

**Medical University of South Carolina
College of Nursing**

Guidelines for Graduate APRN Clinical Experiences

The following guidelines have been developed to clarify the faculty, preceptor, and student's role during their clinical experience.

Definition of terms:

Academic warning: Notification to a student by faculty that the student's course work and/or clinical performance is not acceptable or at risk of failing; and/or the student is exhibiting unprofessional behaviors in the clinical settings. The academic warning includes a written plan for the student to work towards successful completion of the course/clinical requirements.

Clinical affiliation agreement: A facility contract between MUSC and the clinical site.

Clinical faculty: The faculty assigned to students in a clinical course.

Clinical preceptor: A board certified physician (MD or DO), APRN, or PA who provides clinical mentorship and teaching to an NP student at an approved clinical site.

Affiliation Agreement Request Form: The form submitted to the Graduate Program Coordinator in order to start the process of a clinical affiliation agreement between MUSC and the clinical site.

CON Graduate Program Coordinator: The coordinator of the MSN and DNP academic programs at MUSC.

Faculty course coordinator: The MUSC College of Nursing Faculty coordinating the course for the students enrolled.

Lead NP faculty: The MUSC College of Nursing Faculty assigned to coordinate the ANP/Gero, FNP or PNP programs.

Clinical Hours

Prior to Fall 2012 admissions:

ANP/Gero students: NRDNP 802, NRDNP 806, NRDNP 810 and NRDNP 848. Each course requires 135 precepted clinical hours for a total of 540 hours.

FNP students: NRDNP 802, NRDNP 806, NRDNP 810, NRDNP 814, NRDNP 818, NRDNP 848. Each course requires 135 precepted clinical hours for a total of 810 hours.

PNP students: NRDNP 814, NRDNP 818, NRDNP 810, NRDNP 848. Each course requires 135 precepted clinical hours for a total of 540 hours.

(*135 hours in a semester works out to about 9 hours per week.)

DNP students only: In addition to the above-mentioned clinical courses, DNP students will also be enrolled in NRDNP 890 Residency over the course of 2 semesters. In addition to 100 hours directed toward the Practice Inquiry Project, all students must complete a total of 400 precepted clinical hours for Residency; 200 of those hours must be in primary care for Post-BSN DNP students. Additional information about Residency can be found in the [Residency Guidelines](#).

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Fall 2012 Admissions & after:

MSN & DNP students: Advanced Care Management I, II and III require 180 hours of clinical time per semester which works out to about 12 hours per week. After completion of these courses, NRDNP 848 Role Practicum occurs and requires 270 hours of clinical time during that semester which is about 16 hours per week.

DNP students only: In addition to the above-mentioned clinical courses, DNP students will also be enrolled in NRDNP 890 Residency over the course of 2 semesters. In addition to 100 hours directed toward the Practice Inquiry Project, all students must complete a total of 300 precepted clinical hours for Residency; 150 of those hours must be in primary care for Post-BSN DNP students. Additional information about Residency can be found in the [Residency Guidelines](#).

Selection Criteria for Clinical Sites

The MUSC College of Nursing requires that nurse practitioner student clinical experiences occur in clinical sites that meet the criteria below. **In order to meet the criteria, students should be prepared to travel to clinical sites outside of the city in which they reside during any semester.**

1. As a primary care nurse practitioner program, ***student clinical placements should be in primary care clinics***. MSN/DNP students are eligible to obtain some clinical hours in subspecialty clinics during NRDNP 848B- Role Practicum; up to 40 hours if enrolled in NRDNP 848B for 4 sh and up to 80 hours if enrolled in NRDNP 848B for 7sh. DNP students can obtain subspecialty hours in NRDNP 890 Residency. These experiences should be based upon student learning objectives and students are encouraged to discuss this with faculty. For example, a PNP or FNP student may want to spend a few days in a pulmonary clinic to learn more about evidence based asthma care.
2. Patient characteristics represent the appropriate population age for scope of practice and reflect course objectives
3. Patient characteristics represent diversity (education, income, insurance, race/ethnicity)
4. Patient volume is adequate to ensure sufficient patients per day for student to acquire the skills required to meet core curriculum guidelines, program goals, and practice in a work environment upon graduation
5. Space is available for student (examination room, area for documentation)
6. Adequate resources available on site
 - a. Preceptor
 - b. Physician or APRN or PA consultation
 - c. Medical record system (electronic preferred but not required)
 - d. Current medical reference books or Internet access for searching

