Resurrection University (ResU) offers a Master of Science in Nursing (MSN) program with specialty majors including: Health Systems Leadership, Nurse Practitioner, and Nurse Educator. Program requirements are structured to maintain a high standard of scholarship while fostering individualized student development. Each program major includes clinical experiences known as residency. The residency experience is intentionally designed to build upon graduate course work and to foster the integration of nursing theory, research, and practice. Residencies result in developing expertise in an expanded role. The ability of students to combine standardized and tailored residencies enables each student to achieve the learning outcomes articulated in the selected major and concentration while also focusing on individual professional goals.

Each ResU College of Nursing MSN major includes a residency component. The following guide will outline the residency process, providing step by step instruction for our future nurse leaders, practitioners, and educators.
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Planning Residency Experiences

When to Do Residency

MSN core coursework will be completed prior to initiation of residency. Because residency is highly individualized, adequate advanced planning ensures that a student has met all prerequisites and is ready to obtain the fullest benefit from the experience. Residencies are credit courses that require significant time and energy. As with all courses, residency requires preparation time outside of the actual hours spent in the clinical area.

Residency is scheduled during specific periods within the semester. Refer to the Resurrection University Catalog for timing of residency experiences. Dates during which the student may engage in clinical practice will be specified during residency advising with the CPC office. Students may engage in residency only between the first and last date specified.

Where to Do Practicum/Residency

Students must apply for and receive approval for each term or semester of residency. Students are responsible for locating a setting to engage in residency learning opportunities. Chicago and the surrounding counties offer excellent resources for clinical growth and development. Students who are not aware of an appropriate setting should seek assistance from the CPC office who can share knowledge of previous successful student placements. Residency must occur in settings that have appropriately prepared and credentialed professionals available to serve as preceptors. Requirements for residency placements include:

<table>
<thead>
<tr>
<th>Location Requirements – All Programs</th>
<th>Preceptor Requirements – All Programs</th>
</tr>
</thead>
<tbody>
<tr>
<td>• In the State of Illinois</td>
<td>• Willing to Facilitate Attainment of Objectives</td>
</tr>
<tr>
<td>• Physically and Emotionally Safe</td>
<td>• Minimum of a Master’s Degree</td>
</tr>
<tr>
<td>• Appropriate Agency Approvals &amp; Certification</td>
<td><strong>Preceptor Requirements – APN (In Addition to the Above Requirements)</strong></td>
</tr>
<tr>
<td>• Sufficient Size to Fulfill Course Objectives</td>
<td>• Preceptors must hold APN Certification and Licensure or MD/DO Licensure</td>
</tr>
<tr>
<td>• Separate and Distinct from Student’s Facility of Employment</td>
<td>• At Least 1/3rd of Residency Hours must take place with an APN Preceptor</td>
</tr>
</tbody>
</table>
Compliance Requirements

Health & Safety

All students engaging in residency must comply with the standard eligibility requirements for interactions within health care agencies. Each student must keep their Castlebranch account updated to reflect current requirements. Required documents are indicated within each student’s profile. All documents must be uploaded and approved by the CPO prior to engaging in residency.

1. **Registered Professional Nurse Licensure in Illinois**
   - To be submitted with University application documents prior to program admission.
   - Upon license renewal, a copy must be submitted with residency application for any residency occurring.
   - Students must immediately notify the Dean of Nursing of a change in licensure status including (but not limited to) censure, limitations to practice, suspension and revocation.

2. **Titers**
   - Rubella, Rubeola, Varicella Zoster, Mumps & Hepatitis B
   - Documentation of immune status per titers is required.
     - Must be drawn within the previous five years.
     - If immunity is not indicated, the student must document receiving a booster immunization.

3. **Tetanus/diptheria protection**
   - Documentation of Tdap within 10 years.

4. **TB-free state**
   - Documentation of being disease free may be achieved through TB skin test, negative Quantiferon TB Gold Test, or a normal impression from a chest x-ray.
   - Documentation of TB-free state is required annually. You will be notified 21 days prior to expiration date by Certified Background.

5. **Influenza Vaccine**
   - Due annually by published date each fall.

