



Rocky Mountain University

NURSING STUDENT HANDBOOK

January 2026

PREFACE

The purpose of the Rocky Mountain University (RMU) Nursing Student Handbook is to inform faculty, preceptors, students, and communities of interest about the policies and procedures that guide and govern student progression through curriculum, coursework, and clinical experiences within the Nursing Department's programs. The Handbook provides information and guidelines for use in decision-making and is intended to supplement, not replace, the University Handbook, University Catalog, and any clinical affiliates' published policies and procedures.

Students are expected to abide by the policies established by this program, the rules and policies of each clinical affiliate, and the standards established by professional nursing organizations. Students sign a Handbook Acknowledgment form affirming these expectations. Questions related to the content of this Handbook should be directed to their Program Director within the Nursing Department. All Handbook contents are subject to change as needed.

Key Personnel in the Department of Nursing

- Chair, Department of Nursing: Dr. Janet Noles (janet.noles@rm.edu)
- DNP Program Director: Dr. Janet Noles (janet.noles@rm.edu)
- ENP Program Director: Dr. Kristina Davis (kristina.davis@rm.edu)
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General University/Program Phone Number: (801) 375-5125

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University and Program Accreditation

Rocky Mountain University of Health Professions is accredited by the **Northwest Commission on Colleges and Universities** (8060 165th Avenue NE Ste 100, Redmond, WA 98052-3981), an institutional accrediting body recognized by the Secretary of the US Department of Education (<http://www.nwccu.org>).

The Doctor of Nursing Practice, Master of Science in Nursing, and Post-Graduate APRN Certificate programs at Rocky Mountain University of Health Professions are accredited by the **Commission on Collegiate Nursing Education**, 655 K Street NW, Suite 750, Washington, DC 20001, 202-887-6791 <http://www.cneaccreditation.org>.

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Overview of Programs within the Department of Nursing

Master of Science in Nursing Degree Program (Post-Bachelor's)

The Master of Science in Nursing (MSN) Degree Program develops Advanced Practice Registered Nurses (APRNs) who can manage care and participate in system change through identification of best practices in the care of patients across the lifespan. This program is designed to allow students to continue working in their communities while completing their degrees. MSN degrees include the single specialty options of MSN-FNP or MSN-PMHNP, and the dual specialty options of MSN-FNP/ENP or MSN-FNP/PMHNP.

Upon successful completion of the course work, FNP graduates will be eligible to sit for the Family Nurse Practitioner national certification exam offered by either the American Association of Nurse Practitioner Certification Board (AANPCB) or the American Nurses Credentialing Center (ANCC). PMHNP graduates will be eligible to sit for the Psychiatric Mental Health Nurse Practitioner certification exam offered by either ANCC or AANPCB. ENP graduates will be eligible to sit for the Emergency Nurse Practitioner national certification exam offered by AANPCB.

MSN Program Outcomes

The MSN program is committed to successfully preparing NPs to provide evidence-based quality care to patients in primary and specialty clinics. Upon completion of the MSN, graduates should be able to:

- Assume a nurse practitioner role in a variety of health care settings in the specialty(ies) completed.
- Assess, diagnose, and manage common acute and chronic health care problems of individuals and families.
- Identify the epidemiologic roots of health problems affecting family/community systems.
- Evaluate the impact of environmental stressors on individual, family, and community health.
- Design and implement health promotion and illness prevention strategies based on clinical evidence and best practice literature.
- Demonstrate analytical methodologies for the evaluation of clinical practice and the application of scientific evidence.
- Collaborate with interprofessional teams necessary to improve clinical care for populations of clients.

Specific track options, programs of study, and course descriptions can be found in the University Catalog and curriculum documents on the website.

Academic Model. The curriculum blends asynchronous online delivery with a requirement that students visit the Utah campus for one week for skills acquisition and skills mastery during the semesters when they are in courses with a clinical component. (*Note: PMHNP students in the single-focus MSN program do not have a campus requirement.*)

Doctor of Nursing Practice Degree Program (Post-Master's)

The Doctor of Nursing Practice (DNP) Degree Program prepares advanced practice leaders to affect change through system redesign and evidence-based decision-making in a variety of clinical settings. This program will help students influence health and social policy for diverse populations in a variety of settings, collaborate with other teams to improve clinical care, and prepare nurses to assume greater practice and leadership roles within a healthcare organization.

Tracks in the DNP Program include Clinical Leadership and Executive Leadership. The DNP degree requires the completion of a Leadership internship and a Scholarly Project.

DNP Program Outcomes

The DNP Program is committed to the development of the nursing professional who can:

- Design and implement integrated care delivery models based on clinical evidence and best practice literature.
- Demonstrate analytical methodologies for the evaluation of clinical practice and the application of scientific evidence.
- Initiate evidence-based practice and policy strategies that optimize access to care and clinical outcomes.
- Apply ethical theories and legal standards to decision-making regarding healthcare issues for individuals and or populations.
- Collaborate with the interprofessional teams necessary to improve clinical care for individuals and/or populations of clients.
- Introduce and manage technologies that improve communication, foster collaboration, and support integrated approaches to care management.
- Integrate leadership expertise with clinical perspective and sound business practices to help transform the evolving healthcare system at local, regional, national, and international levels.

Specific track options, programs of study, and course descriptions can be found in the University Catalog and curriculum documents on the website.

Academic Model. The curriculum is entirely online and content is delivered primarily asynchronously. The Post-Master's Doctor of Nursing Practice program does not require campus visits.

Doctor of Nursing Practice Degree Program - Family Nurse Practitioner (Post-Bachelor's)

The Doctor of Nursing Practice Degree Program / Family Nurse Practitioner (DNP-FNP) is designed to prepare practicing RNs to deliver primary healthcare to patients across the lifespan in a variety of settings as an APRN. The degree also prepares advanced practice leaders to affect change through system redesign and evidence-based decision-making. This rigorous degree is designed to allow students to continue to work in their communities while completing their doctoral degree.

The DNP-FNP degree requires the completion of clinical contact hours, a Leadership internship, and a Scholarly Project. Successful graduates are eligible to sit for the FNP national certification exam offered by either the AANPCB or ANCC.

DNP-FNP Program Outcomes

The DNP-FNP program is committed to the development of the nursing professional who can:

- Assume a nurse practitioner role in a variety of health care settings in the specialty (ies) completed.
- Assess, diagnose, and manage common acute and chronic health care problems of individuals and families
- Identify the epidemiologic roots of health problems affecting family/community systems.
- Evaluate the impact of environmental stressors on individual, family, and community health.
- Design and implement health promotion and illness prevention strategies based on clinical evidence and best practice literature.
- Demonstrate analytical methodologies for the evaluation of clinical practice and the application of

scientific evidence.

- Design and implement integrated care delivery models based on clinical evidence and best practice literature.
- Initiate evidence-based practice and policy strategies that optimize access to care and clinical outcomes.
- Apply ethical theories and legal standards to decision-making regarding healthcare issues for individuals and or populations.
- Collaborate with the interprofessional teams necessary to improve clinical care for individuals and or populations of clients.
- Introduce and manage technologies that improve communication, foster collaboration, and support integrated approaches to care management.
- Integrate leadership expertise with clinical perspective and sound business practices to help transform the evolving healthcare system at local, regional, national, and international levels.

Specific track options, programs of study, and course descriptions can be found in the University Catalog and curriculum documents on the website.

Academic Model. The curriculum blends asynchronous online delivery with a requirement that students visit the Utah campus for one week during the semesters when they are in courses with a clinical component for skills acquisition and skills mastery.

Family Nurse Practitioner Certificate Program (Post-Master's)

The Family Nurse Practitioner Certificate (FNPC) Program develops advanced practice clinicians who can manage care and participate in system change through identification of best practices in the care of individuals and families. This program is designed to allow students to continue working in their communities while attending school and completing clinical contact hours.

