Oral Roberts University

College of Health Sciences, Anna Vaughn School of Nursing

Graduate Student Handbook

2025- 2026

The contents serve as a guide and may be changed or amended at any time. When changes occur, students will be notified via ORU email, D2L course announcements and/or D2L News items. The Graduate Student Handbook is not a contract, implied or otherwise.

Table of Contents

ORU's Anna Vaughn School of Nursing

Preface

The student is expected to abide by all policies stated herein as well as all University policies, ORU AVSON policies and the University's Academic Catalog.

The student is expected to carefully read this Handbook in its entirety. You will be held responsible for all the information it contains. Your signature on the final page signifies that you have read the Handbook and agree to abide by all policies and procedures herein.

The Graduate Student Handbook is not a contract, expressed or implied, and is subject to change. Any clinical program revisions will be communicated to the student via university e-mail and/or posted from Faculty via the clinical courses.

*The Doctor of Nursing Practice program at Oral Roberts University is accredited by the Commission on Collegiate Nursing Education (**http://www.ccneaccreditation.org**).*

AVSON and DNP Mission and Vision Statements

Anna Vaughn School of Nursing Mission Statement:

The mission of the Anna Vaughn School of Nursing, including the MSN and DNP Programs, is to prepare professionally competent graduates – whole in spirit, mind, and body – who go into every person's world to address physical, psychosocial, and spiritual health of individuals, families, communities, and populations through the ministry of nursing.

DNP Vision Statement:

To build Spirit-empowered advanced practice registered nurses (APRNs) who can go into every person's world with quality medical knowledge, skills and evidence-based clinical leadership.

ORU AVSON Administration

Dean, College of Health Sciences – Dr. Dean Prentice, DHA, RN – 918-495-6198 – dprentice@oru.edu

Associate Dean, School of Nursing – Dr. Audrey Thompson, PhD, RN - 918-495-6140 - athompson@oru.edu

MSN to DNP Coordinator

Dr. Brenna Bohatec, DNP, APRN, FNP-BC - 918-495-6331 - bbohatec@oru.edu

DNP Administration

DNP Program Director – Dr. Brenna Bohatec, DNP, APRN, FNP-BC - 918-495-6331 - bbohatec@oru.edu

DNP Faculty

FNP Clinical Coordinator – Brenna Bohatec, DNP, APRN, FNP-BC

Women's Health Clinical Advisor – Karen McDonald, DNP, APRN, FNP-BC – kmcdonald@oru.edu

Pediatric Clinical Advisor – Brenna Bohatec, DNP, APRN, FNP-BC

Family Medicine I Clinical Advisor – Ashley Southern DeVoe, DNP, APRN, FNP – asdevoe@oru.edu

Family Medicine II Clinical Advisor – Ashley Southern DeVoe, DNP, APRN, FNP

University Student Learning Outcomes

Spiritual Integrity
Students will learn to hear God's voice by deepening their relationship with Jesus Christ and increasing their sensitivity to the Holy Spirit—for themselves and for others. Students will pursue wholeness and integrity in their relationships with others and with God. Students will expand their Biblical knowledge, approach life from a Spirit-empowered worldview and be able to share the gospel of Jesus Christ.

Personal Resilience
Students will learn the skills needed for motivation and perseverance in addressing the complexities of life. Students will develop the knowledge, skills and strategies required to adapt appropriately to changing environments. Students will honor God by embracing wellness through self-management and self-care to include physical exercise, good sleep patterns, and proper nutritional habits.

Intellectual Pursuit
Students will learn to develop problem-solving, critical-thinking and decision-making skills in preparation for professional careers. Students will demonstrate an increase in knowledge and increased capacities for knowledge attainment. They will participate in identifying, analyzing, and creating solutions for the world's greatest problems.

Global Engagement
Students will learn to model respect, responsibility, flexibility, adaptability, and sacrifice as they navigate the challenges and opportunities of a globalized world. Students will learn to use multiple strategies to develop culturally responsive relationships that support and encourage constructive change.

Bold Vision
Students will learn to recognize, develop, and communicate bold responses for today's complex issues. Students will contemplate God's purpose for their lives and God's vision for their futures while also seeking to understand the world's challenges and how these dynamics intersect. Practical, scalable objectives that assist students in moving from vision to reality will be learned as they are challenged to bring hope and transformation to the world.

DNP Program Outcomes

1) integrate theoretical and scientific knowledge to provide safe, evidence-based health care to individuals and populations in a variety of settings;

2) apply clinical scholarship methods to make ethical clinical and system decisions to improve healthcare outcomes;

3) use clinical scholarship, leadership, and advocacy skills to influence health policy to improve healthcare outcomes;

4) apply information systems and technology to support clinical and organizational decision making and

5) perform whole person, Spirit-empowered leadership in APRN practice in inter-professional collaboration and in the support and progression of healthcare operations.

DNP Clinical Deadlines and Timelines

Oral Roberts University's Anna Vaughn School of Nursing

BSN-DNP with FNP Concentration and MSN to DNP Tracks

	Fall Clinicals	Spring Clinicals	Summer Clinicals
Completed **Clinical Packet due by:**	**May 1st**	**October 1st**	**February 1st**
Date range to ***complete*** TB test, physical exam and drug screen, if needed	March 1 – April 30	Aug 1 – Sept 30	Dec 1 – Jan 31
Target date to submit your Preceptor info to Dr. Bohatec	May 1	Oct 1	Feb 1
Clinicals typically begin:	2nd or 3rd week of August	2nd or 3rd week of January	1st week of May
Clinical duration:	14 weeks	14 weeks	14 weeks

ORU | MAKE NO LITTLE PLANS HERE

DNP Specialty, Conference, Virtual and International Clinical Hours

Oral Roberts University's Anna Vaughn School of Nursing

BSN-DNP Program with FNP Concentration

	*Specialty Hours	*Conference Hours	*Virtual Hours	* International Hours
Requests due with Clinical Packet	**May 1 – for Fall Oct 1 – for Spring Feb 1 – for Sum**	**May 1 – for Fall Oct 1 – for Spring Feb 1 – for Sum**	**May 1 – for Fall Oct 1 – for Spring Feb 1 – for Sum**	**May 1 – for Fall Oct 1 – for Spring Feb 1 – for Sum**
GDNP 621 – Prim Care for Fam I – Women's Health (125) 10% total	10% or 12.5 hours (handled on an individual basis)	10% or 12.5 hours (handled on an individual basis; fees are paid by the student)	10% or 12.5 hours (handled on an individual basis)	10% or 12.5 hours (handled on an individual basis)
GDNP 623 – Prim Care for Fam II – Pediatrics (225) 10 % total	10% or 22.5 hours; up to two 11-hour rotations or may apply all 22.5 hours to one specialty	Max: 16 hours - handled on individual basis (fees are paid by the student)	Max: 10 hours (handled on individual basis)	10% or 22.5 hours (handled on individual basis)
GDNP 633 – Prim Care for Fam III – Fam Med I (325) 20% total	20% or 65 hours total; up to two 32.5-hour or three 22-hour rotations (max amount per specialty = 32.5 hours) Exception: urgent care – handled on an individual basis	Max: 24 hours - handled on an individual basis (fees are paid by the student)	Max: 10 hours (handled on individual basis)	10% or 32.5 hours (handled on individual basis)
GDNP 637 – Prim Care for Fam IV – Fam Med II (325) 20% total	20% or 65 hours total; up to two 32.5-hour or three 22-hour rotations (max amount per specialty = 32.5 hours) Exception: urgent care– handled on an individual basis	Max: 24 hours - handled on an individual basis (fees are paid by the student)	Max: 10 hours (handled on individual basis)	10% or 32.5 hours (handled on individual basis)
Do I have to submit my own clinical course objectives?	no	No but must submit conference agenda and objectives and any other info requested (fees are paid by the student)	Yes Min of two	Yes Min of two (usually supplied by the international provider)

What specialty areas are allowed?	GI, CV, rheumatology, endocrinology, pulmonology, dermatology, orthopedics and urgent care	Must pertain to course objectives and offered by a well-known organizer approved by Director and/or DNP Committee.	n/a	GI, CV, rheumatology, endocrinology, pulmonology, dermatology, orthopedics and urgent care
Can specialty areas be repeated?	no	no	no	no

Final decision for specialty, conference, virtual and/or international hours lies with the Director and/or DNP Committee.

***Specialty hours are not guaranteed**.*

The maximum specialty hours allowed *per practicum* is 10-20% *total*. This includes specialty, conference, virtual and international combined. Women's Health and pediatrics may have up to 10% specialty hours and the final two family medicine practicums may have up to 20% of their total practicum hours as specialty hours.

Note: beginning with 2025-2026 (Cohort 5), clinical hours will raise to:

WH = 125 hours

Peds = 225 hours

Fam Med I = 325 hours

Fam Med II = 325 hours

FNP Core Courses: Clinical Courses, Clinical Hours, Residencies & Exams

FNP Core Courses (for FNP certification preparation)	Clinical Courses	Clinical Hours, Residency, Exams
GDNP 616 – Advanced Pathophysiology		
GDNP 617 – Advanced Health Assessment		(30 lab hours) – on-campus residency
GDNP 618 – Advanced Pharmacology		APEA 3P Exam
GDNP 655: Transitioning to the APN Role		
GDNP 620 – Primary Care for the Family I – *Women's Health	GDNP 621 – Primary Care for the Family I Practicum – Women's Health	125 On-campus residency APEA WH Comp Exam
GDNP 622 – Primary Care for the Family II - **Pediatrics	GDNP 623 – Primary Care for the Family II Practicum – Pediatrics	225 On-campus residency APEA Peds Comp Exam
GDNP 632 – Primary Care for the Family III – Young and Middle Adults	GDNP 633 – Primary Care for the Family III Practicum – Young and Middle Adults	325 On-campus residency APEA Univ Pre-Predictor Exam
GDNP 636 – Primary Care for the Family IV – Adults and Older Adults	GDNP 637 – Primary Care for the Family IV Practicum – Adults and Older Adults	325 On-campus residency APEA Predictor Exam
GDNP 657 – Advanced Skills Practicum	GDNP 657 – Advanced Skills Practicum	On-campus residency
Total Direct Clinical Hours:		1,000 + 30 lab hours

DNP Clinical Preparation

Preparation:

Follow the guidelines in selecting preceptors. Preceptors can only be nurse practitioners or physicians. Each preceptor must have a minimum of two years' experience as an NP or MD/DO and a minimum of two years' experience in the area they will be precepting.

Women's Health: NPs must be either an FNP working solely in WH or a WHNP. The MD/DO must be an OB/Gyn.

Pediatrics: NPs must be either an FNP working solely in peds or a PNP. The MD/DO must be a pediatrician.

Family medicine (your last two practicums): must be an FNP or MD/DO that sees all ages and genders in family medicine. Your didactic content will focus on adult health but you must see all ages in clinicals to prepare for FNP certification.

eLogs and Clinical Hours Submissions:

You will utilize eLogs to record all patients and hours spent in clinicals – including patient preparation time, direct patient care ("Total Client Time") and non-clinical time ("Total Alternate Time"). The only hours that count toward your course requirements are Total Client Time (see below) *for the population specified to meet course objectives*. You may include time spent reviewing the chart, looking up medication dosages, etc. but will only be granted up to one hour per patient. If you are not actively seeing patients, you record this time in Total Alternative Time but this does not count toward your course requirement.

