Indiana State University

School of Nursing
Doctor of Nursing Practice
Student Mentor Packet

WELCOME

Indiana State University's, School of Nursing faculty and staff are pleased with your decision to volunteer as a clinical mentor for a Doctor of Nursing Practice (DNP) student. The School of Nursing has a rich history of providing quality, off-campus clinical experiences to its students. It is indeed to the credit of our many fine mentors throughout the nation that such an enriching educational environment has evolved.

Please complete the brief Mentor Biographical Data Form attached or provide a recent resume or curriculum vitae along with proof of licensure and certification (if applicable). Please provide the month/year the mentorship will begin and the month/year the agreement will end. If you have already been designated as a mentor or are renewing your agreement, simply sign the "Mentor Agreement" (first page with names/dates) and return it to the student who is responsible for returning it to the School of Nursing.

On behalf of the School of Nursing at Indiana State University, we extend our sincere appreciation for your willingness to serve as a mentor.

Sincerely,

Erik P. Southard DNP, RN, FNP-BC   Susan Eley PhD, MS, FNP-BC
Full Professor   Full Professor
BSN-DNP/FNP Program Coordinator   PM-DNP Program Coordinator
Erik.Southard@indstate.edu   Susan.Eley@indstate.edu

Mentor Functions & Responsibilities

1. Mentors the DNP student as a leader and subject matter expert.

2. Serves as an exemplary role model, host, sponsor and teacher to the DNP student.

3. Provides orientation to the student of the clinical organization as appropriate.

4. Provides temporary office space, when applicable, for the student.

5. Facilitates selection of appropriate experiences for the student to meet specified outcomes based on the student's DNP project.

6. Provides the student with experiences, as appropriate, to meet the course requirements/objectives and specific educational expectations.

7. Appraises the student's knowledge and growth during the designated mentorship period. This includes the completion of formal feedback forms at the end of each semester.

8. Maintains communication with the faculty as needed; discuss/evaluate student progress.

9. Notifies faculty of areas of concern regarding the DNP student.

10. Completes evaluations of the DNP student in the Medatrax clinical documentation system each semester.

11. Agrees to be evaluated by the DNP student at the end of each semester.

12. Verifies clinical hours entered by the DNP student in the Medatrax system.

DNP Student Responsibilities

1. Responsible for understanding and practicing within their appropriate scope of practice as regulated by the Nurse Practice Act in the state in which the clinical experience occurs. Students are responsible for determining any state requirements that may hinder their ability to complete clinical experiences in their states.

2. Provides Indiana State University and/or mentor/clinic with a current license to practice professional nursing prior to the clinical experience. Proof of licensure must show current dates and that there are no disciplinary actions on the licensee's record.

   It is the responsibility of the student to ensure compliance with all requirements for completion of clinical hours in an organization. Request for release of information from the student's file will only be carried out with written permission from the student. Students shall provide proof of current immunization status, CPR certification, and Federal Background check upon request. This information is entered into Medatrax. Additional details are available in the Canvas orientation site.

3. Submits the signed mentor agreement to Medatrax prior to the beginning of the DNP project course **and** has received approval from course faculty prior to initiating clinical hours.

4. Negotiates goals/objectives with the mentor for fulfilling clinical requirements, course objectives, and ultimately achieving a gradual progression toward mastery of the student learning outcomes by graduation.

5. Provides the mentor with written course objectives for the clinical experience and negotiates educational and clinical experiences for their attainment based upon the goals set forth in each DNP project course.

6. Maintains a collegial relationship with the mentor.

7. Submits Clinical Agency Form if required by the agency and/or ensures that any affiliation/contract requirements are met. Agency forms must be maintained accurately and kept up-to-date at all times; it is initialed daily by the student and mentor.

8. Evaluates attainment of course objectives/student learning outcomes and seeks clinical experiences for those objectives which were not fulfilled. Evaluates mentoring/clinical experience.

9.   Assumes responsibility for arranging site visits with the faculty and mentor at the stakeholder sites when within driving distance of ISU. Notifies mentor of any absences prior to scheduled date of experience.

10. Assumes responsibility for individual learning needs recognizing own limitations and strengths.

12. Ensures that all clinical hours are logged in the Medatrax system and that each activity is linked to one or more of the DNP Program Outcomes/Domains.

13. Acknowledges and is accountable for any breach of the Student Academic Integrity Code, including falsification of any clinical documents, or hours, and or patient data. These breaches of integrity will result in disciplinary action by the School of Nursing and Indiana State University, up to and including dismissal from the program.

14. Must dress professionally and appropriately according to the setting. A lab coat or appropriate attire fitting to the setting and name pin identifying the student as an "ISU Doctor of Nursing Practice Student" should be worn while in the clinical setting.

