

# INDIANA STATE UNIVERSITY



## NURSING EDUCATION TRACK APN 673 CLINICAL PACKET

## Welcome to Students

Welcome to the Nursing Education Concentration at Indiana State University! I know all of you are anticipating starting the clinical portion of your program of study. This Clinical Packet is designed for students *and* preceptors. You should read this information thoroughly and share it with your preceptor(s). They should understand their responsibilities, and where you are in the program of study.

You are responsible for finding your own preceptor. We want you to have a firm foundation in nursing education, as this is the focus of the program and will support NLN certification as a nurse educator (CNE) based on foundational nursing education competencies. Therefore, you must have as your primary preceptor a nurse educator with a minimum of a Master's degree in nursing who is currently teaching at the community college or university level in a nursing education program. Please become familiar with and refer to the course descriptions in regard to required substantive onsite and online teaching experiences, and also the area of focus for this specific clinical course (APN 673). At least one substantive onsite teaching experience will be video-recorded and submitted for the course.

You must have an unencumbered nursing license for the state in which clinical courses will be completed. Any encumbrance must be immediately reported, in writing, to the Chairperson of the APN Department. All state licenses and/or certifications must be updated upon expiration and a copy of the current license/ license verification/ certification must be emailed to the APN Department at ISU-APN@mail.indstate.edu

Students are also required to have current CPR licensure, BBP and HIPAA training throughout the program. Students are obligated to be in compliance with immunization requirements in line with health facility requirements.

When contacting potential preceptors, please let them know the requirements for our program and expectations as noted in the clinical packet. All you need to return from this clinical packet is the actual completed preceptor agreement with signatures and the necessary copies of license and board certification verifications.

You need to scan and email all required pages as a "multiple page" pdf attachment to your designated course faculty member and/or via upload on the designated Blackboard course site. You must receive approval before doing any clinical hours in the program. You must wait until the semester officially starts to begin your clinical rotation for all courses.

Some preceptors/clinics/affiliations may require a contract with ISU (**ISU does not require anything other than the agreement found in the packet**). PLEASE do not confuse the preceptor agreement with a contract. These are 2 very different things. The agreement is found in the clinical packet and is all that ISU requires.

However, your preceptor's office may require a contract with ISU and this is a legal document. If your preceptor's office states they require a contract, you first want to see if ISU already has a contract in place with the organization at:

<https://www.indstate.edu/health/departments/son/clinical-agencies/agency-contracts>. If they do, you just need the preceptor agreement. If they do not have a current contract in place, you need to initiate the contract agreement at:

[https://indstate.qualtrics.com/jfe/form/SV\\_4UYLor3XjEmYNtq?SVID=Prod&Q\\_JFE=qdq](https://indstate.qualtrics.com/jfe/form/SV_4UYLor3XjEmYNtq?SVID=Prod&Q_JFE=qdq) Please let faculty know you are initiating a contract.

Sometimes it is advantageous for faculty to review the preceptor agreement prior to initiating the contract to ensure the site/preceptor are appropriate. Discuss this with faculty to avoid a possible waste of time for all parties involved. The contract process can take up to 2 MONTHS

**\*This document is to be used in conjunction with the APN Department Handbook. Please refer to The APN Handbook for additional governing policies and procedures.**

depending on the agency, so be sure that you plan accordingly if the site requires a contract. Also, once the contract is approved you must still send in the preceptor agreement (found in packet) to your clinical instructor for approval. You **cannot** start in the clinical setting until this approval is received from your instructor (approval from Mark Schaeffer for contract is not accepted as preceptor approval).

Please check your ISU email often as announcements will be sent regarding the course this way only. All contact regarding the course will come via ISU email.

If you have any questions, please contact your course faculty member or academic advisor for direction.

Sincerely,  
ISU Nursing Education faculty

## Welcome to Preceptors

The faculty and staff at Indiana State University School of Nursing are very grateful for your decision to volunteer as a clinical preceptor for graduate nursing education students. The program has a rich history of providing quality off-campus clinical rotations to its students. It is indeed to the credit of our many fine preceptors throughout the nation that such an enriching educational environment has developed.