Clinical Preceptors

Nurse practitioner students in the MSN/DNP program engage in clinical practice under the guidance of a qualified clinical preceptor.

The clinical preceptor must be:

- Formally educated for professional practice:
 - Graduate prepared advanced practice nurse (APRN) (*Each student must spend some*

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- time with a nurse practitioner during clinical experiences.)*
- Physician (MD or DO)- *Residents are acceptable as long as they have been at the practice for at least one year.*
 - Physician assistant (PA)
 - Holds an unencumbered and current licensed to practice in the state where the practice site is located unless placed in a federal clinical site
 - Nationally certified (APRN or PA)
 - Currently practicing (preferably in primary care) with a minimum of one year of practice experience and a minimum of 3 months experience at current practice site.

Identifying a Clinical Preceptor

At least two semesters prior to a clinical course, the process of identifying an acceptable preceptor will begin. While enrolled in the first semester, students will be asked to complete a clinical survey to indicate the location they plan to conduct clinicals (tri-county area or outside of tri-county area) and if there is a qualified preceptor whom they prefer or a preceptor whom has been recommended to them.

For students who live in South Carolina: Students have two choices for clinical placement:

1. The Office of Graduate Programs will work with AHEC to arrange the clinical placement. The SC AHEC will find clinical sites in SC. Student names will be forwarded to the appropriate regional AHEC Health Professions Student Coordinator. Students should follow up with the AHEC Health Professions Student Coordinator within a week after their names have been forwarded. Students are responsible for maintaining contact with AHEC and the CON Graduate Program Coordinator so that clinical placement and all the proper forms are completed in a timely manner. Students who choose to be placed by AHEC are required to take the site provided, even if travel is involved. If a student has found an additional site on his/her own, the student must still take the site provided by AHEC.
2. The student may choose their own clinical site and must follow the same criteria as for students living outside of the state.

For students residing out of state:

1. Students are responsible for contacting and securing qualified clinical preceptors following the Tips for Securing a Clinical Site and Preceptor on the [Graduate Clinical Education Intranet site](#).
2. Students who encounter difficulty locating a clinical preceptor are to contact the Graduate Program Coordinator. The Graduate Program Coordinator or Lead NP faculty will assist the student as much as possible to identify a clinical preceptor; however, it is the student's ultimate responsibility to obtain an acceptable clinical site and preceptor.

Approval of Clinical Site and Preceptor

1. *For all students obtaining their own preceptor and clinic site:* Once a provider (NP, PA or physician) has agreed to serve as a clinical preceptor, the Clinical Site Approval Form and the Clinical Preceptor Abbreviated CV Form, which are found on the [Graduate Clinical Education Intranet site](#) must be completed. For:

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- a. *Students living in South Carolina or out of state:* The student should let the Graduate Program Coordinator know when they have identified a preceptor so that the Graduate Program Coordinator can ensure the appropriate forms are completed in a timely manner.
- b. *Students living in South Carolina who choose to be placed:* The student will be notified by the AHEC once they have been placed in site so that students can introduce themselves to their clinical preceptor and ask for the above mentioned forms to be completed (please also see Initial Contact with Preceptor).

Once completed, these forms must be faxed or scanned/mailed to the Graduate Program Coordinator at CON. Lead NP faculty will approve all clinical sites and clinical preceptors according to student learning needs and specific course objectives. The Graduate Program Coordinator will verify that an Affiliation Agreement for the approved site is on file at the CON. If not, she will request the student to complete and submit the Affiliation Agreement Request. Prior to the start of the clinical experience, a copy of the preceptor's license and certification, and an abbreviated CV must also be on file at MUSC. It is the responsibility of the student to obtain this.

