**The University of Texas at Arlington**

**College of Nursing**

**N5332/N5632 Pediatric Acute Care Preceptorship**

**Spring 2015**

**Instructors:**

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| **Lindy Moake, RN, MSN, PCCNP, CPNP-AC**  ***Clinical Instructor***  Office Number: Pickard Hall # 626  Office Hours: By Appointment  Office Telephone Number: (817) 272-2776  Email Address: [moake@uta.edu](mailto:moake@uta.edu)  Faculty Profile: <https://www.uta.edu/mentis/profile/?1672> |
| **Howard McKay, RN, MSN, FNP-C, CPNP-AC**  ***Clinical Instructor***  Office Number: Pickard Hall # 626  Office Hours: By Appointment  Office Telephone Number: (817) 272-2776  Email Address: [Mckay@uta.edu](mailto:Mckay@uta.edu)  Faculty Profile: |
| **Sara Moore, RN, MSN, APRN-BC, CPNP-AC**  ***Clinical Instructor***  Office Number: Pickard Hall # 626  Office Hours: By Appointment  Office Telephone Number: (817) 272-2776  Email Address: [Moores@uta.edu](mailto:Moores@uta.edu)  Faculty Profile: <https://www.uta.edu/mentis/profile/?4858> |

**Section Information:** NURS 5332 Sections /NURS 5632 Section

**Time and Place of Class Meetings:**Time: TBA

Place: Pickard Hall Classroom /TBA

**Description of Course Content:**

Clinical preceptorship in selected health practice sites with opportunities to apply knowledge, skills, and concepts in a guided, progressive context of advanced nursing practice.

**Student Learning Outcomes:**

1. Demonstrate critical thinking and effective communication in the assessment and diagnosing of patients with complex multisystem dysfunction.
2. Apply empirical and theoretical knowledge of acute care nursing to promote continuity of care for patients and families.
3. Implement clinical management plans for acutely ill children with complex multisystem dysfunction.
4. Use available resources in providing therapeutic interventions for acutely ill children and their families.
5. Collaborate with other health professionals to promote quality health outcomes for technologically dependent acutely ill children and their families.
6. Use research to examine outcomes of Pediatric Acute Care Nurse Practitioner practice.

**Required Textbooks and Other Course Materials:**

Same as for Pediatric Acute Care and Complex Chronicity

**Descriptions of major assignments and examinations with due dates:**

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| **Classroom Total + Clinical Practicum:** | **100%** |  |
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| **E- Logs** | **P/F** |  |

**Requirements:**

Prerequisites: Prerequisites: N. 5441 Pediatric Acute Care, N. 5444 Complex Chronicity, N5421 or N5422 or N5425 or N5431 or N5436 or experience of the graduate advisor.

1. Out of class clinical assignments
2. Class participation
3. Clinical practicum
4. Clinical experience journal

**Teaching Methods/Strategies:**

1. Lecture - group discussion
2. Clinical experience (precepted)
3. Clinical experience journal
4. Individual conference

**Descriptions of Major Assignments and Examinations with Due Dates:**

Completion of Elogs and Clinical Tally Sheets prior to end of semester

Completion of clinical Check off prior to the end of semester

Meeting with Dr. Schira or UTA representative prior to graduation

**Grading Policy:**

**CLINICAL EVALUATION**

1. Preceptor Evaluation P/F

2. Clinical Experiences Log P/F

**Grading Policy:** Students are expected to keep track of their performance throughout the semester and seek guidance from available sources (including the instructor) if their performance drops below satisfactory levels.

Course Grading Scale

A = 92 to 100

B = 83 to 91

C = 74 to 82

D = 68 to 73 – cannot progress

F = below 68 – cannot progress

**Grade Grievances:** Any appeal of a grade in this course must follow the procedures and deadlines for grade-related grievances as published in the current graduate catalog. <http://catalog.uta.edu/academicregulations/grades/#graduatetext>

**Make-up Exams:**

Please contact your faculty for make-up exam scheduling.

**Test Reviews:**

Are scheduled on an individual basis, contact your faculty.

**Expectations of Out-of-Class Study:**

Beyond the time required to attend each class meeting, students enrolled in this course should expect to spend at least an additional 12 hours per week on their own time in course-related activities, including reading required materials, completing assignments, preparing for exams, etc.

**Attendance Policy:**

At The University of Texas at Arlington, taking attendance is not required. Rather, each faculty member is free to develop his or her own methods of evaluating students’ academic performance, which includes establishing course-specific policies on attendance. As the instructor of this section, regular class attendance and participation is expected of all students. Students are responsible for all missed course information.

**Drop Policy:** Graduate students who wish to change a schedule by either dropping or adding a course must first consult with their Graduate Advisor. Regulations pertaining to adding or dropping courses are described below. Adds and drops may be made through late registration either on the Web at MyMav or in person through the student’s academic department. Drops can continue through a point two-thirds of the way through the term or session. It is the student's responsibility to officially withdraw if they do not plan to attend after registering. **Students will not be automatically dropped for non-attendance**. Repayment of certain types of financial aid administered through the University may be required as the result of dropping classes or withdrawing. Contact the Office of Financial Aid and Scholarships at <http://www.uta.edu/fao/> . The last day to drop a course is listed in the Academic Calendar available at <http://www.uta.edu/uta/acadcal.php?session=20146>

1. A student may not add a course after the end of late registration.
2. A student dropping a graduate course after the Census Date but on or before the end of the 10th week of class may with the agreement of the instructor, receive a grade of W but only if passing the course with a C or better average. A grade of W will not be given if the student does not have at least a C average. In such instances, the student will receive a grade of F if he or she withdraws from the class. Students dropping a course must:

(1) Contact course faculty to obtain permission to drop the course with a grade of “W”.

(2) Contact your graduate advisor to obtain the form and further instructions.

**Census Day: February 4, 2015**

**Last day to drop or withdraw April 3, 2015**

**Americans with Disabilities Act:**  The University of Texas at Arlington is on record as being committed to both the spirit and letter of all federal equal opportunity legislation, including the *Americans with Disabilities Act (ADA)*. All instructors at UT Arlington are required by law to provide "reasonable accommodations" to students with disabilities, so as not to discriminate on the basis of that disability. Any student requiring an accommodation for this course must provide the instructor with official documentation in the form of a letter certified by the staff in the Office for Students with Disabilities, University Hall 102. Only those students who have officially documented a need for an accommodation will have their request honored. Information regarding diagnostic criteria and policies for obtaining disability-based academic accommodations can be found at [www.uta.edu/disability](http://www.uta.edu/disability) or by calling the Office for Students with Disabilities at (817) 272-3364.

**Title IX:** The University of Texas at Arlington is committed to upholding U.S. Federal Law “Title IX” such that no member of the UT Arlington community shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any education program or activity. For more information, visit [www.uta.edu/titleIX](http://www.uta.edu/titleIX).