Total Clients Reported:	302	
Total Client Time:	**11010Minutes**	**183.5Hours = applies to course objectives**
Total Alternative Time:	990Minutes	16.5Hours
Total Clinical Time:	12000Minutes	200 Hours

eLog Student Report 5 = clinical hours recorded (see above)
eLog Preceptor Report 6 = Preceptor-authenticated clinical hours and the ONLY hours that apply to your course objectives. NOTE: your Student Report 5 and Preceptor Report 6 must match and be turned in together as indicated in the syllabus. Without Preceptor Report 6, you have ZERO hours.
eLog Student Report 7 = patient cases. This is what your portfolio is built from so enter all patients seen!

Clinical Hours and Minimum Number of Patients

Your required clinical hours are set and you cannot go above them. Once you have completed your required clinical hours, you must leave the facility.

Your *minimum* number of patient cases is set; however, you can see as many patients as possible. For GDNP 621, you may only apply FEMALE cases to your course objectives; in GDNP 623, you may only apply PEDS cases (18 years or younger).

Patient Totals Expected per Practicum:

For GDNP 621, you should average one female patient per hour. For GDNP 623, you should average two pediatric patients per hour. For GDNP 633, you should average 2-3 patients per hour (all ages) and for GDNP 637, you should average 3+ patients (all ages) per hour.

National Task Force (2022)

The FNP Program aligns with the National Task Force's (NTFs*) Standards for Quality Nurse Practitioner Programs* (2022). Clinical practicums, on-campus residencies, clinical onsite visits and simulation experiences support

Chapter 2: Resources – criterion II.B (DEI), II.C, II.E and II.G
Chapter 3: Curriculum – criterion III.A, III.B, III.E (simulation), III.F (interprofessional experiences), III.G, III.H (simulation), III.I, III.J, III.K (simulation), III.L
Chapter 4: Evaluation – criterion IV.B, IV.C (DEI), IV.G and IV.H and IV.I (simulation, onsite visits, residencies), IV.J (simulation)

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/2022/ntfs_/ntfs_final.pdf

NONPF NP Role Core Competencies (2022)

In alliance with the National Organization of Nurse Practitioner Faculties' (NONPF) *NP Role Core Competencies* (2022), this program provides learning opportunities to support the following ten NP Domains and forty-five competencies:

1. **Knowledge of Practice** with three competencies
2. **Person-Centered Care** with nine competencies
3. **Population Health** six competencies
4. **Practice Scholarship and Translational Science** three competencies
5. **Quality and Safety** with three competencies
6. **Interprofessional Collaboration in Practice** with four competencies
7. **Health Systems** with three competencies
8. **Technology and Information Literacy** with five competencies
9. **Professional Acumen** with six competencies
10. **Personal and Professional Leadership** with three competencies

The Anna Vaughn School of Nursing's BSN to DNP Program with FNP Concentration and MSN to DNP tracks incorporate the ten nurse practitioner role core competency areas as described by the NONPF into our curriculum. ORU's DNP Program values the education and skills content it contains.

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/20220825_nonpf_np_role_core_.pdf

DNP Core Courses and Hours Required

Core Courses (for doctoral degree completion)	DNP Scholarly Project Course	Hours
GDNP 700* (MSN to DNP track)		*Varies depending on number of hours needed
GDNP 712		
GDNP 715	yes	
GDNP 718		
GDNP 724		
GDNP 725	yes	20
GDNP 726		
GDNP 730		
GDNP 742		
GDNP 746		
GDNP 750		
GDNP 811	yes	
GDNP 813	yes	
Total Indirect Hours:		20

Note: students in the MSN to DNP track must complete a total of 500 post-Master's clinical hours. 125 indirect clinical hours are built into the courses so you will complete 375 clinical hours with a Preceptor. Typically, your Preceptor is your contact person where you will complete your DNP Scholarly Project and/or your Chairperson. If your Preceptor is not doctoral-prepared, they must have a strong background in the area you will be researching. You will undergo the same Preceptor vetting process as the FNP-DNP track.

For those that have post-Master's clinical hours, they should apply to the 500 hour total and will be calculated via credit transfer through the Registrar's Office and the DNP Department. You will receive instructions from the Director on this process at admission.

DNP Policies and Procedures

DNP Program, Oral Roberts University, College of Health Sciences

DNP01 – FNP Clinical Admission (*Program* admission is outlined in the Admissions Checklist)

For admission into Oral Roberts University's first FNP clinical rotation, Students must achieve the following academic criteria: 1) "B" or better in all courses; 2) passed the Advanced Practice Education Association's (APEA) 3P Exam at the end of Pharmacology. Note: Students must complete GDNP 657, *Advanced Skills Practicum*, prior to entering GDNP 633, the first family medicine practicum. Advanced Health Assessment and Advanced Pharmacology transfer credits will be reviewed on an individual basis. The program must be completed within 5 years of your first day of GDNP 616, *Advanced Pathophysiology*.

For admission into Oral Roberts University's first DNP clinical rotation, the Student must also have:

1) successfully completed OSHA training, if required by the site. It will be the Student's responsibility to complete the site's requirements.

2) successfully completed HIPAA training, if required by the site. It will be the Student's responsibility to complete the site's requirements.

3) a contract acknowledging at least 2,000 hours worked as a professional nurse, if applicable

4) a physical exam by a physician or NP within six months of first clinical, including either the Annual TB History Screening Form (completed by the provider ONLY if you have a history of TB, LTBI or a positive test) or the Annual TB Screening Questionnaire (completed by the Student). Note: refer to the DNP Pre-Clinical Requirements Checklist (Appendix F) for specific TB requirements.

5) passed a 10-panel urine or serum drug screening within six months of first clinical

6) a satisfactory criminal background check done through the University since admission to the DNP program

7) a current CPR certification, the American Heart Association's (AHA) BLS Provider. It cannot expire during the first clinical practicum. No other CPR certifications are accepted by AVSON.

8) a current, unencumbered RN license in the state where clinical rotations will occur. It cannot expire during the first clinical practicum.

9) Health insurance (front and back of card required). It cannot expire during first clinical practicum.

10) Student malpractice insurance. It cannot expire during the first clinical practicum.

11) an updated and accurate immunization record according to the Centers for Disease Control's (CDC) Adult Immunization schedule: https://www.cdc.gov/vaccines/imz-schedules/adult-easyread.html Refer to the DNP Pre-Clinical Requirements Checklist (Appendix F) for specific requirements.

12) an ORU FNP Student ID. It cannot expire during first clinical practicum.

13) a signed and dated Clinical Preceptor Request (Appendix A)

14) a signed and dated Expectations of the NP Student and Clinical Preceptor Checklist (Appendix C); each line must be initialed by both the Student and Preceptor. For those residing outside OK, your Onsite Visit will be conducted virtually via Zoom. Make sure this is indicated on the Preceptor's side *prior* to their signature.

15) a completed Practicum Site and Clinical Preceptor Authorization Request Form (Appendix B) – note the four things required by your NP Preceptors and three things from MD/DO Preceptors.

16) a signed Assumption of Risk for the first clinical practicum (Appendix E)

17) a signed Graduate Student Handbook Acknowledgment for that clinical practicum (final page)

18) a completed Clinical Rotation Agreement

19) approval from the Director of the DNP Program

***Any fees are the student's responsibility unless otherwise noted.**

**** MSN to DNP Clinical Admission is discussed in the GDNP 700 Syllabus.**

DNP02 – FNP Clinical Progression (Program progression is outlined in the syllabi)

In order to progress from one ORU FNP clinical rotation to the next, the Student must achieve/maintain:

1) a "B" or better in all coursework:

2) favorable evaluations from their Clinical Advisor and Clinical Preceptor. If an unfavorable evaluation is attained, the Student can request a meeting with the Director to determine next steps. This may or may not include a review by the Dean, Associate Dean and/or DNP Committee. If deemed necessary by the Dean, Associate Dean and/or Director and/or DNP Committee, the Student may be dismissed from the Program or repeat the clinical practicum if applicable. If the unfavorable clinical evaluation is from the Director and/or a DNP Committee member acting as the Clinical Advisor, they are excused from the final determination but may be present for explanation and clarification, if needed. Failure of a clinical course results in Program dismissal. There are no clinical course retakes.

3) completion of required clinical hours and minimum number of patient cases in all previous clinical practicums

4) completion of all Skills Checklists in all previous clinical practicums

5) passed all APEA exams with minimum score required according to APEA benchmarks

6) for entrance into practicum GDNP 633, *Primary Care for the Family III, Adults and Older Adults:* successfully passed GDNP 657, *Advanced Skills Practicum*.

7) completed OSHA and HIPAA trainings if required by the site

8) completed annual physical exam by a physician or NP within the last 12 months

9) passed a 10-panel urine or serum drug screen within the last 12 months or as deemed necessary by ORU Faculty or Administration or as required by a clinical site

10) a satisfactory criminal background check – only if a repeat report is deemed necessary by Faculty or Administration or if required by a clinical facility

11) current RN license and CPR certification. They cannot expire during the practicum-see DNP01 for specifics.

12) health and malpractice insurances. They cannot expire during current clinical practicum.

13) current adult immunizations, including a negative TB test within the last 12 months with an Annual TB Screening Questionnaire (Appendix H) for those *without* history of disease, LTBI or a positive TB test filled out by the Student; OR a TB History Screening Form (Appendix G) filled out by a physician or NP annually with the

physical exam for those that *have* a history of TB disease, LTBI whether treated or untreated or a positive TB test. Please follow the list provided on the DNP Pre-Clinical Requirements Checklist (Appendix F).

14) current ORU FNP Student ID that cannot expire during the current clinical practicum

15) a signed and dated Clinical Preceptor request (Appendix A); a completed Practicum Site and Clinical Preceptor Authorization Request Form (Appendix B with the 3 or 4 tings required of the Preceptor) and a signed and completed Expectations of the NP Student and Clinical Preceptor Checklist (Appendix C). For those residing outside OK, your Onsite Visit will be conducted virtually via Zoom. Make sure this is indicated on the Preceptor's side *prior* to their signature.

16) a signed and dated Assumption of Risk form for that clinical rotation (Appendix E)

17) a signed and dated Graduate Student Handbook Acknowledgment for that clinical practicum (final page)

18) Clinical Rotation Agreement

19) approval from the Director of the DNP Program

***Any fees are the student's responsibility unless otherwise noted.**

**** MSN to DNP Clinical Progression is discussed in the GDNP 700 Syllabus.**

DNP03 – DNP Program Progression

A student may progress through the DNP program as long as they successfully complete their **non-clinical course(s)** with a B or better, satisfy all other progression criteria as outlined in the syllabi and do not fall under any criteria for dismissal as indicated in DNP04. A student is dismissed from the program if they fail two non-clinical courses. If the student withdrew from a course due to poor academic performance, this constitutes their first try, even though the course was not completed. If a student withdrew for outside reasons other than academic performance, their status will be evaluated by the DNP Committee on an individual basis. Clinical courses may only be taken once.