Information in this packet provides a resource for the preceptor in facilitating the student learning experience and an explanation of the qualifications and responsibilities of the clinical preceptor, as well as the responsibilities of the student and faculty during the clinical experiences.

**This 90-hour clinical practicum experience involves hands-on teaching experiences both in the classroom (formal classroom teaching and clinical pre-conferences and/or post-conferences - either online or face to face) related to your nursing education duties in all aspects of the National League of Nursing nurse educator competencies:**

1. Facilitate learning
2. Facilitate learner development and socialization
3. Use assessment and evaluation strategies
4. Participate in curriculum design and evaluation of program outcomes
5. Function as a change agent and leader
6. Pursue continuous quality improvements in the nurse educator role
7. Engage in scholarship
8. Function within the educational environment

Experiences should involve evidence-based educational content development and delivery both onsite and online, and also innovative education delivery involving clinically-based simulations if possible. At least one substantive onsite teaching experience must be video-recorded and submitted for the course. The student may provide educational delivery under the guidance of the preceptor only.

### Collaborative Learning Contract

The student is expected to assume responsibility for achieving the outcomes in the learning contract developed in collaboration with the preceptor and course faculty member. The student must adhere to agency policies during the clinical practicum experience.

### Student Records Requirement Prior to Clinical Experience

The Department of Advanced Practice Nursing maintains records to verify that the student has met certification requirements for CPR, completed a national level criminal background check, and has met health requirements appropriate for direct patient care and an educational agency/school affiliation. The course faculty will certify that the student has met the requirements prior to the first scheduled preceptored experience.

Indiana State University retains a student liability insurance plan. A copy of the liability certificate is available on the course site or upon request. Should you determined for any reason that this student should not continue to participate in the preceptored educational experience (i.e., unprofessional conduct, health concerns, demonstrated inability to meet learning contract responsibilities), or that the experience must be cancelled at your site, please notify the Department Office, or the course faculty, and we will attend to the situation.

Please complete the brief professional qualifications form, and sign the completed Preceptor Agreement prior to your first clinical experience by the student. These two documents should be

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scanned and emailed to the student so that they can upload all documents to the course site.

**For general mail departmental communications please use the following address:**

Department of Advanced Practice Nursing  
School of Nursing  
College of Health and Human Services  
Indiana State University  
401 N. 4<sup>th</sup> Street  
Terre Haute, IN 47809  
Office: 812-237-8501  
Fax 812-237-4300

On behalf of Indiana State University, School of Nursing, College of Health and Human Services, I extend my sincere appreciation for your willingness to serve as a clinical preceptor.

Sincerely,

Jill Moore, PhD, RN, CNE  
Chairperson of Department of Advanced Practice Nursing  
Director, Nursing Education Concentration\_  
[jill.moore@indstate.edu](mailto:jill.moore@indstate.edu)

## Criteria for Preceptors

### Preceptor Qualifications:

1. Demonstrates expertise in the designated area of nursing.
2. Current licensure as a registered nurse (Required by Indiana Code, *IAC 1-2-12 Faculty*, for programs leading to RN licensure).
3. A minimum of 3 years' experience as a registered nurse (Required by Indiana Code, *IAC 1-2-12 Faculty*, for programs leading to RN licensure).
4. A preceptor must have a minimum of a master's degree in nursing.

### Preceptor Functions & Responsibilities:

1. Submits a signed preceptor agreement prior to initiation of the preceptorship.
2. Maintains a collaborative relationship with the student and faculty.
3. Assists the student in developing a clinical learning contract that meets the student's personal, professional and course outcomes.
4. Facilitates selection of appropriate classroom, clinical and online teaching experiences to meet specified outcomes based on the student's level in the program of studies, learning readiness, and skill level; agency policies, and state regulations; and the preceptor's level of expertise.
5. Supervises and provides guidance for course-related teaching activities, and other relevant responsibilities in which the student participates.
6. Maintains communication with the student and faculty.
7. Participates in formative and summative evaluation of the student's performance in the clinical setting.
8. Generally, the preceptor has four fundamental roles: Role model, educator, advisor and evaluator.