6. **AHA CPR for Healthcare Providers Recognition**
   - Documentation of attainment of proficient status is required.
     - Front and back of card with signature must be provided.

7. **Compliance with HIPAA and OSHA training**
   - Documentation of having successfully completed HIPAA and OSHA training is required.

Failure to meet these requirements will prevent initiation of the residency. Likewise, a lapse in compliance will cause immediate cessation of the residency. It is the students responsibility to maintain awareness of compliance due dates. TB, Health Insurance, Influenza must be renewed annually. CPR certification must be updated every 2 years, according to the student’s expiration date. All due dates are scheduled on the first of the month an item is indicated as due.
Resurrection University HIPPA Policy

HEALTH INFORMATION PORTABILITY AND ACCOUNTABILITY ACT COMPLIANCE

Nursing faculty and students are committed to the protection of patients’ health-related information in accordance with the Health Information Portability and Accountability Act (HIPAA). Therefore, Resurrection University and the College of Nursing have adopted the privacy practices outlined by HIPAA law and institutional/accreditation standards regarding patient health information (PHI). PHI means any health information that could be used to identify a specific individual.

Each College of Nursing-affiliated person accessing PHI will make every reasonable effort to limit the use and disclosure of that information as necessary to accomplish the intended purpose or job. A “minimum necessary” standard will be employed. Students and faculty may share PHI with other health care providers to provide, coordinate or manage a patient’s healthcare and related services. In the course of treatment, a patient’s PHI may be disclosed to indirect healthcare providers (e.g., radiologists, pathologists, consulting Primary Care Providers). Similarly, PHI may be used as an educational activity related to assessment, diagnosis, management and evaluation of high-quality, cost-effective care. When PHI is used, information that identifies an individual must be removed.

This policy was drawn from the following Health Information Privacy and Accountability documents:

- Public Law #104-941 (also known as the Kennedy-Kasselbaum Act) dated Aug. 26, 1996
- Transaction Rule dated Aug. 17, 2000
- Privacy Rules dated Dec. 28, 2000
- HIPAA web site: [www.hipadvisory.com/regs/HIPAAprimer1.htm](http://www.hipadvisory.com/regs/HIPAAprimer1.htm)

Adopted April 2009
Proposing Residency

The following protocol outlines the steps necessary for planning, proposing and engaging in a practicum. This must be completed no later than the semester prior to the start of residency.

Step One: Planning and Application Activities

1. Prepare for the initial contact. Review the course description and residency objectives required for the residency experience in which you will be applying. With the exception of the sites listed below, initiate the conversation with an identified preceptor to request a residency experience. At this contact you must be prepared to address the following items:
   - Residency Focus
   - Course Specific Residency Objectives
   - Number of Residency Hours Required
   - Residency Time Frame

Please note that these sites work exclusively with the CPO office to place students and will not respond to individual student requests:
   - ACCESS
   - CCHHS Cook County Health System
   - CVS Minute Clinic

2. Gather and complete the following documents:
   - Updated Resume
   - Statement of Personal Career Goals (two to five years post-graduation)
   - Review and Update Health & Safety Compliance
     - Health Documents should be uploaded into your Castlebranch account
     - Students must be in compliance in order to engage in the residency experience
3. Students submit completed residency applications via email at MSNClinicalPlacement@resu.edu

Please Note:

It is the student's responsibility to ensure that all documents (listed above in step 2) are complete and accurate. In order for residency to be approved, all required documents must be completed appropriately. Partial documents and/or incomplete documents will not be reviewed for approval.

Please be aware of Residency application deadlines per site as listed in Brightspace MSN Residency shell

4. Once your paperwork is complete, it will be forwarded by the CPO office to the Dean for approval. The CPC office will notify the student of the application acceptance or denial. If denied, continue to search for another residency placement. If approved, move to step two.
Step Two: Securing Approval to Engage in Residency

After your application for residency has been approved by the University, you will interact with the proposed residency site and preceptor to secure the Interagency Agreement. The interagency agreement (as well as other paperwork) can be found in the MSN Residency course shell.

