



College of Nursing

UNIVERSITY OF SOUTH CAROLINA

Graduate Nursing Preceptor Handbook 2024-2025

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PRECEPTOR HANDBOOK

This Handbook establishes the College of Nursing guidelines for using qualified healthcare professionals as preceptors to assist with clinical instructions in a variety of health care delivery settings. For the purpose of this Handbook, a "preceptor" is defined as a professional healthcare employee of a healthcare agency, who agrees to serve as a role model, teacher, and clinical expert directing graduate nursing student's learning experiences in the clinical setting. The purpose of the preceptor and faculty clinical arrangement is to provide a one-to-one relationship between an experienced healthcare professional and a graduate nursing student through valuable experiences in a specific area of practice. The faculty member and preceptors plan clinical activities to meet the learning needs and objectives of the students as related to the course outcomes.

This document defines the roles and responsibilities of preceptors, students, and faculty in a clinical learning environment. These guidelines apply to preceptor and student relationships that are consistent and last for a predetermined timeframe. The faculty retains the responsibility for student instruction and supports both the student and preceptor by providing expertise to ensure that the learning experiences meet the course outcomes and objectives. The preceptor and the faculty member collaborate in planning, monitoring, and evaluating the student's clinical experiences. The faculty maintains the ultimate responsibility for the student evaluations.

INTRODUCTION

About the College of Nursing

More than 9,600 nurses have graduated from the College of Nursing since it became the state's first nationally accredited baccalaureate nursing program in 1957. Our graduates, now located across the globe, have helped improve the accessibility and quality of health care throughout South Carolina, the US, and worldwide. We provide undergraduate and graduate nursing programs of excellence to shape the future nursing workforce. Our undergraduate program produces the largest number of BSN graduates in the state, has excellent NCLEX pass rates, and high employability. In 2017, we launched our first Nursing Honors program (a.k.a. Smart Start Honors College) in South Carolina. Our RN-BSN, Masters, and Doctor of Nursing Practice (DNP) programs are offered online to allow additional flexibility for the working nurse. All of these programs utilize our state-of-the-art simulation lab facilitated by national leaders in the field to enhance learning experiences, promote patient safety, and facilitate student competencies in the clinical arena. Our students have additional unique opportunities, including graduation with leadership distinction, research fellowships, and distinguished summer externships.

The College of Nursing Today

The College of Nursing offers programs leading to the Bachelor of Science in Nursing (BSN) Traditional, a Registered Nurse Bachelor of Science in Nursing (RN-BSN) Online, and Master's Entry to Practice (MEPN) and is fully accredited by the Commission on Collegiate Nursing Education. Graduate programs are offered in the following advanced practice nursing and leadership specialties: Adult-Gerontology Acute Care Nurse Practitioner (AGACNP), Family Nurse Practitioner (FNP), Psychiatric Mental Health Nurse Practitioner (PMHNP), Healthcare Leadership (HL), Nursing Informatics (NI), and Nursing Education (NE), which the Commission on Collegiate Nursing Education accredits. Post-Masters Graduate Certificate (PMGC) in Advanced Practice Nursing allows nurses to become certified as nurse practitioners in three specific practice areas: primary care (FNP concentration), acute care (AGACNP concentration), and psychiatric care (PMHNP concentration). Additionally, Post-Masters Graduate Certificates are offered in Healthcare Leadership, Nursing Informatics, and Nursing Education. The College offers two doctoral degrees: Doctor of Philosophy in Nursing and Doctor of Nursing Practice. The College also offers a variety of conferences and workshops, issuing Continuing Nursing Education Credits (CEUs) throughout the year.



Dear Preceptor,

A student's preceptor is one of the most important mentors they will ever have. Please accept our sincere gratitude for your willingness to share your clinical expertise and professional time with our graduate students. This Preceptor Packet is intended to provide you with information and guidance on being an effective mentor to a graduate-level nursing student from the University of South Carolina, College of Nursing.

As a preceptor, you are the key to successful learning experiences for students as they transition from professional nurses to advanced leaders or providers. Preceptors guide, direct, and challenge students while serving as role models, facilitators, and support systems. Additionally, each student is assigned a clinical faculty member to assist with oversight and clinical evaluation. Your student should share this contact information with you. The clinical faculty will arrange for communication with you, the preceptor, during the semester to discuss the student's clinical performance. You are also free to contact the course faculty or me to offer input at any time. I can be reached at 803-777-4889 or via email at robin.dawson@sc.edu.

On behalf of the University of South Carolina College of Nursing faculty and administration, we want to thank you again for your service to our students. As always, we welcome your comments, suggestions, and feedback. Please do not hesitate to contact us with any additional questions or concerns.

Sincerely,

Robin M. Dawson, PhD, APRN, CPNP-PC, FAAN
Interim Associate Dean for Academics and Accreditation
University of South Carolina College of Nursing

CLINICAL COURSE OBJECTIVES AND HOURS, BY COURSE TITLE

Recommended Clinical Site Placements, by Course Title

AGACNP - Contact [Dr. Amy Dievendorf](#) with questions regarding courses or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
AGACNP Track Clinical Courses All Programs MSN, PMGC, and DNP		
NURS 773 (224 hours) Principles of Acute Care Adult and Gerontological Health Problems I	<p>Hospitalist: inpatient hospitalist medical rotation*** If the student cannot find a hospitalist rotation, then one of the following will be acceptable.</p> <p>Pulmonary Critical Care Cardiology Nephrology Gastroenterology Infectious Disease</p>	<p>Demonstrate critical thinking and diagnostic skills in clinical decision making and management with attention to safety cost, invasiveness, acceptability, and efficacy. (AACN Competency 1.1.e, f; 1.3.d, e; 2.3.h; 2.4.f, g; 2.5.h, i, k; 3.3.c, d, e, f; 5.2.g, h; 7.2.g, h, i, l)</p> <p>Document focused and comprehensive assessments, utilizing therapeutic communication, problem-oriented data collection, techniques of physical examination and pertinent laboratory data based on evidence-based practice guidelines. (AACN Competency 1.3.d, e, f; 2.2.g, h, i; 2.3.h; 2.4.f, g; 2.6.e, f, g, j; 2.9.h; 4.2.f; 8.4.e, f)</p> <p>Initiate appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioners' scope of practice. (AACN Competency 2.5.h, i, k; 2.6.e, f, g, h, j; 2.9.f, g, h, j)</p> <p>Demonstrate competency in specialty specific skills related to the care for the AGACNP patient. (AACN Competency)</p> <p>Synthesize collected data, including diagnostic testing results pertaining to disease specific processes in the management of the adult gerontological acute care patient. (AACN Competency 2.6.f, g, h)</p> <p>Demonstrate caring with attention to support, advocacy, cultural sensitivity, and professional ethics in interpersonal interactions in collaboration with the interdisciplinary team.</p>

		<p>(AACN Competency 1.2.h, i, j; 2.5.h, i, j, k; 5.3.e, f, g, h; 6.1.g, h, i, j, l; 6.2.g, h, i, j; 6.3.d; 6.4.e, f, g, h, i; 9.1.h, i, j, k; 9.3.i, j, k, l, m, n, o; 9.6.d, f, g, h, i)</p> <p>Employ knowledge of illness and disease management to provide evidence-based care to the adult gerontological acute care patient, perform risk assessment and design plans of care.</p> <p>(AACN Competency 1.2.f, g, j; 1.3.d, e, f; 2.4.f, g; 2.5.j, k; 2.6.e, f, g, i)</p>
<p>NURS 774 (224 hours) Principles of Acute Care Adult and Gerontological Complex Health Problems II</p>	<p>Hospitalist: inpatient hospitalist medical rotation, if you did not have this rotation in Nursing 773 or any of the following:</p> <ul style="list-style-type: none"> Pulmonary Critical Care Cardiology Nephrology Gastroenterology Infectious Disease <p>You may also repeat a hospitalist rotation</p>	<p>Demonstrate critical thinking and diagnostic skills in independent clinical decision making and management with attention to safety, cost, invasiveness, acceptability, and efficacy.</p> <p>(AACN Competency 1.1.e, f, g; 1.3.d, e; 2.3.h; 2.4.f, g; 2.5.h, i, j, k; 3.3.c, d, e, f; 5.2.g, h, i; 7.2.g, h, i, j, l)</p> <p>Document focused and comprehensive assessments, utilizing therapeutic communication, problem-oriented data collection, techniques of physical examination and pertinent laboratory data based on evidence-based practice guidelines.</p> <p>(AACN Competency 1.3.d, e, f; 2.2.g, h, i; 2.3.h; 2.4.f, g; 2.6.e, f, g, j; 2.9.h; 4.2.f; 8.4.e, f)</p> <p>Initiate appropriate and timely consultation and/or referral when the problem exceeds the nurse practitioners' scope of practice.</p> <p>(AACN Competency 2.5.h, i, k; 2.6.e, f, g, h, j; 2.9.f, g, h, j)</p> <p>Demonstrate mastery in specialty specific skills related to the care for the AGACNP patient.</p> <p>(AACN Competency)</p> <p>Applies collected data, including diagnostic testing results pertaining to disease specific processes in the management of the adult gerontological acute care patient.</p> <p>(AACN Competency 2.6.f, g, h, i, j)</p> <p>Demonstrate caring with attention to support, advocacy, cultural sensitivity, and professional ethics in interpersonal</p>