The FNP Certificate can be taken in combination with the PMHNP Certificate or ENP Certificate as a dual program. Successful graduates are eligible to sit for the FNP national certification exam offered by either the AANPCB or ANCC.

FNPC Program Outcomes

The FNP Certificate Program is committed to the development of the nursing professional who can:

- Assume a family nurse practitioner role in a variety of health care settings.
- Assess, diagnose, and manage common acute and chronic primary health care problems of individuals and families.
- Identify the epidemiologic roots of health problems affecting family/community systems.
- Evaluate the impact of environmental stressors on individual, family, and community health.
- Design and implement health promotion and illness prevention strategies based on clinical evidence and best practice literature.
- Demonstrate analytical methodologies for the evaluation of clinical practice and the application of scientific evidence.
- Collaborate with interprofessional teams necessary to improve clinical care for populations of clients.

Specific track options, programs of study, and course descriptions can be found in the University Catalog and curriculum documents on the website.

Academic Model. The curriculum blends asynchronous online delivery with a requirement that students visit the Utah campus for one week during the semesters when they are in courses with a clinical component for skills acquisition and skills mastery.

Psychiatric Mental Health Nurse Practitioner Certificate Program (Post-Master's)

The Psychiatric Mental Health Nurse Practitioner Certificate (PMHNPC) Program develops clinicians who manage the care of patients and participate in system change, and who can identify best practices for the psychiatric and mental healthcare of patients across the lifespan. This program is designed to allow students to continue working in their communities while attending school and completing clinical contact hours.

The PMHNP Certificate can be taken in combination with the FNP Certificate as a dual program. Successful graduates will be eligible to sit for the PMHNP national exam offered by either ANCC or AANPCB.

PMHNPC Program Outcomes

The PMHNP Certificate Program is committed to the development of the nursing professional who can:

- Assume a psychiatric/mental health nurse practitioner role in a variety of health care settings.
- Assess, diagnose, and manage common acute and chronic psychiatric and mental health care problems of individuals and families across the lifespan.
- Identify the epidemiologic roots of mental health problems affecting family/community systems.
- Evaluate the impact of environmental stressors on individual, family, and community mental health.
- Design and implement mental health promotion and psychiatric illness prevention strategies based on clinical evidence and best practice literature.
- Demonstrate analytical methodologies for the evaluation of clinical practice and the application of scientific evidence.
- Collaborate with interprofessional teams necessary to improve clinical care for select populations of clients and those in settings unique to mental health care.

Specific track options, programs of study, and course descriptions can be found in the University Catalog and curriculum documents on the website.

Academic Model. The curriculum is entirely online and content is delivered primarily asynchronously. The PMHNP Certificate program does not require campus visits.

Emergency Nurse Practitioner Certificate Program (Post-Master's)

The Emergency Nurse Practitioner Certificate (ENPC) Program was developed for licensed and certified FNPs who wish to expand their nursing practice to the role of ENP. The ENP Certificate program develops clinicians who can manage care and participate in system change through identification of best practices in ambulatory, urgent, and emergent settings, and across the lifespan. This program is designed to allow students to continue working in their communities while attending school and completing clinical contact hours.

The ENP Certificate can be taken in combination with the FNP Certificate as a dual program. Graduates will be eligible to take the ENP national certification exam offered by AANPCB (after certification as an

FNP).

ENPC Program Outcomes

The ENP Certificate Program is committed to the development of the nursing professional who meets the 42 practice standards listed by AAENP (2018). Overall, the graduate will be able to:

- Screen, assess, and stabilize individuals who are critically ill, and manage crises and disasters.
- Prioritize differential diagnoses, interpret findings, apply harm reduction principles, and use evidence-based practice.
- Perform diagnostic and therapeutic procedures, prescribe pharmaceuticals, collaborate with other professionals, manage multiple patients, alter plans of care, resuscitate, manage pain and sedation – all based on best practice evidence.
- Plan for and initiate patient disposition from admission to discharge, including education for discharge, collaborating with patient, family, and other professionals.
- Integrate professional, legal, and ethical principles into care, including documentation, cultural competence, interventions for at-risk and vulnerable individuals, and adherence to ethical standards.

Specific track options, programs of study, and course descriptions can be found in the University Catalog and curriculum documents on the website.

Academic Model. The curriculum blends asynchronous online delivery with a requirement that students visit the Utah campus for one week for skills acquisition and skills mastery during the semesters when they are in courses with a clinical component.

Overview of Curriculum Development for All Programs

The Master, Doctorate, and Certificate programs in the Nursing Department are designed to reflect current professional guidelines and standards. A detailed list of documents used to develop and inform the curriculum is available upon request.

Guidelines and Policies for All Courses, All Programs

General Academic Guidelines and Policies

Please refer to the RMU University Handbook on the website for complete details regarding University-wide policies. The Department of Nursing defers to University policy unless otherwise noted here.

Academic Integrity

Rocky Mountain University of Health Professions expects students, faculty, and administrators to maintain the highest professional standards. Established policies of conduct and behavior are outlined in detail in the University Handbook, and students are encouraged to review them. Students are expected to adhere both to their professional code of ethics and to the University's ideals and values of truth, integrity, and personal authenticity. It is the responsibility of the student to refrain from infractions of academic integrity, from conduct that may lead to suspicion of such infractions, and from conduct that aids others in such infractions.

Artificial Intelligence

Regarding the use of AI in education, the University states the following in all syllabi: "In alignment with the University's dedication to academic excellence, students are expected to engage responsibly and ethically with emerging technologies, including artificial intelligence (AI). While AI offers opportunities for

academic innovation, its misuse can compromise integrity. Students must exercise discernment when using AI tools, ensuring adherence to principles of originality and attribution to avoid violating the Student Academic Integrity Policy, which stipulates penalties for infractions involving AI-assisted work.” Please see the University Handbook for complete details regarding artificial intelligence policies.

Course Participation

Students must complete and pass all course assignments with a minimum score of 80% to successfully complete a course.

Deadlines, Due Dates, & Late Assignments

All student work must be submitted via the Learning Management System (LMS) and not via email, including the LMS email. **No late work is allowed for discussions, clinical notes, quizzes, or exams.**

Deadlines and due dates within the Department of Nursing policies and courses apply to all students. Students are responsible for tracking their own course deliverable deadlines and are advised to utilize the resources provided by the faculty member to identify their due dates for all courses. Should a student have difficulty meeting a particular deadline, it is their responsibility to be proactive in communicating their situation to the respective faculty member.

The faculty member has the authority to grant or deny extensions to due dates, and/or to deduct points for late assignments. Faculty will determine the grade deduction, if any, that will be applied. Assignments may be accepted up to 72 hours after the due date. A 10% deduction will be made every 24 hours that an assignment is late up to 72 hours (i.e., 10% the first day, 20% the second day, 30% the third day). After 72 hours, 0 points will be earned.

For example, if an assignment is worth 100 points, is due Sunday at 11:59 PM, and is submitted on time, the assignment MAY earn:

- Prior to Sunday at 11:59 PM MST = 100 points
- Between Monday at 00:00 and 11:59 PM MST = 90 points
- Between Tuesday at 00:00 and 11:59 PM MST = 80 points
- Between Wednesday at 00:00 and 11:59 PM MST = 70 points
- After Wednesday 11:59 PM MST = 0 points

Submissions after the due date need to be coordinated with the lead faculty of the course. Exceptions will not be granted except for such events as bereavement, childbirth, deployment, etc., and ADA accommodations. Requests for exceptions must be made in advance (within reason), via email to the Program Director (PD). If assignments are not submitted by the grade deadline, the faculty member will post the assignment grade as zero points, and the final grade earned by the student will be based on total points received in the course.