15. Adheres to best practices for supporting the health and safety of student and clinical contacts. This includes wearing appropriate personal protective equipment, staying home when not feeling well or having a fever greater than 100.4 and maintaining a lifestyle that supports mental and physical well-being.

16. All students are required to notify the appropriate Program Coordinator via email or personal phone call within 72 hours of the commission of any act that: (a) may put their professional license in jeopardy, (b) resulted in a critical incident involving patient safety, or (c) could result in your failure to possess an unencumbered professional license in the future.

     This would include any notification of pending judgment or action taken against the student's professional license(s), any traffic offense involving illegal drugs or alcohol or if any person was killed or hospitalized because of an accident in which you were charged with a traffic violation or in the event that criminal or civil charges are filed against you in a court of law. You do not need to disclose information about minor traffic violations.

17. A written explanation of any incident and copies of all explanatory documentation must be submitted to the Program Coordinator within a reasonable time frame after the initial phone call to the Program Coordinator.

Professional Documents Needed From Students

You must have an unencumbered nursing license for the state in which clinical courses will be completed. Any encumbrance must be immediately reported, in writing, to the Coordinator of the DNP Program. All state licenses and/or certifications must be updated prior to expiration and a copy of the current license/license verification/certification must be uploaded into Medatrax. Documents are reviewed for compliance regularly. Students will be prohibited from entering the clinical setting and obtaining clinical hours if out of compliance.

Students are also required to have current CPR certification throughout the program and be in compliance with immunization requirements. Automatic alarms are generated by Medatrax to alert the student within 30 days of expiration of any required documentation. You must address the alarms in a timely manner, BEFORE expiration, to remain in clinical.

Clinical Packet and /or Contract

When contacting potential mentors, please let them know the requirements for our program and expectations as noted in the clinical packet. For example, students entering into the first semester of clinical, should explain that they are focusing on community needs assessment skills, learning the processes of clinical inquiry, and developing the foundation for an evidence-based practice quality improvement project. Always share a copy of your course learning objectives with your mentor.

Mentor agreement forms must be completed by your mentor(s) and uploaded by you in Medatrax. Please scan these documents as **pdf** (adobe file) attachments (**no jpegs or Word documents**). You will need to upload the following documents into Medatrax as **pdf** files:

1.) agreement page with start/stop dates (or all semesters) and signatures, and biographical data uploads in one category together

2.) Education (ED) page or CV uploaded in one category together. You may use the CV in lieu of the ED page.

3.) state license verification with expiration dates pulled from the state verification web sites (must show the provider has an unencumbered license/active license).

4.) board certification verification if applicable (ANCC or AANP for NPs)

Your mentor's state medical, nursing, or APN licenses need to be obtained via your state's verification online process (e.g., IN.gov PLA Verification of Licensure). A copy of the state license pocket card or wall certificate is **NOT** acceptable nor verifiable as being an active, unencumbered license. Any provider

that has an inactive license, encumbered license, or a license on probation will not be approved.

At the beginning of each clinical semester, the student needs to review all approved mentor agreements in Medatrax to ensure up-to-date approval and to avoid duplication of requests.

You MUST receive approval before attending any clinical site. You MUST wait until the semester officially starts to begin your clinical rotation in all courses. Although rare, some mentors/clinical/affiliations may require a contract with ISU (**ISU does not require anything other than the agreement found in this packet).** PLEASE do not confuse the mentor agreement with a contract or affiliation agreement. These are two different things. If your mentor's office requires a contract/affiliation agreement with ISU, follow this process.
1. See if ISU already has a contract or affiliation in place.
2. If they already have an agreement (term used for contract) in place, you just need to secure a mentor agreement and upload in Medatrax
3. If they do NOT already have a current contract/affiliation in place, you need to initiate the contract/affiliation agreement

The contract process can take up to two (2) MONTHS depending on the agency, holidays, summer breaks and negotiating contract requirements. Therefore, be sure that you plan accordingly if the site requires a contract. The student will still need to secure an agreement with the mentor once the affiliation/contract process has been completed through ISU contract office and has been approved. The student may NOT attend clinical until the affiliation/contract AND agreement are approved by faculty.

Indiana State University maintains professional liability insurance for students engaged in clinical activities acting within the scope of their duties. Students may download a copy of the liability documents for in-state and out-of-state students in each clinical course Canvas site. If you are in clinical courses for an Advanced Practice Registered Nurse program, such as APN 624, you must have your own professional liability policy. See your APRN specific handbook regarding this policy. Professional liability insurance is not required for clinical in the following courses: APN 881, APN 882, and APN 883.