**Academic Integrity:**  All students enrolled in this course are expected to adhere to the UT Arlington Honor Code:

*I pledge, on my honor, to uphold UT Arlington’s tradition of academic integrity, a tradition that values hard work and honest effort in the pursuit of academic excellence.*

*I promise that I will submit only work that I personally create or contribute to group collaborations, and I will appropriately reference any work from other sources. I will follow the highest standards of integrity and uphold the spirit of the Honor Code.*

UT Arlington faculty members may employ the Honor Code as they see fit in their courses, including (but not limited to) having students acknowledge the honor code as part of an examination or requiring students to incorporate the honor code into any work submitted.

Per UT System Regents’ Rule 50101, §2.2, suspected violations of university’s standards for academic integrity (including the Honor Code) will be referred to the Office of Student Conduct. Violators will be disciplined in accordance with the University policy, which may result in the student’s suspension or expulsion from the University.

"Scholastic dishonesty includes but is not limited to cheating, plagiarism, collusion, the submission for credit of any work or materials that are attributable in whole or in part to another person, taking an examination for another person, any act designed to give unfair advantage to a student or the attempt to commit such acts."

As a licensed registered nurse, graduate students are expected to demonstrate professional conduct as set forth in the Texas Board of Nursing rule **§215.8. in the event that a graduate student holding an RN license is found to have engaged in academic dishonesty, the college may report the nurse to the Texas BON using rule §215.8 as a guide.**

**Plagiarism:** Copying another student’s paper or any portion of it is plagiarism. Copying a portion of published material (e.g., books or journals) without adequately documenting the source is plagiarism. Consistent with APA format, if five or more words in sequence are taken from a source, those words must be placed in quotes and the source referenced with author’s name, date of publication, and page number of publication. If the author’s ideas are rephrased, by transposing words or expressing the same idea using different words, the idea must be attributed to the author by proper referencing giving the author’s name and date of publication. If a single author’s ideas are discussed in more than one paragraph, the author must be referenced, according to APA format. Authors whose words or ideas have been used in the preparation of a paper must be listed in the references cited at the end of the paper. Students are expected to review the plagiarism module from the UT Arlington Central Library via <http://library.uta.edu/plagiarism/index.html>

**Student Support Services**:UT Arlington provides a variety of resources and programs designed to help students develop academic skills, deal with personal situations, and better understand concepts and information related to their courses. Resources include tutoring, major-based learning centers, developmental education, advising and mentoring, personal counseling, and federally funded programs. For individualized referrals, students may visit the reception desk at University College (Ransom Hall), call the Maverick Resource Hotline at 817-272-6107, send a message to [resources@uta.edu](mailto:resources@uta.edu), or view the information at [www.uta.edu/resources](http://www.uta.edu/resources).

**Electronic Communication:** UT Arlington has adopted MavMail as its official means to communicate with students about important deadlines and events, as well as to transact university-related business regarding financial aid, tuition, grades, graduation, etc. **All students are assigned a MavMail account and are responsible for checking the inbox regularly.** There is no additional charge to students for using this account, which remains active even after graduation. Information about activating and using MavMail is available at <http://www.uta.edu/oit/cs/email/mavmail.php>.

**Student Feedback Survey:** At the end of each term, students enrolled in classes categorized as lecture, seminar, or laboratory shall be directed to complete a Student Feedback Survey (SFS). Instructions on how to access the SFS for this course will be sent directly to each student through MavMail approximately 10 days before the end of the term. Each student’s feedback enters the SFS database anonymously and is aggregated with that of other students enrolled in the course. UT Arlington’s effort to solicit, gather, tabulate, and publish student feedback is required by state law; students are strongly urged to participate. For more information, visit <http://www.uta.edu/sfs>.

**Final Review Week:** A period of five class days prior to the first day of final examinations in the long sessions shall be designated as Final Review Week. The purpose of this week is to allow students sufficient time to prepare for final examinations. During this week, there shall be no scheduled activities such as required field trips or performances; and no instructor shall assign any themes, research problems or exercises of similar scope that have a completion date during or following this week *unless specified in the class syllabus*. During Final Review Week, an instructor shall not give any examinations constituting 10% or more of the final grade, except makeup tests and laboratory examinations. In addition, no instructor shall give any portion of the final examination during Final Review Week. During this week, classes are held as scheduled. In addition, instructors are not required to limit content to topics that have been previously covered; they may introduce new concepts as appropriate.

**Emergency Exit Procedures:** Should we experience an emergency event that requires us to vacate the building, students should exit the room and move toward the nearest exit. When exiting the building during an emergency, one should never take an elevator but should use the stairwells. Faculty members and instructional staff will assist students in selecting the safest route for evacuation and will make arrangements to assist individuals with disabilities.

**Librarian to Contact:**

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| **Peace Williamson**, *Nursing Librarian*  Phone: (817) 272-7433  E-mail: [peace@uta.edu](mailto:peace@uta.edu)  Research Information on Nursing:  [**http://libguides.uta.edu/nursing**](http://libguides.uta.edu/nursing) |

Library Home Page <http://www.uta.edu/library>

Subject Guides <http://libguides.uta.edu>

Subject Librarians <http://www.uta.edu/library/help/subject-librarians.php>

Database List <http://www.uta.edu/library/databases/index.php>

Course Reserves <http://pulse.uta.edu/vwebv/enterCourseReserve.do>

Library Catalog <http://uta.summon.serialssolutions.com/#!/>

E-Journals <http://pulse.uta.edu/vwebv/searchSubject>

Library Tutorials <http://www.uta.edu/library/help/tutorials.php>

Connecting from Off- Campus <http://libguides.uta.edu/offcampus>

Ask A Librarian [http://ask.uta.edu](http://ask.uta.edu/)

The following URL houses a page where we have gathered many commonly used resources needed by students in online courses: <http://www.uta.edu/library/services/distance.php>

**Course Schedule.**

**See page 31 & 32**

**UTA College of Nursing Additional Information:**

**Clinical Evaluations:** Students must pass both the didactic and clinical portions of a clinical course in order to pass the course. In order to pass the clinical portion, the student must receive a passing grade (minimum of 83%) on the faculty evaluation of the student’s clinical performance (Nurse Practitioner Clinical Evaluation). Students who fail a faculty evaluation have a one-time option to retake the practicum. A second faculty member will be present during the clinical performance retake. If the student passes the clinical performance retake (minimum of 83%), the **maximum** grade the student can receive for the exam for purposes of grade calculation is 83%. If the student fails the retake, the student will receive a grade of “F” for the course.

**Clinical Clearance:** All students must have current clinical clearance to legally perform clinical hours each semester. If your clinical clearance is not current, you will be unable to do clinical hours that are required for this course and this would result in course failure.