Affiliation Agreement

MUSC College of Nursing must have a facility contract with the clinical site prior to the student beginning clinical experiences. A Clinical Affiliation Agreement must be obtained for each clinical site the student plans to utilize. It is the responsibility of the student to complete the Clinical Affiliation Agreement Request form so that the College of Nursing can work directly with leadership at the facility to obtain the signed legal contract. The Affiliation Agreement Request form can be found on the [Graduate Clinical Education Intranet site](#). **Please remember this is not a contract when submitted for approval.** It is only a planning form that begins the process of securing the final agreement with the College of Nursing to ensure liability coverage for students. Failure to complete the form accurately and entirely can slow this process and may prevent the student from beginning the clinical experience on time. If a current agreement is not already in place, the legal contract will be sent directly to the preceptor's agency from the MUSC College of Nursing. Completing new facility agreements are extremely time consuming. The clinical affiliation agreement must be in place at least one semester prior to the semester of the clinical course. At least two months should be allowed for an agreement to be finalized. Once an affiliation agreement has been finalized, students will be notified via email and provided the details of the clinical placement.

Please note that some clinical sites require students carry more liability insurance than the amount provided by the Medical University of South Carolina through the South Carolina Budget and Control Board. Students in clinical sites that are requiring additional insurance will be expected to **obtain a private policy to make up the difference**. The Nurses Service Organization provides professional liability insurance options through their website at <http://www.nso.com/professional-liability-insurance/nurse-coverage.jsp?refID=iiWW1GWi&gclid=CKzqu6Ds6acCFQxl7AodJWkrdQ>.

Initial Contact with the Clinical Preceptor

Once a clinical preceptor is approved, the students should contact them prior to the start of

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clinical. Once students are aware of their preceptor's contact information they are expected to contact them within three weeks of receiving the notification. Students are encouraged to call their preceptor's office as the initial contact to make an appointment to meet with them in person. This is a great way for students to learn about their preceptor. If a student does not contact a preceptor in a timely manner and the preceptor can no longer serve in that role because no contact was made, students will be responsible for finding a replacement. This is considered unprofessional behavior (please review MUSC CON Handbook). Students are expected to share their syllabus, these clinical guidelines, and the MUSC College of Nursing website address for the preceptor's reference and use.

All students must remember that clinical preceptors are not getting paid to precept students. Preceptors are providing mentoring and teaching as part of their professional role. It is important to express appreciation and write a thank you note at the end of the semester.

Progression of Clinical Courses

It is intended that students stay with the same clinical preceptor and site throughout the progression of their clinical courses. If the fit between the student and clinical preceptor/site is not working or the student is not being exposed to the required patient populations, which is determined by the midterm and final clinical evaluations, the clinical faculty and student will discuss the need to identify another clinic site. All students who do not wish to remain with their preceptor and site for other various reasons will be responsible for finding a new clinical preceptor and site.

Evaluation Criteria

1. If the student's performance is unsatisfactory on any given clinical day, the clinical preceptor will initiate an informal conference with the student. This informal conference will provide the student with constructive feedback to assist them in on-going improvement in clinical practice.
2. Should the student's performance continue to be unsatisfactory, the clinical preceptor will notify the clinical faculty who will assist the clinical preceptor in formulating a written plan explaining areas of concern and behaviors necessary to correct these deficiencies. This process will be completed by mid-semester, if possible, so the student has time to improve. The clinical faculty will issue an Academic Warning after communicating with the course faculty to acknowledge the preceptor's concerns and develop the written plan.
3. The faculty course coordinator and Director of the Graduate Programs will receive a copy of the Academic Warning. A copy of the written plan will be placed in the student's record.
4. If the conditions of the Academic Warning are not met by the student by the last clinical day, the student's clinical performance will be unsatisfactory on the final evaluation and the student will receive a failing grade. At any time if a student's clinical performance in a clinical course indicates an inability to perform at a safe and/or professional level of practice, the clinical faculty and clinical preceptor, in consultation with the faculty course coordinator, will assign a failing grade regardless of the point in time such a decision is made. In such case, the student will be ineligible to continue in the course.
5. **If mid-term and final evaluations indicate course competencies are not being met, students may be required to obtain additional clinical hours as determined by clinical**

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faulty.