		<p>interactions in collaboration with the interdisciplinary team. (AACN Competency 1.2.h, i, j; 2.5.h, i, j, k; 5.3.e, f, g, h; 6.1.g, h, i, j, l; 6.2.g, h, i, j; 6.3.d; 6.4.e, f, g, h, i; 9.1.h, i, j, k; 9.3.i, j, k, l, m, n, o; 9.6.d, f, g, h, i)</p> <p>Employ knowledge of illness and disease management to provide evidence-based care to the adult gerontological acute care patient, perform risk assessment and design plans of care. (AACN Competency 1.2.f, g, j; 1.3.d, e, f; 2.4.f, g; 2.5.j, k; 2.6.e, f, g, i)</p>
<p>NURS 778A (224 hours) Practicum of Advanced Practice Role: Adult-Gerontology Acute Care NP</p>	<p>Any of the above areas from 774</p>	<p>Supervised field study in advanced practice nursing for acutely ill adult and gerontological patients across the delivery continuum.</p> <p>Student Learning Outcomes: After completing this course, students should be able to: Provide health care including health promotion, to individuals, families, or groups. (AACN Competency 2.3.h; 2.4.f, g; 2.5.j) Collaborate with the health care delivery team in the formulation, modification, implementation, and evaluation of management plans for the Adult gerontological acute care patient. (AACN Competency 2.5.h; 3.1.m, n; 3.2.d, e, f, g, h; 3.6.f, h; 6.1.k; 9.6.g) Demonstrate appropriate clinical judgement, based on evidence-based strategies, which are complete and safe concerning the management of the clients. (AACN Competency 1.1.f; 2.3.h; 2.4.f, g; 2.5.j)</p>
DNP Students only		

<p>NURS 769A Independent Study for the DNP</p> <p>Variable credit 1 – 3 1 credit 37 hours 2 credits 75 hours 3 credits 112 hours</p>	<p>Independent direct hours to meet the student's needs.</p>	<p>Independent study to meet the needs of individual students with field study. Conferences with professor.</p>
<p>NURS 783 (112 hours) + Clinical Project Immersion & Proposal Development</p>	<p>Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.</p>	<p>Demonstrate assimilation of nursing theory, research, evidence based guidelines and advanced practice through the design of a planned healthcare clinical or community based change project in order to achieve positive health outcomes.</p> <p>(AACN Competency 1.1.e, f; 1.2.f, g, i, j; 1.3.d, e; 2.2.h, i; 2.3.h; 2.4.f, g; 2.5.j, k; 2.6.g, i; 3.4.f, g, h; 3.5.f; 4.1.h, j; 4.2.f, g, h, i, j, k; 5.2.i; 7.3.e)</p> <p>Communicates effectively and collaboratively (including interprofessional partnerships) to provide and disseminate professional, person-centered care and develop leadership/ongoing scholarship capacity.</p> <p>(AACN Competency 1.2.i; 2.1.d, e; 2.2.d, i, j; 2.4.f; 2.5.h; 2.6.e, h; 2.8.j; 2.9.f, g, h; 3.1.l, m, n; 3.2.d, e, f, g; 3.3.f; 3.4.h; 3.6.f, h; 4.1.k, l, m; 4.2.f, g, i, j; 4.3.i; 6.1.g, j, k; 6.2.g, h, i, j; 6.3.d; 6.4.f, i; 9.2.i, k, l; 9.3.j, o; 9.5.f, h; 9.6.e, g; 10.2.j; 10.3.j, k, o)</p> <p>Apply business and economic principles and practices, including budgeting, cost/benefit analysis and marketing I the development of the planned change project.</p> <p>(AACN Competency 1.3.f; 3.3.c, d, e; 5.1.k, l, m, n; 7.2.g, h, i, j, k, l; 8.1.j)</p> <p>Integrate evaluation outcome data, using technologies and information systems to reduce risks and improve safe and effective patient care outcomes within the planned change project.</p> <p>(AACN Competency 2.5.i; 2.6.f, j; 2.7.d, e, f; 2.9.j; 3.1.j, k, m;</p>

		<p>3.2.d; 3.3.f; 3.4.i; 4.2.k; 4.3.e; 5.1.i, j; 5.2.g, h; 5.3.e, g; 7.1.e, g; 7.3.g; 8.1.g, h, k; 8.2.f, h, i, j; 8.3.g, i, j; 8.4.e, f, g; 8.5.g, h, i, l)</p> <p>Develop DNP Project Proposal according to DON guidelines. (AACN Competency 4.2.h; 5.1.o; 7.1.f;)</p> <p>Develop IRB proposal for USC and for other institutions associated with the DNP Project (if indicated). (AACN Competency 4.3.f, g)</p> <p>Critically analyze peer DNP Project Proposals according to evaluation guidelines. (AACN Competency 4.3f; 10.3.m)</p>
DNP Clinical Project NURS 897		
<p>NURS 897 (variable credit hours) DNP Project Preparation and Residency</p> <p>Hours are based on GAP analysis and the individual plan developed by the DNP Project chair.</p>	<p>Independent direct or indirect hours to meet the needs of the individual student's DNP clinical project.</p>	<p>DNP project consists of two parts; synthesis of the literature related to a practice problem and application of findings in a practice setting.</p> <p>Developed with student and faculty.</p> <p>Must take 6 total credits hours</p>

FNP - Contact [Dr. Shelli Gibbs](#) with questions regarding courses or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
<p>FNP Track Clinical Courses All programs MSN, PMGC, and DNP</p>		<p>NOTE: Program requires 125 pediatric encounters or 112 clinical hours and 50 women's health encounters or 56 clinical hours over the course of all 3 rotations.</p>
<p>NURS 758 (224 hours) Acute Problems in Primary Care for the FNP</p>	<p>Family Practice – primary care</p> <p>Urgent Care/ER fast track (May only complete a total of 224 clinical hours in either an urgent care or ED)</p> <p>Student Health practices (May only complete a total of 224 clinical hours in student health services)</p> <p>Occupation Health (May only complete a total of 224 in occupation health)</p> <p>Minute Clinic (application submitted online via Minute Clinic; may only complete a total of 224 clinical hours with Minute Clinic)</p> <p>Health Departments (women's clinic/STI clinic; only 1 rotation)</p> <p>OB/GYN offices (The primary focus is GYN, not OB; may only complete a total of 224 clinical hours; If the student completes 224 hours at an OB/GYN site, the student may not complete any specialty hours in Nurs 760A. The minimum requirement for the program is 56 clinical hours or 50 women's health encounters)</p>	<p>This course focuses on the management of acute health problems in the primary care setting. Includes didactic and clinical practicum.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Synthesize evidence for practice and incorporate in the assessment and management of health and illness when caring for patients across the lifespan. (AACN Competency 1.1.e; 1.2.f; 1.3.e, f; 2.3.h; 2.4.f, g; 2.5.j; 2.6.g, i; 2.8.f; 4.2.f, g; 9.2.i)</p> <p>Incorporate theoretical models of health promotion and disease prevention to maintain and improve health behaviors. (AACN Competency 1.2.j; 2.5.i; 2.6.g, i; 3.2.g; 4.2.f, g)</p> <p>Recommend appropriate population specific pharmacological therapies and determine prescribing implications. (AACN Competency 2.2.i; 2.4.g; 2.6.g; 4.2.f, g)</p> <p>Evaluate client outcomes related to the management of specific acute episodic problems and negative lifestyle health practices. (AACN Competency 2.4.f; 2.5.j; 2.6.f, g; 2.7.e; 4.2.f, k)</p> <p>Practice collaboratively with preceptor using protocols and consultation. (AACN Competency 1.1.e, f; 1.2.g; 2.4.g; 4.2.f)</p> <p>Interpret and evaluate clinical cases using computer-assisted instruction. (AACN Competency 1.2.g; 1.3.d, f; 2.4.g)</p>

		Apply ethical principles in clinical decision-making. (AACN Competency 1.2.h; 1.3.f; 3.3.f; 4.2.f; 9.1.h, i)
NURS 759 (224 hours) Management of Common Chronic Health Problems Across the Lifespan	Internal Medicine Family Practice Free Clinic Long-Term Care Facilities (Preceptor must provide primary care) Pediatric site (The minimum requirement for the program is 112 clinical hours OR 125 encounters with patients ages 18 years of age or less. May only complete a total of 224 hours at the pediatric site. If the student completes 224 hours at a pediatric site, they may not complete any specialty hours in Nurs 760A) ***The site for NURS 759 must manage chronic health problems (For example, Diabetes, Hypertension, Dyslipidemia, COPD, or Asthma).***	This course focuses on the Advanced Practice Nursing of Pediatric, Adult, and Gerontological Patients with chronic illnesses and disabilities across the lifespan for the FNP. Student Learning Outcomes: After completing this course, students should be able to: Manage chronic health problems as they affect pediatric, adult, and gerontological patients through the life span applying the health disparities model. (AACN Competency 2.4.f, g; 2.6.j) Synthesize the subjective and objective findings, formulate differential diagnoses, and specific diagnostic tests/procedures used to manage chronic health problems in pediatric, adult, and gerontological patients across the lifespan. (AACN Competency 1.3.d; 2.3.h; 2.4.f, g; 2.6.g, j) Formulate culturally competent management plans for pediatric, adult, and gerontological patients and their families across the health care continuum with selected chronic health problems. (AACN Competency 2.4.f, g; 2.9.h) Prescribe therapies, including non-pharmacological and pharmacological treatment (controlled and non-controlled medications) for pediatric, adult, and gerontological patients across the health care continuum. (AACN Competency 2.4.f, g; 2.6.g; 2.9.h) Incorporate health promotion and disease prevention and identify community resources into the management plan for pediatric, adult, and gerontological patients with chronic health problems. (AACN Competency 2.4.f, g; 2.5.k; 2.8.j) Analyze and incorporate evidence-based practice and guidelines for care

