Sonoma State University *Department of Nursing* Family Nurse Practitioner Program

Pediatric Preceptor Packet N550ABC

**Upon completion of the Pediatric preceptorship, the student will be able to:**

1. In physical diagnosis and nurse practitioner assessment process:
	1. Conduct a thorough intake history and physical exams pertinent to the pediatric client.
	2. Obtain appropriate interim history at routine well child visits.
	3. Assess normal progression of growth and development using standard parameters, i.e. height, weight, head circumference, BMI, Denver Developmental Milestones, Bright Futures etc.
	4. Order and interpret lab studies appropriately at various ages.
	5. Evaluate immunization records and recommend necessary immunizations for age.
	6. Assess psychosocial issues affecting child and/or related to parenting.
	7. Assess for actual/potential chronic disease states such as Type I & II DM, HTN, ADHD, Autism, developmental delay and obesity.
	8. Routinely evaluate health care maintenance, activity, diet, school, at all visits
2. In management of health/illness conditions:
	1. Provide patient education regarding normal physiological change of childhood, growth and development, and diet and exercise in childhood.
	2. Educate the patient regarding use of medication, computer/t.v./video games, and illicit drugs.
	3. Education related to age appropriate nutrition, safety concerns, developmental issues
	4. Explain lab tests or procedures being ordered. Manage common complaints of childhood.
	5. Consult and refer patients appropriately based on history and physical exam finding/concerns.
	6. Include psychosocial care and counseling as necessary.
	7. Record accurately using problem oriented recording and/or forms when appropriate (i.e. CHDP forms)
3. In role identity and professional development:
	1. Interpret the role of the FNP to clients/parents and professionals.
	2. Establish a professional relationship with preceptor, staff, and clients.
	3. Present cases to preceptor in a clear, concise, and pertinent manner.
	4. Accept responsibility for own learning.

Dear Clinical Preceptor,

The faculty at Sonoma State University Nursing Department thank you for your crucial part in teaching our student this semester. Below you will find our clinical evaluation tool for pediatrics. Please fill it out as accurately as you can. This will help us customize further educational experiences for this student to ensure a well-rounded educational experience. If you feel the need to make a brief comment you may write it in anywhere on the form or you may give more detailed comments on the back of this paper. As practicing clinicians ourselves, we understand the demands you have on your time, so please accept our gratitude for your efforts in elevating the practice of nursing.

Sincerely,

SSU Nursing Faculty

PEDIATRIC CLINICAL EVALUATION

STUDENT:

PRECEPTOR:

CLINICAL SITE:

DATE:

SSU CLINICAL INSTRUCTOR:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| **Clinical Process** |  |  |  |  |  |
| **The student is able to:** | Performs independently needs no cues | Needs few cues | Usually needs guidance | Consistently needs guidance | Unsafe level of practice |
| Use a standardized approach to obtaining the HPI and symptom analysis such as “OLDCARTS” or “PQRST” or other tool. |  |  |  |  |  |
| Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem. |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint. |  |  |  |  |  |
| Accurately interpret physical findings and results of common diagnostic tests, and differentiate normal from abnormal |  |  |  |  |  |
| MANAGEMENT OF HEALTH AND ILLNESS |  |  |  |  |  |
| Manage common complaints of childhood |  |  |  |  |  |
| Provide patient education re:a. Normal progression of growth and development, school performance, school readiness |  |  |  |  |  |
| b. Diet and exercise |  |  |  |  |  |
| c. Soda, juice, caffeine, ETOH, tobacco, drug use, screen time |  |  |  |  |  |
| d. Anticipatory guidance for child and parent |  |  |  |  |  |
| e. Safety specific to age and activity |  |  |  |  |  |
| f. Can identify issue in home/school: violence, safety, satisfaction |  |  |  |  |  |
| g. Immunizations |  |  |  |  |  |
| 3. Identifies actual/potential risk of common disorders seen in childhood |  |  |  |  |  |
| 4. Provides counseling as needed |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  |  |  |  |  |
| 5. Plans for appropriate follow-up and/or referral |  |  |  |  |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Role Identity and Professional Relations |  |  |  |  |  |
| 1. Interprets the FNP role to patients/parents and other professionals |  |  |  |  |  |
| 2. Presents cases to consultant in a clear, well- organized manner |  |  |  |  |  |
| 3. Develops effective relationships with preceptors, staff and patients |  |  |  |  |  |
| 4. Accepts responsibility for own learning |  |  |  |  |  |

Comments:

If you would like to speak to someone directly related to this student’s performance please email the director of the program at wilkosz@sonoma.edu (Dr. Mary Ellen Wilkosz) or call 707-664- 2465 and you will be directed to the appropriate clinical faculty member.

