



School of Nursing

## 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 information 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**  
**Director of Nurse Practitioner Programs**  
**Oakland University, School of Nursing**  
**3015 Human Health Building**  
**Rochester, MI 48309**  
[zkauricklein@oakland.edu](mailto:zkauricklein@oakland.edu)  
**Office 248-364-8745**

# Nursing 6657 - Advance Nursing Care of Pediatric Patients

## Course Objectives and Student Expectations

**Weeks 1-6** moderate preceptor support and guidance

**Weeks 7-14** minimal to moderate preceptor support and guidance

At the completion of this course students will be able to:

### **General:**

1. Consider policy and regulatory factors which influence health care delivery across the pediatric lifespan including child safety, consent, and confidentiality issues
2. Consider and incorporate age appropriate nutritional requirements and health status when developing health plan
3. Conduct self professionally at all times and demonstrates ethical decision making

### **Well Visits:**

1. Conduct an organized review of systems
2. Perform age appropriate physical examination across the pediatric lifespan
3. Recognize normal growth and development and recognized deviations in growth and development across the pediatric lifespan
4. Assess family systems including cultural, structural, and socioeconomic influences, and caregiver's knowledge and behavior
5. Develop a comprehensive plan for the well child including age appropriate screenings
6. Provide age appropriate anticipatory guidance across the pediatric lifespan
7. Provide health maintenance and health promotion across the pediatric lifespan
8. Develop comprehensive differential diagnoses based upon deviations from normal findings, and health risks including social and educational functioning

### **Sick, Chronic Illness & Episodic Visits:**

1. Conduct a comprehensive review of systems and physical examination appropriate to chief complaint
2. Demonstrate accurate interpretation of condition specific findings and develop comprehensive differential diagnoses based upon findings
3. Develop an appropriate plan using current resources
4. Include the family/caregiver and developmental factors in decision making and plan development
5. Develop a cost effective plan for illness management/prevention
6. Prescribe medication within scope of practice with consideration to developmental factors and influences

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GRADUATE PRECEPTOR REQUEST FORM (page #1)

COURSE INFORMATION: NRS 646/694/6657– Advanced Nursing Care of Pediatric Population

Semester (circle one): Winter Summer Fall YEAR: \_\_\_\_\_

Faculty: Carolyn Tieppo (248) 364-8714 / cktieppo@oakland.edu

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

Oakland University School of Nursing

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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# Oakland University School of Nursing

## 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: \_\_\_\_\_