## Nursing Education Student Responsibilities

1. Responsible for understanding and practicing within the scope of advanced nursing practice as regulated by the Nurse Practice Act in the state in which the clinical practice occurs. Students are responsible for determining any state requirements that may hinder their ability to complete clinical practice in their states.
2. Maintains current license to practice professional nursing, appropriate immunization status, and CPR certification. Provides this information to Indiana State University and/or preceptor/clinic prior to the clinical experience. Provides proof of current immunization status, CPR certification and Federal Background check upon request.
3. Obtains and submits the signed preceptor agreement to the Department of Advanced Practice Nursing, Indiana State University, School of Nursing, College of Health and Human Services prior to the beginning of the clinical rotation **and** has received approval from course faculty. Students must review preceptor agreements prior to submitting to faculty to ensure legibility and completeness. A preceptor agreement should not be submitted without copies of the preceptor's licensure and board certification documents including expiration dates.
4. Negotiates goals/objectives with the preceptor for fulfilling classroom and online teaching requirements, including determination of nature and timing of video-recorded teaching experience.
5. Provides the preceptor with written objectives for the clinical experience and negotiates educational teaching experiences for their attainment.
6. Maintains a collegial relationship with the preceptor.
7. Submits the Clinical Agency Form as required making sure it is maintained accurately and up-to-date at all times and is initialed each clinical day by both the student and the preceptor.
8. Evaluates attainment of learning objectives and seeks clinical experiences for unmet objectives.
9. Assumes responsibility for arranging site visits with the faculty and preceptor at the clinical site when within driving distance of ISU. \*Student assumes all liability for travel to and from clinical sites. Notifies preceptor and faculty of any absences prior to scheduled date of practice.
10. Assumes responsibility for individual learning needs recognizing own limitations and strengths.
12. Acknowledge that the breach of the Student Academic Integrity Code with falsification of any clinical documents, hours, and patient data will result in immediate dismissal from the nursing administration program and from ISU.

13. Must provide accurate and timely accounting for clinical hours as directed in course. Time spent in the clinical setting being credited toward clinical hours must be reasonably represented and directly related to the specific course objectives.
14. Must dress professionally and appropriately according to the clinical practice setting (a lab coat or appropriate attire fitting to the office setting).
15. Represents role of nurse administrator student in clinical setting. This includes always wearing required ISU name pin at clinical site, and also clearly demonstrating role of nurse educator student and not practicing in the role of RN or other advanced practice nurse position (if applicable).
16. \*Students who believe that they have a grievance related to course work and/or responsibilities can review the College of Health and Human Services grievance procedure at <https://www.indstate.edu/student-complaint>

## REQUIRED CLINICAL HOURS FOR NURSE EDUCATOR TRACK

### Required Clinical Hours per Semester

<b>APN 673 (offered spring) =</b>	<b>90 clinical hours (approx. 8 hours/week)</b>
<b>APN 683 (offered fall) =</b>	<b><u>45 clinical hours</u> (approx. 4 hours/week)</b>
<b>TOTAL:</b>	<b>135 clinical hours</b>



## Course Descriptions and Student Behaviors

### 673 Educational Practices in Nursing

**Course Description:** Evidence-based curricula, teaching methods, evaluation tools, and the complexities of the nurse educator role are explored. Guided teaching experiences with a selected preceptor provide opportunity to plan, implement and evaluate classroom, clinical and online instruction in various settings. Two classroom hours and an average of eight clinical hours per week. Prerequisites: 653, or consent of instructor.

**90 Clinical Hours, offered spring semester, approximately 8 clinical hours per week**

### 683 Advanced Clinical Concepts in Nursing

**Course Description:** Students apply advanced concepts of health promotion, acute interdisciplinary intervention, and restorative health related to a specialization such as developing families, children, adults, older adults, or mental health. Theory includes classic and contemporary readings as well as nursing specialty area articles. The students select the nursing specialty area in collaboration with their academic advisor. Methods by which to disseminate knowledge in clinical practice will also be explored.

