

TEXAS A&M UNIVERSITY-CORPUS CHRISTI
College of Nursing and Health Sciences
Graduate Nursing
Family Nurse Practitioner Program

*Envisioning the Future
Transforming Healthcare through Education*

Clinical Guidelines

General Information

1. All email communication with clinical faculty must occur within Blackboard; although a copy can also be sent to the university email address when communication is urgent
2. TAMUCC's CONHS website has a link to the [Preceptor Guide for MSN Clinical Courses](#). It is the student's responsibility to read the guide and be familiar with its contents prior to the first clinical course. The web site also has some FAQs that should be reviewed.
3. Students are **NOT** allowed to begin clinical until all clinical requirements are current and uploaded into the Castlebranch.com (MyCB) Database Portal.
4. **The name the student uses must match what is on record in the University and on his/her nursing license for clinical courses. If there is a name change on his/her license the student must make the name change with the University registrar and notify their faculty.**

Clinical Site/Preceptor Information

1. The Texas A&M University – Corpus Christi Master of Science in Nursing Family Nurse Practitioner (FNP) Program is a comprehensive course of study based on the concepts of primary care. Students graduate from this program with knowledge and clinical skills necessary to provide primary health care for individuals across the life span within the context of family and community. According to the Institute of Medicine (1994), primary care is defined as “the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health services, developing a sustained partnership with patients, and practicing in the context of family and community” (p. 15).
2. It is the student's responsibility to find his/her own clinical site and then seek approval from the clinical faculty to confirm that it is an appropriate selection. Clinical sites that have been used in the past can be accessed in TYPHON (Preceptor Directory or Clinic Directory). Faculty is willing to provide direction to

students in this process, but it is **ultimately the student's responsibility to locate an appropriate preceptor.**

3. Finding a preceptor can be a daunting task, and it requires some ingenuity and perseverance. So now is the time to start thinking about future semesters. Students can consider asking their own primary care providers. Students can also access www.texasnp.org (the site for the Texas Nurse Practitioners organization) to locate their local NP representative and learn about nurse practitioner (NP) meetings in their specific geographical area. These meetings are a great way to network with other professionals.
4. The primary consideration should be securing a high quality clinical experience that meets the course objectives. Keep in mind that:
 - a. ***Under no circumstances, will students complete the clinical laboratory portion of any specialty course under the guidance of their work supervisors or family members (includes extended family) . Students may complete clinical experiences in the institution where they are employed when, and only when, (1.) the selected preceptor does not have input into annual work performance evaluations and (2.) the physical unit where the clinical hours are completed is NOT the unit where the student is employed. Family members of students cannot be selected as preceptors for any course.***
 - b. **Quality clinical experiences usually require some travel, especially in highly competitive areas.**
5. The ideal clinical site is a family practice setting and the ideal preceptor is a family nurse practitioner. Students are required to spend at least one full semester (135+ hours) during the program with an advanced practice NP. Although physicians and physician assistants (PAs) can offer valuable experiences, it is important for NP students to observe the NP role. Many students have found that their clinical experience resulted in a job offer at graduation. In future semesters, sites other than a family practice site work well. These include other NPs and physicians in women's health, pediatrics or adult practices. A PA can also offer a valuable clinical experience as a preceptor. However, due to different practice models, education and licensure/credentialing, PAs do not role model an NP's practice. Their use as preceptors should be limited when possible.
6. Students may use the same Preceptor only twice during their program.

Preceptor Qualifications

1. Be sure to review the qualifications necessary for preceptors (Preceptor Guide):
 - Nursing or medical expertise in clinical practice derived from practical and theoretical preparation
 - Administrative or management expertise derived from practical and theoretical preparation for individuals in administrative positions.