**Student Requirement For Preceptor Agreements/Packets:**

1. Preceptor Agreements must be **signed and dated** by the student and the preceptor the first day the student attends clinical (may be signed on that day), scanned and emailed to [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu).
2. **Student** is responsible to ensure that all of his/her preceptor agreements are signed and complete including their student 1000 number and course number before beginning clinical experience and those agreements are scanned and emailed to Kim Hodges @ [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu) or Janyth Arbeau at [arbeau@uta.edu](mailto:arbeau@uta.edu) by the third week of the semester. (For instance, if a student starts working with a particular preceptor late in the semester, he/she would contact that preceptor during the first 3 weeks of the semester.
3. If this is the first time a preceptor is precepting a graduate nursing student for The University of Texas at Arlington, please have him/her complete the Preceptor Biographical Data Sheet. If he/she is a returning preceptor have them fill out the phone number and email address section of the preceptor agreement.
4. The signed/completed preceptor agreement is part of the clinical clearance process. Failure to submit in a timely fashion will result in the inability to access the E-log system.
5. All communications to the NP Clinical Coordinator should be made to the following email address: [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu). This includes scanned copies of preceptor agreements, preceptor evaluations of the student, and student evaluations of the preceptor.

**Clinical E-Logs: Students** are required to enter all patient encounters into the E-Log system.  E-Log is both a student learning opportunity and an evaluation method for clinical courses.  Patient encounters include patients the student assesses, diagnoses, and manages as part of their clinical coursework.  Individual clinical courses may have additional guidelines/requirements related to their specific course and will be noted in the course syllabus (e.g. types of encounter required, number of patients required during course).

Students can access their Elogs by entering their own unique Elogs username and password which will be accessible their first clinical semester. <http://totaldot.com/> The username consists of the student’s first, middle, and last initials (in CAPS) with the last four digits of their 1000#. Example: Abigail B. Cooper, 1000991234 is ABC1234. If the student does not have a middle initial, then only two initials will be used. The student’s password is simply their last name. Example: Cooper (note first letter is a capital letter).

The student’s E-Log data provides a description of the patients managed during the student’s clinical experience, including the number of patients, diagnoses of patients, and the type of interventions initiated.  As a result, E-Log data are an essential requirement of the student’s clinical experience and are used to evaluate student clinical performance.  The data are used to meet course requirements and to evaluate student clinical performance.  Upon completion of the Program, students will receive an executive summary of their E-Log entries for their professional portfolio.

**Students are expected to enter information accurately so that (if needed) faculty may verify/validate the information provided.  Falsifying and/or misrepresenting patient encounter data is considered academic dishonesty.**

**Status of RN Licensure:** All graduate nursing students must have an unencumbered license as designated by the Texas Board of Nursing (BON) to participate in graduate clinical nursing courses. It is also imperative that any student whose license becomes encumbered by the BON must immediately notify Dr. Mary Schira College of Nursing, Associate Dean- Department of Advanced Practice Nursing. The complete policy about encumbered licenses is available online at: [www.bon.state.tx.us](http://www.bon.state.tx.us)

**MSN Graduate Student Dress Code:** The University of Texas at Arlington College of Nursing expects students to reflect professionalism and maintain high standards of appearance and grooming in the clinical setting. **Clinical faculty has final judgment on the appropriateness of student attire and corrective action for dress code infractions. Students not complying with this policy will not be allowed to participate in clinical.**

Please View the College of Nursing Student Dress Code on the nursing website:  <http://www.uta.edu/nursing/msn/msn-students> .

**UTA Student Identification: MSN Students MUST be clearly identified as UTA Graduate Students and wear a UTA College of Nursing ID in the clinical environment.**

**Blood and Body Fluids Exposure:** A Health Verification form was signed by all MSN students at start of the program documenting personal health insurance coverage. All MSN students have mandatory health insurance and will need to manage exposure to blood and fluids. Current CDC guidelines can be found at:<http://www.cdc.gov/>

**Unsafe Clinical Behaviors:** Students deemed unsafe or incompetent will fail the course and receive a course grade of “F”. **Any of the following behaviors constitute a clinical failure**:

1. Fails to follow standards of professional practice as detailed by the Texas Nursing Practice Act \* (available at [www.bon.state.tx.us](http://www.bon.state.tx.us))

2. Unable to accept and/or act on constructive feedback.

3. Needs continuous, specific, and detailed supervision for the expected course performance.

4. Unable to implement advanced clinical behaviors required by the course.

5. Fails to complete required clinical assignments.

6. Falsifies clinical hours.

7. Violates student confidentiality agreement.

\*Students should also be aware that violation of the Nursing Practice Act is a “reportable offense” to the Texas Board of Nurse Examiners.

**Confidentiality Agreement:** You signed a Confidentiality Form in orientation and were provided a copy of the form. Please take your copy of this Confidentiality Form with you to your clinical sites. Please do not sign other agency confidentiality forms. Contact your faculty if the agency requires you to sign their confidentiality form.

**Graduate Student Handbook:** Students are responsible for knowing and complying with all policies and information contained in the Graduate Student handbook online at: <http://www.uta.edu/nursing/msn/msn-students>

**Student Code of Ethics:** The University of Texas at Arlington College of Nursing supports the Student Code of Ethics Policy. Students are responsible for knowing and complying with the Code. The Code can be found in the student handbook online: <http://www.uta.edu/nursing/msn/msn-students>

**No Gift Policy:** In accordance with Regent Rules and Regulations and the UTA Standards of Conduct, the College of Nursing has a “no gift” policy. A donation to one of the UTA College of Nursing Scholarship Funds, found at the following link: is <http://www.uta.edu/nursing/student-resources/scholarship> would be an appropriate way to recognize a faculty member’s contribution to your learning.  For information regarding Scholarship Funds, please contact the Dean’s office.

**Online Conduct:** The discussion board should be viewed as a public and professional forum for course-related discussions. Students are free to discuss academic matters and consult one another regarding academic resources. The tone of postings should be professional in nature.

It is not appropriate to post statements of a personal or political nature, or statements criticizing classmates or faculty. Inappropriate statements/language will be deleted by the course faculty and may result in denied access to the Discussion boards. Refer to UTACON Student Handbook for more information.

***For this course Blackboard communication tools, discussion boards, and UTA MAV email will be used extensively and should be checked often.***

**Writing Center:** The Writing Center provides the workshops below to help guide graduate students through the demands of writing at the graduate level. In order to sign up for workshops, students must register with the Writing Center at http://uta.mywconline.com/. Workshops are listed on the regular appointment schedule. If you experience any difficulty signing up for any of these, please call (817)272-2601 and one of our staff will be happy to assist.

All Workshops hosted by the Writing Center are held in 411 Central Library and are offered at 6 p.m. on Mondays, Tuesdays, Wednesdays or Thursdays. These are not recorded and are not available online.

