OAKLAND UNIVERSITY
School of Nursing

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
Oakland University, School of Nursing
2042 Human Health Building
Rochester, MI 48309
cmripper@oakland.edu
Office 248-364-8724

Nursing 638 - Advance Nursing Care of Adults and Older Adults I
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:

1. Identifies acute conditions vs. chronic
2. Generates a thorough health history utilizing interview and chart review techniques:
    - HPI, PMH, PSxH, PFH, PSH, Meds,
    - ROS, Allergies, Immunizations
    - Genetic & Genomics
3. Performs physical exam is specific to acute condition
4. Identifies differential diagnoses are specific to acute condition
5. Identifies working diagnosis is specific to acute condition
6. Formulates basic treatment plan with progression to concise and comprehensive methodologies
    - 1-2 medications identified with indications and contraindications
    - Identify diagnostic testing appropriate for acute condition
    - Basic knowledge of diagnostic testing
        - labs, cultures, EKG, CXR, bone density, pap results
    - Interpret diagnostic testing
    - Evaluate plan
    - Implement holistic, coordinated, comprehensive, individualized, cost containing, insurance-based, through health/illness continuum integrating acute illness
7. Establishes a therapeutic relationship with clients and families that demonstrate a nonjudgmental approach
    - which is culturally competent
    - ethical, and individualized
    - enhance the effectiveness of care
8. Builds collaborative, interdisciplinary relationships through collegial consultation
9. Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services
10. Exemplifies professionalism at all times

Oakland University School of Nursing

GRADUATE PRECEPTOR REQUEST FORM (page #1)

COURSE INFORMATION: **NRS 638 – Advanced Nursing Care of Adults and Older Adults I**

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

Faculty: Nicole Clark (248) 364-8763 / clark238@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

Oakland University School of Nursing

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 Coordinator of Academic Services:

Tiffany Fronek
Oakland University, School of Nursing
3017 Human Health Building
433 Meadow Brook Road
Rochester, MI 48309-4452
fronek@oakland.edu

Phone (248) 364-8747
Fax (248) 364-8760

Oakland University School of Nursing

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. _____

Oakland University School of Nursing

CLINICAL PRECEPTOR EVALUATION FORM (page #2)

Midterm Grade: _____

Comments:_____

_____

_____

_____

Preceptor Signature:_____

Comments:_____

_____

_____

_____

Student Signature:_____

Final Grade: _____

Comments:_____

_____

_____

_____

Preceptor Signature:_____

Comments:_____

_____

_____

_____

Student Signature:_____