



GRADUATE STUDENT PRECEPTOR PACKET

Dear Clinical Preceptor:

Thank you for agreeing to be a preceptor for the OU NP program. We greatly appreciate your time and service to both our students and to the University. In our program we emphasize the role of the NP as part of the healthcare team. We want you to have a positive experience in collaborating with our program. Enclosed in this packet you will find a list of objectives/goals for the student to accomplish by the end of the semester. You will also find contact information for me and the faculty for this rotation. Should you have any questions or concerns please do not hesitate to contact us.

As part of our process we also ask that you complete the 2-page form labeled "Graduate Preceptor Request Form" found on pages 3 & 4. This is to confirm that you have agreed to precept the assigned student. The last 2 pages contain an evaluation tool & we ask that you take a few minutes to carefully evaluate the student near the start of the rotation & then again during the final weeks of the rotation.

At the end of the clinical rotation you will be receiving a certificate of appreciation and a letter which verifies your preceptor hours for submission to your professional certifying body. In addition, you will receive an evaluation form asking you to evaluate your experience with Oakland University and the Nurse Practitioner Program. We appreciate your feedback in helping us to achieve an outstanding program for both our preceptors and NP students.

As part of our appreciation for your service we would also like to invite you in advance to the Annual Preceptor Appreciation Night which will be held in March. Please look for an invitation to follow in the upcoming months.

Again we appreciate your time and service to Oakland University's Nurse Practitioner program.

Kind regards,

Colleen Meade Ripper, DNP, FNP-BC
Director of Nurse Practitioner Programs
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Nursing 646/694/6657 - Advance Nursing Care of Pediatric Population Course Objectives and Student Expectations

Weeks 1-6 moderate preceptor support and guidance

Weeks 7-14 minimal to moderate preceptor support and guidance

At the completion of this course students will be able to:

General:

1. Consider policy and regulatory factors which influence health care delivery across the pediatric lifespan including child safety, consent, and confidentiality issues
2. Consider and incorporate age appropriate nutritional requirements and health status when developing health plan
3. Conduct self professionally at all times and demonstrates ethical decision making

Well Visits:

1. Conduct an organized review of systems
2. Perform age appropriate physical examination across the pediatric lifespan
3. Recognize normal growth and development and recognized deviations in growth and development across the pediatric lifespan
4. Assess family systems including cultural, structural, and socioeconomic influences, and caregiver's knowledge and behavior
5. Develop a comprehensive plan for the well child including age appropriate screenings
6. Provide age appropriate anticipatory guidance across the pediatric lifespan
7. Provide health maintenance and health promotion across the pediatric lifespan
8. Develop comprehensive differential diagnoses based upon deviations from normal findings, and health risks including social and educational functioning

Sick, Chronic Illness & Episodic Visits:

1. Conduct a comprehensive review of systems and physical examination appropriate to chief complaint
2. Demonstrate accurate interpretation of condition specific findings and develop comprehensive differential diagnoses based upon findings
3. Develop an appropriate plan using current resources
4. Include the family/caregiver and developmental factors in decision making and plan development
5. Develop a cost effective plan for illness management/prevention
6. Prescribe medication within scope of practice with consideration to developmental factors and influences

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GRADUATE PRECEPTOR REQUEST FORM (page #1)

COURSE INFORMATION: NRS 646/694/6657-Advanced Nursing Care of Pediatric Population

Semester (circle one): Winter Summer Fall YEAR: _____

Faculty: Carolyn Tieppo (248) 364-8714 / cktieppo@oakland.edu

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: () _____ Work Phone: () _____

Mobile: () _____ OU E-mail: _____@oakland.edu

PROPOSED PRECEPTOR INFORMATION:

Office Manager: _____

Phone: () _____

Provide the following information regarding the person authorized to enter into an agreement for this site.

Please Attach Preceptor's Business Card

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: () _____ Fax: () _____

OU Use Only Below This Line

Coordinator: Approved or Not Approved

Coordinator Signature _____ Date _____

TF: Contract on File _____ Date _____

Original → Colleen Meade Ripper

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GRADUATE PRECEPTOR REQUEST FORM (page #2)

Preceptor's Name: _____ Home Phone: (____) _____

Employer (**Corporate**): _____

Employer's Address: _____

City: _____ Zip Code: _____

Work Phone: (____) _____ Work Fax: (____) _____

Other: (____) _____ **E- Mail address:** _____

Michigan RN License Number: _____ Expiration Date: _____

APN Certification (include specialty): _____ Expiration Date: _____

Michigan MD or DO License Number: _____ Expiration Date: _____

Specialty Board Certification: _____

Graduate Degree: _____ Major: _____ Date Received: _____

Graduate Educational Institution: _____

Undergraduate Degree: _____ Major: _____ Date Received: _____

Undergraduate Educational Institution: _____

(Please attach your CV/Resume to this form)

Are you **employed** by a health system? Yes / No Name: _____

Are you **credentialed** by a health system? Yes / No Name: _____

I agree to act as preceptor for _____ for up to 210 hours.
Student's Name

Preceptor Signature: _____ **Date:** _____

Please return to Director NP Program:

Colleen Meade Ripper, DNP, FNP-BC

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CLINICAL PRECEPTOR EVALUATION FORM (page #1)

STUDENT NAME: _____

CLINICAL PRECEPTOR: _____

FP IM/Gero Peds OB/GYN Specialty

The student has completed _____ hours of clinical practice. **Midterm** _____ **Final** _____

- KEY:**
- A= Always**
 - O= Often**
 - S= Sometimes**
 - N= Never**

1. Student provides a comprehensive patient history and is organized. _____
2. Physical exams/procedures are technically appropriate and in a timely manner for patient. _____
3. Differential Diagnoses are concise and comprehensive based on factual analysis of data. _____
4. Student presents case in a well, organized, brief, concise manner with important details. _____
5. Student possesses clear understanding of indications, contraindications and potential complications of diagnostic testing. _____
6. Student demonstrates understanding of analyzing and interpreting diagnostic data. _____
7. Student demonstrates knowledge of pharmaceutical, selections, actions, interactions, contraindications, and efficacy. _____
8. Management plan is precise, comprehensive with concern for cost and compliance-based upon evidence base practice. _____
9. Patient education is routinely incorporated into management plan. _____
10. Student approach is holistic and culturally competent. _____
11. Student actively and effectively communicates with health care team. _____
12. Time is managed well, priorities are appropriate. _____
13. Interpersonal skills are appropriate in all patient, peer, preceptor, and staff interaction. Develops professional rapport. _____
14. Appearance and demeanor is appropriate and professional. _____
15. Student demonstrates motivation to learn: enthusiastic and participates. _____
16. Attendance has been punctual. _____

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CLINICAL PRECEPTOR EVALUATION FORM (page #2)

Midterm Grade: _____

Comments: _____

Preceptor Signature: _____

Comments: _____

Student Signature: _____

Final Grade: _____

Comments: _____

Preceptor Signature: _____

Comments: _____

Student Signature: _____