- Authorized to practice as advanced practice nurse in the state, or currently licensed as a health care professional who can provide supervision and teaching in clinical settings appropriate for advanced practice nursing. (TAC 22.11.219.10- 2005; N.O.N.P.F. Guidelines Checklist IV.B.(3).(a & b))
 - Appropriate current license **with no current disciplinary actions** when required for role (refer to pages 8 & 9).
 - State approval or recognition to practice in a specialty area
 - Appropriate national certification
 - Preferably an earned Master's degree or its equivalent in a specialty area of practice
2. **Nurse Practitioner or Physician Assistant preceptors should have a minimum of 2000 hours or one year of full-time clinical experience in the role.**

Paperwork

1. All preceptor paperwork (found in the Preceptor Guide for MSN Clinical Courses and in the Clinical Information section of the course) must be reviewed, approved and signed by each student's clinical faculty **prior** to the beginning of clinical hours for ALL PRECEPTORS. If your main preceptor is out of the practice for any reason, you may work with another provider in the practice as long as you complete a preceptor agreement. **This is a legal requirement. It is MUCH preferred that the documentation be scanned into a pdf file and emailed as a single attachment. If scanning is NOT available, the documents can be faxed to 361-825-3491.** If the student accrues less than 25 clinical hours with the substitute preceptor, clinical evaluations are not required of the preceptor and student. If possible, students should discuss the appropriateness of their choice of preceptor with clinical faculty before paperwork initiation. Students who are taking the first clinical course, Advanced Health Assessment/Differential Diagnosis may bring all preceptor paperwork to the seminar held at the beginning of each semester for clinical faculty review. If a student does not have a preceptor identified prior to the seminar or is registered in a different course, the paperwork should be submitted either by scanned attachment to email or by fax to the designated clinical faculty. Therefore, it is important to begin this process to prevent delays in beginning clinical hours.

Paperwork includes:

- a. **Signed Preceptor Agreement**
- b. **Preceptor Contact Information**
- c. **Brief Preceptor Curriculum Vita**
- d. **A copy of the preceptor's license verification found on the appropriate regulatory board such as the Texas Board of Nursing (see examples on pages 8 & 9)**
- e. **Student Clinical Information Form**
- f. **Preceptor packet checklist**

When the course begins, a clinical schedule must be finalized and submitted to the faculty so that the faculty member can be available during clinical hours. Any changes in the clinical schedule must be agreed upon by the preceptor and clinical faculty.

On the first day of clinical, it is the student's responsibility to provide the preceptor and/or Practice Manager with his/ her clinical faculty's contact information.

Students should provide their preceptor(s) with a copy of the course syllabus, schedule, and clinical evaluation form at the time clinical begins.

2. When the above paperwork is complete, approved and signed by the preceptor, the student and the clinical faculty, the information is sent to the CONHS Database Manager by the Clinical Faculty. It is MUCH preferred that the documentation be scanned into a pdf file and emailed as a single attachment. If scanning is NOT available, the documents can be faxed to 361-825-3491. Faxed documents are at risk for being misplaced as this area is open to an entire department of both faculty and staff and access to this area is not secured. Therefore, it is to your advantage to email as an attachment, which provides a more secure system of document transit.

Preceptor Guidance

1. Due to the requirements of the students' learning needs, licensing bodies for providers, accrediting bodies for our program, and third party payors who pay for patient services, preceptors have the responsibility to follow-up on all patients seen by the student. The preceptor must elicit a health history and perform an exam as appropriate to follow-up on every patient seen by the student. If this does not occur, it is the student's responsibility to remind the preceptor that it is a college policy and legal requirement that all patients be seen and examined by the preceptor. Billing fraud can be a criminal act with severe penalties, including fines and prison time. If once you have talked with your preceptor, the preceptor continues to not follow-up your assessments, you must notify your clinical and/or course faculty the day of occurrence.
2. In the event a critical incident occurs, such as an unexpected poor patient outcome or any incident that might result in liability issues, the student is responsible to contact the clinical and or course faculty immediately.