**Department of Advanced Practice Nursing Support Staff**

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| **Mary Schira,** PhD, RN, ACNP-BC  Associate Dean  Chair Advance Practice Nursing  Email address: [schira@uta.edu](mailto:schira@uta.edu) |
| **Rose Olivier**  Administrative Assistant I  Pickard Hall Office # 605  (817) 272-9517  Email address: [olivier@uta.edu](mailto:olivier@uta.edu) |
| **Janyth Arbeau**  Clinical Coordinator  Pickard Hall Office # 610  (817) 272-0788  Email address: [Arbeau@uta.edu](mailto:Arbeau@uta.edu) or  [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu) |
| **Sonya Darr**  Support Specialist I  Pickard Hall Office # 609  (817) 272-2043  Email address: [sdarr@uta.edu](mailto:sdarr@uta.edu) |
| **Kimberly Hodges**  Support Specialist II  Pickard Hall Office #612  (817) 272-9373  Email address: [khodges@uta.edu](mailto:khodges@uta.edu) or [npclinicalclearance@uta.edu](mailto:npclinicalclearance@uta.edu) |

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| **Graduate Advisors:** | |
| **Students with last Name A-L:**  Sheri Decker  Graduate Advisor II  Pickard Hall Office # 611  (817) 272-0829  Email: [s.decker@uta.edu](mailto:s.decker@uta.edu) | **Students with Last Name M-Z:**  Luena Wilson  Graduate Advisor I  Pickard Hall Office # 613  (817) 272- 4798  Email: [lvwilson@uta.edu](mailto:lvwilson@uta.edu) |

**Emergency Phone Numbers**: In case of an on-campus emergency, call the UT Arlington Police Department at 817-272-3003 (non-campus phone), 2-3003 (campus phone). You may also dial 911.

**PREVENTION OF ACADEMIC DISHONESTY GUIDELINES**

**Special Instructions Regarding Assignments**

Unless otherwise instructed, all course (class & clinical) assignments are to follow the following guidelines:

1. Each student is expected to do each assignment independently. This means no consultation, discussion, sharing of information, or problem-solving to complete any component of the assignment. This includes your preceptor – do not ask the preceptor to advise you on an assignment.
2. It is your ability and clinical decision-making that we are assessing through the assignments – not your colleagues.
3. Any violation of these instructions will result in academic dishonesty a violation of UTA’s Academic Dishonesty Policy. The penalties can range from failure on the assignment, course failure and/or expulsion from the program.
4. The student will turn in the original and 1 copy of each written assignment. One copy will be maintained in a permanent file after a faculty assesses all class papers. The graded copy will be returned to the student and will be maintained in the clinical notebook.
5. If at any time a student is aware of academic dishonesty committed by a classmate, the student is expected to inform the faculty.
6. Academic dishonesty is cheating and will not be tolerated in this program. RNs are expected to conform to professional ethics whether in the classroom or in the clinical setting.

You are asked to sign below to indicate that you understand the above guidelines.

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**Student Name Date**

**ASSIGNMENTS/GRADE SUMMARY**

***Clinical Assignments Due Date Score***

1. Preceptor Evaluations May 1, 2015 Credit \_\_\_\_\_\_
2. Student Evaluation of Preceptor May 1, 2015 Credit \_\_\_\_\_\_
3. Clinical Practicum May 1, 2015 **10**% \_\_\_\_\_\_
4. E-Logs May 1, 2015 Credit \_\_\_\_\_\_

**FINAL GRADE:\_\_\_\_\_\_**

**CLINICAL GUIDELINES**

**&**

**EVALUATION FORMS**

***NURSE PRACTITIONER CLINICAL OBJECTIVES***

1. Provide evidence of clinical skills in performing advanced health assessments to include:
   1. collecting a complete health history
   2. examining all body systems
   3. performing functional assessments to determine ability for self-care and independent living
   4. collect additional data as needed (ECG, vision and hearing screening, urinalysis, blood sugar determination, hematocrit, pap-smear, wet-mount, hanging drop smear, nose and throat culture, and others)
   5. making appropriate decisions regarding priority needs for episodic data collection (subjective and objective)
   6. determining which problems/data collection can be deferred until later
   7. making an appropriate and accurate assessment of client’s health status (rule outs, differential diagnoses, nursing diagnoses, etc.)
   8. presenting pertinent data to preceptor in a succinct manner
   9. presenting a cost-effective, clinically sound plan of care which may include:
      1. advanced nursing management
      2. medical intervention
      3. pharmacotherapeutics
      4. diagnostic testing
      5. teaching/counseling
      6. follow-up plan
   10. discussing with preceptor personal strengths and needed areas of improvement
2. Show increasing evidence of ability to develop, implement and evaluate an appropriate management plan for common episodic, acute, chronic, and rehabilitative health concerns for clients.
3. Show increasing evidence of ability to develop, implement and evaluate an appropriate plan for health maintenance and health promotion of clients.
4. Show evidence of ability to integrate health promotion/disease prevention activities into each client encounter.
5. Provide evidence of advanced nursing activities to promote and maintain health of children.
6. Demonstrate ability to provide quality, culturally sensitive health care for individuals of diverse cultural and ethnic backgrounds.
7. Provide evidence of the ability to formulate and administer advanced nursing care and medical therapeutics in a variety of setting.
8. Integrate current research findings into the development and implementation of health care for children and their families.
9. Continue personal development of the various roles of the nurse practitioner as evidenced by didactic and clinical work.

***GUIDELINES FOR CLINICAL EXPERIENCES***

1. **Use of Protocol Manuals:**

Occasionally, students encounter preceptor sites that do not use formal protocols. It is recommended that students select a published protocol book to use in these circumstances. The selected reference should be discussed with and reviewed by the clinical preceptor. If agreeable, the protocols will be the basis for your care with appropriate modifications as necessary in that clinical site.

1. **Documentation of Care:**

The UTA College of Nursing Nurse Practitioner Program requires a wide variety of clinical hours which necessitates the student to obtain experiences in numerous settings. The student is expected to appropriately, thoroughly, and accurately document each client encounter on the client’s health record, i.e., SOAP notes, clinical summaries, etc. All entries made by the student in the client’s health record should be reviewed by the preceptor. Documentation will be co-signed by the preceptor as appropriate for the clinical site. If you are in a site using an Electronic Medical Record, you may be required to do SOAP notes in the clinical setting to document your care at the request of your clinical faculty and/or preceptor.

1. **Clinical Preceptors:**

Students are encouraged to utilize several preceptors throughout their nurse practitioner coursework. Guidelines for the selection of preceptors are included in the “Preceptor Agreement Packet.” Please note that the “Letter of Agreement” in the packet MUST be signed and on file at UTA BEFORE clinical experiences commence at the site. {Students are expected to negotiate their clinical objectives and number of hours with each preceptor.} If for any reason, the primary preceptor is absent i.e., not physically in the practice setting, the student may not make any decisions requiring medical management. Your clinical preceptor is responsible to see EVERY patient that you see.

1. **Site Visits:**

The Nurse Practitioner Faculty may evaluate the student’s clinical abilities at his/her clinical site and/or an appointed clinical site at regular intervals and/or for the final clinical practicum. The student will be evaluated according to criteria on the “Faculty Site Visit Form” or “Clinical Practicum Form.”