1. Make appointments with personnel and/or preceptor at proposed site to confirm residency request. At this meeting:
   - Review the Residency activities, outcomes and expectations.
   - Provide the preceptor with the Residency evaluation tool.
   - Secure consents for the residency with preceptor and the authorized agency personnel signatures.
     - Each site must have a completed Interagency Agreement if there is not an Educational Affiliation Agreement. The CPO office will advise you of the necessary signatures. Sites with a Master Affiliation Agreement will not need to sign the Agency authorization.
   - Work with preceptor to develop a tentative schedule within the specified residency dates.
     - Six to eight hours/day is recommended
     - Maximum of 10 hours/day
   - Secure the preceptor’s business card.

2. **No less than** six weeks before residency start date, submit completed documents (with original signatures) in the following order:
   - Page 1 of Interagency Agreement
     - Complete with Agency Signature
   - Residency Objectives (Initialed by Preceptor)
   - Student/Preceptor/Faculty Responsibilities
   - Final page of Interagency Agreement with Preceptor and Student Signature.

3. The documents submitted will be processed through the CON by the CPO office.
   - Student is to submit proposed schedule to site visitor and receive their approval, prior to engaging in residency.

Residency Planning is Imperative for a Successful Experience

- Attend mandatory residency orientation prior to first residency course.
- Submit paperwork within time frame designated.
- Maintain open communication with Clinical Placement Coordinator, Faculty Advisor, and Preceptor.
Proposing Successive Residencies

The protocol for successive residencies will require repetition of many steps listed above. Specifically, students will:

1. Gather and complete the following documents:
   - Interagency Agreement
     - Repeat the steps listed above in the initial practicum.
     - Submit Application to the MSN Residency course shell drop box and verify health documents are up-to-date by assigned deadlines.
     - Proof of RN Licensure in Illinois (if reissued since program start date). This must be submitted with the Summer residency application in license renewal years.
     - Updated resume and goals are necessary for submission upon initial residency and every Spring Semester thereafter.

2. Submit all necessary documents to MSNClinicalPlacement@resu.edu

3. Students in the APN majors must complete at least one-third of the required residency hours with an APN preceptor.
Residency Application (Sample)
Resurrection University
College of Nursing
Graduate Program

Application for Residency

Applicant: Student’s Name
Date Submitted: 06/14/2014

Contact Information:
Home Address: 1234 Your Address Street - No Abbreviations
Home Phone #: N/A or 123-456-7890
Pager: N/A or Pager Number
Cell Phone #: 123-456-7890
Preferred route for contact: Home, Cell, Email

Major in which Enrolled:
Nurse Administrator [ ]
Nurse Educator [ ]
Clinical Nurse Specialist [ ]
Adult Nurse Practitioner [ ]
Clinical Nurse Leader [ ]
Family Nurse Practitioner [X]

I am applying for Residency to occur during the Summer 2014 semester.

The attached Application for Residency packet includes the following:
• Application for Residency (this form)
• Current curriculum vitae/professional resume
• Projected career goal/position (two to five years post-graduation)
• Required health and safety compliance documents

Proposed residency data includes:
Course: NRG 5101

Focus of Residency: Advanced Health and Physical Assessment and Documentation of Findings

Location: Full Address of Prospective Residency - If unknown at the time, state still working with network to identify placement

Potential Preceptor (if known): Preceptor Name, APN (must include credentials)

Distribution of Residency hours: State any limitations here - example - Cannot complete hours on Monday and Tuesday
Interagency Agreement (Sample)
RESURRECTION UNIVERSITY COLLEGE OF NURSING
INTERAGENCY AGREEMENT FOR RESIDENCY
Demographics Sheet

Name of Agency: Presence Resurrection Medical Center
Agency Address: 7435 West Talcott Avenue Chicago, IL 60631
Telephone: 773-990-6487
Preceptor's Email: preceptoremail@yahoo.com

Student's Name , a Resurrection University College of Nursing graduate nursing student, is requesting authorization to engage in a practicum/residency experience at your agency to fulfill requirements for Nursing NRG 5101 with a focus on Advanced Health and Physical Examination and documentation of Findings.