Requests for Clinical Accommodations

Rocky Mountain University of Health Professions is unable to approve accommodations for clinical rotations, as these fall outside of the institution’s jurisdiction. Requests for accommodations during clinical rotations must be coordinated directly with the clinical site, clinical preceptor and the DCE. The Institutional Equity Office (IEO) can provide guidance and input to support this process; however, the clinical site holds the ultimate authority to approve and implement reasonable accommodations during a clinical rotation. Please contact the IEO for more information or Refer to the University Handbook for full

details.

Incomplete Grade (“I”)

An “I” grade is assigned when extenuating non-academic circumstances, i.e., serious illness or other unavoidable circumstances, prevent the student from completing the course requirements by the end of the designated instruction period. If the faculty member concurs with the student that extenuating circumstances are present, the student shall fill out an Incomplete Grade Contract signed by the faculty member and PD. The Incomplete Grade Contract may be obtained from the registrar for a \$50 fee.

The grade of Incomplete may be recorded in a course if these conditions are met:

- 80% of the coursework has been successfully completed
- the current grade is B- or above
- Per Program Director's discretion

Note: In the case of clinical courses, 80% of clinical hours must be completed.

Assignments completed prior to the initiation of the incomplete contract will not be eligible for re-submission. Any work that was not completed may be submitted for credit.

Writing Assistance

The Writing Center is available to all students enrolled in coursework at RMU. However, before submitting your assignment to the Writing Center, the program/faculty strongly encourage students to run their paper through the Grammarly Premium program. Similarly, faculty strongly encourage students to use the Writing Center prior to submitting assignments for grading, especially longer assignments such as capstones, dissertations, and scholarly projects.

As part of any program course, you may be required to seek assistance from the Writing Center, which is available by calling 385-375-8342, or by going to <https://rm.edu/writing-center/>. Of course, you may also voluntarily seek help from the Writing Center at any time.

Email Communication Guidelines

University expectations regarding faculty/student communications consider 48 business hours as a reasonable time limit to respond to email inquiries. If the faculty member (or student) will be out of town, an out-of-office auto-reply message and/or notification to the students (or faculty) ahead of time is the proper procedure.

Virtual Meeting Guidelines

The Department of Nursing requires that all students participating in a virtual meeting have their cameras turned on at all times. Students are also expected to be dressed in professional attire during the meeting. This applies to all virtual meetings, including but not limited to any synchronous class sessions, IPE meetings, virtual on-site meetings, etc.

Social Media Policy

The Social Media policy for the Nursing Department is designed to protect the students, patients, and RMU.

- What you post on social media is discoverable in perpetuity, even though you later delete the post.
- Once you post, you lose control of that content. Sites are never as private as you think.

- Others may use your words against you or the profession.
- Posts may violate privacy laws and guidelines, including HIPAA, FERPA, and Nursing’s Code of Ethics.
- All social media content must be:
 1. Free of any evaluative material, including content of exams, clinical assessments, case studies, rubrics, etc.
 2. Professional in tone and content, including remarks about patients, their families, peers, clinical sites, instructors, peer programs, and your program.
 3. Respectful of diverse and marginalized populations.
 4. Representative of RMU’s core values and Nursing’s Code of Ethics.

See the following links for more information about professional social media guidelines:

- [AANP: Social Media is Not for Clinical References](#)
- [Nurse.org: Must-Read Social Media Advice For Nurses](#)

Identification Badges

RMU provides each student in a hybrid program with an identification badge upon the first visit to campus (first clinical course) for campus building access. Students in *online-only* programs may obtain a student ID without building access upon request by contacting Erika Hannafin (erika.hannafin@rm.edu) and submitting a headshot photo and current mailing address. Students should wear the identification badge at all times when completing clinical hours and when on campus.

Requests for Accommodations

Refer to the University Handbook for complete details. The process for obtaining program modification for students with disabilities includes the following steps:

- Upon acceptance to a nursing program, a student may choose to disclose their disability by submitting a voluntary disclosure of disability letter to the Student Services Office. Documentation and relevant information about the nature of the disability are required from a licensed professional.
- After the student has returned their form and official documentation (no older than five years), the Diversity and Disabilities Advisory Committee will discuss the recommended and required modifications.
- The student will then be informed in writing regarding the outcomes of the decision. The disability officer of the Diversity and Disabilities Advisory Committee will coordinate all accommodations with the student’s faculty and others, as applicable.
- No services can be provided unless the student voluntarily discloses the disability at the time of application or following the establishment of a new diagnosis.

Emergency Notifications

In case of personal bereavement or emergency (e.g., natural disaster, military deployment, hospitalization), please send an email to your Program Director and course instructors as soon as you are able so that accommodations may be arranged for deadline extensions as appropriate (see [Preface](#) for PD contact info).

Clinical Guidelines and Policies

Clinical Course Requirements

In order to pass clinical courses for the FNP and ENP programs, students are required to attend onsite week during the semesters they are in clinical courses. During onsite week attendance, students are required to complete a standardized patient check-off for each FNP clinical course. In the event that a student does not pass their standardized patient check-off, they will be withdrawn from the clinical course, and remediation will be required. In case of personal emergencies that may prevent onsite week attendance (see [Emergency Notifications](#)), please contact your PD as soon as possible. Students must make arrangements to make up any missed check-offs for procedures and standardized patients.

To pass a clinical course, in addition to passing all course assignments, the student must receive satisfactory evaluations from their preceptor (see [Formative \(mid-term\) and Summative \(end-of-term\) Assessments](#)). If a student does not receive a satisfactory preceptor evaluation, this will result in course failure. Earning a failing grade in a clinical course will require repeating the course, including repeating clinical hours.

Students are permitted only one failure in a clinical course. Failure of a second clinical course—whether a repeat of the same course or a different clinical course—will result in dismissal from the program.

For all programs, students must demonstrate they have seen patients across the lifespan in order to continue through their clinical courses and be approved to sit for certification exams. For all clinical courses, it is required to see at least one patient per clinical hour. For example, if you complete 8 clinical hours, it is required that you document at least 8 patient encounters for that clinical day. If the schedule does not provide a sufficient number of patients for the student to see one patient per hour, the student will be required to complete additional hours or may need to find an additional clinical site. Similarly, if the student has not demonstrated encounters across the lifespan, they may be required to complete additional hours.

For any student who has withdrawn from the University for any reason for one semester or more prior to starting clinical rotations, upon returning to coursework, and prior to being cleared for a clinical rotation, the Department of Nursing requires that the student demonstrate competence in performing a head-to-toe assessment. This may include completing a return demonstration of a head-to-toe assessment for a Nursing faculty member and/or repeating the Advanced Health Assessment course.

Note: The Department of Nursing maintains the right to withdraw clinical clearance at any time during the semester if a clinical concern, compliance issue, ethical, or professional issue arises.

FNP Student Clinical Patient Encounter Requirements

To be eligible for graduation from the Family Nurse Practitioner (FNP) program and to qualify to sit for national certification board examinations, all FNP students must complete the required minimum number of supervised patient encounters across designated age groups and population focus areas during clinical practica. These requirements are designed to ensure adequate clinical exposure, competency development, and preparation for entry-level FNP practice.

Required Patient Encounters

Students must successfully complete NUR 654 (Advanced Health Assessment) prior to beginning any clinical rotation in the nursing department.

FNP students are required to document and complete the following minimum number of direct patient encounters by the end of the program:

Pediatric and Adolescent Populations

Ages 0–2 years: 10 patients

Ages 3–5 years: 20 patients

Ages 6–12 years: 20 patients

Ages 13–21 years: 20 patients

Adult and Specialty Populations

Women’s Health (across the lifespan): 70 patients

Geriatric Population (65 years and older): 70 patients

Documentation and Verification

All patient encounters must be:

Completed under the supervision of an approved clinical preceptor

Appropriately documented in the designated clinical tracking system

Verified and approved by faculty according to program guidelines

Failure to meet the required patient encounter minimums may result in delayed progression, delayed graduation, and/or ineligibility to sit for certification examinations.