Preceptor signature

Date

**PLEASE RETURN THE FOLLOWING :**

Send by email to nursing@sonoma.edu or fax to (707) 664-2653

1. [**Letter of Agreement**](https://web.sonoma.edu/nursing/resources/Letter%20of%20Agreement%20fillable%20form.pdf) **link to document**
2. **Statement of Professional Preparation and Experience or Personal Vitae**
3. [**Breeze**](https://www.breeze.ca.gov/datamart/mainMenu.do;jsessionid=e4L3G6_liBaTn2QJ-1K5LVcf1hY1A91Ym3ikY018.dca-fp-98-o-11) **License Verification**

CLINICAL PRECEPTOR VITAE (BRIEF)

NAME:

PHONE NO.:

AGENCY:

Type of License:

License No. Expires:

SCHOOL TRAINING INCLUDING COLLEGE OR UNIVERSITY & OTHER SCHOOLS IN SPECIAL SUBJECTS:

Name of School Location Dates Attended Degree or Diploma

SPECIAL & PRIVATE TRAINING:

Name of Institution Dates Attended Subjects Covered Credit Equivalent

CLINICAL EXPERIENCE:

Type:

LENGTH OF EXPERIENCE:

MEMBERSHIPS IN PROFESSIONAL ORGANIZATIONS:

INTEREST AREAS IN WORKING WITH STUDENTS:

I certify that the information provided is accurate and complete to the best of my knowledge and belief:

Signature: Date:

*PLEASE ATTACH A COPY OF YOUR LICENSE*

NOTICE TO PRECEPTORS

**Clinical adjunct professor status is available to our preceptors if desired. It is a courtesy title without remuneration, and is designed to provide recognition of your valuable contribution to our students and our program.**

Should you desire such an appointment, please check here and complete the following: SOCIAL SECURITY NUMBER:

EMERGENCY CONTACT INFORMATION

NAME:

STREET ADDRESS:

CITY: STATE: ZIP:

PHONE:

****

**NURSING Department**

**Continuing Education Units (CEUs) for Precepting FNP Students**

Your contribution to the education of Family Nurse Practitioner Students is appreciated and in recognition of your professional role and mentorship Sonoma State University is offering the following continuing education units (CEUs). Please attest to completion of these at the bottom of the page.

1. Orientation to the Preceptorship role: View the PowerPoint “[Preceptorship Pearls](http://web.sonoma.edu/nursing/fnpp/preceptors.html)” and attest to your viewing by signing your name and NP number to the request for awarding of CEUs. (3 CEUs)

**AND/OR**

1. A. Reviewed the clinical syllabus and objectives for the clinical course with the student.

B. Completed an evaluation of the student performance using the evaluation form in the preceptor handbook and submitted to the FNP Program nursing@sonoma.edu or return to student.

C. Maintain a log sheet for the hours you spend with the student and note hours and sign name. Director of FNP Program will send letter documenting hours for your National Certification renewal. 3 CEU for #2 (A, B and C)

 **Total CEU = 6 (we are unable to provide CMEs)**

**Attestation**

**Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: ­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email address to send certificate: ­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**NP: # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Hours Precepted: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Total: = 6 CEUs if you complete both 1 and 2 above.**

### If you would like to obtain an additional 6 CEUs, please access the online CEU course at <https://sonoma.az1.qualtrics.com/jfe/form/SV_3QRbom0eaOtjhwV>. The password to access is “SSUNursing” (case sensitive), choose one activity to complete. Please note, you cannot repeat a CEU activity and receive repeat credit. Once completed, the SSU Nursing Department Chair will email you a CEU certificate. Please allow 1-2 weeks to receive your CEU certificate.

Mary Ellen Wilkosz, Director FNP Program
wilkosz@sonoma.edu