1. **Preceptor Evaluations:**

Preceptor evaluations are required each semester and indicate the student’s clinical performance **over time** as opposed to the site visit and/or practicum evaluation which evaluates clinical performance on one client. Evaluations can be obtained from those preceptors that spend 16 hours or more in clinical with the student. The student is encouraged to ask the preceptor to discuss the evaluation with him/her before mailing it to the student’s clinical advisor.

1. **Clinical Experiences Journal:**

A journal will be kept of all the student’s clinical experiences throughout the NP Program. (See “Clinical Experiences Journal Guidelines.”)

1. **Professional Attire:**

Students should dress professionally and appropriately according to the clinical practice setting. A name pin must be worn at all clinical sites at all times and a lab coat identifying the student as a nurse practitioner student may be worn in client encounters as appropriate.

1. **Clinical Conferences With Faculty:**

At various intervals throughout the NP Program, the student and faculty advisor may meet to discuss the student’s progress towards obtaining clinical objectives, the student’s overall performance in the program and other areas of concern. During these conferences, it is expected that the student share information with the clinical advisor that will help the advisor evaluate the quality and scope of the clinical experiences. On occasion, these conferences may be conducted via telephone, particularly for student’s living out of the Metroplex area.

1. **E-LOG**

Students are responsible for maintaining accurate clinical documentation in the e-log. These must be up-to-date.

**Clinical Experiences Journal**

**Guidelines**

**The Clinical Experiences Journal should be organized with appropriate tabbed sections:**

1. Tally Sheets:

Current Pedi Mgmt.

1. Personal Clinical Objectives:

How and Why- personalize these to you & your learning needs

Evaluate each one as to Met, partially met, not met- give brief description

1. Client Encounter Record(s):

Must have preceptor sign each day of clinical experience in the appropriate space

Attesting to the number of patients you have seen and the hours you were present

1. Self Evaluation—form provided
2. Student Evaluation of Preceptor-- form provided on WEB
3. Preceptor Evaluation-- form provided on WEB
4. Practicum:

Midterm, as applicable

Final

1. Course SOAP Notes
2. Course Mini CDMs
3. Course Major CDMs
4. E-Logs Final Printout

**THE UNIVERSITY OF TEXAS AT ARLINGTON SCHOOL OF NURSING**

**N5444 COMPLEX CHRONICITY**

**DAILY CLINICAL LOG (90 Clinical hours required)**

**Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Advisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**(Daily) Clinical Hour Tally Sheet**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Hours/Date** |  |  |  |  |  |  |  |  | **Totals** |
| **Acute In-patient (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Office Follow-up (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Emergency Room**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of patients |  |  |  |  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Hours/Date** |  |  |  |  |  |  |  |  | **Totals** |
| **Acute In-patient (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Office Follow-up (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Emergency Room**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of patients |  |  |  |  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |  |  |  |  |
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**FACULTY SIGNATURE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE TOTAL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Preceptor Signature(s) Date(s)**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_

##### THE UNIVERSITY OF TEXAS AT ARLINGTON COLLEGE OF NURSING

###### N5631/5331 ACUTE CARE PEDIATRIC PRACTICUM

**DAILY CLINICAL LOG (360 Clinical hours required)**

Student name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Faculty Advisor \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Daily) Clinical Hour Tally Sheet**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Hours/Date** |  |  |  |  |  |  |  |  | **Totals** |
| **Acute In-patient (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Office Follow-up (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Emergency Room**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of patients |  |  |  |  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |  |  |  |  |
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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Type of Hours/Date** |  |  |  |  |  |  |  |  | Totals |
| **Acute In-patient (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Office Follow-up (specify type)**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of Patients |  |  |  |  |  |  |  |  |  |
| **Emergency Room**  Number of Hours |  |  |  |  |  |  |  |  |  |
| Number of patients |  |  |  |  |  |  |  |  |  |
| **Other (specify):** |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |

**FACULTY SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ COURSE TOTAL: \_\_\_\_\_\_**

Preceptor Signature(s) Date(s) Preceptor Signatures(s) Dates

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_

# Collaborative Practice Agreement / Practice Protocol for a Nurse Practitioner or other Advanced Practice Nurse in Texas

## *SAMPLE - 2006*

Original by Judith C.D. Longworth, PhD, RN, FNP / Revisions specific to Texas law & explanatory notes by Lynda Woolbert, MSN, RN, CPNP

Director of Public Policy, Coalition for Nurses in Advanced Practice

*NOTE: This document meets basic legal requirements for practice protocols for advanced practice nurses (APN) in Texas to whom a physician has delegated prescriptive authority. Additions can be made, based upon requirements for specific practices and preferences of the parties involved*. *For many practices, this document may be much more detailed and lengthy than required. The legal references are for your information and are not required to be included in the protocols. All of the bracketed information in this font contains advice, explanations or instructions, and would not be included in the text of the completed protocols.* *The explanatory notes and references at the end of the document are also for your information and are not to be included in an actual protocol for your practice.*

**Purpose**

This document authorizes the nurse practitioner/s (NP) [specify other type/s of advanced practice nurses, e.g. CNM or CNS as appropriate] to perform medical acts in accordance with the Nurse Practice Act, §301.152, Texas Occupations Code and the Medical Practice Act, §157.051 – 157.060, Texas Occupations Code. This document delegates certain medical acts, as required by Texas law, and sets forth guidelines for collaboration between the delegating physician(s) and the nurse practitioner(s).

[Except if specifically stated in this document,] This agreement is not intended to limit the health care services the nurse practitioner/s shall provide under his or her scope of practice, based on the advanced practice role and specialty authorized by the Texas Board of Nurse Examiners. These services include, but are not limited to, performing physical examinations and medical histories, ordering laboratory and radiologic exams, providing health promotion and safety instructions, management of acute episodic illness and stable chronic diseases (not involving prescription drugs), and referrals to other health care providers, as needed.

**Development, Revision, Review and Approval** [This is an optional section that may be deleted from the protocols, but contains important information on legal requirements for reviewing, revising and signing the protocols.]

The protocols are developed collaboratively by the nurse practitioner/s and delegating physician. [If more than one type of advanced practice nurse is being delegated authority to diagnose and prescribe, then the term “advanced practice nurses” or “APNs” can be substituted for naming the specific type of APN throughout the remainder of the document.] Protocols will be reviewed annually, dated, and signed by the above parties and any alternate physicians. The agreement and/or associated treatment guidelines will be revised more frequently as necessary.

The “Statement of Approval” will be signed by all parties recognizing the collegial relationship between the parties and their intention to follow these protocols. Signature on the “Statement of Approval” implies approval of all the policies, protocols and procedures in, or referenced in, this document. Nurse practitioners and physicians who join the staff after approval or renewal also review and sign the protocols.