Review and Compliance

Clinical encounter requirements are subject to periodic review to ensure alignment with accreditation standards and national certification expectations. Students are responsible for monitoring their clinical progress and ensuring compliance with all program requirements.

Telehealth Clinical Hours

Clinical hours may be obtained by telehealth in accordance with the Board of Nursing regulations of your state. Hours obtained by telehealth must meet the same requirements as in-person hours. Students must provide the same direct patient care by telehealth as in the clinical setting. Telehealth hours are considered direct patient care, so the amount that may be observed, assisted, or provided is defined by the course percentages assigned to each level of care. See this “[Levels of Care](#)” information as an example only.

Telehealth hours must meet rules and regulations for NP practice within the state, be delivered synchronously, and be personally/actively precepted. The patient must be in the same state that the preceptor holds an active license. The student must hold a license in the state where the patient is located.

- In FNP clinical courses, students may participate in telehealth experiences not to exceed 10% of the total hours in their program.
- In PMHNP clinical courses, students may participate in telehealth experiences not to exceed 50% of the total hours in their program.
- In ENP clinical courses, telehealth experiences are not allowed.

Dress Code for Clinical

Students should follow the dress code of the clinical site. If the preceptor wears a lab coat, the student should wear “business casual” with their RMU issued white lab coat with RMU logo. If the preceptor wears

scrubs, the student should wear scrubs. There is no need for students to order a specific type or length of lab coat.

Student Health Requirements

It is the student's responsibility to meet the proof of immunization requirements set forth by the university, department, and clinical site. You are required to provide evidence of your immunization status to the Nursing Department through the CastleBranch (CB) compliance tracker. This is in accordance with the University and programmatic policy, as well as hospital system requirements for your clinical rotations. Strict adherence to these instructions is important as these records are critical to your hands-on instruction throughout your enrollment in the Nursing program. Note that clinical sites may have requirements that are above and beyond what the University and/or department requires. The student is responsible for meeting all criteria set forth by the clinical site.

All students must have their immunization status reviewed and signed by a medical provider (MD, DO, NP, or PA). The student is responsible for the cost of additional immunizations required. Without proof of immunization requirements approved in CastleBranch, the student may not continue with clinical activities, may be unlikely to meet course objectives, and will not be able to continue in their program of study. Clinical site requirements supersede exemptions allowed by states and the University. Clinical sites will be notified if the student has been exempted from any immunization. Exemptions are allowed per the University policy for immunizations. Medical exemptions must be signed by a medical provider (MD, DO, NP, PA).

Student health requirements include the following immunizations and vaccinations:

- Measles, Mumps & Rubella (MMR)
 - 2 vaccination OR
 - Positive antibody titer (lab report required)
- Varicella (Chicken Pox)
 - 2 vaccination OR
 - Positive antibody titer (lab report required)
- Hepatitis B
 - 3 vaccinations OR
 - Positive antibody titer (lab report required)
- Tuberculosis
 - Initial test required within 3 months of program/clinical start date. Annual exposure questionnaire is required following initial TB testing.
 - 1-step TB test OR
 - QuantiFERON Gold blood test (lab report required) OR
 - T-Spot blood test (lab reports required) OR
 - IGRA blood test (lab report required)
 - If previous positive results, submit a school symptom-free TB questionnaire. If symptom TB questionnaire is abnormal, student must submit a physician's note and clear chest x-ray.
- Tetanus, Diphtheria & Pertussis (Tdap)
 - Must be within the past 10 years.
- Influenza
 - Due every year by 10/31
- COVID-19

- Proof of vaccine card with dates and manufacturer

Other requirements prior to starting a clinical rotation that must be uploaded into Castlebranch:

- Professional License
 - Copy of current unencumbered nursing license. Renewal date set for license expiration.
- CPR Certification
 - MUST be from American Heart Association Provider or BLS Provider course or American Red Cross Healthcare Provider or BLS Provider course
- HIPAA Certification
 - Certificates from employer are accepted. Link provided in CB to complete on your own if you do not have access to an employer certification. Must be within the past calendar year and renewed annually.
- OSHA Certification
 - Certificates from employer are accepted. Link provided in CB to complete on your own if you do not have access to an employer certification. Must be within the past calendar year and renewed annually.
- Nursing Student Handbook Acknowledgment & Agreement Form
 - A signed copy of the attestation that the Handbook has been read and reviewed.

Criminal Background Check

The student will complete required criminal background checks in CastleBranch per university policy prior to establishing clinical placements. The student may be required to complete additional background checks per clinical site. The student is responsible for the process and cost of any additional requirements.

Drug Testing Procedure

If a clinical site where the student is completing clinical experiences requires drug testing, the student is responsible for any additional cost associated with this requirement. Drug testing may be purchased as an add-on through CastleBranch with code RR81dt.

Licensure Requirements

The student must hold a current, unencumbered registered nurse license in their state of residence throughout the program, and provide a copy to the program via CastleBranch. The copy of the student license must be kept in the student file. The student is responsible for any additional licensure needs required for clinical placements (if the student completes clinicals in a state that is not the primary state of licensure). *Note: This applies to clinical hours completed by telemedicine that crosses state lines.*

Certification Responsibilities

Students may be required to submit proof of certification to clinical sites prior to the start of experiences. The student is responsible for locating, registering, and financing the above-listed certifications as required.

Confidentiality Agreement

Students complete clinical hours in clinical sites working directly with other disciplines and clients and therefore will have access to sensitive information. Clinical sites may require students to complete Health Insurance Portability and Accountability Act (HIPAA) training and sign confidentiality agreements. The student is responsible for meeting these clinical site requirements.

Liability Insurance

Liability insurance is mandatory for all students. At RMU, a group liability insurance policy is provided to cover students in clinical coursework. That policy is in effect only on dates when the University is open. Therefore, no clinicals are permitted when the university is closed for breaks between semesters. *No clinical hours may be completed before the first day of the semester or after the last day of the semester.* The policy is only in effect once the student has been cleared for clinical rotations by the Director of Clinical Education (DCE).

Universal Precautions

Students are expected to follow all universal precaution policies within the clinical site experiences. The student will comply with the Occupational Safety and Health Administration (OSHA) guidelines, and complete online training programs either through their clinical sites or through an approved organization at the beginning of the first clinical course. The student should retain certificates of completion, as clinical agencies may require students to provide copies of certificates of completion prior to beginning clinical hours. Students must submit these documents to the program via CastleBranch.

Student Exposure to Blood or Body Fluid Procedure

RMU is not responsible for any charges incurred as a result of care or follow-up from exposure to blood or body fluid. Upon exposure to blood or body fluid during clinical rotations or on campus (such as a needle stick or puncture injury with contaminated instruments), the student must contact the DCE or Course Faculty immediately to file an Incident Report according to University policy. The student must also follow the procedures required by the clinical site in which the student is completing clinicals and consult with their personal health provider as needed.

Graduation, Commencement, and Certification Guidelines and Policies

Certification Exam Application Instructions (for ANCC only)

For FNP and PMHNP students planning to take the national certification exam from ANCC should apply to ANCC one month prior to graduation. For fastest services, applicants should create an online account prior to submitting application documents. (See also [Overview of Programs within the Department of Nursing](#) for program-specific testing information.)

Note: This step does not apply to ENP, FNP, and PMHNP students planning to take the national certification exam from AANPCB. They do not require a verification form as part of their process. They do require official transcripts.

Verification of Education (VOE) form

- Student begins the process by downloading the VOE form and completing only the Applicant Demographics section.
- Student then emails the form to registrar@rmu.edu.
- Registrar's Office fills out the Education Demographics and provides signature/date after review of attestation.
- Registrar's Office emails the completed form to APRNValidation@ana.org and copies the appropriate Program Director onto the email.