		<p>for advanced practice nursing into management plan for pediatric, adult, and gerontological patients. (AACN Competency 1.1.e, f; 1.2.j; 1.3.e; 2.2.h; 2.4.f, g; 2.5.j; 2.6.g, i; 4.2.f, g, k; 5.2.i; 9.2.i)</p> <p>Apply strategies to provide anticipatory guidance, improve adherence, and self-management for pediatric, adult, and gerontological patients with chronic health care problems. (AACN Competency 2.4.f, g; 2.6.g; 2.8.f, h, i; 6.3.d)</p> <p>Lead and participate in collaborative teams to improve healthcare outcomes in chronic health problems throughout the lifespan. (AACN Competency 2.4.f, g; 2.5.h; 2.6.e; 2.9.f; 3.1.n; 3.3.d; 6.1.g; 6.3.d)</p>
<p>NURS 760A (224 hours) Family Nurse Practitioner Practicum</p>	<p>Family Practice Internal Medicine</p> <p>At 112 clinical hours must be in Family Practice or Internal Medicine. Students may combine the family practice or internal medicine site with urgent care, emergency department, pediatrics, or women's health if they did not previously complete 224 clinical hours in that area. For example, if a student completed 224 hours at the emergency department, they will not be able to combine this area with a family practice or internal medicine clinical experience. If they completed 224 hours at a pediatrics office, they could not combine this with family medicine or an internal medicine clinical experience.</p> <p>Students may also combine the family practice or internal medicine site with an office-based specialty for 112 hours if they previously met the pediatric and women's health requirements before beginning Nurs 760A.</p>	<p>This course is a supervised field study in advanced practice nursing for primary care patients (pediatric, adult, and gerontological) across the delivery continuum.</p> <p>Student Learning Outcomes: After completing this course, students should be able to: Provide health care including health promotion, to individuals, families, or groups across the lifespan. (AACN Competency 1.1.e, f; 1.2.f, g, h, j; 1.3.e, f; 2.1.d, e; 2.2.g, i; 2.3.h; 2.4.f, g; 2.5.h, i, j, k; 2.6.f, g, j; 2.7.f; 2.8.g, h; 2.9.g; 3.1.l, m, n; 5.1.i; 8.2.j; 8.3.g, i; 9.2.i, j, k, l)</p> <p>Collaborate with health care team in the formulation, modification, implementation, and evaluation of management plans for patients across the life span. (AACN Competency 2.5.h; 2.6.e, j; 2.9.f, g, h; 3.1.m, n; 3.2.d; 3.3.d, f; 3.6.f, h; 6.1.l; 6.2.j; 6.4.f, g, h, i; 8.3.h; 9.1.i, j, k; 9.2.h; 9.5.f; 9.6.g)</p> <p>Demonstrate appropriate clinical judgment, based on evidence-based strategies, which are complete and safe concerning the management of the clients.</p>

	<p>Students may not complete an inpatient clinical.</p> <p>If none of the previous clinical experiences were at a family practice or internal medicine site, the student would be required to complete all 224 hours within a primary care site.</p>	<p>(AACN Competency 1.2.f, g, h; 1.3.d, e, f; 2.1.d; 2.2.i; 2.3.h; 2.4.f, g; 2.5.i, j, k; 2.7.f; 2.9.g; 3.1.n; 3.3.d, f; 5.2.i; 7.2.k; 9.3.k)</p>
DNP Students Only		
<p>NURS 783 (112 hours) Clinical Project Immersion & Proposal Development</p>	<p>Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.</p>	<p>Provides students the opportunity to integrate nursing theory, research, and advanced nursing practice into a health care clinical project through an interactive seminar format. Requires students to create a clinical project that transforms clinical practice for a selected population and incorporates process and outcome evaluations.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <ul style="list-style-type: none"> Demonstrate assimilation of nursing theory, research, evidence-based guidelines and advanced practice through the design of a planned healthcare clinical or community-based change project in order to achieve positive health outcomes. (DNP Essential VIII) Apply business and economic principles and practices, including budgeting, cost/benefit analysis and marketing I the development of the planned change project (DNP Essential II; DNP Essential VIII) Integrate evaluation outcome data, using technologies and information systems to reduce risks and improve safe and effective patient care outcomes within the planned change project. (DNP Essential IV) Develop DNP Project Proposal according to DON guidelines Develop IRB proposal for USC and for other institutions associated with the DNP Project (if indicated).

		Critically analyze peer DNP Project Proposals according to evaluation guidelines.
DNP Clinical Project NURS 897		
NURS 897 (variable credit hours) DNP Project Preparation and Residency Hours are based on GAP analysis and individual plan developed by DNP Project chair.	Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.	DNP project consists of two parts; synthesis of the literature related to a practice problem and application of findings in a practice setting. Developed with student and faculty. Must take 6 total credits hours.

PMHNP - Contact Drs. [Rachel Bush](#) and [Beverly Baliko](#) with questions regarding courses or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
<p>PMHNP Track Clinical Courses All Program MSN, CGS and DNP</p>		
<p>NURS 763 (224 hours) Advanced Psychiatric Nurse Practicum I: Management of Psychiatric/Mental Health Conditions</p>	<p>Outpatient Mental Health Center or Clinic Integrated Behavioral Care in a Primary Care Clinic (if it is a busy practice) Inpatient psychiatric unit Private psychiatry office Provider types: Psychiatrist, nationally-certified PMHNP</p>	<p>Assessment, treatment, and management of psychiatric mental health problems across the lifespan in primary and acute care settings. Seminar and field study. Students will study and practice promotion of mental health through assessment, diagnosis and treatment of mental health disorders, behavioral problems and comorbid conditions across the lifespan. PMHNP students provide partnerships and patient-centered care for individuals suffering with physical, psychological, mental and spiritual distress across the continuum of care. Students will master the therapeutic use of self and apply a range of nursing, psychosocial and neurobiological interventions based on the most up-to-date evidence to provide effective outcomes.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Analyze and apply knowledge of physiologic, psychopharmacologic, and psychotherapeutic theories and principles in the delivery of mental health services to clients across the lifespan in primary care and psychiatric contexts.</p> <p>Demonstrate performance of comprehensive diagnostic assessment and determine appropriate probable and differential diagnoses of common psychiatric problems in clients across the lifespan (based on DSM V criteria).</p> <p>Evaluate outcome data using current communication technologies, information systems, and statistical principles to develop strategies to</p>

		<p>reduce risks and improve health outcomes. (MSN Essential I, MSN Essential III, MSN Essential V)</p> <p>Provide mental health care including mental health promotion, to individuals, families or groups, including those in urban, rural, and underserved populations. (MSN Essential VII, MSN Essential IX)</p> <p>Develop interprofessional relationships that enhance the management and outcomes of patients with psychiatric problems.</p> <p>Discuss contemporary psychiatric mental health issues including mental health policies, mental health care financing, cultural considerations, and ethical concerns in psychiatric settings and mental health treatment.</p> <p>Use appropriate consultation and referral sources for psychiatric symptoms/illnesses and provide follow-up as indicated.</p> <p>Demonstrate knowledge of clinical principles related to psychopharmacology.</p> <p>Demonstrate use of culturally aware, psycho-educational and collaborative models in working with clients, other health care providers, families, and community groups.</p> <p>Apply and evaluate the use of theory to guide advanced practice with selected mental health populations.</p> <p>Collaborate with health care providers in the formulation, modification, implementation and evaluation of management plans (including prescribing controlled and non-controlled pharmacological interventions) for clients across the delivery continuum and lifespan.</p>
<p>NURS 764 (224 hours) Advanced Psychiatric Nurse Practicum II: Management of Complex Psychiatric/Mental Health Conditions</p>	<p>Evaluation and Management Component:</p> <p>Outpatient Mental Health Center or Clinic</p> <p>Integrated Behavioral Care in a Primary Care Clinic (if it is a busy practice)</p> <p>Inpatient psychiatric unit</p> <p>Private psychiatry office</p>	<p>Clinical management of complex mental health problems across the lifespan in hospital and community settings. Theory and field study.</p> <p>Management of complex mental health problems in hospital and community settings. Emphasis on psychotherapeutic, pharmacological, and case management strategies with</p>

	<p>Private counseling service Provider types: Psychiatrist, nationally-certified PMHNP</p> <p>Therapy Component:</p> <p>Outpatient Mental Health Center or Clinic Integrated Behavioral Care in a Primary Care Clinic (if it is a busy practice) Inpatient psychiatric unit Private psychiatry office</p> <p>Provider types: Licensed Social Worker (LISW, LMSW); Licensed Professional Counselor; PMHNP, psychiatrist or psychologist- if conducting therapy independently from med management appointments</p>	<p>persons with complex psychiatric problems. Students work with clients in a variety of traditional and nontraditional settings, across the lifespan and continuum of care, includes experiences with community assessment and systems interventions, consultation in non-psychiatric settings, and interventions with seriously ill patients and their families.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Demonstrate advanced nurse practitioner skills in assessment and differential diagnosis for patients with selected mental health disorders or physical illnesses with psychiatric manifestations.</p> <p>Provide primary mental health care services, while under preceptor supervision, to patients with serious and persistent mental disorders across the lifespan.</p> <p>Recognize patients as full partners in the provision of nursing care that is care based on respect for patient preferences, values and needs.</p> <p>Provide care coordination, appropriate consultation and referrals for complex physical and psychiatric illnesses.</p> <p>Use psychopharmacological, psychotherapeutic, and psychoeducational principles in provision of services to patients across the lifespan with mental health disorders.</p> <p>Apply principles of trauma/crisis intervention, and recovery models of care.</p> <p>Function effectively within interprofessional teams, participate in peer review, and foster open communication, mutual respect, and shared decision-making to achieve quality patient outcomes.</p>
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<p>NURS 768A (224 hours) Advanced Psychiatric Nurse Practicum III: Role Development</p>	<p>1. Evaluation and Management Component:</p> <p>Outpatient Mental Health Center or Clinic Integrated Behavioral Care in a Primary Care Clinic (if it is a busy practice) Inpatient psychiatric unit Private psychiatry office Private counseling service Provider types: Psychiatrist, nationally-certified PMHNP</p> <p>2. Therapy Component:</p> <p>Outpatient Mental Health Center or Clinic Integrated Behavioral Care in a Primary Care Clinic (if it is a busy practice) Inpatient psychiatric unit Private psychiatry office Provider types: PMHNP-if conducting therapy; Licensed Social Worker; Licensed Professional Counselor; Psychologist- if conducting therapy.</p>	<p>Supervised field study in Advanced Practice Nursing. Seminars on related topics. An advanced practice experience for the DNP, Post-Masters, and MSN students in Psychiatric Nursing. The student will refine advanced practice knowledge and skills to synthesize leadership and clinical expertise in Psychiatric Mental Health Nurse Nursing across the Lifespan. This course reflects guidelines for advanced practice nurse education as recommended by the National Organization for Nurse Practitioner Faculty (NONPF). Additionally, the American Association of Colleges (AACN) the Essentials of Master's Education and the Essentials of Doctoral Education for Advanced Nursing Practice are also used as a guideline.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Provide health care including health promotion, to individuals, families or groups across the lifespan.</p> <p>Collaborate with health care team in the formulation, modification, implementation, and evaluation of</p>