DNP04 – DNP Program Dismissal, Incomplete Grades or DNP Modification Plan

PROGRAM DISMISSAL
In addition to violation of University and/or AVSON policies or the University Honor Code, the following actions are grounds for dismissal from the DNP Program:

1. Falsification of records and reports: including clinical documents or any other assignment.
2. Cheating: including clinical assignments, exams, tests, quizzes or any other assignment.
3. Plagiarism: defined as the intentional reproduction of another person's ideas, words, statements or art/graphics and claiming as your own. Students are expected to properly cite: 1) direct quotes; 2) another person's ideas, opinions or art/graphics; or 3) statistics, facts or other materials created by someone else.
4. Unprofessional behavior: Faculty and/or Administration reserve the right to dismiss any Student that violates the Honor Code. Professional behavior is an expectation online, in the classroom and in the clinical environments with Faculty, Administration, patients, patient families/caregivers/friends, one another and other healthcare professionals.
5. Intentional violation of client and/or agency confidential information (HIPAA violation) will result in dismissal from the Program. All HIPAA violations will be reported to the appropriate authorities and/or the site's compliance officer which may result in further disciplinary action and/or penalties.
6. Unsafe practice: Students considered by Faculty and/or Administration to be unsafe practitioners or whose progress in meeting Program objectives is judged unsatisfactory may be dismissed from the Program. This includes failure to achieve critical elements on clinical evaluations.
7. Violations of social media policy DNP07: If improper social media postings are identified, this will result in immediate disciplinary action and may include dismissal from the Program.
8. Failure to report an adverse event within 24 hours to the DNP Director – see DNP08.

9. Failure to disclose a change in medical or malpractice insurance coverage – see DNP11.
10. Any violation of a clinical site's policies and procedures.
11. Any outside arrests or interactions with law enforcement which implicates criminal activity by the Student. This includes failure to disclose such information.

INCOMPLETE GRADES

An "Incomplete" may be issued when a Student is unable to complete course requirements by the published due date. Course requirements must be satisfied by the end of the next semester or the student receives a failing grade. All University policies regarding incomplete grades are applicable to nursing courses. In the rare instance an Incomplete grade is assigned, the following are in effect:

1. An Incomplete will not be used for remedial work; existing student work must be a B or better.
2. If an Incomplete is received in a clinical course, enrollment in the next clinical course is dependent upon Faculty or Administration evaluation of the status of Incomplete course assignments and Student status in the DNP Program.
3. Progression will not be allowed until the pre-requisite course requirements are successfully completed.
4. If a Student is completing a course with an Adjunct Faculty member, the Program Director must review the reason for the Incomplete grade and agree to the Incomplete grade assignment.
5. Students will be notified in writing of the change in Faculty.
6. The Student must meet with the FNP Clinical Coordinator and/or DNP Director if the Incomplete is a clinical course or with the DNP Director if it is a non-clinical course to develop a DNP Modification Plan. NOTE: the number of clinical hours will never be extended for clinical course completion. Approval for a clinical course Incomplete grade also depends on availability of faculty.

DNP MODIFICATION PLAN

Students receiving an Incomplete grade may request a modification of their scheduled degree plan via a DNP Modification Plan. The Student must contact the FNP Clinical Coordinator and the DNP Director in writing if referencing a clinical course or the Director if it is a non-clinical course to schedule an appointment to discuss this option. Progression to the next APRN course will be approved by the DNP Director.

The DNP Modification Plan may also be used for Students that are currently enrolled as full-time Students but wish to change to part-time status or vice versa. If a Student wishes to take courses out of sequence (courses without co or pre-requisites), they can request a DNP Modification Plan in writing to the DNP Director.

DNP05 – DNP Readmission

Readmission to the DNP Program will be considered on an individual basis. If a Student formally withdraws or misses one year or more of course work, a formal reapplication to the DNP Program is required online via oru.edu. If the Student missed more than one year of a 3P course (GDNP 617 or GDNP 618), the course must be retaken. If the Student missed more than one year of an APRN and/or APRN clinical course (GDNP 620/621, GDNP 622/623, GDNP 632/633 or GDNP 636/637), the course(s) must be retaken.

***Any readmission fees are the responsibility of the Student unless otherwise noted.**

DNP06 - DNP Student HIPAA Compliance

NOTE: see also DNP07 – DNP Student Social Media Policy

In 1996 the Health Insurance Portability and Accountability Act (HIPAA) was developed to protect patients' rights and confidentiality. In the ever-increasing world of technology, it is important to ensure that *only* those who need to know have access to patient information.

What is PHI?

PHI is any health information that can be tied to an individual, which under HIPAA means protected health information includes one or more of the following 18 identifiers. If these identifiers are removed the information is

considered de-identified protected health information, which is not subject to the restrictions of the HIPAA Privacy Rule.

1. Names (Full or last name and initial)
2. All geographical identifiers smaller than a state, except for the initial three digits of a zip code if, according to the current publicly available data from the U.S. Bureau of the Census: the geographic unit formed by combining all zip codes with the same three initial digits contains more than 20,000 people; and the initial three digits of a zip code for all such geographic units containing 20,000 or fewer people is changed to 000
3. Dates (other than year) directly related to an individual
4. Phone Numbers
5. Fax numbers
6. Email addresses
7. Social Security numbers
8. Medical record numbers
9. Health insurance beneficiary numbers
10. Account numbers
11. Certificate/license numbers
12. Vehicle identifiers (including serial numbers and license plate numbers)
13. Device identifiers and serial numbers;
14. Web Uniform Resource Locators (URLs)
15. Internet Protocol (IP) address numbers
16. Biometric identifiers, including finger, retinal and voice prints
17. Full face photographic images and any comparable images
18. Any other unique identifying number, characteristic, or code except the unique code assigned by the investigator to code the data

https://www.hipaajournal.com/what-is-considered-protected-health-information-under-hipaa/#:~:text=Health%20information%20such%20as%20diagnoses,and%20contact%20and%20emergency%20contact

ORU AVSON DNP Students must:

1) protect each patient's PHI by not disclosing any patient information whether it be written, electronic or verbal both inside and outside of the clinical experience

2) protect each patient's PHI by discussing patient information *only* with those that need-to-know for direct patient care

3) follow DNP07, DNP Student Social Media Policy

DNP07 – DNP Student Expectations During Clinicals

As a Student of ORU's Anna Vaughn School of Nursing, your character and conduct should reflect the values of the University and the Anna Vaughn School of Nursing. The University Honor Code is in effect and should be maintained during your University admission.

DRESS CODE:

The expectation is that you will abide by the dress code policy of your clinical institution. This includes:

1) Clothes are clean, wrinkle-free and without holes and rips.
2) Scrubs are allowed as long as it is within the dress code guidelines for your facility. Only solid navy or black, unless the facility requires a specific color and/or pattern.
3) If you wear a white lab coat, it should be clean and neatly pressed.

4) No jeans, shorts of any length, sleeveless tops or mid-rise tops. Shoulders should be covered at all times. The chest area should be fully covered at all times. No t-shirts with writing unless provided by your clinical facility. Women: dresses and skirts must come to the top of the knees or lower.
5) No open-toed shoes, unless allowed by your clinical facility. If so, toenails must be clean and trimmed and without chipped or peeling polish. No flip-flops allowed.
6) ORU FNP Student ID is prominently displayed above the waist at all times. This is mandatory.
7) Nails are trimmed and clean. If polish is worn, it should not be chipped. NO ARTIFICIAL NAILS.
8) Hair should be clean and neatly pulled back from the face.
9) Men: beards must be neat and trimmed. No visible ear or nasal hair allowed.
10) Make-up should be tasteful. No bright colors.
11) Jewelry should be minimal. Earrings should be small and tasteful. Tiny nose rings are permitted if allowed by your clinical facility.
12) Tattoos: follow your clinical facility's policy. For ORU purposes, any tattoos containing profanity, potentially offensive material or nudity must be completely covered.

MISC:

1) It is the Student's responsibility to know what each clinical site requires before beginning; i.e., a site-specific name tag; orientation videos and/or paperwork; Human Resources paperwork, dress code, etc.
2) It is the Student's responsibility to be prepared for each clinical experience.

3) It is the Student's responsibility to record their clinical hours as directed; have them verified and signed by their Clinical Preceptor biweekly/weekly and submit to D2L as instructed.

4) It is the Student's responsibility to take the Clinical Skills Checklist to each clinical experience and have it signed by the Clinical Preceptor as each skill is performed. It is the Student's responsibility to turn in the completed Checklist by the due date specified in the syllabus each semester.

5) It is the Student's responsibility to take the Clinical Procedure Log to each clinical experience and have it signed by the Clinical Preceptor as each procedure is performed. It is the Student's responsibility to turn in the complete/incomplete Log by the due date specified in the syllabus each semester and the COMPLETED Log before graduation by the due date specified in the final syllabus.

6) The Student is required to participate in at least one onsite visit with their Clinical Advisor for a grade each clinical practicum. The Student and Preceptor will choose a patient willing to participate in a Student-led, problem-focused exam with the Clinical Advisor for feedback and a grade.

DNP08 – DNP Student Social Media Policy

Patients, their families and any clinical experiences involving them must never be discussed on any social media site. A patient's identifying information is only to be discussed with Faculty and other health care providers who have a need to know and have a role in the patient's care. Discussion of a patient's case may only occur with Faculty and peers as part of a course-related assignment in a place where such discussion cannot be overheard. Patients and their families are never to be discussed in a negative manner, even if they cannot be identified. At no time during course discussions is the patient to be identified by name or any other personally identifying information.

Postings on social media sites must never be considered private, regardless of privacy settings. Any social media communication or post has the potential to become accessible to people outside of the intended audience and must be considered public. Once posted, the individual who posted the information has no control over how the information is used. Search engines can find posts, even when deleted, years after it was posted. Never assume that deleted information is no longer available.

• No photos or videos of patients and their families or of any client/patient health records may be taken on any personal electronic devices, even if the patient or family gives you permission.

• Students may not post messages that: incite lawless action, are an expression of intent to inflict bodily harm or property destruction, are harassment, are a violation of discrimination, are defamatory or are otherwise unlawful, untruthful or hurtful.

• Students are prohibited from uploading tests/quizzes, faculty-generated presentations or faculty information to any website or downloading to any personal account.

• Students are prohibited from claiming or implying that they are speaking on behalf of the University or the School of Nursing or the DNP Program or any of the University or School of Nursing Faculty or Administration.

Any violations of DNP07 will result in immediate disciplinary action.

NOTE: see also DNP05 – DNP Student HIPAA Compliance.

DNP09 – DNP Student Emergency and Non-Emergency Procedures

Prior to entering each clinical rotation, the Student is required to sign and date an Assumption of Risk (Appendix E).

EMERGENT EVENT

Should an emergent event occur, follow emergency guidelines ***FIRST***. If necessary, call 911 and receive emergency medical care. The Clinical Incident Report (Appendix U) can be filled out later by yourself, your Preceptor or clinical site staff and submitted to the DNP Director within 24 hours. The report should be completed no more than four hours after the event, if possible. The Student or a clinical site employee should contact the DNP Director immediately. Keep copies of all emergency medical paperwork to include with the Clinical Incident Report (Appendix U). The University and/or the School of Nursing reserve the right to require a medical release from a physician or an NP or a specialist prior to your return to on-campus classes or to the clinical setting. Any fees are the Student's responsibility.

NEEDLESTICK OR SHARPS INJURY AND/OR BODILY FLUID(S) EXPOSURE

Your clinical site should test the source for HIV, and Hepatitis B and C (see: https://www.cdc.gov/nora/councils/hcsa/stopsticks/whattodo.html If state law does not allow for mandatory testing of the source or the source has the right to decline testing or the source did not sign a pre-treatment authorization to test in the event of an exposure, you must be tested at your clinical site, if able, or immediately sent to the nearest testing facility with lab orders from your Clinical Preceptor or other medical personnel. Your medical follow-up will depend on the source's results and/or your results. Keep copies of all medical paperwork to include with the Clinical Incident Report (Appendix U) and file with the DNP Director within 24 hours. The University and/or the School of Nursing reserve the right to require a medical release from a physician or an NP or a specialist prior to your return to on-campus classes or the clinical setting. Any fees are the Student's responsibility.