Clinical Faculty Visits and Absence Policy

1. Students are expected to contact their clinical faculty and preceptor as soon as possible if they will be absent from clinical or have to change clinical days.
2. Clinical faculty will make at least one clinical visit to the student's clinical site or have you come to their clinical practice site; students will be advised in advance. Clinical faculty will try to accommodate students' schedules when possible, but

students may be asked to attend clinic on an alternate day if the faculty member has scheduling difficulties. Again, this is something that should be worked out ahead of time as needed.

End of the Semester Documents

1. Students should carefully review the “Preceptor Guide for MSN Clinical Courses.” **Important end of the semester documents** includes:
 - a. Documentation of hours spent with a preceptor for the preceptor’s records (Preceptor Guide). This form along with a thank you note is expected to be given to each preceptor at the end of any semester. A copy of this form is also required for the university’s permanent records.
 - b. Evaluation Forms (These are found in both in the “Preceptor Guide for MSN Clinical Courses” and on Blackboard under the Clinical Information icon, which is under the Information icon on the homepage.)
 - i. Student Evaluation of Preceptor - give to clinical faculty when complete.
 - ii. Preceptor Evaluation of Student
 - a. This form should be given to the preceptor at the beginning of the semester.
 - b. After the preceptor completes the evaluation, the document is given to your clinical faculty member.
 - iii. Clinical Faculty Evaluation of Student (This evaluation form is based on the expected outcome competencies for an FNP as delineated by the National Organization of Nurse Practitioner Faculties.) This form is completed by your clinical faculty then reviewed and signed by you.

Clinical Log and TYPHON Tracking System

1. It is imperative that students document and maintain their own records of clinical time spent in the respective clinical experiences for verification by clinical and course faculty, accreditation agencies and state boards of nursing.
2. Students will document clinical hours and clinical encounters using the TYPHON Tracking System, which is the software program used by the FNP program. **Each patient seen by the student must be entered into TYPHON.** All clinical entries must be entered into TYPHON no later than **one week** after the clinical day or these clinical hours will not be counted. **Incomplete Typhon entries after one week will not be approved and the shift time deleted or reduced for the clinical day .** Clinical faculty review TYPHON entries on a weekly basis and mark entries as approved or not approved with comments as needed. It is students’ responsibility to review and correct any TYPHON entries, respond to comments when requested, and email their clinical faculty when corrections are complete. ***Please refer to the TYPHON example on page 10. This guide (example) was shared with clinical faculty. However, there may be situations when clinical faculty modify these requirements slightly.***

3. During the last semester, students will complete a portfolio in preparation for graduation. The portfolio function of Typhon is available to students at the beginning of the clinical course sequence. Students are encouraged to add documents to this section as they progress in the program.

Equipment

1. To obtain accurate health assessment data, it is necessary to have good equipment. Students need a high quality stethoscope that includes both a bell and a diaphragm for adult and pediatric patients. A clear ruler, pen light and reflex hammer are also required. Students do not have to purchase an otoscope and ophthalmoscope; however, it is helpful to borrow one for practice.
2. Professional appearance, good personal hygiene, and appropriate attire are required for clinical. Ask the clinical site if there is a specific dress code such as wearing lab coats or not. Remember you are now seen as the provider and the patients you will see will expect you to be dressed appropriately. This helps facilitate credibility in your role and access to patients. Remember that patients are unfamiliar with you therefore you are held to a high standard based on their "first impression". Even if a more "casual attire" (such as jeans) is the norm at the office, you are still held to the standards of our program. Clothes that are not pressed, jeans, shorts, short skirts, open-toed shoes, or flip-flops would be examples of what is not acceptable. Students will need a white lab coat and name badge. Some students have their name and credentials embroidered on the lab coat so they don't have to find their name badge. Other students may get laminated name badges at any of the office supply stores for a reasonable cost. The identification should include: Name, RN and TAMUCC – Graduate Student, Family Nurse Practitioner Program, as the title. A picture can be included if desired.