The specifics of the practicum/residency involve:
Practicum/Residency Preceptor: Preceptor Name, APN OR Preceptor Name, DO – Include Credentials
Practicum/Residency Period: June 30 2014 - August 13 2014

The student requesting this practicum/residency has provided Resurrection University College of Nursing with evidence of current compliance with the following health and safety compliance elements:
* Professional Registered nurse licensure
* CPR certification
* TB-free state
* Immunity to Hepatitis B (or endorsed waiver)
* Immunity to Mumps, Rubella, Rubella and Varicella Zoster
* Influenza vaccination
* Health care agency OSHA and HIPAA Training
* Professional liability insurance (provided by the College)

The agency has agreed to accept Student's Name and provide adequate supervision to facilitate the completion of the outlined residency.

Agency

Printed Name of Authorizer
Signature

Resurrection University
S. Spilawski, PhD, APN-BC
Printed Name of Authorizer
Signature

Title: Dean of Nursing
Date:
The following persons acknowledge having read the Residency Learning Activities and Outcomes and agree to abide by their respective responsibilities.

Preceptor's Signature  Preceptor's Signature

Student's Signature

Residency Adv
Performance Expectations
and Residency Assignments
**Student Performance Expectations**

**Design the optimal residency experience.**
- Review expectations of preceptor, site, self and course.
- Review residency learning outcomes & activities with the preceptor.
- Request an orientation to the site, protocols, documentation system and related paperwork.
- Review expectations for documentation and billing.
- Negotiate a mutually acceptable schedule for residency. Preferably plan the whole semester but a minimum of one month is required.

**Engage in pre-clinical preparation for each residency day.**
- Review the standardized residency outcomes for this course.
- Set personal objectives for each residency day; articulate them to the residency advisor.
- Engage in pre-clinical review of resources for specific rotation (e.g., if doing radiology rotation review data on radiology such as x-ray vs CT vs MRI; if doing administrative rotation review organizational chart rules and Joint requirements for nursing leadership; if doing an education rotation review text on making clinical assignments and AACN document about clinical facilities).

**Demonstrate residency performance at level of education and level within the program.**
- Performance matches that of the ANP and/or APN student.
- Performance shows consistent progression through the semester & consecutive semesters.
- Case/end-of-day presentation to the preceptor occurs with each patient. This should demonstrate increasing sophistication as the semester progresses.
- Use of the appropriate signature (e.g., S. Day, BSN, ResU Graduate Student) on all documents at the residency site.

**Demonstrate an ANP and/or administrative persona.**
- Wear appropriate professional dress (business casual, lab coat & ResU ID).
- Conduct self as an advanced professional.
- Communication should reflect advanced professional standards (written, verbal, non-verbal).
- Fulfill all commitments and employ professional business (be on time to practice setting, review daily timeline with preceptor, manage direct and indirect time with patients).
- Adherence to negotiated residency schedule. If changes are necessary, they must be communicated in writing to the residency advisor within 24 hours of the change.
- Residency hours are cumulated only if the student is engaged in authentic direct & indirect patient encounters. Meal breaks may be included in the count time if more than 4 hours are spent on residency that day. Time waiting for preceptor or in library review, are not included.

**Complete post-practicum activities.**
- Communicate immediately with the Residency Advisor about any concerns or issues. Such as, difficulty communicating or working with preceptor/site or inappropriate patient contact.
- Enter data into the Residency Time Log on a weekly basis.
- Engage in reflection about the residency experience and identify self-development
  - Must occur before the next residency day. Reflect on the day’s personal objectives and specified residency outcomes.
  - Report this self-development to the residency advisor through the Residency Experience Summary which is submitted weekly.
- Engage in episodic performance review from preceptor and residency advisor. Using the feedback, create a self-development plan for personal growth.
NP Residency Experience

Please refer to this document for residency rules, regulations, and expectations. Students may contact their residency faculty or program co-leaders with questions or concerns.

General

- Students are responsible for making sure their patient population is appropriate. If a site is found to be inappropriate, the student will be asked to repeat the rotation.
- Students may only care for patients for whom they have had didactic preparation, and may only perform procedures/assessments which they have demonstrated previously. (For example: FNP students may not care for pediatric patients prior to the APN Management of Pediatric Health course, or perform gynecological exams prior to participation in the Women's Health course. ANP students may not perform gynecological exams prior to participation in Women’s Health course)
- All matters related to contracts/potential contracts are to be addressed through the CPO office.
- A minimum of 1/3 of all residency hours must be completed with a nurse practitioner.
- It is the student’s responsibility to ensure that each residency placement and clinical preceptor is appropriate to allow full achievement of program goals and residency objectives.