		<p>management plans for patients across the life span.</p> <p>Demonstrate appropriate clinical judgment, based on evidence-based strategies, which are complete and safe concerning the management of the clients.</p> <p>Use psychopharmacological, psychotherapeutic, and psychoeducational principles in provision of services to patients across the lifespan with mental health disorders.</p>
DNP Students only		
<p>NURS 783 (112 hours) Clinical Project Immersion & Proposal Development</p>	<p>Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.</p>	<p>Provides students the opportunity to integrate nursing theory, research and advanced nursing practice into a health care clinical project through interactive seminar format. Requires students to create a clinical project that transforms clinical practice for a selected population and incorporates process and outcome evaluations.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Demonstrate assimilation of nursing theory, research, evidence based guidelines and advanced practice through the design of a planned healthcare clinical or community based change project in order to achieve positive health outcomes.</p> <p>Apply business and economic principles and practices, including budgeting, cost/benefit analysis and marketing the development of the planned change project.</p> <p>Integrate evaluation outcome data, using technologies and information systems to reduce risks and improve safe and effective patient care outcomes within the planned change project.</p> <p>Develop DNP Project Proposal according to DON guidelines</p> <p>Develop IRB proposal for USC and for other institutions associated with the DNP Project (if indicated).</p>

		Critically analyze peer DNP Project Proposals according to evaluation guidelines.
DNP Clinical Project NURS 897		
NURS 897 (variable credit hours) DNP Project Preparation and Residency Hours are based on GAP analysis and individual plan developed by DNP Project chair.	Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.	DNP project consists of two parts; synthesis of the literature related to a practice problem and application of findings in a practice setting. Developed with student and faculty. Must take a total of 6 credit hours.

Healthcare Leadership - Contact [Dr. Carolyn Harmon](#) with questions regarding courses or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
Healthcare Leadership - MSN and CGS programs		
<p>NURS 741 (112 hours) Coordinating Processes in Nursing Administration</p>	<p>May include any organization, hospital, insurance company, or vendor with a Nurse or Health care leader</p>	<p>Methods of supporting nursing systems with resources of health care delivery systems: Focus is on inter-professional systems relationships. Focus is on human resource functions used to coordinate and support nursing systems. Concepts such as organization assessment and development of human resource plans are operationalized and applied in a practice setting. Key concepts such as staffing, job descriptions and budgeting are incorporated into applications.</p> <p>Student Learning Outcomes: After completing this course, students should be able to: Identify the elements of the employee life cycle and apply this knowledge throughout practicum experience. Evaluate nursing workforce models and staffing methodologies used to support professional nursing. Compare and contrast various appraisal and reward mechanisms and consider pay practices that may influence care delivery and outcomes. (AACN Competency 6.2.g; 10.3.n) Examine systems and techniques to facilitate productive interprofessional practice within health care organizations. (AACN Competency 6.3.d; 6.4.h, i; 7.2.j; 9.5.f) Apply an understanding of labor laws encountered by nursing administrators in a case study scenario. Examine specified elements of human resources management through substantive participation in group discussion. (AACN Competency 5.3.h; 6.1.g)</p>

		<p>Evaluate the value of workplace diversity in healthcare organizations. (AACN Competency 6.1.i; 6.4.f, g; 9.5.f; 9.6.d)</p> <p>Develop and implement a project plan to address a human resource need in the practicum setting.</p>
<p>NURS 742 (112 hours) Integrative Processes in Nursing Administration</p>	<p>May include any organization, hospital, insurance company, or vendor with a Nurse or Health care leader</p>	<p>This course focuses on strategies for maximizing the potential of nursing services within organizations. Methods for meeting the challenges presented by complex changes occurring in the health care system. Practicum. Methods of supporting nursing systems with resources of health care delivery systems: Focus is on inter-professional systems relationships. Analysis of processes, which allow the integration of nursing administrative strategies into broader systems to enhance professional practice and provide quality patient care. Focus is on quality improvement program evaluation, strategies, internal and external mechanisms of control, informatics and nursing administration competencies.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Apply leadership skills and decision making of the nurse leader in providing culturally responsive, high-quality patient care, health care team coordination, and the oversight and accountability for outcomes. (AACN Competency 1.2.g, i; 1.3.f; 2.4.f; 2.6.h; 2.7.f; 2.9.g, j; 3.2.g; 3.5.i; 9.1.i, j, k; 9.3.j, l; 10.3.j, o)</p> <p>Assumes a leadership role in effectively implementing patient safety and quality improvement initiatives within practicum placement. (AACN Competency 2.5.j; 3.4.h, k; 4.1.j; 5.1.o; 5.2.g)</p> <p>Evaluate measures to support and integrate nursing into inter-professional teams to include team leadership, building effective teams, and nurturing teams.</p>

		<p>(AACN Competency 1.2.j; 2.1.d; 2.5.h; 3.5.h; 3.6.h; 6.1.j, k; 6.2.h, i, j; 6.4.i; 9.3.o; 9.5.f)</p> <p>Analyze outcome data using current communication technologies, information systems, and statistical principles to develop strategies to reduce risk and improve health outcomes.</p> <p>(AACN Competency 1.2.f; 2.7.d; 4.2.j; 5.1.i; 8.1.g, h, k; 8.5.g, h, i)</p> <p>Examine health information management for evidence-based care and health education.</p> <p>(AACN Competency 1.1.e, f; 8.2.g)</p> <p>Explore the use of electronic health records and point of care systems to improve health care outcomes.</p> <p>(AACN Competency 6.1.h; 7.1.f, g; 8.3.g, k; 8.4.f)</p>
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NE - Contact [Dr. Carolyn Harmon](#) with questions regarding courses or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
Nursing Education Track-MSN and CGS programs		
<p>NURS 727 Teaching Practicum in Nursing (224 hours)</p>	<p>Nursing class</p>	<p>This course focuses on supervised teaching experiences with nursing students, patients, and staff in selected health care and academic settings.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Apply education theories and teaching strategies to promote learning. (AACN Competency 1.1.e, f, g; 1.2.f, g, h, i, j; 1.3.d, e, f; 2.1.d, e; 2.2.g, h, i, j; 2.3.h; 2.6.e, f, g, h, i, j; 6.1.g, h, i, j, k, l; 6.3.d; 9.1.h, i, j, k; 9.2.h, i, j, k, l; 9.6.d, e, f, g, h, i; 10.2.g, h, i, j; 10.3.j, k, l, m, n, o, p, q)</p> <p>Assess the content and placement of individual learning activity within the course and overall program curriculum. (AACN Competency 2.3.h)</p> <p>Synthesize evidence in nursing education for development, implementation, and evaluation for nursing education. (AACN Competency 3.4.h, i, j, k, l; 4.1.h, i, m; 4.2.f, g, h, i, j, k)</p> <p>Assess student learning within a teaching plan. (AACN Competency 5.3.f; 6.2.g; 7.3.e, f, g, h)</p> <p>Design a plan for systematic self-evaluation and improvement in the academic nurse educator's role. (AACN Competency 9.1.i, j, k; 9.2.h, i, j, k, l; 9.3.i, j, k, l, m, n, o; 10.1.c, d; 10.2.g, h; 10.3.j, k, l, n)</p> <p>Function effectively within the organizational environment and academic community. (AACN Competency 1.2.i; 2.1.d, e; 2.3.h; 2.6.f, g, i; 5.3.e, f, g, h; 6.1.i, j, k, l; 6.2.h, i, j; 6.3.d; 6.4.e, f, g, h, i; 7.1.e;</p>

		7.2.l; 9.4.d, e, f, g, h; 9.5.f, g, h, i; 9.6.d, e, f, g, h, i; 10.1.c; 10.3.j, k, l, m, n, o, p, q)
Nurs 743 Advanced Nursing Practicum for the Educator (250 hours)	Precepting with clinical staff or specialty area	<p>This course focuses on the precepted clinical immersion experience in specialty area with emphasis on the role of the master's prepared nursing educator's role.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Analyze roles in advanced nursing practice. (AACN Competency 1.1.e, f, g; 1.2.f, g, h, i, j; 1.3.d, e; 2.1.d, e; 2.2.g, h, i, j; 2.3.h; 2.4.f, g; 2.5.h, i, j, k; 2.6.e, f, g, h, i, j; 2.7.e; 2.9.f, g, h, i, j; 3.4.f, g, h, i, j, k, l; 3.5.f, g, h, i; 3.6.f, g, h, i, j; 9.5.f, g, h, i; 9.6.d, e, f; 10.3.j, k, l, m, n, o, p, q)</p> <p>Apply advanced nursing knowledge to the clinical practice setting. (AACN Competency 1.1.e, f, g; 1.2.j; 1.3.d, e, f; 2.6.e, f, g, h, i, j; 2.7.d, f; 2.9.f, g, h, i, j; 3.1.j, k, l, m, n; 3.2.d, e, f, g, h; 3.3.c, d, e, f; 4.1.h, j, m; 4.2.f, g, h, i, j, k; 6.2.g, h, i, j; 8.1.g, h, i, j, k; 8.3.g, h, i, j, k; 9.6.g, h, i)</p> <p>Advocate for specific nursing education within the clinical arena. (AACN Competency 2.1.d, e; 3.5.f, g, h, i; 3.6.f, g; 5.3.e, f, g, h; 10.3.j, k, l)</p> <p>Create education materials for the specialty area. (AACN Competency 6.2.g, h, i, j; 6.3.d; 7.2.j, k, l; 7.3.e, f, g)</p> <p>Implement an advanced level teaching plan within the clinical setting. (AACN Competency 2.1.d, e; 2.2.g, h, i, j; 8.3.g, h, i, j, k; 8.4.e, f, g; 9.1.h, i, j, k; 9.2.h, i, j, k, l; 9.3.i, j, k, l, m, n, o; 9.4.d, e, f, g, h; 9.5.f, g, h; 10.3.j, k)</p> <p>Evaluate effectiveness of teaching intervention. (AACN Competency 2.3.h; 6.1.g, h, i, j, k, l; 9.6.d, e, f, g, h, i; 10.1.c, d; 10.3.l, m, n)</p>