Role/Responsibilities

During the clinical experiences, students are in the learner role and will not assume primary responsibility for client care. Students' primary responsibility is for acquisition of advanced clinical knowledge and skills. During each experience, clinical faculty will be available by phone. If questions or problems arise, students should contact their assigned clinical faculty. Students are expected to see a minimum of 4-6 patients per 8-hour clinical day initially in the first clinical course working up to 8-10 patients per 8-hour day by midterm of their second clinical course. In subsequent clinical courses, students will be expected to see 10-15 patients in an 8-hour period. During NRDNP 848 Role Practicum and NRDNP 890 Residency, students are expected to see 10-15 patients per clinic day.

Faculty understands that patient numbers may vary depending on the clinical site and level of acuity. Students must see a mixture of patient populations as well as ages. Students are required to complete and evaluate their personal Typhon graphical (pie) chart detailing the demographics of patients they have seen at mid-term and final when evaluations are due. Clinical faculty will review Typhon graphical charts documented at mid-term and final to ensure learning objectives are met, but students are ultimately responsible for making sure they are exposed to a mixture of ages and patients. The Typhon graphical chart will assist the student in assessing what further clinical experiences are needed. In addition, at mid-term and final evaluation times, students must ensure the clinical preceptor validates the dates and hours the student attended in the clinic on the Typhon evaluation form sent to them via email. (Please see Appendix I for directions on how to create the Typhon graphical and time log reports.)

Clinical Preceptor, Student and Clinical Faculty Responsibilities

Clinical preceptors are in the clinical site with the students and oversee their clinical practice. All students are also assigned a MUSC clinical faculty who reviews all of their documentation and evaluations and works with the students to ensure they are progressing in the program.

Clinical Preceptor Responsibilities

1. Complete Clinical Preceptor Information Form and abbreviated CV Form prior to student beginning clinical experience. Student will submit to the Graduate Program Coordinator.
2. Provide copy of license and specialty certification to Graduate Program Coordinator at MUSC College of Nursing . (asdoug@musc.edu)
3. Use the Graduate Preceptor Toolbox located on the MUSC College of Nursing website for information regarding precepting, and clinical evaluation forms (<http://academicdepartments.musc.edu/nursing/preceptor/index.htm>) .
4. Orient student to the clinical site and agency policies. Discuss with student the preferred method for communication with clinical preceptor and/or clinic site.
5. Review with student the site's patient population, most frequent diagnoses and procedures commonly performed.
6. Discuss preceptor and agency expectations for the documentation of patient encounters.
7. Facilitate an informal collaborative and mutually respectful environment in which to learn.
8. Promptly communicate to MUSC Clinical Faculty regarding issues of concern or unsafe practice.

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9. Review the objectives of the course and student's clinical objectives to determine the type of learning opportunities that will enhance the student's learning. Direct the student to resources and evidence based readings.
10. Provide daily feedback to improve the student's assessment, management, and presentation skills.
11. Provide a variety of learning experiences with appropriate client populations. If available, encourage participation in interdisciplinary team meetings.
12. Facilitate student's progressive independence in clinical knowledge and skills by supporting the student's autonomous assessment and evaluation.
13. Complete student's midterm and final clinical evaluation and review with clinical faculty during required phone conference and/or email communication. Mid-semester and final evaluations must be completed by the clinical preceptor and reviewed with the student. (Student's final clinical grade will be awarded by the assigned MUSC clinical faculty)
14. Students will provide clinical preceptors with a copy of their Typhon time log at the midterm and final evaluations. Clinical preceptor will verify the student's time log and document this on the midterm and final evaluations.