Hours

- A signed contract must be on file before students begin hours
- Please note the residency start and end dates on the contract; ensure that hours remain within the contract dates.
- All hours must be approved by the residency faculty member before the student begins.
- Students will forfeit hours they have worked if they were not pre-approved.
- Students will communicate scheduled hours to the residency faculty member in a timely manner, and will advise the faculty member ahead of time if there is a change in schedule.
- Students may work a maximum of 10 hours in any given clinical day.
- Students may not frontload hours. Residency hours must be spread over the remaining time allotted in the term.
- Prior approval must be obtained from the residency faculty member if the student needs additional time to complete residency hours. Incomplete paperwork must be completed and submitted to the registrar by the required date. Students and faculty have until mid-term (week 3) of the following term to complete hours and submit a grade change form.

Site Visits

- The residency faculty member will visit the student at least once during each residency experience. The student will communicate the date of the site visit to their clinical preceptor.
- The site visit should include a conversation between student, preceptor, and faculty regarding the student’s goals, progress in meeting objectives, strengths of performance, and areas for opportunity. It is recommended that whenever possible, the faculty member directly observe the student during a patient encounter. Every effort should be made to ensure a patient interaction will be scheduled when the faculty member is present.
- The student should provide the faculty member with information/instructions on where to park and how to locate the student.
Typhon
- Contact CPO if Typhon log-in information is needed.
- *Students should keep the Typhon log up to date each week so that it reflects their current experiences.*
- Students should take care to categorize encounters correctly. Most patient encounters should be categorized as a *shared* visit, since the preceptor will be reviewing the student’s work and/or seeing the patient after the student.
- The residency faculty will periodically review the student’s Typhon account to ensure accurate and timely entries.

Weekly summaries
- **Residency summaries are due at defined times throughout the term.** Students submit summaries to their residency faculty member via drop box in MSN Residency CourseShell or email if requested.
- The summary should demonstrate good patient management thought. It is not simply a list of who the student saw and what they did (that is Typhon’s purpose).
- See the “Residency Experience Summary: Instructions for Nurse Practitioner Students” document for more detailed information about the weekly summary.

End-of-residency paperwork
- At the completion of the residency, students are to submit the following paperwork as one packet in **hard copy** to their *clinical faculty* (please do not submit to the CPO office, administrative assistant, or class professor):
  1. Self-evaluation with narrative comments and **supportive evidence** included for each core competency
  2. Preceptor’s evaluation of you
  3. Signed time log
  4. Student evaluation of site/preceptor
(Please note: The same document is used for both #1 and #2 above.)
- All evaluations can be scanned to residency advisor/site visitor. Time logs MUST be hard copy.
Residency Experience Summary
Instructions for Nurse Practitioner Students

**Purpose:** The Residency Experience Summary promotes thoughtful consideration and application of knowledge learned throughout the residency experience. In addition, it serves as documentation of residency objectives fulfilled.

**Submission Instructions:** The student completes the experience summary as outlined in this document. The summary is submitted to the drop box of the student’s residency faculty advisor at specified dates. Drop boxes are located in the MSN Residency course shell.

**Frequency:** The student completes a total of five summaries throughout each residency, provided the summaries meet expectations and are submitted on time. Unsatisfactory summaries will not be counted towards the required five, but may be resubmitted at the discretion of the faculty advisor. Repeated unsatisfactory summaries may be grounds for residency failure.