HAZARDOUS GAS/CHEMICAL OR OTHER OCCUPATIONAL EXPOSURE:

Follow your clinical site's guidelines. Seek immediate medical attention if warranted. Follow-up will depend on the exposure experienced. A Clinical Incident Report (Appendix U) must be filed with the DNP Director within 24 hours. Keep copies of all medical paperwork to include with the Clinical Incident Report (Appendix U). The University and/or the School of Nursing reserve the right to require a medical release from a physician or an NP or a specialist prior to your return to on-campus classes or to the clinical setting. Any fees are the Student's responsibility.

NON-EMERGENT STUDENT ILLNESS OR INJURY:

Non-emergent Student illness: Follow your Clinical Preceptor's medical advice. If you are required to leave your clinical site, you may make up your clinical hours. If you are required to seek medical attention with your personal physician or NP or a specialist prior to return to on-campus classes or clinicals, please provide their medical examination results and recommendations to your Clinical Advisor, Clinical Preceptor, FNP Clinical Coordinator

and DNP Director. A Clinical Incident Report (Appendix U) is *not* required for non-emergent Student illness. The University and/or the College of Nursing reserve the right to require a medical release from a physician or an NP or a specialist prior to your return to on-campus classes or to the clinical setting. Any fees are the Student's responsibility.

Non-emergent Student injury: Follow your Clinical Preceptor's medical advice. If you are required to leave your clinical site, you may make up your clinical hours. If you are required to seek medical attention with your personal physician or NP or a specialist or an urgent care center or an emergency department prior to return to on-campus classes or to clinicals, please provide their medical examination results and recommendations to your Clinical Advisor, Clinical Preceptor, FNP Clinical Coordinator and the DNP Director. A Clinical Incident Report (Appendix U) must be completed for all Student injuries sustained during clinicals and submitted to the DNP Director within 24 hours. The University and/or the College of Nursing reserve the right to require a medical release from a physician or an NP or a specialist prior to your return to on-campus classes or to the clinical setting. Any fees are the Student's responsibility.

STUDENT ASSAULT:

Follow your Clinical Preceptor's medical advice. If you are required to leave your clinical site, you may make up your clinical hours. If you are required to seek medical attention with your personal physician or NP or a specialist or an urgent care center or an emergency department prior to return to on-campus classes or to clinicals, please provide their medical examination results and recommendations to your Clinical Advisor, Clinical Preceptor and the DNP Director. A Clinical Incident Report (Appendix U) is required for all Student assaults sustained during a clinical and filed with the DNP Director within 24 hours. In accordance with ORU policy and Title IX requirements, ORU's Title IX Director will be notified of all Student assaults.

NOTE: Please refer to DNP03 – Program Dismissal. Failure to report a clinical incident will result in immediate disciplinary action which may include Program dismissal.

DNP010 - DNP Student Drug Testing

Within three months prior to initial clinical coursework, clinical/field placement, or internship/practicum and annually, Students must undergo a 10-panel urine or serum drug screen. Drug screens are conducted through the School of Nursing's approved service provider. Drug screens with positive results will result in the denial of admission into a clinical rotation, dismissal from the DNP Program and/or University or other action as determined by the University or School of Nursing. Students with positive drug screen testing are ineligible to apply to any program in the School of Nursing for a period of one year from the date of last positive urine or serum drug screen testing.

NOTE: All fees are the responsibility of the Student. The AVSON requires a urine or serum drug screen within three months of first clinical placement then annually and/or as deemed necessary by the University and/or School of Nursing or if required by a clinical site prior to Student placement.

DNP11 - DNP Student Federal Criminal Background Check

Students must undergo a national criminal background check through the School of Nursing's approved service provider at the time of admission. Information regarding criminal offense or conviction gathered as a result of a background investigation may result in denial of admission, dismissal or other action as determined by the University and/or School of Nursing. This includes, but is not limited to:

- Any criminal offense or conviction affecting Registered Nurse licensing.

- Any criminal offense or conviction affecting practice as determined by national professional standards of the discipline.

- Any criminal offense or conviction which, in the opinion of the University and/or School of Nursing, affects the individual's ability to perform the duties of the profession.

- Any criminal offense or conviction which, in the opinion of the University and/or School of Nursing, would affect internship/practicum assignment or clinical/field placement.

- Any act, offense, or conviction which, in the opinion of the University and/or School of Nursing, would prevent the individual from being entrusted to serve the public in a specific capacity.

NOTE: if you have lived in multiple sites, there may be separate fees for each place of residence. All fees are the responsibility of the Student. The AVSON requires a criminal background check at admission and/or as deemed necessary by the University and/or School of Nursing or if required by a clinical site prior to Student placement.

DNP12 – DNP Student Health and Malpractice Insurances

Each ORU AVSON DNP Student must maintain medical and malpractice coverages during each clinical practicum. Medical and malpractice coverages are not provided by the University or the School of Nursing. The medical and malpractice coverages cannot expire during a practicum. If one or both are suspended or revoked for any reason during a clinical practicum, the Student is not allowed to participate in any clinical experience until rectified. If a Student fails to disclose a change in medical or malpractice coverages during a clinical experience, they will face immediate disciplinary action which may include Program dismissal (refer to DNP03).

Malpractice coverage: the Student must maintain a minimum of one million dollars of coverage per incident and three million dollars of total coverage during each clinical practicum. Malpractice coverage should cover a Registered Nurse as you already hold a professional license.

DNP13 – DNP Student Grievance Process

The DNP Student grievance policy is contained in the ORU Student Handbook at:

https://oru.edu/handbook/index.php

You will find both ORU-specific and AVSON-specific guidelines as well as definitions/criteria of an informal and formal grievance. The DNP Program defines a formal grievance as one that cannot be resolved within the School of Nursing (SON).

For any clinical issue: if it involves your Preceptor or a clinical site staff member, report your concern to your Clinical Advisor and DNP Director. If the issue involves the clinical site, report it to your Preceptor, Clinical Advisor and DNP Director. If it involves your Clinical Advisor, report it to the DNP Director.

For a didactic course: report it to your Instructor and DNP Director. If it involves your Instructor, report it to the DNP Director. If the DNP Director is the instructor, report it to the Associate Dean.

Summary of your DNP chain-of-command: Instructor>DNP Director>Associate Dean of the Anna Vaughn School of Nursing>Dean of the College of Health Sciences.

You may also voice concerns at the DNP Student Nurses Association (DSNA) meetings. If you are unable to attend, you may send your ideas, questions or concerns via your Cohort Representative or Faculty Advisors. Please utilize proper chain of command as just outlined first.

Appendices – DNP Program

NOTE: for forms going outside of ORU, use color copies – no black and white copies allowed.

ALL communication with a site and/or potential Preceptor must include the Director. No exceptions.

Appendix A

FNP Student Clinical Preceptor Request

Date _____

Dear _____ (Physician or NP):

My name is _____. I am contacting you in hopes you will be available to act as my Preceptor. I am entering my ___ year as a DNP student at Oral Roberts University and am preparing for my next phase of education leading to my FNP certification and clinical doctorate (DNP)/clinical doctorate (DNP). For this clinical practicum, I need to complete _____ hours during a fourteen-week timeframe beginning on _____ and ending on _____for my _____ practicum. I realize you have a busy schedule but would greatly appreciate it if you would consider being my Clinical Preceptor. I would be happy to schedule my practicum hours at times that are most convenient for you.

If you are willing to share your knowledge and skills with me as a Preceptor for _____, please sign and date below. The University will provide you with verification of your Preceptor hours to submit to your national certifying agency to apply toward your CE requirements. A checklist outlining the goals and expectations in detail will follow. Thank you so much for your kind consideration as I continue my advanced nursing education.

Sincerely,

Preceptor signature: _____ Date: _____

Brenna Bohatec, DNP, APRN, FNP-BC
DNP Program Director, Associate Professor, FNP Clinical Coordinator and MSN to DNP Coordinator
918-495-6331 bbohatec@oru.edu

Appendix B

Practicum Site and Clinical Preceptor Information Request

STUDENT NAME: _____ **SEMESTER:** _____

FACILITY NAME: _____

ADDRESS: _____

PHONE: _____ FAX: _____

OFFICE MANAGER or CLINICAL/SITE COORDINATOR: _____

E-mail: _____ Phone: _____

PRECEPTOR NAME: _____

E-mail: _____ Phone: _____

Licenses (exp date and license #): _____
(attach a copy of all licenses, certifications, CV and proof of medical malpractice coverage)

For NPs only: Supervising Physician: _____
MD/DO license number: _____

_____ approved by DNP Program Director
_____ not approved by DNP Program Director – reason: _____

Appendix C - Expectations of the DNP Student and Preceptor

EXPECTATIONS OF THE DNP STUDENT:

The Student will: (initial each one)

_____ abide by all AVSON policies and procedures

_____ adhere to the Agency's dress code and policies

_____ arrive on time or arrange a make-up date that is conducive to the Preceptor's schedule

_____ remain respectful of Preceptor and clients at all times

_____ adhere to HIPAA guidelines at all times

_____ clearly identify themselves to each client, including their FNP student status and wearing a University student name tag at all times

_____ complete all patient exams and tasks as directed by the Preceptor in a timely manner

_____ present clients to the Preceptor in SOAP format

_____ write clinical assessment notes on their clients; have them reviewed by the Preceptor prior to adding to the EHR or paper chart; then ensure the note is co-signed by the Preceptor

_____ adhere to the Agency's EHR protocols and privacy

_____ give report to their Preceptor if they have to leave before client care is completed

_____ complete the required practicum hours for that semester in the time allotted and have those hours verified by the Preceptor prior to program deadline

_____ take the Skills Checklist to each clinical and have the Preceptor sign as each skill is properly demonstrated

_____ take the Clinical Procedure Log to each clinical and have the Preceptor sign as each procedure is properly performed

_____ communicate clearly with the Preceptor in order to obtain the appropriate clients

_____ participate in at least one onsite visit with the Clinical Advisor for a grade. The Preceptor and client's permission will be obtained prior to the focused exam. Results will be made public to both the client and the Preceptor (if Preceptor declines to be in the room).

_____ complete the Clinical Preceptor, Clinical Advisor and Clinical Site evaluations prior to Program deadline

Student Signature: _____

Date: _____

EXPECTATIONS OF THE CLINICAL PRECEPTOR:

The Preceptor will: (initial each one)

_____ provide a facility orientation prior to the first day, or on day one; whichever is most conducive to the Preceptor's schedule

_____ provide appropriate PPE for student safety

_____ provide appropriate medical attention for the student, if needed during illness, injury, emergency or serious exposure

_____ provide appropriate clients for each clinical experience

_____ discuss daily expectations for client care

_____ remain physically present in the building while the Student is in active client care

_____ provide constructive feedback in a respectful manner

_____ provide prompt feedback to the DNP Program Director if any issues arise, including but not limited to a schedule change on your part, the need to discontinue your Preceptorship or substandard care is noted by the student

_____ provide collaboration with the Student during each clinical session; i.e., review community resources, allow Student to present clients in SOAP format and provide feedback

_____ sign and date the Student's Skills Checklist as a skill is demonstrated properly

_____ sign and date the Student's Procedure Log as a procedure is performed properly

_____ verify the Student's practicum hours completed each week and prior to Program deadline

_____ sign and date the Student's patient note(s) prior inclusion in the patient's chart

_____ allow at least one onsite visit between the Student and their Clinical Advisor. One visit must include a focused patient exam (with your and the client's consent) observed by the Clinical Advisor for a Student grade. This visit will be scheduled at your convenience. Your visit will/will not be conducted via Zoom. Initial here if you allow a recorded virtual visit.