Student Responsibilities

1. Integrate personal learning objectives with course objectives.
2. Ensure Clinical Affiliation Agreement has been approved. The student may then contact approved clinical preceptor and determine the schedule for the clinical experience, including days of week and hours per day.
3. Ensure preceptor abbreviated CV and Affiliation Agreement form are completed and submitted prior to starting clinical hours.
4. Develop the clinical calendar of dates and times the student will be in clinic with the preceptor. The calendar is a **contract** between the student, preceptor and clinical course faculty. The weekly clinical hours must be consistent throughout the semester.
5. Submit clinical calendar of dates approved for student to attend clinical setting via e-mail to MUSC clinical course faculty by second week of clinical course. Clinical hours must be completed during the semester.
6. Develop and share clinical learning needs/objectives with clinical preceptor and discuss strategies to meet them.
7. Adhere to professional attire that is in accordance with clinical site requirements and MUSC College of Nursing Professional Dress Code for Graduate Students located in the MUSC CON Handbook (<http://www.musc.edu/nursing/academics/DNP/>).
8. Maintain professional behavior in the clinical setting at all times.
9. **Collect and enter all patient encounter data in Typhon (electronic clinical log) within 72 hours of the clinical experience. If not entered within 72 hours, the clinic hours for that day will not count and will need to be made up by the student.**
10. Demonstrate increasing competencies in assessment, management and presentation of patients to the clinical preceptor.
11. Function in the role of the nurse practitioner under the supervision of the clinical preceptor incorporating evidence-based practice guidelines.
12. Attend all scheduled clinical experiences on time and be prepared, completing all required clinical hours by the final date of each clinical course.
13. Notify clinical preceptor and MUSC clinical faculty as soon as possible if unable to attend

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clinical as scheduled and arrange make-up clinical day. Communicate the date of the make-up day to the clinical faculty via e-mail.

14. Complete clinical preceptor and clinical site evaluations at end of clinical rotation and before the semester ends.
15. Print out a Typhon time log of clinical hours at midterm and final for the clinical preceptor to review and verify in the Typhon evaluation that is emailed to the preceptor. (see Appendix I for directions).
16. Students will develop a Typhon pie chart of clinical experiences for the semester to evaluate personal learning needs in the clinical setting.

Clinical Faculty Responsibilities

1. Complete at least two phone conference(s) and/or email communication(s), and document communication with clinical preceptor regarding student's performance and requirements of specific clinical rotation at mid-semester and end of semester, and as needed. Provide this documentation to the course faculty.
2. Assist student and clinical preceptor to optimize clinical learning environment.
3. Review Typhon clinical electronic log entries bi-weekly.
4. Review student Typhon graphical charts of patients evaluated in clinic-at midterm and final in order to ensure students are seeing a mixture of ages and patients.
5. Communicate with student as needed throughout the semester.
6. Provide preferred method of communication and be available answer questions or concerns regarding the student's clinical experience.
7. Award student's final grade upon achievement of clinical competencies
8. Review the student's evaluation of the clinical preceptor and clinical site and provide information to the Course Faculty.
9. Provide written documentation to the preceptor of the semester, year, course, and hours worked with the NP student at the end of the semester as requested.

Evaluations

Students will be asked to evaluate the clinical site and clinical preceptor at the end of the semester. These evaluations are imperative and provide necessary feedback for future placements with the preceptor/site. The evaluations are found and completed in Typhon. Students will also provide a self-evaluation to their clinical preceptor mid-semester and at the end of the semester. This will be provided to the clinical preceptor one week prior to evaluations being completed by the clinical preceptor. Students will review and sign the mid-semester and final evaluations during each clinical course with their preceptor.