Clinical Hours

1. Clinical hours must be completed in a primary care site, Monday through Friday between 8 am and 5 pm. **NOTE: Hours outside of this time frame must be approved and agreed upon by the student's clinical faculty ahead of time.** It is not realistic to think that clinical experiences can be obtained on the weekend or at night on a regular basis. Clinical faculty must be available whenever you are in clinical. We cannot ask clinical faculty to be available evenings and weekends on a consistent basis. If an emergency arises, clinical faculty will make every effort to work with you.
2. Each course has a **MINIMUM** number of clinical hours students are expected to complete. Please remember that these hours are based on the clinical faculty's evaluation of each student's progress toward meeting the clinical objectives and readiness to continue to the next semester. Therefore, it is important that students select clinical placement and preceptors very carefully and make the most of each clinical day. It is recommended that students have some flexibility with their work schedule in the event there is a need to complete more than the

minimum number of clinical hours in order to meet the course objectives. Students generally do not have to complete extra hours, but it has occurred. It is better to be safe and have some extra clinical days built into the clinical schedule. Typically, the more clinical hours students experience, the easier they transition from student to practitioner.

3. There are 630 clinical hours required during the clinical portion of the FNP program. Students are expected to complete approximately 75 hours in each of the following primary care areas: pediatrics, women's health, and gerontology.

- a. During the first clinical course, **Advanced Health Assessment/Differential Diagnosis, it is preferred that students complete their clinical hours in a family practice primary care site.** With clinical faculty permission, students may accrue advanced health assessment hours in an occupational health facility. The student must understand that while Occupational Health facilities do not generally intervene on acute and chronic illnesses, the students are expected to have documented discussions with the preceptor and document patient education.

The following facilities are not appropriate for the Advanced Health Assessment student at this time:

- i. Long term care (LTC) facilities are not acceptable
- ii. Planned Parenthood and other family planning clinics (do we need to change this or at least restrict number of hours??)
- b. Students may schedule clinical experiences in an Pediatric Primary Care or a Women's Health Primary Care setting beginning in course NURS5644 and continue in subsequent courses. Students can accrue pediatric and women's health experiences during all clinical courses that will count toward the overall total pediatric and women's health hours. Pediatric and women's health hours accumulated while precepting in a family practice site may be calculated as 2 patients per hour toward the overall program requirement of 75 hours. It is important for student's to note that women's health care didactic is not offered until NURS5645; this simply means that students will need to spend more time preparing for women's health care if a primary women's healthcare site is established before NURS5645.
- c. Gerontology hours can be accumulated during any clinical course. Gerontology hours conducted in a long term care (LTC) facility are limited to 40-60 hours at a maximum; students must be enrolled in NURS5644, NURS 5645, or NURS5746 to use a long term care facility as a clinical site.
- d. After review of National Standards and Guidelines, the faculty at TAMUCC will use the age of 60 as the beginning of the geriatric age range. Geriatric hours will be counted across program clinical courses.
- e. Pediatrics age range is considered to be any person 21 years and younger.