**Summary Guidelines**

At the top of each summary, indicate the following:

1. Student name and course number/name
2. Summary number (e.g. summary #3)
3. Specific date(s) of the residency experience for that week
4. Number of hours spent in residency during that week, over total hours needed for the rotation
5. Total number of program residency hours completed, including those being reported on this entry (e.g. 360/500)

Clearly label all three sections:

**Part 1: Narrative summary**
Include a narrative summary of the residency week. It should be specific enough to provide a glimpse of what was actually encountered and performed, but should also be global enough to allow a comprehensive understanding of the residency week. A general discussion of the types of patients encountered and any skills practiced and/or mastered should be included in this summary. As a method of developing clinical skills through your mentorship, please consider including one clinical pearl you encountered for the given week. End with your thoughts and feelings about your interactions with your preceptor and patients. The length of this section should be about two (succinct) paragraphs.

**Part 2: SOAP Note documenting one patient encounter**
Choose one patient from your week who challenged your skill, level of clinical understanding or who piqued your clinical interest. Provide the subjective, objective, assessment, plan and evaluation/education you collected and initiated on this patient, using the SOAPE format outline below. Use may use standard medical abbreviations in your note. You may not cut and paste information.
retrieved from any electronic medical records for this section. The student is required to formulate the
SOAPE note from information gathered from the patient encounter and create the document through free
text inscription into the summary format.

Please include the following in your SOAPE note:

**Client ID Info**: initials of client, age, gender, cultural heritage

**S:**

**Chief Complaint [CC]:**
- A brief statement which addresses the reason for the visit in patient’s own words (if a
  child: provide historian and their words)

**History of Present Illness [HPI]:**
- If it is a well visit, inquire into any problems since last visit
- **For a child**, include immunization status; developmental milestones; for infant: feeding
  information (type/amount/# feedings at night); solid food, water, etc.; how is the child
doing?
- **For an older adult**, include ADLs [continence, feeding, dressing, hygiene, ambulation
  etc.]
- Symptom analysis: Include in order, going from general to specific for each symptom
  identified by the client:
- Be specific; use as few words as possible to make point; use abbreviations where possible.
The use of the OLDCART mnemonic is appropriate.

**Past medical history:**
- Include dates of acute illness, if known; immunization status, medications, allergies,
  screening tests, etc.

**Family History:**
- Identify illnesses, accidents, and problems

**GYN History (for women’s health visits):**
- Include menstrual, sexual (including STI), and contraceptive history; gravidity/parity and
  any problems during pregnancy; Pap and mammogram screening history (if applicable)

**Social History:**
- Include the following categories: Current situation [occupation, schooling, marital status,
  # of children & dependents, housing]; Relationship status and history of domestic
  violence; Substance use: tobacco, ETOH, IV drug use; Daily routine [food/fluid intake-
  elimination, sleep pattern, habits, nutrition, exercise]; Community
  activities/interests/leisure activities; Spirituality/religious preference

**Review of Systems [ROS]:**
- Include pertinent positives described by patient and a symptom analysis for each
  symptom not covered in CC/HPI

**O:**

- Begin with Vital Signs: Ht., Wt., and BMI (for children: include Ht. with growth%; Wt. with
  growth %)
- Present each system in order, in a head-to-toe fashion
- For pelvic exam, record data for: external genitalia, vagina, cervix, uterus, adnexae
  Present lab data [results available during visit, i.e., Hematocrit, wet prep, throat swab]
A:
- Number your assessments (#1, #2, etc.), starting with acute self-limited problems then chronic health problems
- You may include your differential diagnoses (R/Os) here.

P:
- For each numbered diagnosis above, develop a plan using the same numbering system so it is easy for follow-up. Document any prescriptions as part of your plan for particular assessments.
- End with the instructions for a return visit. If there is a specific appointment time, include it here. (e.g: RTC PRN or RTC in 6 weeks for follow-up with Dr. ")
- If you would have managed the encounter with the patient differently than what your preceptor ordered, explain this at the end of SOAPE note. If you know that EBP guidelines were not followed for the management of this patient, please comment here.

E:
- Evaluation/Education/Anticipatory Guidance
- Identify health maintenance behaviors/activities for each diagnosis above.
- Identify individual and family health promotion behaviors/activities as needed.