NI - Contact [Dr. Carolyn Harmon](#) with questions regarding courses or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
<p>Nursing Informatics Track-MSN and CGS programs</p>		
<p>NURS 777 Nursing Informatics Practicum (224 hours)</p>	<p>Students select their learning environment based on course objectives and their professional goals, needs, and interests. Examples may include an informaticist within a health care system.</p>	<p>This course focuses on the application of nursing informatics competencies to organizational change in health care systems.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Function as an active participant in a professional health informatics role. (AACN Competency 2.7.d, e, f; 2.8.g; 2.9.f, g; 3.1.j, k; 3.3.c; 4.1.h, j; 4.2.f, k; 5.1.i; 7.1.e, f, g; 7.2.g; 7.3.e, f, g; 8.1.g, h, i, j, k; 8.2.f, g, h, i, j; 8.3.g, h, i, j, k; 8.4.e, f, g; 8.5.g, h, i)</p> <p>Identify strategies that can be used to manage information technology change. (AACN Competency 3.1.j; 4.1.j; 5.1.i; 5.2.g; 7.1.e, f; 8.1.g; 8.2.j; 8.3.g, j; 8.4.e)</p> <p>Perform the leadership roles of communicator, systems thinker, and decision maker within a healthcare organization. (AACN Competency 1.2.g, i; 1.3.d; 3.6.j; 4.2.g, h; 6.1.g; 7.1.e, f; 7.2.k; 7.3.e, g; 8.1.i, k; 8.2.g, h, i; 8.3.g, h, i, j, k; 8.4.e, f, g; 8.5.g, i; 9.3.j, o; 9.6.d; 10.2.g, h; 10.3.j, k)</p> <p>Identify nursing, health, and information science theory used in the practice settings. (AACN Competency 1.1.f, g; 1.2.j; 1.3.e; 4.1.h; 8.1.g)</p> <p>Analyze the nursing informatics leadership role in the delivery of clinical services across the healthcare enterprise. (AACN Competency 2.9.j; 4.2.k; 7.1.e, g; 8.1.g; 8.2.h, j; 8.3.g)</p>

		<p>Evaluate the organization's use of health information systems to support data driven decision making. (AACN Competency 1.3.d, f; 2.7.d, e; 3.1.j; 5.1.l; 5.2.g; 8.1.g, h, j, k; 8.2.h, j; 8.3.g, i, j; 8.4.e)</p> <p>Examine the extent that research guides health informatics practice. (AACN Competency 1.3.e; 8.1.g, 8.2.j; 8.4.e)</p>
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Executive Healthcare Leadership (DNP) - Contact [Dr. Jacqueline Haverkamp](#) with questions regarding courses or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
Executive Healthcare Leadership (DNP)		
NURS 806 (225 hours) Nurse Executive Leadership I	Generally, the experience occurs at the site where the executive DNP student is employed. The clinical hours during enrolment in the class should allow for advanced experiences beyond one's current position and job responsibilities. In instances where the student is not able to complete the required clinical hours with an employer, alternative experiences at specific healthcare organizations will need to be approved by the course instructor.	<p>Evaluation of healthcare organizational dynamics and performance. This course is the first of two courses focusing on advanced organizational leadership. Students prepare for top-level executive leadership roles within health care systems or health-related business organizations. The course provides for syntheses of advanced business skills, knowledge of healthcare, and highly developed communication skills to evaluate organizational dynamics and performance. Students customize a plan of study to foster advanced executive role development by building on past academic and experiential learning. Risk-taking, strategic leadership, creativity, and systems theory provide the context for educational exercises/course projects.</p> <p>Student Learning Outcomes: After completing this course, students should be able to: Evaluate care delivery approaches, models, and outcomes within organizations using data, information, and research-based evidence to specify opportunities and strategies for addressing challenges within organizations and leadership priorities. (AACN Competency 1.1.e, f; 1.2.g; 1.3.e, f; 2.3.h; 2.4.g; 2.5.j; 2.6.e, g, j; 2.7.f; 2.8.i; 2.9.f; 3.1.j, m; 3.2.e; 4.2.f, h, i; 5.1.i, j; 5.2.g; 6.2.g, h; 7.1.e, f; 8.1.g, h; 8.2.f, g; 8.3.g, j; 8.5.l; 9.2.i, j; 9.5.g; 10.1.d; 10.3.l) Apply advanced leadership principles and competencies to design change strategies that to build cohesive and effective teams and develop future leaders. (AACN Competency 1.1.e, f;</p>

		<p>1.2.g; 1.3.e, f; 2.3.h; 2.4.g; 2.5.j; 2.6.e, g, j; 2.7.f; 2.8.i; 2.9.f; 3.1.j, m; 3.2.e; 4.2.f, h, i; 5.1.i, j; 5.2.g; 6.2.g, h; 7.1.e, f; 8.1.g, h; 8.2.f, g; 8.3.g, j; 8.5.l; 9.2.i, j; 9.5.g; 10.1.d; 10.3.)</p> <p>Employ principles of business, marketing, health policy, negotiation, coaching, and change management to influence the delivery of healthcare services and positively impact the work environment. (AACN Competency 1.2.f, j; 2.5.k; 2.6.h; 2.8.f, g, j; 2.9.i; 3.1.j, l; 3.3.c, d, e; 3.4.f, g, h, i, k; 4.2.h; 5.1.k, n; 6.3.d; 7.1.h; 7.2.g, h, i, j, k; 7.3.e, g; 8.1.j, k; 8.3.h, i, k; 8.4.f; 9.4.d, e, f, h)</p> <p>Differentiate, evaluate, and select quality improvement methodologies to promote feasible process improvements that ensure safe, timely, effective, efficient, equitable, and patient- and/or population centered care. (AACN Competency 1.3.d; 2.5.i, j; 2.6.f, i; 2.7.d, e, f; 2.9.g, h, j; 3.1.k, n; 3.2.d, f; 3.3.f; 3.4.j; 3.5.f; 3.6.h; 4.1.j; 4.2.h, i, k; 4.3.e; 5.1.o; 5.2.h; 5.3.e, g; 6.1.h; 7.1.g; 7.2.l; 7.3.f, h; 8.1.g, h, i, k; 8.2.h, i, j; 8.3.g, j; 8.4.g; 8.5.g, k; 9.3.i, k; 9.4.g; 9.6.h; 10.1.d; 10.3.m)</p>
<p>NURS 807 (225 hours) Nurse Executive Leadership II</p>	<p>Generally, the experience occurs at the site where the executive DNP student is employed. The clinical hours during enrolment in the class should allow for advanced experiences beyond one's current position and job responsibilities. In instances where the student is not able to complete the required clinical hours with an employer, alternative experiences at specific healthcare organizations will need to be approved by the course instructor.</p>	<p>Application of advanced nurse leader competencies to organizational change in healthcare systems. Practicum required. This course is the second of two courses building advanced leadership knowledge and competencies for top-level organizational leadership roles within health care systems or health-related business organizations. The emphasis of this course is leadership for clinical excellence. Students engage in a semester-long simulation exercise/case study with real-time complex challenges integrating nursing science with biophysical, psychosocial, business and organizational sciences for the advancement of quality care and ethical executive nursing practice. Knowledge of macro- and micro-</p>

		<p>systems is employed for improvement of patient safety, clinical quality/quality measurement, organizational efficiencies and customer satisfaction.</p> <p>Student Learning Outcomes: After completing this course, students should be able to:</p> <p>Construct an implementation process for change that directly or indirectly affects health care outcomes within a practice setting/healthcare organization and that addresses variances, can be effectively compared to evidence-based practices and benchmarks, and is sustainable. (AACN Competency 1.1.e; 1.3.f; 2.3.h; 2.4.g; 2.6.e, g, j; 2.7.f; 2.9.f; 3.1.j, m; 3.2.e; 4.2.f, h, i, j; 5.1.i, j; 5.2.g; 6.2.g, h; 7.1.e, f; 8.1.g, h; 8.2.f, g; 8.3.g, j; 8.5.l; 9.2.i, j; 9.5.g; 10.1.d; 10.3.l)</p> <p>Formulate an evaluation plan that monitors and measures processes and outcomes (formative or summative) for a quality improvement and/or evidence-based practice intervention that involves key sources of data and information and appropriate measures. (AACN Competency 1.2.f, i; 2.1.d, e; 2.2.g, j; 2.4.f; 2.5.h; 2.8.h, j; 3.1.m; 3.2.e, g; 3.5.g, h, i; 3.6.h; 4.1.h, m; 4.2.g, h; 5.1.m; 5.3.f, h; 6.1.g, i, j, k, l; 6.2.i, j; 6.4.e, f, g, h, i; 8.4.e; 9.1.i, j, k; 9.2.h, k, l; 9.3.j, l, m, n, o; 9.5.f, h; 9.6.d, g, i; 10.1.c; 10.2.g, h, i, j; 10.3.j, k, n, o, p, q)</p> <p>Employ knowledge of health care systems and organizational theories, nursing practice, and effective leadership strategies to construct and implement an approach for change to foster best practices and improved outcomes. (AACN Competency 1.2.f, j; 1.3.e; 2.5.k; 2.6.h; 2.8.f, g, j; 2.9.i; 3.1.j, l; 3.3.c, d, e; 3.4.f, g, h, i, k; 4.2.h; 5.1.k, n; 6.3.d; 7.1.h; 7.2.g, h, i, j, k; 7.3.e, g; 8.1.j, k; 8.3.h, i, k; 8.4.f; 9.4.d, e, f, h)</p>
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DNP Clinical Project NURS 897		
<p>NURS 897 (variable credit hours) DNP Project Preparation and Residency</p> <p>Hours are based on GAP analysis and individual plan developed by DNP Project chair.</p>	<p>Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.</p>	<p>DNP project consists of two parts; synthesis of the literature related to a practice problem and application of findings in a practice setting.</p> <p>Developed with student and faculty.</p> <p>Must take 6 total credits hours</p>