_____ complete the midterm and final student evaluations prior to the Program deadline

Preceptor signature: _____

Date: _____

Appendix D
DNP Student Physical Exam Form

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

PRE-CLINICAL PHYSICAL EXAM FORM (ANNUAL EXAM)

Student Information:

Name: _____ Date: _____ Znumber: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

Vital signs:

Height: _____ inches Weight: _____ lbs Temperature: _____ Pulse: _____ Respirations: _____

Blood pressure: _____

Vision screening:

Uncorrected R: _____/_____ L: _____/_____ Both: _____/_____

Corrected: R: _____/_____ L: _____/_____ Both: _____/_____

NORMAL	REGION	ABNORMAL FINDINGS (attach additional documentation, if needed)	FOLLOW-UP NEEDED?
	Eyes		
	Ears, nose, throat		
	Oral mucosa, mouth, teeth		
	Neck		
	Cardiovascular		
	Chest and Lungs/Respiratory		
	Abdomen		
	Skin		
	Musculoskeletal		
	Neuromuscular		

Remarkable medical history: _____

Allergies, environmental: _____

Allergies, latex: _____ Allergies, medications: _____

Medications: _____

Immunizations:

Student, please provide vaccination documentation and/or laboratory proof of immunity to the DNP Director for the following:

1) MMR (2 vaccinations or positive antibody titer):

Vaccination dates (2): _____ _____

OR, positive titer date: _____

2) Tdap within the last 10 years: _____

3) Varicella (2 vaccinations or positive antibody titer):

Vaccination dates: _____ _____

OR, positive titer date: _____

4) Hepatitis B (2-4 immunizations, depending on which one was used or positive antibody titer):

Vaccination dates: _____ _____ _____ _____

OR, positive titer date: _____ (NOTE: Students, if you decline the hepatitis vaccine, you will have to complete a Hepatitis Waiver annually). Declination of Hep B could limit your clinical site options.

5) TB: _____ (NOTE: **If you have a history of TB OR treatment for latent TB infection (LTBI)**, your provider must also fill out the TB History Screening Form -Appendix G - and a CXR or a blood test is required to exclude active TB disease. Enter results here with date: _____. If a CXR or blood test is preferred or warranted due to allergy to the Mantoux Tuberculin Skin Test (TST) or lowered immune system, enter results here with the date: _____. A CXR (if chosen/performed) can be done once then annual screening thereafter can be accomplished via a blood test. **If you do *not* have a history of TB, LTBI or a positive test**, the Student must fill out Appendix H, Annual TB Screening Questionnaire.

6) Influenza – while optional, it is recommended unless you have a documented allergy to the vaccine. _____ (NOTE: if you decline the flu vaccine, you will have to complete an Influenza Waiver annually – Appendix I). Declination of annual influenza vaccination could limit your clinical site options.

7) If your site requires COVID documentation, be ready to provide dates of vaccination and/or boosters.

Provider attestation:

Are there any reservations for recommending this student to continue as a Family Nurse Practitioner student entering clinical rotations (physically, mentally or emotionally)? _____ If yes, please explain:

_____

_____.

Provider name (printed: _____

Provider Signature and date: _____ _____

Practice name and phone number: _____

Practice address: _____

Appendix E

ORU DNP Clinical Experiences Assumption of Risk and Waiver of Claims

Clinical experiences (practicum, clinical rotations, supervised practice, internships, or observations) are a required component of academic programs in the Anna Vaughn School of Nursing programs. These experiences allow students to practice skills and techniques learned in didactic and lab courses as well as develop critical thinking skills that are important for health care providers. Clinical experiences occur in hospitals, clinics, schools, community organizations, and other appropriate settings where students can interact with patients and clients. Sites selected for students' clinical experiences are required to take reasonable and appropriate measures to protect students' health and safety in the clinical setting. Faculty will develop appropriate policies and procedures relating to student safety and prevention of exposure to disease. Students should have access to appropriate PPE during their clinical experiences. Students will receive training related to potential hazards and prevention techniques. Students have the responsibility to report any potential exposures to the supervisor at their site as well as their ORU Clinical Advisor. However, even with such measures, there are risks inherent to clinical experiences. Potential risks of completing clinical experiences include, but are not limited to (initial each item):

☐ Exposure to infectious diseases through blood or other body fluids via skin, mucus membranes or parenteral contact

☐ Exposure to infectious diseases through droplet or air-borne transmission

☐ Hazardous chemical exposure

☐ Radiation exposure

☐ Environmental hazards, including but not limited to slippery floors and electrical hazards

☐ Physical injuries, including back injuries

☐ Psychosocial hazards

☐ Offensive, inappropriate, or dangerous conduct by patients or clients, visitors or other healthcare workers including but not limited to injury, violence, physical harassment, mental harassment, emotional harassment, spiritual harassment and/or sexual harassment

These risks can lead to unintended exposure, serious complications, illness, trauma, bodily injury or even death.

SPECIAL NOTICE REGARDING COVID-19: COVID-19, the disease caused by the novel coronavirus, is a contagious disease that causes symptoms that can range from mild or no symptoms to severe illness and even death. COVID-19 can cause severe and lasting health complications, including death. Everyone is at risk of COVID-19. There is currently no known cure or vaccination to prevent its effects, exposure or transmission. Although anyone who contracts COVID-19 may experience severe complications, the CDC has found that individuals with certain underlying health conditions are at higher risk of developing severe complications from COVID-19. These medical conditions include but are not limited to: chronic lung disease, asthma, conditions that cause a person to be immunocompromised, obesity, diabetes, chronic kidney disease and liver disease. COVID-19 is believed to spread primarily by coming into close contact with a person who has COVID-19 and may also spread by touching a surface or object that has the virus on it, and then touching one's mouth, nose or eyes.

Much remains unknown about COVID-19. Further research may reveal additional information regarding the disease, including how it spreads and what health complications, including long-term complications, can result from contracting it.

Participating in clinical experiences, even when wearing recommended PPE, may increase the risk of contracting COVID-19, and these risks cannot be eliminated. Additional information can be found at https://www.cdc.gov/coronavirus/2019-ncov/index.html; https://www.ok.gov/health/Prevention_and_Preparedness/Acute_Disease_Service/Disease_Information/2019_Novel_Coronavirus/index.html; https://www.tulsa-health.org/ (for OK residents). If you reside outside OK, your state will have a COVID-19 information site.

ASSUMPTION OF RISK AND WAIVER

I certify that I have carefully read and fully understand this document. I acknowledge and understand that, as explained in this document, my degree program requires my participation in clinical experiences and that such participation carries risks that cannot be eliminated. I fully understand these risks. I understand that it is my responsibility to follow all Instructor, Preceptor and Clinical Advisor instructions and take all available precautions so that the risk of exposure is minimized. I will follow all program-specific information relating to prevention of diseases and their exposure.

I understand that ORU assumes no responsibility or liability, in whole or in part, for the risks for my participation in the clinical experiences.

Knowing these risks and in consideration for participation in ORU's clinical experiences, I on my own behalf and on behalf of my parent(s), legal guardian(s), family, heirs, assigns, and personal representative(s), to the maximum extent permitted by law, assume these risks and releases, waive and forever discharge ORU, its officers, trustees, agents, insurers and employees of and from liability for any and all harm, injury, claim, demand, right, cause of action, cost, and expense of whatever kind, arising out of or related to my participation in the clinical experience. I certify that I desire to pursue my chosen degree program, including the participation in clinical experiences.

_____ _____

Student Signature Date

_____

Student (print name)

Appendix F
FNP Pre-Clinical Requirements Checklist – must follow DNP01 for GDNP 621 and then DNP02 for the 3 remaining practicum courses.

Oral Roberts University – Anna Vaughn School of Nursing

___ OSHA Training, if required by the site

___ HIPAA Training, if required by the site

___ contract acknowledging 2,000 hours worked as a professional RN prior to first clinical experience (if you have practiced as an RN for 12 months or less at program start)

___ Physical Exam by a physician or NP within 3 months of first clinical experience and annually

___ Annual TB History Screening Form filled out by your provider during your physical exam **for those *with a history* of TB, latent TB infection -LTBI- whether treated or not, or history of positive TB Test** – Appendix G

___ Annual TB Screening Questionnaire filled out by you during your physical exam **for those *without history* of TB, LTBI or positive TB Test** – Appendix H

___ 10-panel urine or serum drug screen within 3 months of first clinical experience and annually; or as deemed necessary by ORU, AVSON or if required by a clinical site

___ Criminal Background Check on admission and as deemed necessary by ORU, AVSON or if required by a clinical site

___ CPR Certification: The AHA's BLS Provider (cannot expire during a practicum)

___ RN license in the state where clinicals will occur -must be unencumbered and cannot expire during a practicum

___ Health insurance - front and back of card required (cannot expire during a practicum)

___ Student Malpractice Insurance (cannot expire during a practicum)

___ Current adult immunizations (copy of immunization record required prior to first clinical experience and annually):

___ MMR – one and done in a 2-part series. If a student does not have this, it takes about 45 days to complete. If both doses are not documented, an MMR titer is required. If the titer is positive, the student is done. If the titer is negative or equivocal, the student must receive an MMR booster.

___ Tdap – required every 10 years. Students age 64 or younger who do not have Tdap documentation require a single dose of Tdap if it has been at least 2 years since receipt of a tetanus toxoid-containing vaccine.

___ Varicella - one and done in a 2-part series. If a student does not have this, it takes about 45 days to complete. If both doses are not documented, a Varicella titer is required. If the titer is positive, the student is done. If the titer is negative or equivocal, the student must receive a Varicella booster.

___ Hepatitis B - one and done in a 2-4-part series, depending on manufacturer. If a student does not have this, it takes about 7 months to complete. If a student has not completed a Hep B series, a titer is required. If the titer is positive, the student is done. If the titer is negative or equivocal, the student must receive a Hep B injection then repeat the Hep B Surface Antibody test no sooner than 4-8

weeks after the injection. If the antigen is now positive, the student is done. If the titer is negative or equivocal, the student is required to complete the two remaining Hep B injections followed by a final blood test 4-8 weeks after the last injection. If a student declines the Hep B injection or series, no matter the reason, they must sign the Hepatitis B Immunization Waiver prior to each clinical experience. NOTE: this may limit clinical site selection.

___ TB – required once a year and as needed if there is a known or suspected exposure. The initial test is required within 3 months of the first clinical experience. Please attach a copy of the test/form.

NOTE: For those with an allergy to the Mantoux Tuberculin Skin Test (TST) or a lowered immune system, an initial CXR or a blood test – the Interferon Gamma Release Assay (IGRA) - is required prior to the first clinical experience and serum test annually. An Annual TB Screening Questionnaire (Appendix H) is to be filled out by the Student that has no history of TB, LTBI or positive TB test (whether treated or not) at the time of your annual physical. If you have any positive symptoms, you are required to report these to your provider at your annual physical and either receive treatment or clearance.