**45 Clinical Hours, offered spring semester, approximately 4 clinical hours per week**

## Additional Clinical Information

1. Clinical hours may be obtained only when ISU is in session according to the ISU academic calendar.
2. Students must request faculty approval prior to exceeding 10 clinical hours in a day or exceeding 24 hours in a clinical week.
3. Clinicals require a 1:1 preceptorship with an advanced provider. It is not acceptable for more than one student provider be with a preceptor during a clinical day. Students should coordinate this with their preceptor if more than one student is on rotation at the clinical site.
4. \*Additional expenses may be incurred by the student in terms of meeting the requirements of the preceptor's organization that include but are not limited to required vaccinations, drug screenings, and organizational specific training requirements.

### **LIVE CONFERENCES/OUTSIDE EDUCATIONAL OPPORTUNITIES**

Students are encouraged to participate in local, regional and national peer conferences and educational offerings and to join their advance practice provider organizations. The organizations often allow students to join for a nominal fee and allow for important networking and professional development opportunities. To receive credit for the time

The following rules apply:

- All live conference or educational opportunities that the student wishes to use for clinical hour credit must be approved in advance by the course faculty to receive credit. The conference/educational brochure must be scanned and sent to the course faculty member for approval at least one week before participating in the event.
- No more than 4 conference/educational hours can be logged during the entire program. Educational meetings that occur in the clinical setting are governed by the following rule
  - Meetings that take place in the clinical site that have a guest speaker during “lunch and learn” sessions (typical sponsored by pharmaceutical companies) will count for one hour **only if the presenter was a licensed health care professional (i.e., physician, PA, NP)**. Those meetings where the pharmaceutical representative was the presenter are **not** approved for clinical time
- Professional meetings within the locale that are professional advance practice oriented can be counted as one hour only and are part of the total of 20 hours possible
- National meetings that are professional peer conferences such as those with approved continuing education credits sponsored by the American Nurses Credentialing Center (ANCC), AONE, STTI or NLN are appropriate to count towards the total allowable 20 hours
- To receive credit for the conference/educational time, the student must record it on the log for the time to be part of the total number of accumulated hours.

In summary, students may attend outside conference and educational opportunities and are limited to **4 hours** during the entire program.

**When in doubt if activities count toward clinical hours, students should contact their course faculty member for guidance.**



## Participation in Clinical: Student Guidelines

### Health Requirements:

During enrollment in the Department of Advanced Practice Nursing, School of Nursing, College of Health and Human Services at Indiana State University, students are expected to demonstrate appropriate health practices by regular health care and personal health behavior.

**If you have a health condition or you are pregnant or have been hospitalized you must have a physician's clearance for participation in clinicals.**

\*During the course of the academic year, if an APN student develops an active communicable disease, he/she is relegated to the following policies to protect students/patients and other APN associates from contracting a communicable disease. Students may return 24 hours after resolution of their symptoms. Please consult with your personal health care provider for additional guidance. Symptoms that should prompt evaluation for classroom and workplace fitness include but are not limited to:

- a. acute phase of an upper respiratory infection
- b. acute sore throat
- c. fever over 100.5 F°
- d. vomiting within the previous 24 hours
- e. acute phase of mononucleosis
- f. bacterial sinus infection
- g. conjunctivitis
- h. antibiotic treatment for less than 48 hours
- i. open wounds/infectious skin disorders that are uncovered and/or unmanaged
- j. student suffering from any condition in an infectious state

The University H1N1 policy can be accessed at

<https://www2.indstate.edu/pubsafety/docs/Final%20Pandemic%20Plan.pdf>

All faculty, staff, students, PRECEPTORS are expected to follow the University policy. The advanced practice nursing, PRECEPTORS, and educators reserve the right to excuse any student for the day that may place athletes/patients, staff or student at risk of a communicable disease. In addition, precautions must be followed during clinical assignments. Advanced practice nursing students must wash hands before and after contact with a patient regardless of any infectious disease state.