Typhon Clinical Logs

Typhon is the software system NP students use to track clinical hours and patients. Students will receive a Typhon username and password and will be introduced to the Typhon system during the immersion before clinical courses begin. Students pay a one-time fee directly to Typhon for access to the software system.

It is imperative that students keep current with their Typhon logs. Students are expected to complete the Typhon log **within 72 hours** of the clinic day just as providers complete

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patient documentation in the clinic setting. Delay in completion of Typhon often means information required is lost. Students will receive an Academic Warning if there are no Typhon entries **within the first two weeks of a clinical course**. If students do not complete their Typhon clinical log **within 72 hours** after their clinical day, **they will have to make up the clinical day**. *Students are expected to complete half of their clinical hours per clinical course by mid-semester and the calendar of clinical days and hours should reflect this.*

Any observation time in the clinic setting **will not** count toward the total amount of clinical hours required for each course. As stated in the National Organization of Nurse Practitioner Faculties guidelines, "*Direct patient care clinical hours* refer to hours in which direct clinical care is provided to individuals & families in one of the three *population-focused* areas of NP practice; these *hours* do not include skill lab hours, physical assessment practice sessions, or a community project, if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. In addition, whereas 500 *direct patient care clinical hours* is regarded as a minimum, it is expected that programs preparing NPs to provide *direct care* to multiple age groups, e.g. FNP (or lifespan), will exceed this minimum requirement."

Documented clinical time in Typhon must be direct patient care. Typhon allows students to divide time into 'Patient Time', 'Consult time', 'Conference Time' and 'Shift Time'. For MUSC documentation, **"Patient Time" MUST EQUAL YOUR "Shift Time"**. To make this simple, it is suggested that students divide the number of patients they are documenting in Typhon by their total shift hours. For example if students are in clinic for 8 hours and document 6 patients in Typhon, the patient time will be 75 minutes for each patient, so the total time will equal the 8 hours which is the time log shift time. Students may leave consult and conference time at zero.

Clinical faculty are aware that student time with patients in clinic may vary depending on the problem, diagnosis, or situation, however, it is necessary that the work being done during the shift time is attributed to direct patient care. This is important for accreditation and compliance within the college as well as ensuring earned clinical hours count towards requirements for graduation.

Faculty Typhon Responsibilities:

Faculty must:

- Review student Typhon entries weekly and provide educational feedback. Ensure the student uploads the clinical calendar to Typhon within first 2 weeks of start of course
- Review the Clinical Graphics Report with the student at mid-semester and final in order to assess learning objectives and appropriate clinical placement.
- Communicate with the student and course coordinator if there are concerns about the student's clinical performance. Issue an academic warning for borderline or unsatisfactory academic or professional behaviors.

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- Ensure the student submits the mid-semester (self evaluation and evaluation by preceptor) and final evaluation paperwork (evaluation by preceptor and student evaluations of self, preceptor and clinical site) by due date as determined by course coordinator.

Student Typhon Responsibilities

Each student must:

- Complete the Typhon tutorial in advance of the first clinical course. (<https://www2.typhongroup.net/np/data/login.asp?facility=7163>)
- Upload clinical calendar to Typhon within the first 2 weeks of course start date. This is a contract between the student, preceptor and clinical faculty. Failure to do this will result in an academic warning.
- Notify the clinical faculty and preceptor in advance if the student cannot attend a clinic day noted on the calendar. (The student must then negotiate a make-up date with the preceptor and notify the clinical faculty).
- Complete Typhon logs within 72 hours of the scheduled clinical day. If this does not occur, the clinical day will need to be made up by the student.
- Must start clinic and Typhon entries within two weeks of the semester or the student will receive an academic warning.
- For documentation, "Patient Time" must equal your "Shift Time".
- Respond to faculty questions regarding Typhon entries.
- Create a Clinical Graphics Report (Typhon graphical Pie chart) to demonstrate the demographics and diagnoses seen during the semester in order to develop learning objectives for clinic. This should be done at mid-semester and near end of semester and reviewed with the student's clinical faculty. Instructions regarding how to create this report are located in the NP Guidelines Handbook, Appendix I, p. 11.
- Create a Time Log for Preceptor that the preceptor will review and confirm when the final semester evaluation is done. There is an area for the preceptor to sign acknowledging they reviewed the student Time Log on the final evaluation. Instructions regarding how to create a Time Log from Typhon are located in the NP Guidelines Handbook, Appendix 1, p. 11.