Part 3: “Homework”
- Summarize the outcomes of the self-assigned homework from the previous week, or discuss a topic that the student researched based on learning needs identified from the current week’s experiences. Use APA format to document references used for the homework.
- Identify the topic(s) that the student has chosen for additional review in the coming week. This self-assigned “homework” can include, but is not limited to, additional learning objectives surrounding: laboratory findings, treatment plans, diagnosis of disease, medication administration and dosing, etc. Alternatively, it is possible for the student to wait until the coming week’s experiences to identify the topic for further review. Just make sure that there is a section labeled “homework” that addresses the topic and evidence of the self-directed learning.
- Write this section as a narrative and include clear information which demonstrates the student’s additional, self-directed learning.
Residency Time Log

Students seeking certification must complete a specified residency period. Fulfillment of this eligibility requirement is verified through the Residency Time Log cumulated during the program. The layout of the log can be seen below.

- Throughout each clinical experience, enter the date and the hours completed at the site.
- This log must reflect authentic residency time which is defined as time spent in direct and indirect patient care or leadership and management activities. Indirect care includes chart or business report review and documentation. Case presentation to and consultation with the preceptor, grand rounds, vendor presentations, and meeting preparation/follow up are also valid use of indirect time. You may not include early arrivals (time before your preceptor arrives), coffee/social hours, etc.
- The preceptor should sign the log before you leave for the day.
- Indicate your preceptors credentials (Nurse Practitioner vs. Physician)
- The last step is to total the number of hours completed to date.
- The log will be submitted along with your self-evaluation, preceptor’s evaluation, and site/preceptor evaluation at the end of each residency as indicated by your residency advisor.

An example of the form and how it is completed can be seen at the bottom of this page. The reproducible form is located at the back of this Guide.

<table>
<thead>
<tr>
<th>Date</th>
<th>Today’s total hours</th>
<th>Preceptor Signature &amp; Residency Site (per legend)</th>
<th>Preceptor Credentials</th>
<th>Total Hours</th>
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</thead>
<tbody>
<tr>
<td>10/12</td>
<td>8</td>
<td>Mary Brown, MSN, FNP</td>
<td>APN</td>
<td>8</td>
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<tr>
<td>10/14</td>
<td>2</td>
<td>Dr. Michael Stewart</td>
<td>MD</td>
<td>10</td>
</tr>
<tr>
<td>10/21</td>
<td>6</td>
<td>Mary Brown, MSN, FNP</td>
<td>APN</td>
<td>16</td>
</tr>
</tbody>
</table>
# Residency Time Log

<table>
<thead>
<tr>
<th>Date</th>
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End of Semester Activities

Upon completion of residency hours (each semester), students will submit 4 documents to their residency advisor. These documents are submitted together, as one packet, in original hard copy format and listed below:

- Site and Preceptor Evaluation (completed by student)
- Student Performance Evaluation
  - One completed by student (self-evaluation)
  - One completed by preceptor
- Residency Time Log (with preceptor signature)

Site and Preceptor Evaluation

The site and preceptor evaluation should be completed for each facility and/or preceptor utilized during a residency experience. This document will remain the same for each residency course throughout the program. This document can be found on the following page. This document can be printed for submission.

Self-Evaluation and Student Evaluation

The self-evaluation and student evaluation are specific to each residency course. The student and preceptor(s) will be completing the same document, specific to the residency engaged that semester. The self/student evaluation will be provided by the residency advisor each semester. If a student secures more than one preceptor (for one residency period), each preceptor should complete a student performance evaluation document. It is important to offer your preceptor an envelope along with the evaluation form. This allows opportunity for confidential feedback.
Resurrection University  
College of Nursing  
Preceptor Driven Courses  
Evaluation of the Practicum Site & Preceptor

Institution: __________________________________________________________________________

Address: ____________________________________________________________________________

(phone/number/street/suite) (city & zip)

Phone #: main facility # (___)______

Specific program/unit ____________________________

Contact Person (for permission to use site): ________________________________________________

Preceptor: ____________________________ Title: __________________________

Contact points: Phone# (___)______ E-mail: __________________________

Best avenue for communication: in person phone email snail mail

Best time to make contacts: __________________________

Days/hours site available: __________________________

Please use the following scale when evaluating this site:

1 = Strongly Disagree  5 = Strongly Agree

| The institution and unit’s mission and philosophy are congruent with the School of Nursing mission and philosophy. | 1 2 3 4 5 |
| The institution has designated centers of excellence | 1 2 3 4 5 |
| Administrators are supportive to the presence of RU students. | 1 2 3 4 5 |
| The preceptor and staff are supportive of the presence of RU students. | 1 2 3 4 5 |
| The population served is congruent with the needs of the course. | 1 2 3 4 5 |
| The patient population is sufficiently large and stable to meet the needs of the student learning in the setting. | 1 2 3 4 5 |
| There is adequate opportunity for communication with other healthcare professionals | 1 2 3 4 5 |
| There is adequate physical space and equipment to achieve practicum objectives and safe patient care. | 1 2 3 4 5 |
| Treatment, administration, teaching modalities and staff expertise reflect current advanced practice approaches to care. | 1 2 3 4 5 |
| Supportive educational and practice resources are available for students. | 1 2 3 4 5 |
| Student personal safety needs are met. | 1 2 3 4 5 |
| There is opportunity to identify potential research problems within the clinical practice setting | 1 2 3 4 5 |
| Theoretical lectures correlate to clinical experiences and are appropriate to site and setting | 1 2 3 4 5 |
| Setting is sensitive to cultural diversity, ethics and community population | 1 2 3 4 5 |
| The institution fosters an environment of personal and professional growth | 1 2 3 4 5 |
Please use the following scale when evaluating this **preceptor:**

1 = Strongly Disagree    5 = Strongly Agree

| The preceptor demonstrates excellence in the advanced practice nursing role. | 1 2 3 4 5 |
| The preceptor is warm and welcoming to the student. | 1 2 3 4 5 |
| The preceptor demonstrated the attributes of leader, mentor and role model | 1 2 3 4 5 |
| The preceptor demonstrated recognition and honor of the patient’s rights | 1 2 3 4 5 |
| The preceptor demonstrated care that is congruent with current practice standards and institution policy | 1 2 3 4 5 |
| The preceptor gave timely and appropriate constructive feedback | 1 2 3 4 5 |
| The preceptor and student jointly set realistic goals, expectations and learning objectives | 1 2 3 4 5 |
| The preceptor is consistently available to work with students and supervise as appropriate | 1 2 3 4 5 |
| The preceptor creates situations for my learning and growth | 1 2 3 4 5 |
| The preceptor fostered fulfillment of learning activities and course requirements | 1 2 3 4 5 |
| The preceptor assisted to facilitate critical thinking processes and identification of differential diagnosis and treatment modalities. | 1 2 3 4 5 |

The strengths of this preceptor are

The weaknesses of this preceptor are

In the future, I would/would not utilize this preceptor because

The specific requirements or restrictions placed on students at this site included:

Parking: _____not available   _____available and costs ________

I used this site for Nursing ____________

(course #)

This preceptor and site will be valuable for the following practica:

- Nurse Administrator Residency
- Clinical Nurse Specialist Residency
- Pediatric/Adolescent Health Management
- Intensive Residency APN Role
- Special Populations: (Specify) ____________________________
- Adult Health Management
- Health Assessment & Promotion
- Adult Health Management II
- Women's Health Management
- Special skill acquisition of ______

Date of Evaluation______________ Evaluator ____________________________

Faculty Reviewer ____________________________
Locating Residency Documents

The following section includes a review of documents noted throughout the residency guide. Students should familiarize themselves with these documents and where they can be located.

1. **Resurrection University HIPAA Policy**
   - Students are expected to adhere to this policy
   - This document may be provided to agency/site representative during the placement negotiation process.

2. **Interagency Agreement**
   - The Interagency Agreement can be found in the MSN Residency course shell.
   - It is required to secure documentation of agency and preceptor agreement for each residency.
   - The agreement must be submitted to the CPO office via email MSNClinicalPlacement@resu.edu. See steps for proposing residency for complete guidelines.
   - Please see sample on pp. 11-13 for guidance.
   - Students will insert their course specific residency objectives and activities after page one of the Interagency Agreement. See steps for proposing residency for complete guidelines.

3. **Course Residency Objectives**
   - The residency objectives can be found in the MSN Residency course shell.
   - The objectives specific to the student’s residency should be placed after page one of the Interagency Agreement and initialed by the preceptor.