For those with a history of TB disease, Latent TB Infection (LTBI) whether treated or not or a positive TB Test, an initial serum blood test or CXR is required prior to the first clinical experience to rule out active TB disease. A TB History Screening Form (Appendix G) must be completed once a year by a physician or NP at the time of your annual physical OR if you suspect/verify a TB exposure OR if you are experiencing any symptoms. If you have any positive symptoms, you are required to report these to your provider at your annual physical OR when experiencing symptoms and either receive treatment or clearance. ***Any positive TB results will be reported to the student's local health department as required. Students are not permitted to participate in any clinical experiences until cleared by your local Health Department and authorized to begin/return by the DNP Director. Failure to comply with this will result in Program dismissal. In most positive result cases, you must complete a 3-4 month Rifampin-based treatment prior to clinicals.***

For those that have been immunized with BCG (bacile Calmette-Guerin), the CDC recommends screening via the blood test – the Interferon Gamma Release Assay (IGRA) as this is not affected by prior BCG vaccination.

https://www.cdc.gov/tb/publications/factsheets/prevention/bcg.htm#:~:text=BCG%2C%20or%20bacille%20Calmette%2DGuerin,tuberculous%20meningitis%20and%20miliary%20disease.

___ Influenza - recommended but not required. If a Student declines the flu vaccine they must sign the Influenza Immunization Waiver once a year (Appendix I). NOTE: this may limit clinical site selection.

Remember: absent or non-immune results (negative or equivocal) require immediate follow-up for immunization(s) and/or boosters. Your completed vaccination record submitted in your clinical packet MUST reflect the most current vaccination and/or titer dates with results. Failure to provide the most current and accurate immunization status will result in immediate disciplinary action including but not limited to program dismissal.

___ ORU FNP Student ID

___ a signed and dated Clinical Preceptor Request (Appendix A)

___ a signed and completed Expectations of the FNP Student and Clinical Preceptor Checklist (Appendix C)

___ a completed Practicum Site and Clinical Preceptor Authorization Request Form (Appendix B) – note the items that must be included for each Preceptor (3 for physicians and 4 for NPs)

___ a signed and dated Assumption of Risk form (Appendix E)

___ a signed and dated Graduate Student Handbook Acknowledgment (final page)

___ clinical contract ("Clinical Rotation Agreement")

___ approval from the Director of the DNP Program

*This is just a Checklist. **For your first clinical practicum (Women's Health), you must follow the items listed in DNP01 and include each one. For all remaining practicums, you must follow the items listed in DNP02 and include each one.** *

Appendix G

TB History Screening Form – for those WITH a hx of TB, LTBI or + TB Test

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

TB HISTORY SCREENING FORM (to be filled out by the provider during your physical)

Student Information:

Name: _____ Date: _____ Znumber: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

CATEGORY	2019 CDC RECOMMENDATION:
Baseline (preplacement) screening and testing	TB screening of all HCP, including a symptom evaluation and test (IGRA or TST) for those without documented prior TB disease or LTBI **(unchanged)**; individual TB risk assessment **(new)**
Postexposure screening and testing	Symptom evaluation for all HCP when an exposure is recognized. For HCP with a baseline negative TB test and no prior TB disease or LTBI, perform a test (IGRA or TST) when the exposure is identified. If that test is negative, do another test 8–10 weeks after the last exposure **(unchanged)**
Serial screening and testing for HCP without LTB	Not routinely recommended **(new)**; can consider for selected HCP groups **(unchanged)**; recommend annual TB education for all HCP **(unchanged)**, including information about TB exposure risks for all HCP **(new emphasis)**.
Evaluation and treatment of positive test results	Treatment is encouraged for all HCP with untreated LTBI, unless medically contraindicated **(new)**

Abbreviations: IGRA = interferon-gamma release assay; LTBI = latent tuberculosis infection; TST = tuberculin skin test.

Centers for Disease Control [CDC]. (2022, Aug 30). TB screening and testing of health care personnel. https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

History of positive TB test, disease or LTBI: _____ (date) Negative CXR noted on _____ (date)

I have examined _____ on _____ and find no signs or symptoms of active TB. I have educated the student on the symptoms of TB disease and asked that any changes be reported to me immediately. I will continue to monitor annually and/or as needed.

Provider name (printed): _____

Provider Signature and date: _____ _____

Practice name and phone number: _____

Practice address: _____

Appendix H
Annual TB Screening Questionnaire – for those *without* hx of TB, LTBI or +TB test

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

ANNUAL TB SCREENING QUESTIONNAIRE (to be filled out by the Student)

Student Information:

Name: _____ Date: _____ Znumber: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

Serial screening and testing for HCP without LTB (2019 CDC recommendation)	Not routinely recommended **(new)**; can consider for selected HCP groups **(unchanged)**; recommend annual TB education for all HCP **(unchanged)**, including information about TB exposure risks for all HCP **(new emphasis)**.

Centers for Disease Control [CDC]. (2022, Aug 30). TB screening and testing of health care personnel. https://www.cdc.gov/tb/topic/testing/healthcareworkers.htm

For those *without* a history of TB disease, LTBI or a positive TB test, an annual TB screening will occur with your physical. If you are not experiencing any of the symptoms below, this concludes your annual TB screening for the AVSON; however, certain clinical sites may require annual blood tests (QuantiFERON Gold or T-Spot), Mantoux Tuberculin Skin Test (TST) or annual CXRs. These are the symptoms to evaluate, according to the CDC (https://www.cdc.gov/tb/topic/basics/signsandsymptoms.htm):

Symptoms of TB disease depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs (pulmonary TB). TB disease in the lungs may cause symptoms such as

- a bad cough that lasts 3 weeks or longer
- pain in the chest
- coughing up blood or sputum (phlegm from deep inside the lungs)

Other symptoms of TB disease are

- weakness or fatigue
- weight loss
- no appetite
- chills
- fever
- sweating at night

Symptoms of TB disease in other parts of the body depend on the area affected.

People who have latent TB infection do not feel sick, do not have any symptoms, and cannot spread TB to others.

If you answered yes to any of the above symptoms *without a known explanation*, you are required to see a physician or Nurse Practitioner before entering a clinical setting. If TB is suspected, it must be ruled out and proper documentation provided to the FNP Clinical Coordinator. Any confirmed TB infection is reported to the appropriate agencies in accordance with the laws and statutes.

If you answered no to all symptoms above, sign and date: _____

Appendix I

https://www.cdc.gov/vaccines/hcp/vis/vis-statements/flu.pdf - **Student: read before signing**

Influenza Immunization Waiver

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

INFLUENZA IMMUNIZATION WAIVER

Student Information:

Name: _____ Date: _____ Znumber: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

By signing below, I understand and agree that:

1. I understand the information provided by Oral Roberts University ("University") via the Vaccine Information Statement link above explaining the risk of Influenza, and the effectiveness and availability of the Influenza vaccine. I have read and acknowledge the CDC's Vaccination Information Statement on the annual Influenza vaccination provided by the AVSON and still wish to decline this immunization.

2. I acknowledge and understand that each student who is enrolled in the School of Nursing is recommended to complete the annual Influenza immunization recommended by the Centers for Disease Control and Prevention to protect against Influenza prior to clinical placement.

3. I acknowledge that unless I am allergic to the vaccine or any of its ingredients, I should receive this vaccination to protect not only myself but my colleagues, family and patients. I further acknowledge that influenza is a serious illness that can cause significant loss in many areas, even death.

4. I acknowledge and understand that Influenza is a serious illness and if I contract Influenza while taking course work or performing clinical work, I am responsible for any course or clinical work I may have to miss, neglect, or delay as a result of contracting Influenza. I understand that this may delay course and/or clinical completion. I further acknowledge and understand that I bear the sole cost of and responsibility for any medical services that may be necessary as a result of such contraction.

5. I acknowledge and understand that an Influenza vaccine may be required at certain clinical sites and not having received the annual immunization could delay or limit my clinical placement options.

6. I represent that I have not received the Influenza vaccine at this time and wish to decline the recommended vaccination. By signing this waiver and release, I am requesting an exemption from the Influenza vaccine requirement recommended by the University for students enrolled in the School of Nursing and placed in clinical settings. I hereby voluntarily and willingly assume all risks and responsibilities for declining the influenza vaccination.

7. Should I contract influenza, I promise to notify my instructors. I will not enter any campus or clinical sites until I am fever and symptom free for at least 48 hours.

Student name (printed): _____

Student signature and date: _____ _____

Appendix J

https://www.cdc.gov/vaccines/hcp/vis/vis-statements/hep-b.pdf - **Student: read before signing**

Hepatitis B Immunization Waiver

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

BSN-DNP PROGRAM WITH FNP CONCENTRATION

HEPATITIS B IMMUNIZATION WAIVER

Student Information:

Name: _____ Date: _____ Znumber: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

By signing below, I understand and agree that:

1. I understand the information provided by Oral Roberts University ("University") via the Vaccine Information Statement link above explaining the risk of Hepatitis B, and the effectiveness and availability of the Hepatitis B vaccine series. I have read and acknowledge the CDC's Vaccination Information Statement on the Hepatitis B vaccination provided by the AVSON and still wish to decline this immunization.

2. I acknowledge and understand that each student who is enrolled in the School of Nursing is recommended to complete the Hepatitis B immunization series recommended by the Centers for Disease Control and Prevention to protect against Hepatitis B infection prior to clinical placement.

3. I acknowledge that unless I am allergic to the vaccine or any of its ingredients that I should receive this vaccination series to protect not only myself but my colleagues, family and patients. I further acknowledge that Hepatitis B is a serious illness that can cause significant loss in many areas, even death.

4. I acknowledge and understand that Hepatitis B is a serious illness and if I contract Hepatitis B while taking course work or performing clinical work, I am responsible for any course or clinical work I may have to miss, neglect, or delay as a result of contracting Hepatitis B. I understand that this may delay course and/or clinical completion. I further acknowledge and understand that I bear the sole cost of and responsibility for any medical services that may be necessary as a result of such contraction.

5. I acknowledge and understand that a Hepatitis B vaccine/series may be required at certain clinical sites and not having received the immunization series could delay or limit my clinical placement options.

6. I represent that I have not received the Hepatitis B vaccine or series at this time and wish to decline the required vaccination/series. By signing this waiver and release, I am requesting an exemption from the Hepatitis B vaccine/series requirement by the University for students enrolled in the School of Nursing and placed in clinical settings. I hereby voluntarily and willingly assume all risks and responsibilities for declining the Hepatitis B vaccination series.

7. Should I contract influenza, I promise to notify my instructors. I will not enter any campus or clinical sites until I am fever and symptom free for at least 48 hours.

Student name (printed): _____

Student signature and date: _____ _____

Appendix K
DNP Clinical Hours Log

Oral Roberts University's Anna Vaughn School of Nursing

DNP Clinical Hours with _____ (Preceptor)

Student: _____ Term: _____

Course: _____ Znumber: _____ Page _____ of _____

DATE	TIME IN	TIME OUT	DAILY TOTAL	CUMULATIVE TOTAL	PRECEPTOR SIGNATURE & DATE

*Submit **weekly or biweekly** as directed in the syllabus. Keep a copy for yourself. Carry over the cumulative total from previous Clinical hours Logs in the first "Cumulative Total" box and continue recording your hours beginning with line 2.

*Total hours must be turned in by deadline specified in the syllabus or you fail the course. *No exceptions.*

*Preferably, your Preceptor will verify your clinical hours via eLogs' Preceptor Report 6. If not, they are welcome to use this form instead.