Student Typhon documentation requirements for all *Advanced Care Management* and *Role Practicum* courses with clinical hours and each patient entered:

- Complete all drop-down boxes
- Be aware of differences between ICD9 vs CPT codes (see Billing, Coding and Compliance Information Sheet)
- Complete which Social Problems section, noting what was addressed in the visit (Typhon lists this as a problem but any social issue or topic addressed for education and/or intervention should be listed here)
- Clinical Notes section, please type answers to following question:
 - Did this visit reflect the standard of care for the primary diagnosis? Why or why not?
 - Reference(s) used should be in APA format (<http://www.apastyle.org>)

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- Respond to faculty comments in order complete your Typhon work as 85% of all patients entered must be “accepted” or the clinical work is not considered passing.
- Under the student participation section of Typhon:
 - *Primary = greater than 50% effort by student*
 - *Shared = 50-50 equal student-preceptor effort*
 - *Less than shared = less than 50% student effort*
 - *As the first semester progresses, the student should advance steadily from *Less than Shared* visits to *Shared* visits. It is expected that 90% of student-patient contacts will be *Primary* visits by the end of the third semester.
- ***In addition for students in Advanced Care Management 1:***
 - Write out all medications the patient is taking in Rx format

Key to Graduate Program Evaluation Criteria:

1 - Below expected skill level: Consistently requires substantial assistance/supervision to perform task adequately.

2- Basic skill level: Performs tasks with basic skill and with moderate amount of assistance/supervision.

3- Intermediate skill level: Performs tasks with skill and able to interpret findings with minimal assistance/supervision.

4- High skill level: Performs with proficiency and skill, interprets with consistently accurate judgment, does not need assistance/supervision.

Coding, Billing and Compliance Issues in the Clinical Setting for MUSC Nurse Practitioner Students

This information sheet provides you with an introduction to some of the terms you will hear in the clinic setting as you begin to practice.

Terminology

ICD-9-CM: A coding methodology primarily used to identify the patient’s diagnosis, symptoms, medical problems or other reasons for the encounter. Each code is a three digit number, some codes may contain a decimal point with an additional fourth or fifth digit which provides greater specificity regarding the diagnosis.

Example: 820.02 – Fracture of neck of femur, midcervical section

345.40 – Complex partial epilepsy

345.41 – Complex partial epilepsy, intractable

V-codes: These codes cover factors influencing health status and contact with health services.

Example: V02.7 – Need for prophylactic vaccination and inoculation against bacterial diseases, Tetanus toxoid alone

E-codes: Describe external causes of injury and poisonings.

Example: E884.0 – Other fall from one level to another, fall from playground equipment

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Current Procedural Terminology (CPT) coding: Written by the American Medical Association (AMA) and updated frequently. Adopted by the Health Care Financing Administration (HCFA). Used for all patients regardless of insurance coverage. Documentation requirements are consistent with Joint Commission on Accreditation of Health Care Organizations (JCAHO) and Medical Staff rules.

CPT codes list services provided, e.g. new visit, established visit, consultation visit, etc. CPT codes use five digit numbers to consistently describe the procedure that occurred with the clinic visit. There are six sections for CPT codes: Evaluation and Management (E & M), Anesthesia, Surgery, Radiology, Pathology & Laboratory, and Medicine. Visits and procedures are coded based upon the level of service provided.

Example: Established Patient Visit Codes

99211 Office Visit Level (RN)

99212 Office Visit Level 2

99213 Office Visit Level 3

99214 Office Visit Level 4

99215 Office Visit Level 5

Please see examples of the billing form in your clinic setting to see typical CPT and ICD-9 codes.