### HIPAA Statement

The ISU School of Nursing, College of Health and Human Services complies with all federal and state laws related to the confidentiality of patient medical information including the Privacy Regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996. Students are required to comply with such laws and the medical record confidentiality policies and procedures of any health care facility they are assigned

**Name Tags**

In each clinical experience, all students must wear a name tag identifying themselves as an ISU student. Name tags are ordered in advance of entering the clinical setting. Students should identify themselves as an ISU graduate nursing student when speaking to the vendor. Available at: <https://www.thetrophyshopterrehaute.com/>

**IMPORTANT CONTACTS  
DEPARTMENT OF ADVANCED PRACTICE NURSING  
SCHOOL OF NURSING  
COLLEGE OF HEALTH AND HUMAN SERVICES  
INDIANA STATE UNIVERSITY**

Jill Moore, PhD, RN, CNE  
Chair, Department of Advanced Practice Nursing  
Director of Nursing Education  
Associate professor  
Office: 812-237-7919  
[Jill.Moore@indstate.edu](mailto:Jill.Moore@indstate.edu)

**INDIANA STATE UNIVERSITY  
SCHOOL OF NURSING  
COLLEGE OF HEALTH AND HUMAN SERVICES  
NURSING EDUCATION PRECEPTOR AGREEMENT**

I have reviewed the preceptor guidelines. I can provide the student with experiences that meet the majority of the learning goals as agreed upon by the student, the faculty advisor, and me. I understand that there will be no remuneration for this service. I will facilitate and review the student's learning activities and will submit the required evaluations to the faculty member. I can request and receive verification of preceptorship for re-certification credit.

If renewing a previously approved agreement, this page is sufficient along with current licensure and certification documentation.

Current course #: \_\_\_\_\_ Section #: \_\_\_\_\_ (to be filled out by student)

\*All information below must be legible or please type:

I \_\_\_\_\_ agree to serve as a  
(name of preceptor)

preceptor for the graduate nursing student \_\_\_\_\_  
(name of student)

from \_\_\_\_\_ to \_\_\_\_\_  
(beginning date of preceptorship) (anticipated end of preceptorship)

OR

I agree to the preceptorship for the following semesters: \_\_\_\_\_ All Semesters OR

Specifically: \_\_\_\_\_ Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_ Fall II Only.

Preceptor Signature \_\_\_\_\_ Date \_\_\_\_\_

May ISU disclose your contact information for future students seeking preceptors? \_\_\_\_\_ yes or \_\_\_\_\_ no

Student Signature \_\_\_\_\_ Date submitted \_\_\_\_\_

**Note to Student:** Please keep one copy of the preceptor agreement for your records and scan and email additional copy to your course clinical faculty.

For office use only:

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Approved as a clinical preceptor \_\_\_\_\_ yes \_\_\_\_\_ no

**INDIANA STATE UNIVERSITY  
SCHOOL OF NURSING  
COLLEGE OF HEALTH AND HUMAN SERVICES  
Preceptor Biographical Data**

Name: \_\_\_\_\_

Current Agency \_\_\_\_\_

Position or Title: \_\_\_\_\_

Office phone with area code \_\_\_\_\_

Fax number \_\_\_\_\_

Office Address: \_\_\_\_\_  
(street)

\_\_\_\_\_ (city) (state) (zip)

Email (personal or office) \_\_\_\_\_

Alternate email \_\_\_\_\_

Preferred Method of Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email

Type of practice/specialization \_\_\_\_\_

Designated rural health site? \_\_\_\_\_yes \_\_\_\_\_no

Designated health professional shortage area? \_\_\_\_\_yes \_\_\_\_\_no

Designated medically underserved area? \_\_\_\_\_yes \_\_\_\_\_no

**\*\*\*License Information (\*Must provide copy of proof of current licensure and certification along with this agreement)**

Professional License Number/State \_\_\_\_\_

Board Certification: \_\_\_\_\_yes \_\_\_\_\_no

Certifying Board:

1. \_\_\_\_\_ Date \_\_\_\_\_

**\*\*Preceptors may submit CV instead of completing this page below if preferred.**

## **Education**

### **Undergraduate Degree**

1.

(Name of institution)	(City/State)	(Degree/Year)
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2.

(Name of institution)	(City/State)	(Degree/Year)
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### **Graduate Degree**

1.

(Name of institution)	(City/State)	(Degree/Year)
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### **Postgraduate Specialty Training**

1.

(Name of institution)	(City/State)	(Degree/Year)
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2.

(Name of institution)	(City/State)	(Degree/Year)
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## **Preceptor Employment Last Five Years (most recent first)**

	Employer	City/State	Dates
1.			
2.			
3.			



4.

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