Official Transcript

- Student requests official transcript using National Student Clearinghouse through the Student Portal or at the following link and search for Rocky Mountain University:

<https://tsorder.studentclearinghouse.org/school/select>.

- Student should request the transcript be sent to this recipient: APRNValidation@ana.org. This qualifies as being sent to ANCC directly from the university.
- Student should select the “After Degree is Awarded” Processing Option to ensure ANCC receives their final, degree-conferred transcript.
- Once degrees have been conferred (usually 2-3 weeks after semester end), the Registrar’s Office uploads the final transcript and fulfills the transcript request.
- *Note: This transcript request process is the same for other certification and licensing bodies, the only difference being the recipient.*

Students should select the option to notify the university of exam results.

Walking in Annual Commencement Ceremony

The University holds an annual Commencement Ceremony each August for all graduates from the previous Summer, Winter, and Fall semesters. Program Director approval is required to walk in the August Commencement if a student is expected to graduate the following December. Specific program requirements and milestones must be met by the commencement approval deadline in order to be approved to walk before degree requirements have been completed.

Guidelines for DNP Leadership Internship (DNP programs)

The DNP degree includes completion of a Leadership internship in the chosen track (Clinical or Executive Leadership). Refer to Leadership course syllabi for details on requirements and expectations.

Guidelines for Scholarly Project (DNP programs)

The DNP degree requirements include completion of three project courses for a total of 12 credits. The coursework guides the student through the creation and execution of a Scholarly Project. **The Scholarly Project is an original quality improvement or process change project** completed with the guidance of a Faculty Chair and a Content Expert. The Faculty Chair may be chosen from RMU Nursing Department core faculty members, while the Content Expert is selected from the site of project implementation. During the implementation of the project, the student works closely and consistently with the Chair and Expert within a clinical setting. The project is defended by the student during an oral, public defense, and described in a manuscript that is archived in the RMU Library.

The additional practicum hours are defined broadly, with guidance from CCNE’s Standards for Accreditation of Baccalaureate and Graduate Nursing Programs (CCNE, 2018). The Standards define clinical practice experiences as “planned learning activities in nursing practice that allow students to understand, perform, and refine professional competencies at the appropriate program level” (p. 24). Key Element III -H in the Standards states that the planned clinical practice experiences “enable students to integrate new knowledge and demonstrate attainment of program outcomes” (p. 16).

The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006) broadly defines advanced nursing practice as “any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy” (p. 4).

The Doctor of Nursing Practice: Current Issues and Clarifying Recommendations (AACN, 2015) provides

additional guidance, including, “Practice experiences should be designed to help students achieve specific learning objectives related to all of the Doctoral Essentials, role outcomes, and application of theory and evidence to practice” (p. 8).

Guidelines for selecting a Content Expert and what constitutes a quality improvement or process change project are contained in the syllabi for the Scholarly Project courses.

Deadlines are contained in the Scholarly Project and Graduation Timeline found in courses. The student is responsible for securing the Content Expert’s signature on all forms. **Note: Completion of Attestation of Project Hours is a Nursing program requirement for degree completion.**

Professional Guidelines to Complete Clinical Objectives (FNP, PMHNP, and ENP programs)

The Nurse Practitioner Core Competencies (NP Core Competencies) from the National Organization of Nurse Practitioner Faculties (NONPF, 2022) integrate and build upon existing Master’s and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioner. The competencies are essential behaviors of all NPs. These competencies are demonstrated upon graduation regardless of the population focus of the program. They are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing healthcare environment. Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to independent clinical practice. The NP Core Competencies are acquired through preceptor-supervised patient care experiences emphasizing independent and interprofessional practice; analytic skills for evaluating and providing evidence-based, patient-centered care across settings; and advanced knowledge of the health care delivery system. Upon completion of the NP program, the NP graduate should possess the ten (10) core competencies regardless of population focus.

Students are expected to be familiar with and integrate professional guidelines into the planning and implementation of their clinical experiences throughout the curriculum. Development and documentation of weekly objectives should reflect the accomplishment of selected NP Core Competencies (NONPF).

Dual Program Clinical Students

It is HIGHLY ADVISED that all students enrolled in a dual program do not work full-time during dual clinical semesters. This helps to ensure your ability to complete all required clinical hours for each course in the semester.

For students enrolled in FNP/ENP tracks who need to withdraw from one track or complete one track at a time, the FNP portion must be completed before ENP courses. Students enrolled in FNP/PMHNP tracks may select either FNP or PMHNP.

All students must complete one successful semester of a single clinical prior to their first semester of dual clinical hours. For example, FNP 710/11 must be successfully completed prior to taking both FNP 730/31 and PMH 708/09 in a subsequent semester.

Note: The Department of Nursing maintains the right to withdraw clinical clearance at any time during the semester if a clinical concern, compliance issue, ethical, or professional issue arises. This includes withdrawing clinical clearance for one or both tracks for dual students, or requiring successful completion of FNP clinicals first.

Clinical Site and Preceptor Selection

Overview

Clinical rotations are critical components of an advanced practice nursing program. The school, faculty, preceptor, and student must work cooperatively to provide appropriate learning opportunities. The following process and responsibilities are based on professional guidelines from the NONPF NP Core Competencies (2022), the Criteria for Evaluation of NP Programs from the National Task Force on Quality Nurse Practitioner Education (NTF Criteria, 2022), and professional journal reviews.

Prior to beginning ANY clinical hours, students must identify a clinical site and a preceptor for each clinical course that meets established criteria and submit related documentation to the DCE for approval.

Approval processes can be lengthy, so clinical requests must be submitted **at least eight weeks prior to the first day of clinical courses** in order to meet clinical course objectives. If your paperwork is not submitted eight weeks prior to the first day of your clinical course, the department cannot guarantee the ability to start your rotation on time. **Students without approved and completed forms may not engage in clinical contact hours and may lose clinical hours completed without approval and/or be dismissed from the program for doing so.**

Clinical Site Selection

In order to meet program objectives, students are expected to complete clinical rotations in a variety of clinical sites providing primary care (FNP programs), emergent/urgent care (ENP programs), or mental health care (PMHNP programs) for patient populations across the lifespan. Clinical site selection is critical to the student's success in this program. The diagnoses, task-based proficiencies, and population focus for each clinical course are described in the course syllabi and should guide the student in determining appropriate clinical sites. Students will be notified by e-mail when the clinical site has been approved. In accordance with the liability insurance policy, students are NOT permitted to engage in clinical activities NOT listed in the Clinical Activities for the student's program (e.g., observation in operating room, catheterization lab, inpatient care within a hospital for FNP students).

Because the approval process can take months, please submit requests for site approvals at least 8 weeks prior to beginning clinical courses.

Process for Site and Preceptor Selection

Two of the most important parts of your clinical education are a) securing an excellent clinical site, and b) finding a clinical preceptor at that site. This section outlines our best process for you to succeed in those tasks.

1. Find an approved clinical site.
 - a. Submit Form D in Typhon, which will help your DCE determine if there is an affiliation agreement with your preferred clinical site. If there is a clinical affiliation agreement at your preferred site, proceed to #2: Get your clinical site approved.
 - b. If there is not a clinical affiliation agreement at your preferred site, your DCE will help secure a clinical affiliation agreement, but be aware that this process can take 90 days or more to be completed. Your assistance may be required in this process. **Note: There are occasions when obtaining an affiliation agreement is not possible, and a new clinical site will need to be secured.* Once you have an affiliation agreement signed for your site, proceed to #2: Get your clinical site approved.
Note: it is not necessary to obtain a site prior to a preceptor. You may find a preceptor

first and then obtain site approval, or you may work to obtain site and preceptor approval simultaneously.

