Advocacy in Healthcare

- Analyze health policy proposal
- Construct health policy proposal
- Provide testimony for health policy
- Meet with elected official for review of health policy
- Participate on health care policy committee at international level

- Participate on health care policy committee at institutional level
- Participate on health care policy committee at national level
- Participate on health care policy committee at state level
- Participate on healthcare policy committee at a local level
- Engaging in policy development, legal bill preparation, and presentation of information (ex. Visiting a representative to discuss Bills related to NP/DNP practice)

DNP Essential VI. Interprofessional Collaboration for Improving Patient and Population Health Outcomes

- Consult with mentor/preceptor: in person
- Participate in interprofessional team in consultant role (Only if related to project)
- Participate in interprofessional team in member role (Only if related to project)
- Consult with content experts: in person, by phone or email
- Participate in an interprofessional team in leader role (Only if related to project)
- Staff development/project leadership/development of an interdisciplinary team
- Attend seminars related to project question
- Attending selected, approved conferences with CME documentation as approved for NP certification
- Inservice for staff related to implementation of the project recommendations
- Engaging in professional committee work such as serving on a committee, as a chairperson, engaging in community activities related to the profession committees (ex. Serving on an Ethics Committee) (Only if related to project)

DNP Essential VII. Clinical Prevention and Population Health for Improving the Nation's Health

- Collect epidemiological data
- Analyze epidemiological data
- Identify gaps in care for individuals, communities, and populations
- Implement and evaluate health promotion/disease prevention interventions
- Advocating for vulnerable populations through presentations or practice (ex. Mission work)

DNP Essential VIII. Advanced Nursing Practice

- Assess clients, populations or organizations in practice setting
- Disseminate knowledge to other healthcare providers
- Mentor other healthcare providers (not to include precepting a nursing student or the education of nursing students or hours teaching a class for nursing students)
- Implement therapeutic interventions in practice setting
- Consultation with experts regarding advanced nursing practice

- Develop new or expanded advanced practice role
- Learning new leadership and advanced practice skills appropriate to Doctoral Inquiry or clinical practice field of expertise
- Practice experiences that are outside of the job description and responsibilities of the student
 - The practice experience must have goals and learning outcomes completed during a mentored relationship with a clinical expert and/or faculty member

Florida Gulf Coast University does NOT endorse the following activities as counting towards clinical hours:

- Reading
- Writing of the scholarly project
- Data entry and analysis
- Routine work hours
- Time spent on classroom assignments unless otherwise designated by faculty

APPENDIX G



Florida Gulf Coast University

Marieb College of Health and Human Services

School of Nursing

Doctor of Nursing Practice NP Program

COVID-19 and Student Participation in In-Person Clinical Practice/Internships Program
Acknowledgement Form

Program: Doctor of Nursing Practice Nurse Practitioner (NP) Program

Year: 2021-2022

UIN:

I acknowledge that In-Person Clinical Practice/Internships are necessary to meet the academic requirements of the **Doctor of Nursing Practice (DNP) NP** program. I acknowledge that there are minimum clinical practice experiences and clinical practice hour requirements established for completion of this accredited DNP NP Program. Academic practice requirements are necessary to meet accreditation standards, certification requirements, and/or professional licensure requirements.

I acknowledge that remote alternatives to In-Person Clinical Practice/Internships do not substitute for meeting minimum clinical practice experiences and clinical practice hour requirements.

Due to the COVID-19 pandemic, I acknowledge there are additional risks I assume when participating in the In-Person Clinical Practice/Internships. These risks include exposure to COVID-19, infection resulting from exposure to COVID-19, and any illness and consequences that result from COVID-19 infection or exposure. I acknowledge that I must comply with DNP NP COVID-19 protocol requirements as well as the assigned facility's COVID-19 protocol requirements to participate in the In-Person Clinical Practice/Internships. I understand that the Federal Centers for Disease Control and the Florida Department of Health have issued COVID-19 protocols and that these protocols may also be applicable to the In-Person Clinical Practice/Internships.

I acknowledge that an assigned facility's policies, processes, or guidelines aimed at reducing the transmission of COVID-19 may include, but are not limited to, vaccination(s) against COVID-19, testing for COVID-19, and wearing face and eye coverings or other personal protective equipment (PPE), social distancing, and other interventions aimed at reducing transmission of COVID-19. I acknowledge that if I choose not to comply with an assigned facility's policies, processes, or guidelines aimed at reducing the transmission of COVID-19 and do not qualify for an exemption or accommodation as determined by the assigned facility, then I may not attend that facility. I acknowledge FGCU is under no obligation to identify, organize, supervise, or monitor a substitute placement for my In-

Person Clinical Practice/Internships. As a result, this may delay or prevent graduation from the DNP NP program. I acknowledge that the length of any delay may depend upon the availability of In-Person Clinical Practice/Internships in subsequent semesters that is/are comparable to any missed experience I may have in a course as a result of being non-compliant with an assigned facility's policies, processes, and/or guidelines.

I understand that FGCU may offer PPE for my use during any In-Person Clinical Practice/Internships. I acknowledge that FGCU does not warrant or guarantee that such PPE will prevent exposure to COVID-19, infection resulting from exposure to COVID-19, and any illness and consequences that result from COVID-19 infection or exposure and that I accept the responsibility for the use of this PPE during my In-Person Clinical Practice/Internship. I also acknowledge that exposure to COVID-19 will necessitate taking protective measures, which may include self-quarantine and other actions to limit my interactions with and to maintain the safety of other persons. I understand that these protective measures may also require that I be removed from my In-Person Clinical Practice/Internships until Florida Gulf Coast University (FGCU) Student Health Services or the Facility determines that protective measures are no longer required or have been completed.

I acknowledge that I have been made aware of these risks of exposure to COVID-19 in the In-Person Clinical Practice/Internships and I assume the risks of engaging in the In-Person Clinical Practice/Internships. I have read and fully understand this COVID-19 and Student Participation in In-Person Clinical Practice/Internships Program Acknowledgement Form. I understand that this Acknowledgement applies to all In-Person Clinical Practice/Internships for the duration of my participation in **DNP NP** Program.

Student Signature

Print Student Name

Date

UIN