- f. Hours completed in missionary service and on mission trips do not count toward clinical hours.
4. **Students should see ~ 1 patient per hour of the 90 hours of clinical in NURS 5624, Advanced Health Assessment/Differential Diagnosis.** At this pace, students have gather appropriate History and Physical Exam data, critically think through the data collected, prepare an organized presentation to the preceptor and document the findings as appropriate in the patient's chart and accompany the preceptor into the patient's room to observe the preceptor's approach to the patient.
- In NURS 5644 and 5645, Management of Acute and Chronic Illness I & II, students are expected to see 10-12 patients in an 8-hour clinical experience. A total of 135 hours are required in each of these courses.**
- In the Final course, NURS 5746, Integrated Clinical Practice, students are expected to see 12-16 patients in an 8-hour clinical experience. A total of 270 clinical are required in this course.** This clinical pace, will prepare students for expectations when they graduate.
5. Students must attend clinical throughout the semester. "Front-loading" of clinical hours is not permitted. Example: if there are 90 clinical hours over a semester, students are expected to do approximately 30 hours per month.
6. What can be counted for clinical hours?
- You can only count hours that you are actually in the clinical site
 - Time spent with patients (patient encounters)
 - Time spent with the preceptor discussing patients
 - Time spent (in clinical) researching patient information
 - Time spent (in clinical) documenting for the preceptor
7. What cannot be counted for clinical hours?
- Travel time to and from clinical.
 - Break time and lunch time
 - Time spent documenting in TYPHON
 - Any time not actually spent at the clinical site
8. Observational hours:
In general, hours spent only in an **observational role** do not count toward the required clinical hours. The exception to this is when a student begins a new clinical site. **In NURS 5624 Advanced Health Assessment and Differential Diagnosis up to 8 hours in a new site may count toward the clinical hour requirement. In all other clinical courses, up to 4 hours may count toward the clinical hour requirement.**
9. Specialty Hours in last course:
By the last clinical course, Integrated Practice (NURS 5746), students should have a minimum of 360 of the 630 required clinical hours completed. Students will complete the remaining 270 hours in this last clinical course. *Students **may**

be permitted to use 50 of these 270 practice clinical hours in a specialty setting, as long as the student has:

- a. Completed course and clinical objectives (as determined by clinical faculty)
- b. Received clinical faculty permission
- c. Accrued a minimum of 560 hours towards the 630 clinical hours

*Students may only use these specialty hours towards the minimum 630 program clinical hours if they are directly managing patient care. Due to the nature of many specialty areas, hours are usually observational or with minimal hands-on experience with managing patients (i.e. examining eye grounds in an optometrist's office or making hospital rounds with a preceptor). If the specialty hours are all observational, they will NOT count towards the minimum of 630 hours of required direct patient care clinical hours needed to graduate. Specialty hours must be directly related to your role as a primary care nurse practitioner. Specialty areas such as surgery and pain management are not considered primary care and will not be accepted. Acceptable primary care specialty areas include but are not limited to endocrinology, internal medicine, cardiology, and dermatology, and fast track/urgent care.

Revised 02/2015
Revised 08/2015
Revised 09/2016
Revised 09/2017
Revised 01/2018



PUBLIC VERIFICATION / PHYSICIAN PROFILE

PHYSICIAN TEMPORARY LICENSE

NAME: Dan Doctor MD

DATE: 10/06/2011

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1950

Issuance Date: 07/13/1992

Expiration Date: 04/01/1993

Board Action (includes all actions regardless of license/permit type)

NONE

**THE INFORMATION IN THIS BOX HAS BEEN VERIFIED
BY THE TEXAS MEDICAL BOARD**

Date of Birth: 1950

License Number: ***** Full Medical License

Issuance Date: 11/14/1992

Expiration Date of Physician's Annual Registration Permit: 08/31/2012

Registration Status: ACTIVE

Registration Date: 12/21/1992

Disciplinary Status: NONE

Disciplinary Date: NONE

Licensure Status: NONE

Licensure Date: NONE

Medical School of Graduation:

At the time of licensure, TMB verified the physician's graduation from medical school as follows:

UNIV OF COMMON KNOWLEDGE, ANYWHERE, TEXAS

Medical School Graduation Year: 1988

TMB Actions and License Restrictions

The Texas Medical Board has taken the following board actions against this physician. (Also included are any formal complaints filed by TMB that are currently pending before the State Office of Administrative Hearings).

NONE

Investigations by TMB of Medical Malpractice

Section 164.201 of the Act requires that: the board review information relating to a physician against whom three or more malpractice claims have been reported within a five year period. Based on these reviews, the following investigations were conducted with the listed resolutions.