2. Get your clinical site approved.
 - a. Complete Form A: Preceptor Profile & Acknowledgement. All signatures on this form are required prior to starting a clinical rotation. Any missing signature may prevent you from clinical clearance.
 - b. Go to #3: Secure a preceptor.
3. Secure a preceptor.
 - a. Complete Form A: Preceptor Profile & Acknowledgement.
 - b. Submit proof of preceptor's license in Typhon.*
 - c. Submit proof of preceptor's board certification in Typhon.
 - d. Submit preceptor's CV in Typhon.

**Licenses that expire during the semester must be renewed and resubmitted in Typhon. Students will not be permitted to complete hours with the preceptor once the license expires.*

Please familiarize yourself with the **Clinical Homeroom in Canvas**. This is where you will find informational videos and files to help guide you through clinical requests.

Clinical requests must be made within Typhon and require the following items:

- Preceptor CV
- Preceptor License
- Proof of Preceptor Board Certification
- Student RN license* for the state where the clinical rotation will occur
- Form A with all required signatures (must be wet signatures or certified digital signatures). A separate Form A is required for each requested preceptor every semester, even if you utilize a preceptor for multiple semesters or if you utilize more than one preceptor at the same clinical site.
- Form D

Additional information: Preceptor evaluations will be completed by your primary preceptor (see [Formative \(mid-term\) and Summative \(end-of-term\) Assessments](#)). A PDF file of the preceptor evaluation can be found within your clinical course in Canvas.

**Students are required to upload in Typhon proof of their own RN license in the state where the clinical rotation will take place. This is especially important when doing telehealth rotations that may not be in their home state.*

Preceptor Selection Criteria

General Criteria

The preceptor selection criteria for the clinical programs in the Department of Nursing are based on guidelines from the National Organization of Nurse Practitioner Faculties, the National Task Force on Quality Nurse Practitioner Education, and peer-reviewed professional nursing journals. The National Taskforce Criteria (2012) allows graduate nursing programs to “use a mix of clinicians to provide direct clinical teaching to students appropriate to the range of clinical experiences required to meet the program objectives.” (p.18). Students should seek clinical opportunities in sites providing access to patients “across the lifespan” and of “ethnic and cultural diversity” when possible.

Students may engage a maximum of 2 preceptors per semester per clinical course across all programs.

Additionally, students must utilize a minimum of 2 preceptors for 180 hours each for clinical experiences throughout the FNP and PMHNP programs. Students in the ENP program may be approved to use the same preceptor for all required hours if it is in the appropriate setting. Specific allowances for each program include:

- FNP: Maximum of 2 preceptors per semester, with 1 additional preceptor allowed for limited hours with specialty providers (dependent upon state requirements). See Specific Program Criteria below.
- PMHNP: Maximum of 2 preceptors per semester, with 1 additional preceptor allowed for limited hours with a therapist (dependent upon state requirements). See Specific Program Criteria below.
- ENP: Maximum of 2 preceptors per semester, with 1 additional preceptor allowed for limited rotations with anesthesia, radiology, and the ED (dependent upon state requirements). See Specific Program Criteria below.

Even though a preceptor may have been approved in a previous semester, preceptors must sign an acknowledgment each semester they are willing to serve, as each course has different clinical objectives.

In extenuating circumstances where an approved preceptor is sick, on vacation, etc., students are permitted to work with another provider in the same facility. This includes the ability to work with another provider to participate in procedures or other patient encounters that you are unable to complete with your approved preceptor. You may complete a maximum of 20% of your required clinical hours each semester with a provider who has not been reviewed by your DCE.

Many students live in areas with limited access to potential qualified preceptors and find their only eligible preceptor may be within their place of employment, a family member, already working with a classmate, or working within the only health care system or organization in the area. Here are the general guidelines:

- Family members or close personal friends may not serve as preceptors.
- If a preceptor is mentoring more than one student, from RMU or other programs, only one student at a time should be in the clinical area providing direct patient care.
- Students may complete clinical hours in their place of employment provided that clinical hours are not compensated as “employee or work hours.” The preceptor is not also the student’s supervisor in any capacity, and the site provides appropriate learning opportunities within the scope of practice for the program.

All preceptors must:

- Have a current, unencumbered license.
- Have earned national certification in their specialty area by a recognized credentialing agency.
- Have a minimum of one year of current experience in their specialty area, following specialty certification.
- Sign Form A agreeing to accept the student for a clinical rotation.

Specific Program Criteria

For the FNP programs (including the FNP portion of dual programs), in order to promote acquisition of the expected roles and skills of a successful nurse practitioner, students should select preceptors who are:

- Board-certified nurse practitioner (family, adult, pediatric, neonatal, women’s health, geriatric, acute care).
- MD or DO that is board-certified in their specialty area (i.e., Family Practice, Internal Medicine,

etc.)

- Certified Nurse Midwife with a Master's degree or higher.
- Physician Assistant with a Master's degree or higher. *Note: Arizona, Mississippi, Nevada, Oklahoma, Tennessee, and Texas do not allow a PA to act as a preceptor (*this list may not be complete).*
- Clinical Nurse Specialists require additional review and approval from DCE and PD. A CNS without prescriptive authority will not be approved.
- Doctors of Podiatric Medicine and Chiropractors are **NOT** approved preceptors for the FNP program.

*Note: 75 hours in FNP 730 and FNP 720 can be utilized for rotations in specialty clinics. All specialty clinical hour requests must be approved by the DCE. *Note: Women's Health, Pediatrics, and Urgent Care are specialty areas in which 180 hours are allowed.*

- FNP students are **not** permitted to complete any clinical hours in the Emergency Department, inpatient, nor in the operating room.
- FNP students may complete a maximum of one semester or 180 hours in Women's Health.
- FNP students may complete a maximum of one semester or 180 hours in Pediatrics.
- FNP students may complete a maximum of one semester or 180 hours in Urgent Care.

For the PMHNP programs (including the PMHNP portion of dual programs), in order to promote acquisition of the expected roles and skills of a successful nurse practitioner, students should select preceptors who are:

- Board-certified nurse practitioner (psychiatric-mental health).
- MD or DO with current board certification in psychiatry.
- Physician Assistant with a Master's degree or higher and a psychiatric certificate. *Note: Arizona, Mississippi, Nevada, Oklahoma, Tennessee, and Texas do not allow a PA to act as a preceptor (*this list may not be complete).*
- Clinical Nurse Specialists and LCSWs require additional review and approval from the DCE and PD.
- FNP's working in psychiatry are **NOT** approved preceptors for the PMHNP program.

*Note: The PMHNP Program consists of 540 clinical hours. Of that, **500 hours with a psychiatrist or PMHNP are required in order to qualify for national certification.** This leaves 40 hours for work with an alternate clinician. If finding appropriate preceptors who meet these hours is a problem, you may need to consider doing additional hours with a psychiatrist or PMHNP in order to meet the requirements.*

At least 75% of the patients seen (at least 135 documented patients) must fit the course criteria:

- For PMH 708, at least 75% of the patients should be 18 or older.
- For PMH 718, at least 75% of the patients should be 18 or younger.
- For PMH 728, at least 75% of the patients should meet the requirements for a special setting or population.

For the ENP programs (including the ENP portion of dual programs), in order to promote acquisition of the expected roles and skills of a successful nurse practitioner, students should select preceptors who are:

- Board-certified nurse practitioner (ENP or FNP who works in the acute side of the ED)
- Board-certified nurse practitioner (ENP or FNP who works in Urgent Care, for a maximum of 120 hours)
- Board-certified MD/DO in Emergency Medicine
- Board-certified anesthesiologist or CRNA (limited to 60 anesthesia hours).*

- Board-certified radiologist (limited to 60 radiology hours).*
- Physician Assistant with a Master's degree or higher. *Note: Arizona, Mississippi, Nevada, Oklahoma, Tennessee, and Texas do not allow a PA to act as a preceptor (*this list may not be complete).*

*Students may complete a total of 120 hours in either anesthesia or radiology with approval from the PD.