**Setting**

The nurse practitioners will practice under these protocols at the [specify clinic, office or type of institution] listed below. [If prescriptive authority is delegated at more than one type of practice site, it may be helpful to identify the type of site designation under which the physician is delegating prescriptive authority in this section, i.e. primary practice site, alternate site, facility-based practice or medically underserved site. By law, a copy of the protocols must be kept at each site. If there are any associated practice guidelines, those guidelines should also be kept with the protocols]

Clinic, Hospital, Long-term care facility 1 : (name and address) Type of site

Clinic, Hospital, Long-term care facility 2 : (name and address) Type of site

**Delegation of Prescriptive Authority & Other Medical Acts**

The nurse practitioner/s [or name individual/s] may establish medical diagnoses for patients that are within his/ [her/their] scope/s of practice, and order or prescribe legend drugs and medical devices as authorized by the Texas Board of Nurse Examiners (BNE) under Rules 221 and 222, and the Texas Board of Medical Examiners (TSBME) under Rules 193.2 and 193.6.

[This paragraph may be deleted from the protocols, but the delegating physician must submit the required form to the TSBME. As of December 31, 2004, the TSBME Rules no longer require that alternate physicians’ be listed or be required to sign the delegation form. The form may be accessed at [www.tsbme.state.tx.us/professionals/np/nps.htm](file://C:\Documents%20and%20Settings\sdarr\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\AppData\Local\Microsoft\Windows\Temporary%20Internet%20Files\chamberl\Local%20Settings\Temporary%20Internet%20Files\Documents%20and%20Settings\Judy%20LeFlore\Local%20Settings\Temporary%20Internet%20Files\Content.IE5\OD23GH6V\www.tsbme.state.tx.us\professionals\np\nps.htm).] The delegating physician [may name the individual or specify the position of the physician who will delegate prescriptive authority, e.g. medical director] shall submit the “Delegation of Prescriptive Authority Form for an APN” to the Texas State Board of Medical Examiners. The site/s in which the nurse practitioner is authorized to prescribe drugs and medical devices is designated as \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . [Specify physician’s primary practice site, alternate site, facility-based practice, or a site serving a medically underserved population. If that information is noted above, just fill in the blank with “as noted above.”]

The nurse practitioner may order or prescribe:

1. Dangerous drugs

[Specify that all categories of dangerous drugs (defined as all drugs that can only be dispensed with a prescription from a licensed practitioner, excluding controlled substances.) are included, or if there are any limitations on the authority to prescribe dangerous drugs, also specify those limitations. Also identify any limitations, such as drugs that may or may not be generically substituted and the number of refills that the APN may prescribe. No limitations are required by law.]

1. Controlled Substances, Schedules III – V
   1. Limited to a 30-day supply or less.
   2. No refills without prior consultation with the physician.
   3. No prescription for children under 2 years of age without prior consultation with the physician.
   4. Prior consultation must be noted in the chart.

[The above limitations are required by law. Specify any other limitations the delegating physician places upon the authority to prescribe]

3. Specify the number of refills the APN may authorize. Also include any limitation on the number of dosage units, any specific instructions that must be given to patients, or any follow-up monitoring required for a specific drug or classification of drugs. [Based on definition of protocol in TSBME Rule §193.2(10)]

The NP may direct the hospital pharmacy to dispense Controlled Substances, Schedule II for administration to in-patients or for patients being treated in the emergency room within the parameters specified below. [**Identify patient signs or symptoms that require treatment with a Schedule II drug and designate specific drugs that the NP may select, and dosage and frequency parameters for each drug.** The physician is not authorized to delegate ordering Schedule II drugs, but this protocol is interpreted to be the physician’s medication order (similar to a standing medical order). Therefore, instructions in the protocol should be rather specific and orders written for Schedule II drugs by NPs or CNSs should be co-signed by the physician within the period of time specified by the hospital medical staff. APNs may ***NOT*** sign a prescription for a Schedule II drug to be filled at an outpatient pharmacy or order a Schedule II drug for a patient in a long-term care facility.]

[The **previous paragraph does not apply to CRNAs or CNMs**. The authorization of certified registered nurse anesthetists to order all drugs and devices necessary to administer anesthesia is delineated in law, Texas Occupations Code §157.058, and by TSBME Rule §193.6 (k). The authority for CNMs to provide controlled substances for their patients is in the Texas Occupations Code §157.059 and in TSBME Rule §193.6 (l). If CNMs need to provide Schedule II drugs for hospitalized patients outside of the intrapartal and immediate postpartal periods (48 hrs.) physicians can use the protocols to permit CNMs to write a directive to the pharmacy to dispense a Schedule II drug by the same mechanism outlined above.]

The nurse practitioner may accept, sign for and distribute prescription drug samples. The NP must maintain a record of distribution that includes the date of distribution, the patient’s name, the name and strength of the drug and directions for use.[See Sample Form #3 at the end of the document.]

The physician designates any licensed vocational nurse or registered nurse working or volunteering in this site as a person who may call a prescription into a pharmacy on behalf of the nurse practitioner/s. [The law also permits the physician to designate persons that have education or experience equivalent to that of an LVN to call prescriptions to the pharmacy for the APN. Any such persons should be designated by name. For more information, see Explanatory Notes.]

[In this section, also identify any medical procedures the NP may perform that would not be within the NP’s normal scope of practice. Documentation should be maintained in the nurse practitioner’s file verifying the education or training that qualifies the NP to perform this procedure. This would include courses or fellowships completed with course descriptions and/or, objectives, check sheets and signed documentation that the procedure was successfully performed a specified number of times under direct supervision. It is also recommended to maintain a record of the procedures completed, complications, patient outcome and a record verifying ongoing competency.]

**Supervision & Documentation of Supervision**

The nurse practitioner/s is/are authorized to diagnose and prescribe under the protocols established in this document without the direct (on-site) supervision or approval of the delegating or alternate physicians. Consultation with the delegating physician/s, or designated alternate physicians, is available at all times on-site, by telephone, or by other electronic means of communication when needed. Supervision shall be consistent with any requirement specified in TSBME Rules, §193.6 for the practice site identified in this agreement. [The protocols can specifically list the supervision activities to be conducted by the physician. If the physician is not on site the majority of the time, TSBME rules require that a log is kept that includes the names or identification numbers of patients discussed during daily status reports, the times when the physician is on site, and a summary of what the physician did while on site. The summary shall include a description of the quality assurance activities conducted and the names of any patients seen or whose case histories were reviewed with the NP. The physician must sign the log at the conclusion of each site visit. Any waiver of site or supervisory requirements, granted by the TSBME under §193.6(i), should noted.]

Whenever the delegating physician is unavailable because of out of town travel or incapacity, an alternate physician must sign a log that specifies the dates during which the alternate physician assumed consultation and supervision responsibilities for the delegating physician. [See sample form #1 included at the end of this document.]

**Consultation**

The Nurse Practitioner/s is/are to immediately report any emergency situations after stabilizing the patient, and give a daily status report on any occurrences that fall outside the protocols. The NP will seek physician consultation when needed. Whenever a physician is consulted, a notation to that effect, including the physician's name should be recorded in the patient's medical record [and on the log if one is required. To clarify the relationship between the physician and APN and avoid miscommunications, the physician and APN should identify if there are situations in which consultation is expected and/or discussing the case with the physician would be beneficial. Including this information in the protocols is not recommended.]