Appendix L

FNP Clinical Skills Checklist: Women's Health (Practicum 1)

Student: _____

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

SKILL	PATIENT INITIALS	DATE COMPLETED	PRECEPTOR SIGNATURE	DATE
Pap with pelvic (min 5)	1			
	2			
	3			
	4			
	5			
	6			
	7			
	8			
	9			
	10			
Breast Exam (min 5)-with or without mammogram referral-may be in conjunction with the Pap with pelvic exam	1			
	2			
	3			
	4			
	5			
Screening for intimate partner violence via any of the following: HITS, OVAT, StaT, HARK or WAST				
Screening for intimate partner violence while pregnant via 4 Ps and the Abuse Assessment Screen				

Contraception initiation with education				
Pregnancy -1st tri- educ, what to expect, what to report				
Pregnancy -2nd tri- educ, what to expect, what to report				
Pregnancy -3rd tri- educ, what to expect, what to report				
Post-partum (PP) exam- educ, what to expect, what to report				
Post-partum depression (PPD) screening via the Edinburgh Postnatal Depression Scale (EPDS)- may be in conjunction with PP exam				
Any STD diagnosis with educ and treatment (specify)				
Lab eval with interpretation:				
CBC				
BMP				
CMP				
Thyroid Panel				
UA and Culture				
Anemia Panel				
Pregnancy test				

Student Signature when completed: _____

Student name: _____ Date: _____

Preceptor name with credentials (printed): _____

Preceptor signature and date: _____

Practice name and address: _____

Preceptor/practice phone: _____

Appendix M
FNP Clinical Skills Checklist: Pediatrics (Practicum 2)

Student: _____

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

SKILL	PATIENT INITIALS	DATE COMPLETED	PRECEPTOR SIGNATURE	DATE
PE Newborn (review with parent/guardian-growth charts and developmental screening) -1st visit				
PE Infant (review with parent/guardian-growth charts and developmental screening)- 0-12 months but not first visit				
PE Toddler (review with parent/guardian-growth charts and developmental screening) -1-3 yo				
PE Child (review with parent/guardian-growth charts and developmental screening) -4-12 yo				
PE Adolescent (review with parent/guardian-growth charts and developmental screening) -13-18 yo				
Pre-participation physical (sports, Scouts, other-specify)				
Growth charts: from the following age groups-may be in conjunction with PE visits and/or immunization counseling: 0-6 months				
6-12 months				
12-18 months				
18-24 months				
age 3				
age 4				
age 5				
Immunization counseling: from the following age groups; practice VIS look-up via CDC database-may be in conjunction with PE visits and/or growth chart encounters: 0-6 mos				
6-12 mos				
1-3 yo				
3-6 yo				
6-18 yo				
Standardized developmental screening – 9 months (AAP, 2020)				
Standardized developmental screening – 18-months (AAP, 2020)				
Standardized developmental screening – 24-months (AAP, 2020)				
Standardized developmental screening – 30-months (AAP, 2020)				

Screening for autism spectrum disorder (ASD) -<18 months (AAP, 2020)				
Screening for ASD -18-30 months (AAP, 2020)				
Screening for ASD - >30 months (AAP, 2020)				
Sick Child visit: OM – exam findings, educ, tx plan				
Sick Child Visit: URI- exam findings, educ, tx plan				
Sick Child Visit: acute skin condition – impetigo, ringworm, 5th Disease, Hand-Foot-Mouth (Coxsackie) Disease, Contact Dermatitis, Scarlet Fever, Roseola (6th Disease) or other (specify)				
Pediatric murmur: specify murmur type, exam findings, educ, tx plan				
Adolescent Visit**: acne** evaluation and treatment plan				
ADHD evaluation using child/adolescent, parent and/or teacher questionnaires and treatment plan				
Scoliosis screening				
Laboratory eval including interpretation:				
CBC				
BMP				
CMP				
UA and Culture				
Influenza culture				
Rapid Strep/Other Strep Testing				

Student Signature when completed: _____

Student name: _____ Date: _____

Preceptor name with credentials (printed): _____

Preceptor signature and date: _____

Practice name and address: _____

Preceptor/practice phone: _____

Hyman, S., Levy, S. and Myers, S. via American Academy of Pediatrics {AAP}, (2020, Jan 1). Identification, evaluation and management of children with Autism Spectrum Disorder via https://publications.aap.org/pediatrics/article/145/1/e20193447/36917/Identification-Evaluation-and-Management-of?autologincheck=redirected (note the information categories on the left side)

Lipkin, P. and Macias, M. via American Academy of Pediatrics {AAP}, (2020, Jan 1). Promoting optimal development: Identifying infants and young children with developmental disorders through developmental surveillance and screening. https://publications.aap.org/pediatrics/article/145/1/e20193449/36971/Promoting-Optimal-Development-Identifying-Infants?autologincheck=redirected?nfToken=00000000-0000-0000-0000-000000000000 (note the steps on the left side)

Appendix N

GDNP 633: FNP CLINICAL SKILLS CHECKLIST: Family Medicine I

ORAL ROBERTS UNIVERSITY – Anna Vaughn School of Nursing

SKILL	PATIENT INITIALS & AGE	DATE COMPLETED	PRECEPTOR SIGNATURE/INITIALS	DATE
Asthma Action Plan initiation and patient education – child or adolescent				
Change in asthma medication therapy – child or adolescent				
Diabetes teaching using a glucose to A1C conversion chart				
Change in diabetes medication therapy				
Insulin teaching (new start)				
Complete diabetic foot exam				
JNC 8 teaching				
ASCVD Risk Estimation via https://tools.acc.org/ascvd-risk-estimator-plus/#!/calculate/estimate/				
Change in hypertension medication therapy				
Abdominal pain work-up				
Pain work-up				
Non-narcotic pain management				
Cognitive testing via the Mini Mental State Exam (MMSE)				
PHQ9 screening, interpretation & recommendations				
GAD7 screening, interpretation and recommendations				
CAGE screening, interpretation and recommendations				
Laboratory evaluation, interpretation and recommendations for:				
BMP				
CMP				
Lipid Panel				
Thyroid Panel				
Hepatic Functions Panel				
UA and Culture				
Iron Studies				
A1C				
BUN and Creatinine				
PT/INR				
Basic CXR interpretation (view lecture/videos prior to clinical)				
Basic EKG interpretation (view lecture/videos prior to clinical)				
Basic XR of extremity interpretation (view lecture/videos prior to clinical)				
Complete cardiothoracic (heart & lung) exam				
Complete HEENT exam				
Complete abdominal exam				

Complete musculoskeletal exam				
Complete neurological exam				
Osteoporosis/penia evaluation with treatment plan				
GERD evaluation with treatment plan				
Complete head-to-toe exam - adult				
Complete head-to-toe exam - child				
Well Male Exam				
Prostate Exam				
Acute visit: URI - adult				
Acute visit: URI -child				
Acute visit: skin - adult				
Acute visit: skin - child				
ER follow-up- acute injury with ER record evaluation, patient education and treatment plan				
Hospital follow-up for new diagnosis: includes hospital record evaluation, patient teaching and treatment plan				
Hospital follow-up for surgery: includes hospital and surgical records evaluation, patient teaching and treatment plan				
Smoking cessation counseling				
Well woman exam with pap & bimanual (min of 5)				
Breast exam with/without pap and bimanual (min of 5)				
Infant exam with milestones-0-9m				
Infant exam with milestones-9m-2y				
Toddler exam with milestones-2-4y				

Student Signature when completed: _____

Student Name: _____**Date:** _____

Preceptor Name: _____ **Initials** _____

Preceptor Name: _____ **Initials:** _____

Preceptor Name: _____ **Initials:** _____

Appendix O
FNP Clinical Skills Checklist: Fam Med II - All Ages/Genders (Practicum 4)

Student: _____

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

Asthma Action Plan initiation and patient education				
Change in asthma medication				
Peak Flow (PF) measurement, interpretation and patient educ				
Diabetes teaching using a glu to A1C conversion chart				
Change in diabetes medication				
Insulin teaching (new start)				
Complete diabetic foot exam				
JNC 8 teaching				
Newly diagnosed **HTN** with educ and tx plan				
Change in hypertension medication therapy				
Abdominal pain work-up				
Pain work-up				
Non-narcotic pain management				
Cognitive testing via the Mini Mental State Exam (MMSE)				
PHQ9 screening, interpretation & recommendations				
GAD7 screening, interpretation and recommendations				
CAGE screening, interpretation and recommendations				
Laboratory evaluation including interpretation				
CBC				
BMP				
CMP				
Lipid Panel				
Thyroid Panel				
Hepatic Functions Panel				
UA and Culture				
Anemia Panel				
A1C				
BUN and Creatinine				
PT/INR				
BNP				
Vitamin D				
B12				
Stool for guaic				
CXR interpretation (view lecture)				
EKG interpretation (view lecture)				
Cardiothoracic (heart & lung) exam				
Complete HEENT exam				
Complete abdominal exam				
Complete musculoskeletal exam				
Complete neurological exam				

Osteoporosis/penia eval w/ tx plan				
GERD eval with treatment plan				
Complete **head-to-toe exam**				
Male Exam – testicular exam				
Male Exam – prostate exam				
Well woman exam; pap, pelvic, breast exam (min of 3)				
Acute visit: URI				
Acute visit: skin				
ER follow-up- acute injury with ER record eval, patient ed and tx plan				
Hospital follow-up for new dx: includes hospital record eval, patient ed and treatment plan				
Hospital follow-up for surgery: includes hospital and surgical records eval, patient ed and tx plan				
Smoking cessation counseling				
PEDS:				
PE: Newborn or infant-specify age (0-12 mos) (review with parent/guardian-growth charts, developmental screening & immunizations)				
PE: Toddler or Child-specify age (1-12 yrs) (review with parent/guardian-growth charts, developmental screening & immunizations)				
Pre-participation physical				
Standardized developmental screening-specify 9, 18, 24 or 30 mos				
Screening for ASD-specify <18 mos, 18-30 mos, >30 mos				
Sick child visit-specify dx & age				
Sick child visit-specify dx & age				
Sick child visit-specify dx & age				

Student Signature when completed: _____

Student name: _____ Date: _____

Preceptor name with credentials (printed): _____

Preceptor signature and date: _____

Practice name and address: _____

Preceptor/practice phone: _____

Appendix P
FNP Clinical Procedures Log – Oral Roberts University
Student: _____

Procedure:	WH	Peds	Fam Med I	Fam Med II	Adv Skills Pract
Woods light or Slit Lamp exam: eye					
Fluorescein eye stain					
Corneal abrasion and/or foreign body removal					
Eye trauma stabilization					
Woods light exam: skin					
Suturing: simple, running, flap and/or mattress (specify)					
Incision & Drainage (I&D) with wound dressing/packing					
Dermabond ("liquid skin") application					
Steri-Strip application					
Staple removal					
Suture removal					
Chemical cautery/liquid nitrogen					
Digital block (specify)					
Biopsy – punch (specify site)					
Biopsy – excisional (specify site)					
Nodule/cyst removal (specify site)					
Trigger Point Injection (specify site)					
Joint Injection (specify joint)					
Foreign body removal (specify FB and site)					
Nail removal (specify which nail)					
Epistaxis control					

Preceptors, please initial and date in the corresponding space once the student successfully completes a procedure. Then, enter your initials, name, credentials and practice information below.