Clinical Course Requirements and Expectations

Clinical Hour Requirements

The National Task Force Criteria (2022) defines clinical hours as “hours in which direct clinical care is provided to individuals and families in one of the six population-focused areas of NP practice.” (p. 19) Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. The number of supervised clinical contact hours that must be successfully completed in each course with a clinical component are identified in each course syllabus.

The following activities count toward required clinical hours:

- Activities that are directly related to the completion of clinical goals and objectives;
- Shadowing the preceptor (no more than 8 hours): shadowing is defined as following and observing preceptor with no direct patient care; and
- Attendance at meetings including short educational offerings, staff meetings, grand rounds, etc., while in the clinical setting.

The following activities are not included as clinical hours:

- On-campus activities associated with a course;
- Travel time to and from clinical activities;
- Requirements mandated by clinical agencies;
- Communication (e.g., e-mails, phone calls), unless conferencing;
- Assignments related to any didactic course;
- Professional conferences;
- Professional workshops; or
- Time documenting patient encounters in Typhon.

Clinical hours for each course must be completed during the semester in which the student is enrolled in the course. ***No clinical hours may be completed before the first day of the semester or after the last day of the semester*** (see [Liability Insurance](#)). Students are expected to begin clinical experiences at the start of the semester in order to stay on track and earn enough clinical hours for the semester, and engage in clinical experiences weekly throughout the duration of the course to participate in assignments and discussions. No rollover hours are permitted, meaning you are unable to complete extra hours in one semester and apply those hours to another semester.

Note: If students have not started clinical hours by week 7 of the semester, it is recommended that the student drop the clinical course and retake it once a clinical site/preceptor can be secured. Otherwise, the student risks not having enough time to complete the required hours before the end of the semester, receiving a failing grade, and repeating the course. (See also [Clinical Course Requirements](#) and [Note for Dual Program Clinical Students](#))

Documentation and Verification of Clinical Contact Hours

Students are to complete the Verification of Clinical Hours form upon completion of each clinical day.

Required information includes the date, start time at the clinical site, time contact with preceptor is concluded (finish time), the total number of contact hours for the day, and the cumulative semester clinical hours. The student should obtain the signature of the preceptor at the conclusion of each clinical day to verify the number of clinical hours claimed.

On a daily basis, students are required to log clinical hours in Typhon. The student is responsible for documenting all clinical hours for the prior week before Sunday, or those hours will not be counted towards the course total.

Course faculty will review documented hours and activities on a weekly basis and provide comments to direct student learning and future clinical experiences. Students should respond to questions from course faculty within 72 hours of receipt. Failure to record clinical activities in Typhon or respond to instructor comments may jeopardize the student's ability to meet course objectives (and pass the course).

The student's clinical experiences and hours provide a basis for student-instructor interaction. MSN student clinical experiences will require portfolio completion as part of the NUR 770 course. A running total of clinical experiences and supervised hours will build an electronic professional portfolio that will provide information for a determination regarding student progression toward course objectives.

Formative (mid-term) and Summative (end-of-term) Assessments

Faculty will contact approved preceptors at the beginning of each course to clarify clinical objectives and review the process for completion and submission of the assessments. Formative and summative assessments involving the student, the instructor, and the preceptor are conducted at mid-term and end-of-term. These assessments reflect national guidelines and competencies, progression toward meeting course objectives, and student-instructor-preceptor interactions. Faculty contact the primary preceptor with whom the majority of hours are completed to arrange the assessments, conducted at midterm and end-of-term, using videoconferencing technology.

To pass a clinical course, in addition to passing all course assignments, the student must receive a minimum score of 80% on their final (summative) clinical evaluations from their preceptor(s). If a student does not receive a satisfactory evaluation, this will result in course failure. If the student is not on Academic Probation, a plan for remediation will be crafted by the Program Director and Course Instructor. The remediation must be successfully completed in order to move forward with a program of study.

Constituent Responsibilities Surrounding Clinical and Site Selection and Maintenance **Responsibilities of the University**

1. The University will initiate an education affiliation agreement between the preceptor site and the University. The agreement will be signed by the person authorized to sign documents at the Clinical Site and the University Provost or their designee.
2. The University will provide the coursework that establishes the foundation for clinical practice.
3. The University will maintain contact with each preceptor to evaluate the student and assist the student and preceptor in accomplishing the course objectives.
4. The University will provide all materials required for evaluation of the student's performance in the preceptor's clinical setting.

Responsibilities of the Faculty

1. The Director of Clinical Education is responsible for evaluating appropriateness of clinical site and

- ensuring completion of student evaluation forms.
2. The Director of Clinical Education is responsible for assuring all documents related to the Preceptor Profile and Acknowledgement and the Affiliation Agreement are completed.
 3. The Course Faculty is responsible for scheduling communication with student preceptors to gain preceptor input on student performance. These conversations should occur minimally at the beginning of each clinical course, midterm, and in the final week of clinical for each course.
 4. The Course Faculty is responsible for reviewing the Verification of Clinical Hours form that is submitted on a weekly basis by the student.
 5. The Course Faculty is responsible for counseling the Student if clinical hours are not completed as scheduled.
 6. The Course Faculty is to ensure all evaluation processes are completed in a timely manner (Student evaluation of Preceptor, Preceptor evaluation of Student, Student self-assessment, Student evaluation of course, Student evaluation of Course Faculty.)
 7. The Course Faculty is responsible for reviewing log entries in Typhon on a weekly basis and providing feedback to students as needed.
 8. The Course Faculty is responsible for interacting with the students in the clinical discussion forum weeks 2-14.

Responsibilities of the Preceptor

1. The Preceptor will provide a setting that enables students to gain clinical experience relevant to program objectives.
2. The Preceptor will function as a role model, providing clinical teaching and supervision for the student in the practice of assessment and management specific to patient care needs.
3. The Preceptor will cosign all official records or documents with entries by the APRN student.
4. The Preceptor will participate in conversations with the Course Faculty to discuss the student's progress and learning needs.
5. The Preceptor will provide input regarding clinical evaluation of the student by completing and submitting the Preceptor Evaluation of the Student Form to the Course Faculty within 72 hours after the last student clinical day.
6. The Preceptor is expected to notify the Course Faculty immediately when the performance of the student is in question.

Responsibilities of the Student

1. The Student is responsible for demonstrating professional and ethical behaviors in all communication and interactions with Faculty, Preceptors, patients, families, and all persons in the healthcare environment.
2. The Student is responsible for completing and submitting all forms relating to the clinical experiences: Form A, Form D, proof of student RN license in state of clinical experience, proof of preceptor license and board certification, preceptor CV, and all CastleBranch requirements.
3. The Student is responsible for knowing and completing all requirements set forth by their clinical site, which may differ from the requirements set forth by RMU.
4. The Student is responsible for providing a copy of the course objectives to each Preceptor during the length of the program.
5. The Student shall develop a mutually agreeable schedule with the Preceptor that provides 8-16 hours per week of direct patient care, depending on the total number of clinical hours required for each course.
6. The Student will move from observed through assisted to performed direct, supervised patient

care as documented in Typhon.