NONE

Status HistoryStatus history contains entries for any updates to the individual's registration, licensure or disciplinary status types (beginning with 1/1/78, when the board's records were first automated). Entries are in reverse chronological order; new entries of each type supersede the previous entry of that same type. These records do not display status type. Should you have any questions, please contact our Customer Information Center at 512-305-7030 or verific@tmb.state.tx.us

Status Code: AC

Effective Date: 12/21/1992

Description: ACTIVE

Status Code: LI

Effective Date: 11/14/1992

Description: LICENSE ISSUED

Texas Board of Nursing - Windows Internet Explorer

https://www.bon.state.tx.us/olv/apnrsit.asp

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- Online Examination Application
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- FAQs - Licensing
- Multistate Regulation of Nursing - Nurse Licensure Compact

Nancy Nursing

- Resides in: **THE WOODLANDS TX**
- **Recognized with TX RN license.**
- **NURSE PRACTITIONER - WOMEN'S HEALTH CARE NURSE PRACTITIONER**
 - Initial Recognition Date: **3/19/1995**
 - Status of Recognition: **CURRENT** through 9/30/2012
 - **** Prescriptive Authorization for this Recognition Type ****
Initial Rx. Auth. Date: **7/5/1997**
Status of Rx. Auth.: **CURRENT** through 9/30/2012

Total Finds: 1

Nurse Practitioner Student Tracking - Sub-Administration Section

PRINTABLE CASE LOGS

INDIVIDUAL CASES

Facility: Texas A&M University - Corpus Christi (Facility #7219)

MARTINEZ, Connie is logged in.

[Log Out](#)

Case ID #: 1502-20100000-0000

Date of Service: 10/27/2010

[Edit Case Status/Comments](#)**Student Information – Student**

Semester: Fall

Course: Adv. Health Assessment & Differential Dx

Preceptor: Wonderful Preceptor, FNP

Clinical Site: Happy Clinic

Setting Type: Rural visit -

Patient Demographics

Age: 50 years

Race: Hispanic

Gender: Female

Insurance: Medicare

Referral: No referral

Clinical Information

Time with Patient: 35 minutes

Consult with Preceptor: 10 minutes

Type of Decision-Making: Low complexity

Student Participation: Primary (>50%)

Reason for Visit: Episodic

Chief Complaint: sore throat

Encounter #: 1

Type of HP: Expanded Problem Focused

Axis IV (Psychosocial/Environmental Problems):

Axis V (GAF Scale 0-100): No response

Social Problems Addressed:

Competencies (Observed/Assisted/Done)**Diagnosis/ICD Codes**

#1 - 462 - ACUTE PHARYNGITIS

#2 - 464.00 - ACUTE LARYNGITIS WO OBSTRUCTION

Procedures/CPT Codes

#1 - 99213 - OFFICE/OP VISIT, EST PT, 2 KEY COMPONENTS: EXPAND PROB HX; EXPAND PROB EXAM;MED DECISION LOW COMPLEX

Birth & Delivery**Medications**

OTC Drugs taken regularly: 2

Prescriptions currently prescribed: 1

New/Refilled Prescriptions This Visit: 0

Types of New/Refilled Prescriptions This Visit:

Analgesic & Antipyretic

Compliance Issues with Medications:**Other Questions About This Case**

Clinical Faculty present in encounter:

Clinical Notes

S: Sore throat, loss of voice and temp 101 since last night. Denies cough, earache, n/v/d.

O: 125/75 85 18 99% 99.4; Tonsils +3, erythematous, no exudate. Adenopathy of anterior cervical chain. TMs intact, pearly grey, landmarks present. Cardiac: RRR. Resp: BBS CTA A&P

A: Acute pharyngitis

P: Rapid Strep (negative); Increase fluid intake, Tylenol PRN; RTC if symptoms worsen or persist 5 days.