INITIALS	PRINTED NAME & CREDENTIALS	SIGNATURE

Practice name and address: ______________________________

Practice phone: ______________________________ Date: ______________

INITIALS	PRINTED NAME & CREDENTIALS	SIGNATURE

Practice name and address: ______________________________

Practice phone: ______________________________ Date: ______________

INITIALS	PRINTED NAME & CREDENTIALS	SIGNATURE

Practice name and address: ______________________________

Practice phone: ______________________________ Date: ______________

INITIALS	PRINTED NAME & CREDENTIALS	SIGNATURE

Practice name and address: ______________________________

Practice phone: ______________________________ Date: ______________

INITIALS	PRINTED NAME & CREDENTIALS	SIGNATURE

Practice name and address: ______________________________

Practice phone: ______________________________ Date: ______________

INITIALS	PRINTED NAME & CREDENTIALS	SIGNATURE

Practice name and address: ______________________________

Practice phone: ______________________________ Date: ______________

Appendix Q
Preceptor Evaluation by Student – (only if eLogs is unavailable)
Oral Roberts University - DNP PROGRAM

Student: _____ Date: _____
Preceptor: _____

Place a 1 for *needs improvement/rarely*; 2 for *fair/infrequently*, 3 for *good/frequently* or 4 for *excellent/always*.

Knowledge Integration: The Preceptor: _____
* Effectively coaches students in integrating knowledge in practice
• Associates pathophysiology with patient condition
• Provides a safe environment in caring for assigned patients
• Helps assess and monitor patients and interpret findings accurately
• Implements appropriate therapeutic treatments and procedures

Communication: The Preceptor: _____
* Exhibits professional communication skills that facilitate learning
• Encourages questions
• Communicates ideas, information, and messages clearly, concisely, and in a timely manner
• Actively listens and asks questions for clarity
• Demonstrates the ability to provide constructive feedback in a confidential and non-judgmental manner
• Promotes positive interpersonal relationships through tactful, patient, direct, and sensitive interactions
• Effective collaboration in interdisciplinary teams
• Demonstrates efficient computerized documentation of patient care delivery
• Demonstrates effective use of inter/intranet resources

Critical Thinking: The Preceptor: _____
*Role modeled strong clinical reasoning skills
• Demonstrates effective problem- solving skills
• Demonstrates organizational skills to achieve maximum efficiency
• Follows established policy & procedures for all patient care
• Demonstrates evidence-based practice inquiry and incorporates findings into nursing practice

Caring: The Preceptor: _____
*Role models compassion and care in professional practice.
• Role models culturally sensitive, ethical, legal and professional behaviors
• Demonstrates a positive, professional and supportive attitude with all units/departments
• Provides excellent customer service and advocates for patients, families, visitors, and other caregivers

Management/ Leadership: The Preceptor: _____
* Facilitates development of organizational and leadership traits
• Demonstrates ability to plan and delegate to others
• Demonstrates accountability and responsibility in performance of work tasks and their relative outcomes
• Demonstrates support of continuing education and professional growth for self and others
• Accepts changes with a positive supportive behavior
• Demonstrates knowledge of organizational and department quality initiatives/efforts

• Respected by colleagues
• Demonstrates patience and friendliness
• Demonstrates the ability to remain calm under pressure
• Demonstrates assertive collaboration within the health care team

Teaching: The Preceptor: _____
* Exhibits a positive attitude for coaching students
• Expresses interest in Preceptor role
• Is enthusiastic about working with and learning from newly-hired nurses
• Values the "nurse as teacher" relationship
• Demonstrates ability to teach others individually
* Recognizes opportunities for teaching multiple orientees at the same time, if applicable

Schedule and Forms: The Preceptor: _____
* Was available for clinical experiences
• Communicates schedule and participates in student schedule development
• The Preceptor's work schedule matched the student's academic schedule
* Signed all weekly time sheet logs on time
* Filled out and signed midterm and final evaluations on time
* Signed Procedure Log and Skills Checklist as procedures or skills were performed

Additional comments? _____

Please provide rationale for providing any 1's or 2's: _____

Would you recommend using this Preceptor again in the future? _____ If no. please explain:

Adapted from: https://www.nursing.virginia.edu/media/StudentEvalofPreceptor.pdf

Appendix R (only if Preceptor declines use of eLogs)
Student Evaluation by Preceptor – Midterm and Final (Specify)

ORU DNP Student: Date: Preceptor/Location

NONPF NP Role Core Competencies (2022)	**Level 1:** Consistently requires substantial assistance/ supervision to perform tasks adequately	**Level 2:** Performs tasks with basic skill & moderate assistance/ supervision	**Level 3:** Performs tasks with skill/able to interpret findings with minimal assistance/ supervision	**Level 4:** Performs tasks with proficiency & skill, interprets findings consistently/accurately with minimal assistance/ supervision
Communication				
Demonstrates age-appropriate, holistic, person-centered and culturally competent interviewing skills				
Develops empathic and compassionate rapport with patient/family maintaining confidentiality in communication				
Documents accurately and concisely				
Presents cases in organized manner and utilizes collaborative efforts with the healthcare team				
Demonstrates diversity, equity and inclusion with peers, patients and caregivers				
Knowledge and Learning				
Verbalizes pathophysiology, course of disease and develops differential diagnoses & how to rule out				
Formulates and prioritizes diagnoses accurately				
Demonstrates assessment of psychosocial concepts and incorporates these into patient-centered plan of care including disease or injury treatment and health maintenance or promotion				
Clinical Skills				
Performs systematic appropriate physical examination and differentiates normal vs. abnormal findings across the lifespan				
Demonstrates good clinical judgement by analyzing history, physical examination, testing to formulate accurate diagnoses				
Develops a plan of care that incorporates evidenced-based interventions, non-pharmacologic and pharmacologic, with patients and incorporates patient/family cultural preferences in the plan of care				

Recognizes scope of practice and limitations by demonstrating appropriate clinical judgement with consultation and referrals				
Performs primary care procedures according to evidence-based guidelines				
Acts as an advocate by providing care to a variety of patients and reviews cost-effective strategies for care coordination and management				
Employs ethical decision-making and practices socially responsible leadership				
Analyzes electronic patient data and utilize technology per clinic policies and always maintaining confidentiality				
Professional Responsibility				
Documents in a logical order, concisely and in a timely manner				
Advocates for the patient and demonstrates sensitivity to diverse people and cultures				
Promotes a climate of respect, dignity, inclusion and trust within your team				
Maintains a collaborative relationship with preceptor and interdisciplinary health professionals				
Assess patient's learning needs to address gaps in access and knowledge				
Conducts self in a professional manner and upholds the standards of NP profession				
Prevents personal bias from interfering with quality care and incorporates accountability				

Strengths:

Areas for further focus:

Mid-term eval: _____ Final eval: _____

For Final eval, do you recommend this student move to next clinical rotation? _____ **If no, please specify reasons on back. Or, for any 1's and 2's please provide reasons on back.**

Student signature & date: Preceptor signature & date: Advisor signature & date:

Appendix S
Clinical Site Evaluation by Student (only if eLogs is unavailable)

Student Name_____ Date_____ Course _____

Clinical Site_____

Please rate the following statements according to this scale:

5=Strongly Agree 4=Agree 3=Somewhat Agree 2=Disagree 1=Strongly Disagree

1. The clinical site provided me with an adequate orientation to the facility. _____

2. Clinical site policies and procedures were enforced and clearly communicated to me. _____

3. The clinical site provided adequate PPE. _____

4. Clinical site provided required patient encounters to fulfill my experience. _____

5. Clinical site was a safe environment. _____

6. What were the strengths of the clinical site and staff?

_____
_____
_____
_____ 7.

Were there any areas of the clinical site or staff that could be improved?

_____
_____
_____
_____

8. What did you like best about your experiences at the clinical site?

_____
_____
_____
_____

9. What did you like least about your experiences at the clinical site?

_____

If you provided any 1s, 2s or 3s for numbers 1-5, please explain here:

Appendix T - Clinical Incident Report

ORAL ROBERTS UNIVERSITY – ANNA VAUGHN SCHOOL OF NURSING

DNP PROGRAM CLINICAL INCIDENT REPORT

Student Information:

Name: _____ Date: _____ Znumber: _____

Date of birth: _____ Phone number: _____ Cohort: _____

Address: _____

Incident Details:

Date incident occurred: _____ Day of week: _____ Time of day: _____

Physical address: _____

Specific location: _____

List any other persons involved/harmed: _____

List any equipment involved/damaged: _____

List of witnesses with phone numbers: _____

_____

Precipitating factor/cause, if any: _____

Describe incident in your own words: _____

_____

(use back of this paper or attach additional paper to continue, if needed)

Director/Supervisor notified, date and time: _____

Was medical care needed? _____ If so, by whom? _____

Reviewed by: _____ Date and time: _____

Further action required? _____ If so, describe briefly: _____

_____

(Please attach all corroborating documentation)

Student name (printed): _____

Student signature and date: _____ _____

*mandatory reporting required on all Student injuries at a clinical site and all Student assaults at a clinical site

*send the completed form with supporting documents via ORU email to the DNP Director within 24 hours

* keep copies for yourself

* refer to DNP03 and DNP08

Appendix U

IT and Support

Student IT/Support Instructions – DNP Program - Oral Roberts University

*** Please do not contact your Instructor or Dr. Bohatec first. Use these methods, depending on which system you need assistance with.***

D2L:

D2L support (general)	**D2L Help Line**	d2lhelp@oru.edu, 918.495.6178

You can also visit the link in D2L: Click the drop-down arrow next to "More" in the upper right-hand corner>Brightspace Help.

APEA: **questions@apea.com** or **(800) 899-4502** 8-3 CST M-F

eLogs clinical management software:

First: "Text for Assistance" – 240-498-6800

Second: "E-mail for Assistance" – admin@totaldot.com

Shadow Health (SH):

Shadow Health Help Desk
(800) 860-3241
https://support.shadowhealth.com/

If you do not get results with the above, please contact Dr. Bohatec asap via e-mail at bbohatec@oru.edu. Any issues with one of the above still requires an e-mail notification to your Instructor and Dr. Bohatec, even if it was resolved utilizing the above directions.

ORU AVSON Graduate Student Handbook Acknowledgment

*Please make a copy of this page and turn in with your DNP Clinical Packet for each clinical practicum. *

By initialing beside each statement, I acknowledge that I:

_____ will abide by all ORU, AVSON and clinical site policies and procedures

_____ realize this Handbook is not a contract, written or implied, and can change at any time

_____ will abide by the ORU Honor Code

_____ will remain in close communication with my Clinical Team (Preceptor and Advisor)

_____ will read this Handbook carefully and in its entirety

_____ realize I am responsible for all the content contained in this Handbook, whether I read it or not

_____ acknowledge that I have received my Graduate Student Handbook prior to my first clinical practicum and prior to each additional practicum as necessary if there are any published changes

_____ will be informed of any published changes to this Handbook via ORU e-mail, my classroom Instructors, my Clinical Instructors/Advisor or the Director

_____ will check my ORU e-mail and D2L alerts daily (DNP minimum expectation is at least once daily for each)

_____ will reflect my Lord and Savior Jesus Christ, Oral Roberts University and the Anna Vaughn School of Nursing, College of Health Sciences and will act accordingly

_____ attest that my signature below affirms that I have not only read the Handbook in its entirety but that I understand the content and will follow it as directed

Student, printed name: _____

Student, signature and date: _____ _____