**Medical Records** [This section is optional]

The nurse practitioner/s is/are responsible for the complete, legibledocumentation of all patient encounters that are consistent with state and federal laws. [Protocols may specify any format required in that site, e.g. electronic format or SOAP. Also note that the Texas BNE requires APNs to recognize themselves as RNs and the advanced practice role and specialty in which they are working when they sign documentation; e.g. a family nurse practitioner would use the professional initials, “RN, FNP” after his or her name.]

**Education, Training, Certification, Licensure & Authorization to Practice** [This section is optional, but these are the legal requirements an APN must meet, and documentation should be maintained in the APN’s file.]

The nurse practitioner/s must possess a valid, unencumbered license as a Registered Nurse from Texas or a compact party state. In addition, the NP must have documentation from the Texas Board of Nurse Examiners authorizing advanced nursing practice in a role and specialty appropriate to the patients for this site. If prescriptive authority is delegated, the NP must also have a valid prescriptive authority number from the BNE. If prescriptive authority for controlled substances is delegated, the NP must also have a Texas Department of Public Safety Controlled Substances Permit and a DEA certificate. Copies of these records must be maintained in the NP’s personnel file.

[In addition evidence of any education, continuing education, training or certifications specifically required for this position should be maintained. As discussed above, evidence of training for specific medical procedures, not included in most advanced practice education for that role and specialty, should also be maintained.]

As of December 31, 2004, APNs must verify that delegating and alternate physicians possess an unrestricted Texas license. [This information may be verified on the TSBME Website, <http://reg.tsbme.state.tx.us/OnLineVerif/Phys_NoticeVerif.asp>? Accept terms, enter the physician’s information, then click on the physician’s name for complete information.]]

**Evaluation of Clinical Care**

Evaluation of the nurse practitioner/s will be provided in the following ways:

Chart review of prescriptive authority by the supervising physician/s. [This is not required for NPs in a physician’s primary practice site, hospitals, or long term care sites. A minimum of 10% chart review is required once every 10 business days for medically underserved (MU) and weekly for alternate sites. In addition, TSBME rules require that a written quality assurance plan be maintained on site in MU sites. As discussed previously, in any site where the physician is not on site the majority of the time, a log or written summary of physician consultation and supervisory activities must also be maintained in those sites. (See sample form #2 included at the end of this document.)

Although a quality assurance plan is not required by law or rule in most practice sites, establishing and following a QA plan is recommended. Other quality assurance activities might include:

annual or more frequent periodic evaluation by the delegating physician,

periodic peer review,

informal evaluation during consultations and case review, and/or

periodic chart audits by a Quality Assurance Committee.]

**Treatment Guidelines [This section is only required for Rural Health Clinics and Federally Qualified Health Centers.** Currently the licensing division of the Texas Department of State Health Services is interpreting federal guidelines to indicate that these sites require more “cookbook” protocols than are required by Texas law. For other practices, practice guidelines or protocols do not have to identify the exact steps an advanced practice nurse must take to treat a patient, and the guidelines should promote the exercise of professional judgment consistent with the education and experience of the APN. Specific protocol books or treatment protocols are **not** recommended by risk managers and they must be updated very frequently. If these sources are identified, options should be included as in the example below. Treatment protocols developed specifically by this practice should be included, or referred to in this agreement, when the APN treats more acutely ill patients or whenever the physician or APN thinks it is indicated. The following is an example of wording when treatment references are required.]

The nurse practitioner/s is/are authorized to diagnose and treat medical conditions under the following current guidelines (including, but not limited to):

* Barker, LR, Burton, JR & Zieve, PD. (1999). Principles of Ambulatory Medicine 5th Ed., Williams & Wilkins or comparable current edition of medical references available on-site at the respective clinics,
* OSHA guidelines,
* CDC guidelines for immunizations, and
* Uphold, CR & Graham, MV (1998). Clinical Guidelines in Family Practice, 3rd Ed. Gainesville, FL.: Barmarrae Books, Inc.

References for prescriptions will be the current Physician's Desk Reference and/or the Nurse Practitioner/Physician Monthly or Quarterly Prescribing Guide. Additionally, there may be limitations placed on prescriptions to an approved drug list under Medicaid or other health plans or health care networks.

**Collaborating Parties: Statement of Approval** [This portion is often printed as a separate page and could appear in many different formats to suit the needs of the practice. If no revisions are necessary, then a new signature page may be signed and dated annually as required by law. When there is a change in law and/or the authority to be delegated, the protocols must be updated more frequently. All parties involved in executing the protocol must sign the protocol. The signature indicates the parties have read the protocol and agree to fulfill the duties cited in the document.]

We, the undersigned, agree to the terms of this Collaborative Practice Agreement as set forth in this document.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Delegating Physician

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Practitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Nurse Practitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Physician

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alternate Physician

Approval Date \_\_\_\_\_\_\_\_\_\_\_\_\_

*Note: The above Sample Collaborative Practice Agreement is based on a document originally developed by Judith C.D. Longworth and downloaded from the National Organization of Nurse Practitioner Faculties Website, www.nonpf.com. There have been significant changes to that document, based upon specific requirements in Texas, and Texas laws and citations have been added. As laws change, your protocols will need to be updated.*

Explanatory Notes on Prescriptive Authority for APNs

Prescriptive authority for APNs in Texas must be delegated by a physician and is limited to sites that meet certain qualifications. The physician supervisory requirements vary, based on the type of site. The requirements for each site are in the TSBME rules, §193.6 (See references at the end of this section). The laws and rules on prescriptive authority for APNs and PAs in Texas are identical.

**Liability**

Physicians who delegate prescriptive authority accept professional responsibility for general supervision of the prescribing practices of the APN. However, there is an exemption from liability in the Medical Practice Act and in the TSBME Rules, §193.6 (m), of which delegating physician should be aware. It reads as follows:

(m) Liability. A physician shall not be liable for the act or acts of a physician assistant or advanced practice nurse solely on the basis of having signed an order, a standing medical order, a standing delegation order, or other order or protocols authorizing a physician assistant or advanced practice nurse to perform the act or acts of administering, providing, carrying out, or signing a prescription drug order unless the physician has reason to believe the physician assistant or advanced practice nurse lacked the competency to perform the act or acts.

**Prescription Form**

Prescription forms used by APNs must meet the same requirements as those completed by physicians and other prescribing practitioners. In addition, the form must also include the APN’s name, prescriptive authority number and, if the prescription is for a controlled substance, DEA number. The clinic’s name, address and telephone number must also be included. The form must also contain the delegating physician’s name and, if the prescription is for a controlled substance, the physician’s DEA #. If there is more than one physician, the APN must indicate who is delegating the prescriptive authority, and or supervising at the time the prescription is written. [Board of Pharmacy Rule §291.31(7)] The form may also contain a reminder statement, "A generically equivalent drug product may be dispensed unless the practitioner hand writes the words 'Brand Necessary' or 'Brand Medically Necessary' on the face of the prescription." (22 TAC §309.3)

**Generic Substitution**

Under Texas State Board of Pharmacy (TSBP) rules on generic substitution (22 TAC §309.3), the pharmacist may dispense a generically equivalent drug unless the practitioner writes the dispensing directive, “brand necessary” or “brand medically necessary” on the face of the prescription in the practitioner’s handwriting. If the prescription is communicated verbally or electronically, a written version of the prescription that contains the dispensing directive prohibiting generic substitution must be faxed or mailed to the pharmacy within 30 days.