DNP-APRN - Contact [Dr. Laura Herbert](#) with questions regarding course or requirements

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
Post Masters APRN Clinical Expert (DNP)		
NURS 783 (112 hours) Clinical Project Immersion & Proposal Development	Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.	Provides students the opportunity to integrate nursing theory, research and advanced nursing practice into a health care clinical project through interactive seminar format. Requires students to create a clinical project that transforms clinical practice for a selected population and incorporates process and outcome evaluations. Student Learning Outcomes: After completing this course, students should be able to: Demonstrate assimilation of nursing theory, research, evidence based guidelines and advanced practice through the design of a planned healthcare clinical or community-based change project in order to achieve positive health outcomes. Apply business and economic principles and practices, including budgeting, cost/benefit analysis and marketing I the development of the planned change project. Integrate evaluation outcome data, using technologies and information systems to reduce risks and improve safe and effective patient care outcomes within the planned change project. Develop DNP Project Proposal according to DON guidelines Develop IRB proposal for USC and for other institutions associated with the DNP Project (if indicated). Critically analyze peer DNP Project Proposals according to evaluation guidelines.
DNP Clinical Project NURS 897		

<p>NURS 897 (variable credit hours) DNP Project Preparation and Residency</p> <p>Hours are based on GAP analysis and individual plan developed by DNP Project chair.</p>	<p>Independent direct or indirect hours to meet the needs of the individual students DNP clinical project.</p>	<p>DNP project consists of two parts; synthesis of the literature related to a practice problem and application of findings in a practice setting.</p> <p>Developed with student and faculty.</p> <p>Must take 6 total credits hours</p>
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Clinical Elective Any Major

Course Title	Examples of Possible Clinical Sites	Course Description and Objectives
<p>Clinical Elective NURS 769A</p>		
<p>NURS 769A (variable credit hours) Independent Study Variable credit 1 – 3 1 credit = 112 hours 2 credits = 224 hours 3 credits = 336 hours Please contact the program director to arrange practice.</p>	<p>Independent clinical study to meet the needs of the individual student.</p>	<p>Developed with student and faculty.</p>

*All prerequisite courses (including Advanced Pathophysiology, Advanced Assessment, and Advanced Pharmacology) should be completed prior to entering the clinical courses.

Courses must be taken in the following sequences:

- FNP- NURS 758, NURS 759, NURS 760A
- AGACNP –NURS 773, NURS 774, NURS 778A
- PMHNP –NURS 763, NURS 764, NURS 768A
- NA – NURS 741, NURS 742
- DNP NEL – NURS 806, NURS 807
- DNP APRN no concentration –NURS 783
- NI – NURS 777
- NE- NURS 727, NURS 743

Approved preceptors for all courses include: Certified Nurse Practitioners, Certified Nurse Midwives, Physician Assistants, and Physicians. The preceptors must have at least one year of experience. In some cases, Certified Clinical Nurse Specialists and Licensed Independent Social Workers (LISW) may serve as preceptors. Registered Nurse Executives

or similar leadership executives for 741,742, 806, 807, 897. Nursing Professors, Nurse Educators, or appropriate specialty educators for the Nursing Education track.

QUALIFICATIONS OF THE PRECEPTOR

The qualifications of the preceptors include the following established criteria:

Preceptors will be selected based upon clinical competency in their practice setting according to the nurse manager or nurse educator's recommendation.

Preceptors working with nurse practitioner students will hold a Master's or Doctoral degree in a field related to the course objectives and have a minimum of one year of clinical experience and demonstrated competencies related to the area of assigned clinical teaching responsibilities.

Preceptors working in administrative and/or executive experiences may not hold a master's or doctoral degree but should have relevant experience that supports the student's learning needs.

Provide input in the evaluation of the student's performance and achievement of learning objectives.

Able to make time to periodically review the student's learning objectives and provide the student with direction related to his/her achievement in that setting.

Willing to critically evaluate the student's progress during and at the end of the practicum experience.

Willing to meet with the College faculty as needed during the semester to facilitate the student's progress.

RESPONSIBILITIES OF THE PRECEPTOR

Preceptors are expected to:

Act as a role model, teacher, mentor, and clinical expert for the student.

Orient the student to the learning site and staff, including identifying facility policies, procedures, and protocol during the first clinical week.

Collaborate with the student to develop learning experiences to achieve course outcomes and student learning objectives.

Provide the student with ongoing constructive feedback that will assist with improving critical thinking, deductive reasoning, and decision-making.

Select the most appropriate learning assignment and guides the student in providing safe patient care when applicable.

Facilitate professional socialization (i.e., attending staff meetings, in-service education).

Encourage and assist the student in reaching the goal of increasing independence, competence, and confidence. However, a student should never be left at a site alone. The preceptor or a designated licensed health care provider with the ability to supervise the student must remain on site while the student is actively engaged in providing patient care.

The student may not provide patient care if the preceptor or designated licensed health

care provider leaves the site for any reason. If an emergency occurs and the preceptor or designated licensed health care provider is not on site, the student will call 911. Contact faculty member(s) as needed to clarify any issues and concerns. Notify the faculty member immediately of any unsafe, unethical, or illegal clinical activity. Provide input in the evaluation of the student's performance and achievement of the learning experience.

10. Validate student's clinical/precepted hours on a course-specific CON verification tool provided by the student.

11. Document student performance on a course-specific evaluation tool at mid-point and the end of the practicum experience. The evaluation tools are provided at the beginning of the practicum. While preceptors provide feedback to the course faculty about student performance, the final clinical evaluation of the student is the responsibility of the course faculty.

ROLES AND RESPONSIBILITIES OF THE STUDENT

Roles:

The student is an adult learner who bears the responsibility for learning and completing all assignments on time and according to ethical standards and published guidelines. The student is expected to treat the clinical site as they would employment.

Responsibilities:

Students are required to:

Abide by all the applicable rules of conduct and the academic guidelines that are included in the USC catalog and College of Nursing Graduate Student Handbook, and other materials.

Abide by all applicable agency rules of conduct, policies, procedures, and protocols with guidance from the preceptor.

Review course requirements, course objectives, and personal objectives and goals with clinical faculty and preceptor.

Accrue the allocated clinical time as outlined per course performing hands-on patient care by designated due date. Students will meet with their individual preceptor to arrange clinical hours.

Collaborate with the clinical faculty and preceptor to determine specific, achievable learning objectives and appropriate learning experiences. The objectives may focus on developing competency in specific psychomotor skills, integration of pathophysiology, pharmacology, and specific treatment regimens, prioritization of patient care, clinical decision-making, and management goals.

Engage in self-directed, assertive learning activities.

Participate in ongoing communication with preceptor and faculty member.

Engage in nursing practice in accordance with institutional, professional, legal, and ethical guidelines.

Demonstrate professional clinical behaviors at all times as outlined in the Graduate Student Handbook, including but not limited to: being on time and prepared for clinical, respect, honesty, flexible, confidentiality, motivation to learn, accountability for actions, and corrective behaviors from feedback.

Demonstrate accountability for knowing or seeking appropriate references to learn the rationale for medical and nursing therapies. Self-direction and initiative are essential. Promptly notify preceptor and faculty of a schedule change or absence from the scheduled time or date for the clinical experience.

Contact faculty member(s) by phone or email if assistance is needed.

Contact faculty member(s) by phone or email if there are any problems or concerns in the clinical area.

Notify clinical faculty member(s) immediately by phone or email if left alone at the clinical site. Call 911 if an emergency arises at the clinical site and the preceptor or designated licensed health care provider is not on site.

Complete assignments and submit them to course faculty on designated due dates.

Participate in ongoing self-evaluation with feedback from faculty and preceptor.

Evaluate the student/preceptor relationship at the end of the clinical experience.

STUDENT NOT PREPARED OR NEEDS REMEDIATION

The preceptor is to notify the faculty immediately by phone or email. The course faculty will assist these students in collaboration with the preceptor with remediation. The student may be referred to the Clinical Simulation Laboratory, receive tutoring, and/or counseling. The student may be required to complete additional clinical hours, if deemed necessary.

UNSATISFACTORY CLINICAL PERFORMANCE

Suppose a student has unacceptable clinical or professional behavior. In that case, the preceptor should contact the faculty or program director, and the program director will document with the preceptor the performance in the setting. Unsafe clinical practice will result in immediate dismissal from the clinical area. The student will be given a clinical failure for the occurrence. Students may be disciplined or dismissed from the CON for practice or behavior which threatens, or has the potential to threaten, the safety of a client, family member, authorized representative, student peer, faculty member, healthcare provider, and/or self, or is unethical or illegal. The incident will also be reported to the BON if applicable. The unacceptable practice may be a one-time event or a series of events. The policy in the student handbook will be followed.

Examples of Unsatisfactory Clinical Performance include but not limited to:

Arriving late to clinical more than twice on more than one occasion

Unsafe clinical practice can include behaviors related to physical or mental health problems (i.e., sleepiness, anxiety, and inability to concentrate)
Use of alcohol, drugs, or chemicals
Lack of preparation for clinical
Continued deficits in problem-solving
Professional, legal, ethical, or behavior deficits (i.e., lateness, absences)
Failure to take action when such action is essential to the health and safety of the client.

