

PRECEPTOR INFORMATION SHEET (2 pages)
NURS 7234 Primary Care Clinical 3: Adults
Provide a copy to each major preceptor

COURSE OVERVIEW:

This course requires the application of theoretical concepts relative to the provision of health care to the adult client within the scope of practice of the family nurse practitioner. Group discussion will provide the opportunity for students learning synthesis while incorporating transcultural strategies for the client, family, and community. A total of 180 hours of clinical experience in a rural/urban ambulatory primary care setting providing care to the adult population is required. NURS 7243 Primary Care 3 must be taken concurrently.

Prerequisite(s): NURS 5230/5210 Advanced Physical Assessment,
NURS 6134 Differential Diagnosis and Pathophysiology, NURS 6135 Pharmacotherapeutics
Concurrent: NURS 7243 FNP Primary Care 3: Adults

Course Objectives:

Focusing on the health care concerns of the adult client, the student will:

1. Apply knowledge from social, natural and nursing sciences to the care of adults from diverse cultural backgrounds presenting to the rural/urban ambulatory primary care setting.
2. Plan intervention within the scope of practice of the family nurse practitioner to provide holistic, continuous, coordinated and comprehensive care to clients, families and communities.
3. Utilize theory-based interpersonal strategies to promote therapeutic client/family/health care provider relationships for continuity of care.
4. Gather appropriate historical information and analyze databases utilizing the diagnostic reasoning process to arrive at safe and ethical differential diagnoses and primary care management strategies.
5. Articulate appropriate health promotion and anticipatory guidance that supports client learning and self-maintenance of health related activities across family and community systems.
6. Implement care for individuals, families and communities using nationally accepted guidelines, standards, research and evidence-based outcomes.

CLINICAL SETTING/PRECEPTOR EXPECTATIONS

The emphasis for this course is on adult patients. The ideal clinical setting for this course is a full-scope family practice setting which services clients across the life span. However, specialty clinic settings which meet the needs of the students for coverage of the content may also be utilized. The student is encouraged to see that the following experiences are provided in the clinical setting:

- a. Adequate time and space for the student to gather the assessment and physical examination data to begin to develop the therapeutic nursing and medical plan of management for clients.
- b. The preceptor will provide the student the opportunity to begin to learn the art of a succinctly organized verbal presentation of the client situation and management plan.
- c. The preceptor will follow-up with the patient to confirm the data gathered by the student and discuss the omissions and strengths of the assessment, diagnosis, and plan of management presented by the student.
- e. The opportunity to order and interpret diagnostic tests and perform microscopic examinations appropriate to presenting/chronic problems.
- f. The opportunity to write out prescriptions for the MD to sign.

PLEASE NOTE: Pre-signed prescription pads are a FELONY for both the preceptor and student under GA law and thus are NOT ALLOWED. Use of a pre-signed prescription by a student can lead to dismissal from the MSN program.

The student is encouraged to see that the following experiences are provided (but not limited to) over the total clinical experience for this course:

1. Diagnostic skills such as: microscopic skills for dermatology, urinalysis, reading 12 lead EKG, etc.
2. Completion of skills listed on student clinical tally sheet (suturing, pulmonary function tests, etc).
3. Assessment of findings on diagnostic reports.
4. Viewing of radiologic findings related to adult population.
5. Complete physicals to include pelvic/prostate examination.
6. Assessment, diagnosis and management of primary care problems in the adult population.
7. Evaluation of adult patients with chronic health problems.
8. Application of evidence-based research findings in the decision-making process.
9. Appropriate referrals for further evaluation.
10. Consideration of cultural, family and environmental components that impact patient adherence to recommendations.
11. Education of patients on health problems.
12. Promotion of healthy activities such as immunizations, screening tests, exercise, weight control, etc.

FACULTY EVALUATIONS

The faculty will make **two on-site evaluation visits** to determine student progress. Each visit is usually 3-4 hours in length. The first visit will be formative and the second evaluative. **The preceptor must be present on the dates of the faculty site evaluations.** The student is to make certain that the preceptor is on-site for the planned dates. We ask that arrangements for appointments be made so that the faculty can see at least a minimum of 3-4 full patient encounters with the student. The faculty member will observe the student interaction with the patient, the case presentation to the preceptor, and the discussion between the student and preceptor in regards to the management plan. A written evaluation of the findings by the faculty related to each visit will be provided to the student after the visit.

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In addition to this sheet, the student is to provide the preceptor a copy of

- their individual objectives for clinical growth after faculty approval and
- a preceptor evaluation form to be completed and given to the student to return to faculty.

MEDICARE REIMBURSEMENT ISSUES

The School of Nursing Graduate Program has learned of an interpretation of the Centers for Medicare and Medicaid Services (CMS) guidelines that affect nurse practitioner, physician assistant and medical student's documentation of patient visits that are billed to **MEDICARE**. This interpretation was published in Family Practice Management, May, 2000.

The interpretation of these Medicare guidelines is that nurse practitioner (PA and medical) students may document only the Past Medical History, Family Medical History, Social History and Review of Systems for Medicare patients. Other key elements of the visit (History of Present Illness, exam, and medical decision making activities) must be verified and documented (or re-documented) by the supervising nurse practitioner or physician. Simply noting agreement of the student documentation and signing a student note is not acceptable to Medicare.

We at the School of Nursing graduate program acknowledge the inconvenience this interpretation may cause and hope that we may count on your continued support for our nurse practitioner educational program. **In light of the information I am directing the students to be cognizant of this interpretation and to discuss with you how you want them to document their patient encounters.** For my evaluation of their progress, I will require them to document selected encounters on a separate sheet for evaluation of their documentation progress. The FNP faculty are working with professional organizations to urge that these guidelines be amended since FNP students are already licensed registered nurses.

We thank you for your continued support in our efforts to meet the needs of the student, preceptor, agency and reimbursement entity. It appears that all of our efforts to provide quality health care become more complicated as the years go by. Hopefully, we can overcome some of the obstacles.

Prior to the course commencing, if you have any questions in regards to preceptor expectations please contact the Graduate Program Office at 912-478-0017. Once the course begins, the student will provide you with course faculty contact information. If you have any concerns about the student or clinical expectations, please contact faculty at any time.