Helpful guidelines regarding billing and coding for the clinic setting:

1. Be specific with your documentation as this supports your visit and diagnostic coding.
2. The first diagnosis listed on the billing form should be the primary reason for the encounter or visit.
3. Signs and symptoms are considered acceptable diagnoses and should be coded accordingly.
4. Use V-codes for situations/services where a diagnosis or condition is not currently present.
5. Working diagnoses such as “suspected” or “questionable” or “rule out” are acceptable to document but are not considered valid diagnoses on the billing form.
6. Chronic disease may be listed on the billing form as long as the patient is still receiving treatment for the condition; use the V-codes for “history of” if the patient is no longer receiving treatment or care for the condition.
7. If any codes are used from the injury and poisoning section (800-900), they must be accompanied by a reason as to how the condition occurred.
8. Obtain a billing form from your clinic setting to use for your student documentation.
9. Talk with providers and billing staff about documentation requirements for billing in the clinical setting. Stay up to date by checking websites regarding billing updates (see Website list below for some suggestions). Attend continuing education presentations on documentation, compliance and billing information.

Websites to check for billing and coding information:

American Association of Family Practice at www.aafp.org

American Medical Association at <http://www.ama-assn.org/ama/home.page?>

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Bright Futures at http://brightfutures.aap.org/clinical_practice.html (annually updated manual: *2012 Coding for Pediatric Preventive Care Manual*)
Joint Commission on Accreditation of Health Care Organizations at <http://www.jointcommisson.org/>

PROGRESSION OF A NURSE PRACTITIONER STUDENT

First semester student

- Student will perform a history and physical examination
- Student uses evidence based references
- Student will provide a bullet presentation to the preceptor
- Student management plans need significant guidance.
- Student needs high level of direction, which decreases as skill level increases.
- As student progresses, preceptor allows student to take on more independent responsibilities.

Second semester student

- Student becomes more proficient in analyzing data, determining differential diagnoses, is more skilled with assessing and formulating management plans.
- Student improves use of time and resources.
- Student may require assistance in prioritizing and coordinating care.
- Student requires support and assistance for complex cases.
- Student is ready to demonstrate other NP functions such as patient/family teaching and participating in teams.

Third semester student

- Student consistently applies evidence-based guidelines in the clinical setting.
- Student is expected to perform all role functions in an organized, efficient, skillful and independent manner.
- Student is expected to engage in interdisciplinary role collaboration, consultation and referral.

Adapted From:

**The Geriatric Interdisciplinary Team Training Program (GITT) Nurse Practitioner
Clinical Preceptor Guide The Nursing Special Interest Group**

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Appendix I
Directions for Creating Typhon Reports

Generating **Clinical Graphics Report (Typhon graphical pie chart)** to demonstrate age demographic of patients seen during a particular semester

1. Log in
2. Page opens and lists different reports you can generate (choose patient age)
3. See Case Log Reports (1) and click on Case Log Totals (Graphical)
4. Choose filters, e.g. name, semester, and course (should be adequate for mid-term and final semester patient checks)
5. Click Apply Filters
6. Copy and save the age pie chart to your desktop. Then save as a JPEG on lowest quality. This JPEG file should be saved with your name, course number, semester and year.
7. Use this chart to evaluate your learning needs.
8. You can also create one for your complete clinical experience that you can use when you interview for positions upon completion of the program!

Creating a **Time Log for Preceptor** to review clinic date/time attendance at mid- and end-semester:

1. Log in
2. Page opens and lists different reports you can generate
3. See Time Reports (4)
4. Click on Time Logs
5. Choose filters, e.g. name, date range, and course
6. Click Apply Filters
7. Print report for preceptor's review. The preceptor will verify the hours on the Typhon evaluation that is emailed to them.
8. Remember your student evaluation should be sent at the same time at mid- and end-semester. Also, at end of semester you will submit your student evaluation(s) of the preceptor and clinic site.