



GRADUATE STUDENT PRECEPTOR PACKET

Dear Clinical Preceptor:

Thank you for agreeing to be a preceptor for the OU NP program. We greatly appreciate your time and service to both our students and to the University. In our program, we emphasize the role of the NP as part of the healthcare team. We want you to have a positive experience in collaborating with our program. Enclosed in this packet you will find a list of objectives/goals for the student to accomplish by the end of the semester. You will also find contact for faculty and myself for this rotation. Should you have any questions or concerns, please do not hesitate to contact us.

As part of our process, we also ask that you complete the 2-page form labeled "Graduate Preceptor Request Form" found on pages 3 & 4. This is to confirm that you have agreed to precept the assigned student. The last 2 pages contain an evaluation tool & we ask that you take a few minutes to carefully evaluate the student near the start of the rotation & then again during the final weeks of the rotation.

At the end of the clinical rotation, you will be receiving a certificate of appreciation and a letter, which verifies your preceptor hours for submission to your professional certifying body. In addition, you will receive an evaluation form asking you to evaluate your experience with Oakland University and the Nurse Practitioner Program. We appreciate your feedback in helping us to achieve an outstanding program for both our preceptors and NP students.

Again, we appreciate your time and service to Oakland University's Nurse Practitioner program.

Kind regards,

Zorica Kauric-Klein, PhD, APRN-BC
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Nursing 6647 - Advance Nursing Care of Chronic Health Conditions

Course Objectives and Student Expectations

Weeks 1-6 moderate preceptor support and guidance

Weeks 7-14 minimal to moderate preceptor support and guidance

1. Identifies pathology from common chronic conditions
2. Generates a thorough health history utilizing interview and chart review techniques:
 - a. HPI, PMH, PSxH, PFH, PSH, Meds,
 - b. ROS, Allergies, Immunizations
 - c. Genetic & Genomics
3. Performs physical exam is specific to chronic conditions
4. Identifies differential diagnoses are specific to chronic conditions
5. Identifies working diagnosis is specific to chronic conditions
6. Formulates treatment plan with progression to concise and comprehensive methodologies
 - o Able to identify safe, appropriate & cost effective medications (Including indications & contraindications) for common chronic conditions.
 - o Identify diagnostic testing appropriate for chronic conditions
 - o Identifies appropriate and cost effective diagnostic testing for chronic condition
 - o Interpret diagnostic testing
 - o Evaluate plan
 - o Implement holistic, coordinated, comprehensive, individualized, cost containing, insurance-based, through health/illness continuum integrating a chronic illness
7. Establishes a therapeutic relationship with clients and families that demonstrate a nonjudgmental approach
 - o which is culturally competent
 - o ethical, and individualized
 - o enhance the effectiveness of care
8. Builds collaborative, interdisciplinary relationships through collegial consultation
9. Demonstrates knowledge of relevant legal regulations for nurse practitioner practice including reimbursement of services
10. Exemplifies professionalism at all times
11. Accepts accountability and responsibility for own practice and learning

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GRADUATE PRECEPTOR REQUEST FORM (page #1)

COURSE INFORMATION: NRS 6647– Advanced Nursing Care of Adults and Older Adults II

Semester (circle one): Winter Summer Fall YEAR: _____

Faculty: TBD

STUDENT INFORMATION:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: (_____) _____ Work Phone: (_____) _____

Mobile: (_____) _____ OU E-mail: _____@oakland.edu

PROPOSED PRECEPTOR INFORMATION:

Office Manager: _____

Phone: (_____) _____

Provide the following information regarding the person authorized to enter into an agreement for this site.

Please Attach Preceptor's Business Card

Name: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail address: _____

Phone: (_____) _____ Fax: (_____) _____

OU Use Only Below This Line

Coordinator: Approved or Not Approved

Coordinator Signature Date

TF: Contract on File _____

Date

Original → Zorica Kauric-Klein

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GRADUATE PRECEPTOR REQUEST FORM (page #2)

Preceptor's Name: _____ Home Phone: (____) _____

Employer (**Corporate**): _____

Employer's Address: _____

City: _____ Zip Code: _____

Work Phone: (____) _____ Work Fax: (____) _____

Other: (____) _____ **E- Mail address:** _____

Michigan RN License Number: _____ Expiration Date: _____

APN Certification (include specialty): _____ Expiration Date: _____

Michigan MD or DO License Number: _____ Expiration Date: _____

Specialty Board Certification: _____

Graduate Degree: _____ Major: _____ Date Received: _____

Graduate Educational Institution: _____

Undergraduate Degree: _____ Major: _____ Date Received: _____

Undergraduate Educational Institution: _____

(Please attach your CV/Resume to this form)

Are you **employed** by a health system? Yes / No Name: _____

Are you **credentialed** by a health system? Yes / No Name: _____

I agree to act as preceptor for _____ for **up to 210 hours**.
Student's Name

Preceptor Signature: _____ **Date:** _____

Please return to Director NP Program:

Zorica Kauric-Klein, PhD, APRN-BC

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CLINICAL PRECEPTOR EVALUATION FORM (page #1)

STUDENT NAME: _____

CLINICAL PRECEPTOR: _____

FP IM/Gero Peds OB/GYN Specialty

The student has completed _____ hours of clinical practice. Midterm _____ Final _____

KEY: A= Always

 O= Often

 S= Sometimes

 N= Never

1. Student provides a comprehensive patient history and is organized. _____
2. Physical exams/procedures are technically appropriate and in a timely manner for patient. _____
3. Differential Diagnoses are concise and comprehensive based on factual analysis of data. _____
4. Student presents case in a well, organized, brief, concise manner with important details. _____
5. Student possesses clear understanding of indications, contraindications and potential complications of diagnostic testing. _____
6. Student demonstrates understanding of analyzing and interpreting diagnostic data. _____
7. Student demonstrates knowledge of pharmaceutical, selections, actions, interactions, contraindications, and efficacy. _____
8. Management plan is precise, comprehensive with concern for cost and compliance-based upon evidence base practice. _____
9. Patient education is routinely incorporated into management plan. _____
10. Student approach is holistic and culturally competent. _____
11. Student actively and effectively communicates with health care team. _____
12. Time is managed well, priorities are appropriate. _____
13. Interpersonal skills are appropriate in all patient, peer, preceptor, and staff interaction. Develops professional rapport. _____
14. Appearance and demeanor is appropriate and professional. _____
15. Student demonstrates motivation to learn: enthusiastic and participates. _____
16. Attendance has been punctual. _____

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CLINICAL PRECEPTOR EVALUATION FORM (page #2)

Midterm Grade: _____

Comments: _____

Preceptor Signature: _____

Comments: _____

Student Signature: _____

Final Grade: _____

Comments: _____

Preceptor Signature: _____

Comments: _____

Student Signature: _____