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:

A. 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

B. 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)

C. 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.
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

<table>
<thead>
<tr>
<th>Clinical Process</th>
<th>Performs independently needs no cues</th>
<th>Needs few cues</th>
<th>Usually needs guidance</th>
<th>Consistently needs guidance</th>
<th>Unsafe level of practice</th>
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<td>The student is able to:</td>
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<td>Use a standardized approach to obtaining the HPI and symptom analysis such as “OLDCARTS” or “PQRST” or other tool.</td>
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<td>Use a systematic and thorough approach to collecting psychological history and social parameters pertinent to the presenting problem.</td>
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<td>Use techniques of physical assessment correctly, examining only those systems appropriate to the presenting complaint.</td>
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<tr>
<td><strong>MANAGEMENT OF HEALTH AND ILLNESS</strong></td>
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<td>Manage common complaints of childhood</td>
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</table>
| 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

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

1. Letter of Agreement link to document

2. Statement of Professional Preparation and Experience or Personal Vitae
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:

<table>
<thead>
<tr>
<th>Name of School</th>
<th>Location</th>
<th>Dates Attended</th>
<th>Degree or Diploma</th>
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SPECIAL & PRIVATE TRAINING:

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<th>Dates Attended</th>
<th>Subjects Covered</th>
<th>Credit Equivalent</th>
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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: __________________________
Course Name & No.: ___________________________

Course Title: FNP Preceptorship

Dates of Class: Semester: ___________ Year: ___________

Name of Student: ____________________________________________

As a clinical preceptor, the below-named individual has accomplished the following behavioral objectives:

1. understood the student level of preparation and the preceptor and student responsibilities

2. appropriately evaluated the student by:
   a) spending a time on a weekly basis in the exam room observing the student in action
   b) discussing with the student the history, diagnosis, and management of patient concerns and problems
   c) reviewing charts for appropriate recording

3. met with the faculty to discuss the student’s progress

4. submitted an evaluation form and participated in the grading of the student.

5. Reviewed Preceptor Pearls Power Point
   http://sonoma.edu/nursing/fnpp/preceptors.html

Granted to: Name: ________________________________________________

Address: _______________________________________________________

RN License #: _________________________________________________

A total of: 3 CEUs

SSU Nursing Department Program Director Date

Provider #16694
Sonoma State University, Nursing Department, Rohnert Park, CA 94928