ILLNESS OR INJURY

Please notify the faculty as soon as possible (as requested by your faculty clinical instructor through phone or email, etc.).

INCIDENT/OCCURRENCE REPORTS

The preceptor should notify the faculty as soon as possible that an incident has occurred. The preceptor should co-sign the report, and the faculty will follow up.

Bloodborne Pathogens Exposure

This protocol applies to all USC Columbia campus employees, student employees and all other USC students who have an exposure to a potentially infectious biological material. A potentially infectious material or biological hazard may include an incident involving a microorganism (e.g., bacterial agent, viral agent, and fungal agent), human-derived material, biological toxin, or an incident involving recombinant DNA research. Exposures through sexual contact are not included in this protocol.

Process

The student must report the incident immediately to the supervisor and clinical faculty to authorize medical evaluation. Supervisors are responsible for ensuring students are offered immediate medical care, appropriate diagnostics, and treatment.

Percutaneous Exposure (e.g. needle stick, cut, animal bite) – Immediately wash or flush the exposed area with soap and water for 10 minutes.

Mucous Membrane Exposure (e.g. eyes, nose, or mouth) – Flush the exposed area with water. If exposure is to the eyes, flush the eyes (holding open) using the eyewash station for 10 minutes.

The student or supervisor should immediately notify the appropriate entity within the health care institution where the exposure occurred to initiate testing of the “source patient” for HIV, hepatitis B, and hepatitis C infection. It is important for rapid HIV testing to be completed with results available within a few hours. Each institution has its own procedures for obtaining “source patient” testing, and supervising faculty should know these procedures. If there is uncertainty about whom to contact within the host institution, instructions should be obtained from one or more of the following:

Employee health office

Charge nurse for the floor or unit where the exposure occurred

Infection control nurse

Administrative officer of the day

Clinic director (for outpatient sites)

Once the necessary “source patient” testing has been ordered, the student should seek medical treatment as soon as possible by immediately reporting the injury to the faculty supervisor.

Non-life-threatening injuries or illnesses for which medical treatment may be necessary – The faculty supervisor and injured student together will immediately call CompEndium Services (available 24/7) at 877-709-2667.

Life-threatening injuries or illnesses – Dial 911 or go to the nearest emergency room and contact your supervisor and CompEndium Services as soon as possible. CompEndium will assist in processing and scheduling the student’s work-related injury for treatment and claims handling with USC’s insurance provider.

CompEndium will:

Direct the student to a medical provider for treatment.

Issue a treatment authorization number to the medical provider, which will authorize treatment of the injured student.

Provide a CompEndium email address where the student will submit [Employee Injury Report Form \(81-B\)](#) and where the faculty supervisor will submit [Supervisor Report of Injury Form \(81-C\)](#).

The student must notify the CON Office of Student Affairs of the incident at 803-777-4889. Leave a message with a return phone number if there is no answer.

The student submits [Employee Injury Report Form \(81-B\)](#), and the faculty supervisor submits [Supervisor Report of Injury Form \(81-C\)](#) to the Office of Student Affairs at NURSINQ@mailbox.sc.edu.

The Office of Student Affairs Administrative Coordinator forwards both forms to the Assistant Dean for Student Affairs.

Important Notes

All exposure incidents in clinical agencies and the client-simulated laboratory (CSL) must be reported, investigated, and documented. If an exposure occurs and there is no faculty present, the student must notify the course faculty and the Office of Student Affairs as soon as possible.

Workers’ Compensation covers the following populations who experience a bloodborne pathogen exposure while working or at a clinical setting if appropriate reports are filed: All USC employees and apprenticeship students in the College of Education, Department of Exercise Science, School of Medicine, CON, College of Pharmacy, and College of Social Work.

Work study students and graduate assistants who are exposed while on the job.

Students who suffer a non-job related or non-clinical related Bloodborne Pathogen Exposure during an enrolled academic session should report to University Health Services

for initial evaluation and referral. If closed, students may seek care at the nearest hospital emergency department.

Evaluation and Review

The Interim Associate Dean for Academics and Accreditation is responsible for annually reviewing this policy and procedures and its effectiveness and for updating the program as needed. (Reviewed August 2024)

PRECEPTOR IS ILL

If a preceptor calls out sick, please plan to assign the student with an approved, designated alternative preceptor if possible, to complete their clinical hours. The preceptor should organize this replacement for the student whenever possible. The preceptor may cancel the student's clinical experience for that day as the last alternative. However, the student must make up the hours to meet the course requirement.

STUDENT ABSENCE

Students are required to notify the faculty AND preceptor of illness or the inability to attend clinical prior to or at least one hour before the beginning of the scheduled experience. Failure to do so may result in a clinical failure. This time must be made up.

DRESS CODE

Purpose

The preceptor should notify the student of any special dress code prior to the first day of clinical in a particular agency. The College of Nursing faculty or preceptor reserves the right to ask students to leave the clinical area if their attire is deemed inappropriate or out of uniform.

Student Name Badges

Students are required to wear USC, College of Nursing name badges on their chests with their legal first and last names that are clearly visible at all times. In addition, students must wear any required institutional badges while in clinical.

Hair

Shoulder length or longer hair must be pulled back and secured.
Ornate hair decorations are inappropriate.
Hair must conform to natural hair colors and non-extreme styles.

Mustaches and beards must be neatly groomed and relatively close to the face to avoid contaminating the work environment.

Body Piercing and Other Jewelry

Body piercing jewelry may not be worn in clinical. No more than one small, stud-style earring per ear may be worn.

Religious jewelry may be worn inside the uniform. Ring bands may be worn but rings with large stones may not.

Tattoos

Tattoos must be covered during clinical experiences.

If the tattoo is in an area that cannot be covered by clothing, it must be covered by a bandage.

Personal Hygiene

Students are required to maintain high standards of personal cleanliness.

Non-scented makeup and hair products may be worn. No perfumes or colognes may be worn.

Makeup must conform to general body tones avoiding extreme colors.

Nails must be clean, well kept, without nail polish or designs, and no longer than the tip of the finger. Artificial nails may not be worn.

Professional Uniform Attire

Anytime students are in a healthcare setting during a scheduled clinical time, the following must apply:

Approved professional attire or scrubs are required.

All attire must be neat, clean, opaque, wrinkle-free, and properly fitting with appropriate undergarments.

A white lab coat with College of Nursing identification may be worn over the uniform unless agreed upon by the preceptor.

All shoes must be enclosed, flat-heeled, non-canvas, non-mesh, and kept clean.

ROLES AND RESPONSIBILITIES OF FACULTY

Roles

The faculty are registered nurses with advanced degrees who are employed by the College of Nursing. The faculty retains the responsibility for student instruction and supports both

the student and preceptor by providing expertise to ensure that the learning experiences meet the course outcomes and objectives. The faculty member and preceptor collaborate in planning, monitoring, and evaluating the student's clinical experiences. The faculty maintains the ultimate responsibility for the student evaluations.

Responsibilities

Faculty are required to:

Verify appropriateness of preceptor, including documentation of qualifications and credentials.

Provide preceptor with contact information and a written and verbal orientation to the preceptor packet consisting of preceptor handbook, verification of clinical hours form, and clinical evaluation form.

Collaborate with the student and preceptor to establish mutually acceptable clinical learning outcomes and personal objectives within the framework of the existing practicum objective and design activities to meet outcomes and objectives.

Coordinate and participate with the preceptor in setting up the process, timeliness, role expectations, and strategies for problem-solving.

Monitor and assist in the facilitation of student learning experiences, student progression, and schedule changes with student and preceptor throughout the semester.

Maintain communication and regular contact with student and preceptor via email, site visits (as needed), or phone using the schedule of clinical days/hours provided by the student.

Respect preceptors and provides timely feedback for concerns expressed by preceptors.

Participate in the ongoing evaluation of student's learning experiences with the student and preceptor. Evaluate student clinical performance and achievement of learning outcomes, using input from the preceptor and student.

Faculty will guide students on a continual basis through the clinical practicum by utilizing written clinical logs and didactic assignments related to the clinical experience.

The faculty will provide formative feedback to the student regarding progress during the practicum experience on an ongoing basis. They will develop a remediation plan with the preceptor and student in situations where the student's clinical performance is unsatisfactory.

Assess the student's evaluation of the clinical experience and the preceptor's evaluation of the student.

BENEFITS TO PRECEPTOR

As a benefit to you for participating in this role, we offer the following additional extensions of our gratitude.

Contact Hours for National Re-Certification

Serving as a preceptor counts towards your contact hours for certification. The clinical faculty member will complete the documentation to verify the contact hours if needed.

Clinical Faculty Appointment

If you become a regular preceptor for our students, you may be invited to a USC Affiliate Appointment. This appointment is reserved for preceptors that precept students regularly and seek a USC Affiliate appointment with the Assistant Dean of Graduate Studies.

State Preceptor Tax Credit

Many states (including South Carolina) offer personal state income tax credits and deductions for preceptors.

Senate Bill 969

Tax Incentive Legislation

Fact Sheet: 2024

BACKGROUND

Senate Bill 969 is the result of a preceptor tax incentive initiative which was previously initiated by the Coalition for Increased Access to Care (CIAPC), and comprised of South Carolina based public universities. This bill successfully passed during the 2024 legislative session and was signed into law by Governor McMaster July, 2024. We are so pleased our state has recognized the critical role you play in training the future clinicians in our state who can ultimately serve to help address the primary care access shortages and associated health rankings in South Carolina. We thank our legislators, lobbyists, and others who added to our efforts.

The following provides a high-level overview of the legislation. We strongly encourage you to access a copy of the legislation and the guidance provided by the Department of Revenue as well as consult with your personal tax accountant, as appropriate, to best understand how it applies to your personal situation.

