

**St. John Fisher College**  
**Wegmans School of Nursing**  
**Primary Care Nurse Practitioner Education**  
**Clinical Learning Experiences**

Introduction to Graduate Education:

Advanced nursing practice as a nurse practitioner, according to the National Organization of Nurse Practitioner Faculties (NONPF), is grounded in graduate-level education and in clinical practice that integrates health-related theories and research. The advanced nursing practice provided by primary care nurse practitioners in both autonomous and interdependent. Primary care nurse practitioners are accountable as direct providers of clinical services in various settings using multiple practice models and evidence-based practice protocols.

A primary care nurse practitioner student participating in community-based and acute care clinical experiences must be licensed as a RN in the New York state and have met Department of Health requirements for yearly health exam/update, current immunizations and yearly PPD. Clinical experiences for nurse practitioner students are completed to meet course requirements for specific clinical areas, such as adult care, geriatric care, women's health care or pediatric care. *Prior to beginning the clinical placement in a clinical site, the student is required to discuss the rotation and objectives with the preceptor after sharing his/her resume, course and personal learning objectives and the preceptor packet.*

Primary care nurse practitioner students are required to complete a specific project in one of their clinical sites prior to graduation in order to integrate skills and knowledge and solidify their new roles as direct providers of health care. This project may be a thesis or project to assist students in meeting the program outcomes. The thesis or project is completed the last semester prior to graduation.

**Learning Objectives:**

Typical learning objectives for nurse practitioner students participating in all clinical experiences include:

- Complete, interval and acute history
- Physical examination & diagnostic skills
- Management of common ambulatory care problems
- Use of diagnostic tests
- Initiation of referrals & consultation
- Promotion of continuity of care
- Assessment of patient, family, community agencies in health promotion
- Disease prevention & health promotion
- Effective communication with the patient and family
- Involvement of the patient in her or his care
- Participation in a multidisciplinary health care team

Orientation Checklist:

Items for the preceptor to include in the student's orientation to the practice site:

- Introduction to all staff and explanation of each person's responsibilities
- Student name tag & any required uniform/dress code
- Student Parking
- Student schedule/hours
- Preceptor schedule/hours & typical session
- Sick day/absence procedure
- Student work space
- Office/site library, references & resources (pt. education materials)
- Telephone system
- Laboratory & x-ray procedures
- Referral procedures
- Community tour & resources
- Client/population characteristics

Student responsibilities to be included in the orientation:

- Communication with office & nursing staff
- Charting/documentation/reporting responsibilities
- Responsibilities & involvement (to client & preceptor) when seeing clients  
i.e. hands on, observation or both
- Inpatient/rounds responsibilities
- Attendance at staff, quality assurance, community-based meetings
- Participation in specified community-oriented programs

## **Inventory of Community-Oriented Primary Care (COPC) & Health Promotion/Disease Prevention Skills**

Please try to introduce the student to as many of these areas as possible as appropriate for the site needs, course objectives, student personal objectives and the student's skill level. Please note this inventory is not meant to be all inclusive; your professional judgment and expertise our most valuable asset.

### Primary Care Assessments:

- |   |   |
|---|---|
| <input type="checkbox"/> Community Needs Assessment               | <input type="checkbox"/> Data Analysis              |
| <input type="checkbox"/> Patient Chart Reviews                    | <input type="checkbox"/> Survey Development         |
| <input type="checkbox"/> Interviewing in the Community            | <input type="checkbox"/> Assess Depression Risks    |
| <input type="checkbox"/> PEFR Measurement & Utilization           | <input type="checkbox"/> Assess for CV Risk Factors |
| <input type="checkbox"/> Interview for Mental &/or Physical Abuse | <input type="checkbox"/> Assess Alcohol/Substance   |
| <input type="checkbox"/> Abuse Risks (i.e. CAGE)                  | <input type="checkbox"/> Assess Immunization Status |
| <input type="checkbox"/> Home Visits                              |   |

### Individualized Patient & Family Instruction

- |  |  |
|--|--|
| <input type="checkbox"/> Smoking Cessation   | <input type="checkbox"/> Chronic Disease (e.g. DM, HTN, CAD) |
| <input type="checkbox"/> Teen Pregnancy Prevention   | <input type="checkbox"/> Alcohol/Substance Abuse             |
| <input type="checkbox"/> Parenting Skills  | <input type="checkbox"/> Development across the lifespan     |
| <input type="checkbox"/> Prenatal Care   | <input type="checkbox"/> AIDS/STI Prevention                 |
| <input type="checkbox"/> Accident Prevention, Safety (i.e. personal, family, sports, violence, etc.) |  |
| <input type="checkbox"/> Family Planning   | <input type="checkbox"/> Immunizations                       |
| <input type="checkbox"/> Nutrition   | <input type="checkbox"/> Cancer Prevention/Detection         |

Preventive Health Care Services:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Prenatal/Postnatal Visits | <input type="checkbox"/> Well/ Acute Child Visit         |  |
| <input type="checkbox"/> Adolescent Visit          | <input type="checkbox"/> Pre-Participation Sports H&P    |  |
| <input type="checkbox"/> Well/Acute Adult Visit    | <input type="checkbox"/> Well/Acute Geriatric Visit      |  |
| <input type="checkbox"/> Well-Woman Visit          | <input type="checkbox"/> Family Planning / Contraception |  |
| <input type="checkbox"/> Pap Smear                 | <input type="checkbox"/> Breast Exam                     |  |
| <input type="checkbox"/> Cancer Screening          | <input type="checkbox"/> Testicular Exam                 | <input type="checkbox"/> Prostate Exam |

Referral to:

- |   |  |
|---|--|
| <input type="checkbox"/> Family Planning Services                               | <input type="checkbox"/> Social Services |
| <input type="checkbox"/> Specialists (Dermatology, Cardiologist, Surgeon, etc.) |  |
| <input type="checkbox"/> Mental Health  | <input type="checkbox"/> WIC             |
| <input type="checkbox"/> Other _____  |  |