**Signing the Prescription**

The APN must sign his or her name in accordance with BNE rules. The professional initials must include RN and the APNs’ role and specialty under which the APN is prescribing the medication. e.g. If the APN is a family nurse practitioner and a psychiatric-mental health clinical nurse specialist, and the APN prescribes an antibiotic for a child with an ear infection, the APN would sign, Jane Doe, RN, FNP. She may also identify herself as a PHM-CNS, but the BNE does not require her to do so. Advanced practice nurses are not permitted to use APN as a title after their names or to simply sign, Jane Doe, APN or Jane Doe, NP.

**Relationships with Pharmacists**

Occasionally a pharmacist questions a prescription written by an APN. When APNs enter a practice, it is helpful to write a letter to area pharmacies and introduce the fact that the APN will be writing prescriptions. If pharmacists have questions, you can refer them to the Q&A in the Pharmacy Law Book on Filling Prescriptions written by APNs or PAs. You may wish to point out that some of the information in this article, originally published in the Texas State Board of Pharmacy (TSBP) Newsletter in 1995 and republished in 1998, is out of date in that physicians may also now delegate authority to prescribe Controlled Substances, Schedules III-V. The sample prescriptions in this article are also inconsistent with current TSBP rules. You may view the text of this Q&A at <http://www.cnaptexas.org/prescriptive_privileges/faqs.htm>.

**Calling Prescriptions to the Pharmacy for APNs**

Current law does not allow APNs to designate persons to call in prescriptions written by the APN. However, law does permit physicians to designate LVNs, RNs or individuals with education or experience equivalent to an LVN, to call in prescriptions for the APN. The statement in the model practice agreement/protocols on page 3 under the section entitled, “Delegation of Prescriptive Authority & Other Medical Acts” will meet this requirement.

People often wonder who might qualify as a person having education or training equivalent to a LVN. There is no definition that more clearly identifies such persons, so it is up to the discretion of the physician and the APN. This might be a person who completed one year of a RN education program successfully, but never completed the program. Also a medical assistant with many years of experience calling prescription to the pharmacy for the physician, or a certified medication aid in a long term care facility might have enough training and experience to meet the requirement.

**The Difference between Ordering and Prescribing**

According the Texas State Board of Pharmacy a "medication order" means an order from a practitioner for administering a drug or medical device. In this case the pharmacist distributes the drug or device from an inpatient/institutional pharmacy (Class C pharmacy) to a different area or department of a licensed hospital for administration to a patient. Technically an APN writing a medication order is not exercising prescriptive authority, and therefore most CRNAs and other APNs working exclusively in licensed hospitals do not need prescriptive authority to order drugs for their patients. They only require prescriptive authority if they write a prescription for a patient that will be filled at an outpatient pharmacy after discharge.

"Prescription drug order" means an order from a practitioner to a pharmacist for a drug or device to be dispensed to the public. This refers to dispensing drugs from an outpatient pharmacy and applies to retail pharmacies (Class A). In the case of long-term care facilities, the medications are dispensed from an outpatient pharmacy, and therefore the orders for medication and medical devices are actually “prescription drug orders” rather than “medication orders.”

**Applying to TSBME to Waive Site and/or Supervisory Requirements**

In 2001, a provision was included in SB 1131 that allows the Texas State Board of Medical Examiners to waive certain site-based or physician supervisory requirements in order for a physician to delegate prescriptive authority. §193.6(i) describes the procedure to request a waiver and the conditions that must be met in order to have a waiver granted. The request must come from the physician, but CNAP is happy to offer assistance in preparing a waiver request that will allow an APN to have prescriptive authority. Send your questions or a draft of your waiver request to Lynda Woolbert at [info@cnaptexas.org](mailto:info@cnaptexas.org).

**References**

TSMBE Rules may be accessed at <http://www.tsbme.state.tx.us/rules/rules/193.htm>.

* For the definition of the practice sites and the corresponding physician supervision requirements for each site, see the following references:

Delegation at medically underserved sites, §193.6(b)

Delegation at primary practice sites, §193.6(c)

Delegation at an alternate practice site, §193.6(d)

Delegation at a facility-based practice, §193.6(e)

* Rules require documentation of physician supervision at any site where the physician is not present with the APN the majority of the time. See §193.6(f)
* For rules on alternate physicians, se §193.6(g)
* For rules and procedure to seek a waiver of a site or supervisory requirement, see §193.6(i).

For information on prescriptive authority and answers to many common questions, see <http://www.cnaptexas.org/prescriptive_privileges/index.htm>.

For information on scope of practice, regulation, answers to many common questions regarding APN practice in Texas, or to ask Lynda Woolbert a question, see [www.cnaptexas.org](http://www.cnaptexas.org).

To verify RN licensure, APN recognition, and whether that APN holds a prescriptive authority number see [www.bne.state.tx.us/olv/rninq.htm](http://www.bne.state.tx.us/olv/rninq.htm). To verify physician licensure, see <http://reg.tsbme.state.tx.us/OnLineVerif/Phys_NoticeVerif.asp>?

Position Statements by the Board of Nurse Examiners, including positions on RNs accepting orders from APNs, PAs, and pharmacists, and on RN and APNs performing delegated acts <http://www.bne.state.tx.us/files.htm#Publications>.

**Sample Forms**

Form #1: Log of Alternate Physician Supervision for Delegated Prescriptive Authority

**APN’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Delegating Physician’s Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_License #\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Dates of Supervision by an Alternate Physician**

**Begin End Signature and License # of Alternate Physician**

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By signing this log sheet, I affirm that I served as the alternate physician for the purposes of supervising prescriptive authority of this APN for the dates specified. I am familiar with the protocols and/or standing delegation orders in use at this site. I acknowledge my responsibility to consult with and supervise this advanced practice nurse pursuant to those protocols and/or standing delegation orders and fulfill the requirements for adequate supervision under § 193.6 of the Texas State Board of Medical Examiners Rules.

Form #2: Log of physician consultation and supervision activities for sites where the physician is not on site the majority of the time.

Date Patient Name / Chart Number Consult / Status Report Chart Review Patient Seen Onsite

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Physician Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Onsite Visit: \_\_\_\_/\_\_\_\_/\_\_\_\_ Beginning Time: \_\_\_\_\_\_\_\_\_ End Time: \_\_\_\_\_\_\_\_

Form #3: Distribution Record for Drug Samples

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date**  **Distributed** | **Patient’s Name** | **Drug** | **Strength** | **Directions for Use** |
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