LINK TO BILL

https://www.scstatehouse.gov/query.php?search=DOC&searchtext=969&category=LEGISLATION&session=125&conid=43443782&result_pos=0&keyval=1250969&numrows=10#:~:text=six%20thousand%20dollars.,Preceptor%20tax%20credit,was%20last%20updated%20on%20July%2017%2C%202024%20at%201%3A28%20PM,-Back%20to%20Results

OVERVIEW

Senate Bill 969 provides personal state income tax credits and deductions for eligible clinicians in South Carolina who precept students on clinical rotations. The sections

below describe the eligibility and tax incentive tiers which are available for our valued preceptors.

CLINICAL ROTATION

1. Required for Medical School, Physician Assistant (PA), and Advanced Practice Registered Nursing (APRN) Programs for students enrolled in a South Carolina located public or independent institution of higher learning.
2. Includes a minimum of one hundred sixty hours of instruction in one of the following clinical settings:
 - a. Family Medicine
 - b. Internal Medicine
 - c. Pediatrics
 - d. Obstetrics and Gynecology
 - e. Emergency Medicine
 - f. Psychiatry
 - g. General Surgery
 - h. Specialty Care including but limited to: Dermatology, hematology, neurology, and oncology

PRECEPTOR

A Physician, PA, or APRN who

1. Provides supervision and instruction during student clinical training experiences
2. Is otherwise NOT compensated for doing so
3. Provides a minimum of 2 required clinical rotations within a calendar year

ELIGIBILITY/COMPENSATION

There is allowed an income tax credit for each clinical rotation a physician, PA, or APRN serves as the preceptor for a medical school-required clinical rotation, advanced practice nursing program-required clinical rotation, and physician assistant program-required clinical rotation. If the physician's practice includes Medicaid insured or Medicare insured then the credit the physician, APRN, or PA can claim is equal to one thousand dollars for each rotation served, not to exceed four thousand dollars a year. The provider must be a Medicaid-participating provider and have a minimum of at least one hundred Medicaid and Medicare patients combined or be a free clinic.

For assistance with tax credit forms and other paperwork, contact the Offices of Academic and Student Affairs: 803-777-7412

TEACHING STRATEGIES - ONE-MINUTE PRECEPTOR

- **Get a commitment**

"What do you think is going on?"

- **Provide assessment of learner's knowledge/skill**

- **Teach interpretation of data**
- **Probe for supporting evidence**

"What led you to this conclusion?"

Reveals learner's thought process and identifies knowledge gaps

- **Teach general rules**

"When you see this, always consider...."

- **Offer "pearls" that can be easily remembered**
- **Reinforce what was done well**
- **Offer positive reinforcement**

"You did a nice job with...."

- **Correct errors**

"Next time, try or consider...."

- **Comment on omissions and misunderstandings to correct errors in judgment or action**

FIVE-STEP METHOD FOR TEACHING CLINICAL SKILLS

From A Simple Five-Step Method for Teaching Clinical Skills (Family Medicine 2001, 33:577-8),

John H. George, PhD and Frank X. Doto, MS, suggest taking the following steps:

1. Provide an overview of the need for the skill and how it is used in patient care.
2. Demonstrate exactly how the skill is performed without commentary.
3. Repeat the procedure, but describe each step.
4. Have student "talk through the skill" by detailing each step.
5. Observe and provide feedback to the student as he performs the skill.

LEGAL CONSIDERATION OF BEING A PRECEPTOR

Students are accountable for their own actions. The signed contract or memorandum of understanding between the USC College of Nursing and the clinical agency delineates the legal relationship between students, the school, and the clinical site and includes language related to liability coverage.

Students are responsible for knowing their abilities and limitations and for asking questions as needed. The preceptor is responsible for appropriately directing the student based on the student's level of knowledge and ability. Any questions regarding what a student may or may not do during clinical should be immediately directed to the course faculty. Safety and critical thinking are the dominant components of a successful clinical experience. The preceptor should contact the clinical instructor immediately if there is concern about the safety of the student's clinical practice or the student's ability to demonstrate appropriate critical thinking skills.

Preceptors should review and be familiar with state board regulations regarding delegation and supervision of students and agency policy. Incidents involving the patients under the care of the student DO NOT exempt the preceptor from legal consequences. Students must be observed for competence in skills prior to functioning independently. Functioning independently does not mean that the student may be left at the clinical site unsupervised.

Legal Accountability

The contractual relationship between the University of South Carolina, College of Nursing, and the agency allows students to be in the agency without the instructor being present at all times.

Student-Preceptor Relationship

The student is not "working on your license." All graduate students must hold an active RN license in the state where the experience is taking place. Depending on the degree they seek, they may or may not be licensed as APRNs.

Healthcare facilities must comply with regulatory guidelines: "Staff supervises students when they provide patient care, treatment, and services as part of their training" (The Joint Commission, HR.1.20). ("Staff" means healthcare facility staff, not the school of nursing faculty.)

Preceptor has the responsibility to delegate according to the subordinate's (student's) abilities and to supply adequate supervision. The student may not be left at the clinical site without supervision by a licensed healthcare provider. A student may not see patients if the preceptor or an assigned licensed healthcare provider is not at the clinical site. This means that the student should not enter the patient's room or conduct telehealth visits in the absence of their preceptor.

Under the law, each person is responsible for his/her own actions.

If the clinical instructor's and/or preceptor's evaluation of the student's behavior or health status indicates that the student is unlikely to provide safe care, the clinical instructor and/or preceptor has the legal responsibility to deny the student access to clinical learning experiences.

When the student does not seem to possess the skills needed to carry out an assigned function, action with reasonable care requires him/her to refuse to perform the function, even at the risk of appearing subordinate.

All information presented here could vary based on the state and health care facility involved.

Legal/Liability Issues

Negligence – a general term referring to acts and behaviors, which would be construed to be irresponsible or unreasonable for any person in a particular set of circumstances (Fiesta, 1983)

Malpractice – professional negligence; a specific type of negligence in which a practitioner fails to follow a professional standard of care; nurses, doctors, and other professionals may be liable for malpractice (Fiesta, 1983). Failure to follow the professional standard of care may involve:

Doing something incorrectly

Not doing something when it should have been done

Nonmaleficence – avoidance of harm or hurt; the core of medical oath and nursing ethics.

Vicarious liability – liability for the conduct of another person who is, theoretically, under your control

Negligent supervision – negligent way you supervised an employee or student. Did you exercise reasonable judgment in supervising the individual?

Corporate liability – every chartered, legally recognized organization is expected to conduct business in a reasonable, responsible manner

The organization is negligent in its own right not because of an employee's actions – see respondent's supervisor (e.g., short staffing situations, continuing to admit critically ill patients when essential services are not available).

Joint liability – multiple individuals held responsible; RN + MD + Healthcare Facility

Rule of personal liability – every person (including student) is responsible for their own actions, even if another has stated that they will assume the responsibility.

"Captain of the Ship Doctrine" – NO LONGER EXISTS!!!

MD cannot, by 'assuming responsibility,' relieve you of your responsibility.

Nurse must question unreasonable, irresponsible professional practice (student, MD, CRNA, PT, RT, etc.)

Point out your concerns/disagreement with the practitioner

Refuse to carry out the order

Notify your immediate supervisor, and one level higher (e.g., your nurse manager and director, or nurse manager and supervisor or hospital administrator)

Notify practitioner's immediate supervisor (faculty member, attending physician, partner, chief of service)

DOCUMENT ALL OF THE ABOVE!

The above actions will shift liability to a higher authority (i.e. hospital, group practice)

Adapted from the University of Maryland School of Nursing: Preceptor Manual and University of Wyoming Fay W. Whitney School of Nursing: Professional Preceptor Handbook.

REFERENCES

Adapted from the University of South Carolina Undergraduate Handbook developed by Dr. Karen Worthy.

George, J. H. & Doto, F. X. (2001), FIVE-STEP METHOD FOR TEACHING CLINICAL SKILLS. Family Medicine.

University of Maryland School of Nursing: Preceptor Manual (2016).

University of Wyoming Fay W. Whitney School of Nursing: Professional Preceptor Handbook. (2015).

HELPFUL WEBPORTAL FOR PRECEPTORS

National Organization of Nurse Practitioner Facilities Preceptor Portal: open access -

<https://www.nonpf.org/page/PreceptorPortal?&hhsearchterms=%22preceptor%22>

IMPORTANT CONTACT INFORMATION

Contact Name/Title	Phone Contact	Email Contact
Blood Borne Pathogens (For needle sticks or other blood borne exposures) & Student Injury	Contact Assigned Clinical Faculty	
Robin M. Dawson, PhD, APRN, CPNP-PC, FAAN Interim Associate Dean for Academics and Accreditation	803-777-4889	robin.dawson@sc.edu
Sheryl Mitchell, DNP, APRN, FNP-BC, ACNP-BC, FAANP Department Chair, Advanced Professional Nursing Practice & Leadership	803-777-2913	slmitch@mailboxsc.edu
Shelli Gibbs, DNP, APRN, FNP-BC Director, DNP/MSN/PMGC-FNP programs	803-777-5914	purvissb@mailbox.sc.edu
Amy Dievendorf, DNP, APRN, FNP-BC, AGACNP-BC Director, DNP/MSN/PMGC-AGACNP programs	803-777-7851	adievend@mailbox.sc.edu
Rachel S. Bush, DNP, APRN, PMHNP-BC, MDiv, LPC Director, PMHNP program	803-576-7737	mawr@mailbox.sc.edu
Beverly Baliko, PhD, RN, PMHNP-BC Director, PMHNP program	803-777-2292	balikob@mailbox.sc.edu
Jaqueline Haverkamp, DNP, MBA, RN, FNP-C Director, Executive Healthcare Leadership DNP Program and Clinical Expert Post Master's DNP Program	740-816-2308	haverkaj@mailbox.sc.edu
Carolyn Harmon, PhD, DNP, RN, NI-BC Director, Healthcare Leadership, Nursing Informatics & Nursing Education Programs	803-777-5708	csharmon@sc.edu
Jean Cavanaugh, MN RN, NEA-BC Director of Clinical Partnerships	803-777-7128	cavanauj@mailbox.sc.edu