7. The Student will participate in conferences with the Preceptor and Course Faculty to discuss progress and identify learning needs.
8. The Student will enter data from clinical experiences into Typhon within 7 days of patient contact.
9. The Student will enter a minimum of 1 patient encounter per 1 hour of clinical experience. The Student will document all patient encounters in Typhon.
10. The Student will upload half of clinical notes in Canvas by the time they complete half their hours for midterm evaluation, and the remaining clinical notes by the time they complete their hours for final evaluation. Students may not have more than 2 ungraded clinical notes before submitting additional notes.
11. The Student will participate in the course, Faculty, Student, and Preceptor evaluation processes.
12. The Student will comply with the Health Insurance Portability and Accountability Act (HIPAA) and Occupational Safety and Health Administration (OSHA) guidelines. Students will not use patient identifiers in Canvas during discussions of clinical encounters or when submitting notes. Students will complete online training programs either through their clinical sites or through an approved organization at the beginning of the first clinical course and should retain certificates of completion as clinical agencies may require students to provide copies of certificates of completion prior to beginning clinical hours. Students must submit these documents to the program via CastleBranch.
13. Specific questions relating to each clinical course should be directed to the Faculty for the course.
14. The Student will track the number of patients by population, ensuring that patients across the lifespan have been seen as appropriate.

Appropriate Clinical Activities and Abilities upon Completion of FNP, PMHNP, ENP programs

Clinical Activities for FNP Students

Students in the FNP programs are expected to develop progressively advanced skills with completion of each of the age-focused clinical rotations. Preceptors and students engage in the clinical experiences with the understanding of the following:

1. FNP student involvement in clinical rotations will be under the direction of the approved preceptor, with the faculty available by telephone and/or email.
2. FNP students are in an advanced practice nursing educational program. FNP students are not currently licensed as Advanced Practice Registered Nurses (APRN) in the required specialty and, therefore, may only practice under the guidance of an approved preceptor.
3. FNP students will be participating in patient care activities, but only under the supervision of the approved preceptor.
4. Approved preceptors are responsible for any services provided by the FNP students while acting in the designated student role.
5. FNP students shall not be independently responsible for documentation of care. Students shall sign any documentation as a student, with first initial, last name, RN, FNP student (e.g., S. Smith, RN, FNP student).
6. FNP students should develop skills in the more common procedures associated with primary care. The FNP students may perform the following procedures under the guidance of a preceptor:
 - Airway management (does not include intubation)
 - Skin and wound management: e.g., minor puncture wounds, animal and human bites, minor burns, soft tissue foreign body removal, simple wound closure
 - Management of nail and nail bed conditions: e.g., ingrown toenails, subungual hematoma, paronychia

- Incision and drainage procedures: e.g., subcutaneous abscess, pilonidal cysts, Bartholin's cysts, obtaining specimens for culture and sensitivity
- Examination and treatment of common eye conditions: e.g., foreign body removal, chemical substance irrigation, contact lens removal
- Examination and treatment of common nose conditions: e.g., epistaxis control, foreign body removal
- Examination and treatment of common ear conditions: e.g., cerumen removal, foreign body removal, auricular hematoma
- Examination and treatment of common musculoskeletal conditions: e.g., arthrocentesis, therapeutic joint injections, joint dislocations, extremity splinting and casting
- Examination and treatment of common urologic conditions: e.g., urinalysis, cultures, catheterization
- Examination and treatment of common reproductive conditions: e.g., pap smear, vaginal/rectal cultures, vaginal microscopy

Upon completion of the educational program, FNP students demonstrate ability of the following:

1. Integrate scientific findings from nursing and other sciences when designing and implementing outcome measures in diverse settings and age groups.
2. Demonstrate leadership skills that emphasize ethical and critical decision-making, financial responsibility, effective working relationships, and a systems perspective.
3. Articulate and apply methods, tools, performance measures, and standards when applying quality principles within an organization.
4. Synthesize and apply theories, models, and research findings to nursing practice, education, and management to guide an organization or healthcare system toward successful outcomes.
5. Apply patient-care technologies and informatics to coordinate and enhance care and communication.
6. Analyze ethical, legal, and social factors influencing development and implementation of health policy and healthcare delivery.
7. Demonstrate critical thinking and decision-making when planning, implementing, and evaluating primary care interventions for culturally and age-diverse populations.
8. Analyze the impact of ethical and legal principles on the planning and delivery of primary care.
9. Critique evidence-based practice protocols for application in primary care.
10. Articulate a personal philosophy and framework acknowledging professional accrediting agency competencies relating to the role and scope of practice of the family nurse practitioner.
11. Implement the role of the Family Nurse Practitioner in selected clinical settings, specifically pediatrics, women's health, primary care, and internal medicine.

Clinical Activities for PMHNP Students

Students in the PMHNP programs are expected to develop progressively advanced skills with completion of each of the age-focused clinical rotations. Preceptors and students engage in the clinical experiences with the understanding of the following:

1. PMHNP student involvement in clinical rotations will be under the direction of the approved preceptor, with the faculty available by telephone and/or email.
2. PMHNP students are in an advanced practice nursing educational program. PMHNP students are not currently licensed as Advanced Practice Registered Nurses (APRN) in the required specialty and, therefore, may only practice under the guidance of an approved preceptor.
3. PMHNP students will be participating in patient care activities, but only under the supervision of

the approved preceptor.

4. Approved preceptors are responsible for any services provided by the PMHNP student while acting in the designated student role.
5. PMHNP students shall not be independently responsible for documentation of care. Students shall sign any documentation as a student (e.g., S. Smith, APRN, PMHNP student).

Upon completion of the educational program, PMHNP students demonstrate ability of the following:

1. Assume a psychiatric/mental health nurse practitioner role in a variety of health care settings;
2. Assess, diagnose, and manage common acute and chronic psychiatric and mental health care problems of individuals and families across the lifespan;
3. Identify the epidemiologic roots of mental health problems affecting family/community systems;
4. Evaluate the impact of environmental stressors on individual, family, and community mental health;
5. Design and implement mental health promotion and psychiatric illness prevention strategies based on clinical evidence and best practice literature;
6. Demonstrate analytical methodologies for the evaluation of clinical practice and the application of scientific evidence;
7. Collaborate with the interprofessional teams necessary to improve clinical care for select populations of clients and those in settings unique to mental health care.

Clinical Activities for ENP Students

Students in the ENP programs are expected to develop progressively advanced skills with completion of each of the age-focused clinical rotations. Preceptors and students engage in clinical experiences with the understanding of the following.

1. ENP student involvement in clinical rotations will be under the direction of the approved preceptor, with the faculty available by telephone and/or email.
2. ENP students are in an advanced practice nursing educational program validated by the American Academy of Emergency Nurse Practitioners (AAENP). ENP students are not currently licensed as Advanced Practice Registered Nurses (APRN) in the required specialty and, therefore, may only practice under the guidance of an approved preceptor.
3. ENP students will be participating in patient care activities, but only under the supervision of the approved preceptor.
4. Approved preceptors are responsible for any services provided by the ENP students while acting in the designated student role.
5. ENP students shall not be independently responsible for documentation of care. Students shall sign any documentation as a student, with first initial, last name, APRN or RN, and ENP student (e.g., S. Smith, APRN, ENP student)
6. ENP clinical settings will be direct patient care, which can occur in ambulatory, urgent, and emergent care settings (and in 2 specialty areas: radiology and anesthesia.) The majority of your total program hours must occur in an emergent setting.

Upon completion of the educational program, ENP students demonstrate ability of the following:

1. Screen, assess, and stabilize individuals who are critically ill, and manage crises and disasters.
2. Prioritize differential diagnoses, interpret findings, apply harm reduction principles, and use evidence-based practice.
3. Perform diagnostic and therapeutic procedures, prescribe pharmaceuticals, collaborate with other professionals, manage multiple patients, alter plans of care, resuscitate, and manage pain and

sedation – all based on best practice evidence.

4. Plan for and initiate patient disposition from admission to discharge, including education for discharge, collaborating with patient, family, and other professionals.
5. Integrate professional, legal, and ethical principles into care, including documentation, cultural competence, interventions for at-risk and vulnerable individuals, and adherence to ethical standards.

Note: Upon completion of a dual program, the program outcomes for both clinical specialties will be met.

Specific questions relating to each clinical course should be directed to the course instructor. Students are expected to provide program and course objectives to preceptors.