Make sure to check your ISU email often as communication will be sent ONLY via ISU email. Please do not use your personal email when corresponding with ISU faculty/staff. Please include your University ID# (991 or 992) in all communications regarding registration or to discuss or update your plan of study. If you are experiencing a registration error, please send a screenshot of that error message with your
If you have any questions, please contact your course faculty member or academic advisor for direction.

For departmental communications please use the following mailing address:

Indiana State University
School of Nursing
401 N 4th St.
Suite #363
Terre Haute, IN 47809
Office: 812-237-8501

DNP Faculty Responsibilities

1. Provides clarification of clinical educational requirements and objectives with the mentor as desired or deemed necessary.

2. Assesses the adequacy of clinical experience and appropriateness of experiences for the successful completion of student learning outcomes and individual course objectives.

3. Critiques student's mastery of the student learning outcomes via examination of clinical logs, course assignments, mentor feedback/evaluations, student's self-evaluation, student/mentor and student/faculty conferences, as well as communication via email or when practical, site visits.

4. Maintains open dialogue regarding the student's progress with the mentor and student.

5. Facilitates and enhances the student - mentor- faculty relationship by providing continual, constructive feedback and other information as appropriate.

Required Clinical Hours for DNP Program

Required Clinical Hours per Semester

APN 881 (Fall):	**150 hours**	**(hours may be logged in APN 810)**
APN 882 (Spring):	**100 hours**	
APN 883 (Summer):	**100 hours**	
TOTAL:	**350 hours**	

*All post-master's students must complete a total of 1,000 post-baccalaureate hours to earn their DNP. ISU BSN to DNP students will complete the 350 hours included in the DNP clinical courses plus the hours included in the track for their specific role and population. For example, BSN to DNP/FNP students will complete 350 DNP Project Hours plus the

750 hours included in the FNP role specific clinical courses. Each APRN specialty has a clinical handbook that outlines policies for precepted, role specific, clinical courses (600 level). This mentor packet only applies to DNP clinical courses (APN 881, APN 882, and APN 883).

Required clinical hours will vary on an individual basis and will be based on the number of hours attained within master's degree or certificate programs.

PM-DNP students should have evidence of 650 academically supervised clinical hours. Students who need to complete additional hours to reach this threshold may enroll in the APN 890 Nursing Practice Experience variable credit/clinical hour course (1 credit=50 hours of clinical).

Students can enroll in multiple credits of the APN 890 course and the course may be repeated as necessary. Students that enter into the APN 890 Nursing Practice Experience course for the purpose of clinical hour attainment will utilize this governing document. Students may bank 25% more clinical hours than they registered for in APN 890 to apply to subsequent semesters. Banking hours is only permitted with pre-approval from the Program Coordinator.

Please note that Medatrax utilizes the term "preceptor" to refer to any individual who provides oversight for clinical hours. The term "preceptor" is used to identify an individual providing face-to-face clinical oversight for precepted, role specific clinical courses (600 level).
ISU SON uses the word "mentor" to identify an individual providing clinical oversight and guidance for doctoral (800 level) courses.

INDIANA STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF NURSING

DNP MENTOR AGREEMENT

I have reviewed the mentor guidelines. I can provide the student with learning experiences that meet the scholarly objectives and learning goals as agreed upon by the student, the faculty advisor, and me. I understand that there will be no remuneration for this service. I will facilitate and review the student's learning activities and will submit all required evaluations to the faculty member. I am aware that I can request and receive verification of preceptorship for re-certification credit.

If <u>renewing</u> a previously approved agreement, this page is sufficient along with current licensure and certification documentation if updated since last approval.

Current course #: _____Section #: _____ (to be filled out by student)

*All information below must be legible or please type.

I_____ agree to serve as a
              (name of mentor/preceptor)

Mentor/preceptor for _____
                              (name of student)

from _____ to _____
      (beginning date of experience)   **(anticipated end of experience)**

I agree to mentor/precept for the time period indicated above.

Mentor/Preceptor Signature _____Date _____

May ISU disclose your contact information for future students seeking mentors/preceptors?

_____ Yes   _____No

Student Signature _____ Date _____

Note to student: Please keep one copy of this agreement for your records and scan in PDF file this document into Medatrax for faculty approval.

INDIANA STATE UNIVERSITY
COLLEGE OF HEALTH AND HUMAN SERVICES
SCHOOL OF NURSING
Mentor/Preceptor Biographical Data

Name: _____

Current Agency: _____

Position or Title: _____

Office Phone Number with Area Code: _____

Fax Number: _____

Office Address: _____
<div style="text-align:center">(street)</div>

_____
   (city)   (state)   (zip)

Email (personal or office): _____

Alternate Email: _____

Preferred Method of Contact: _____Phone   _____Email

Type of practice/specialization: _____

Designated rural health site? _____Yes   _____ No

Designated health professional shortage area?   _____Yes _____No

Designated medically underserved area? _____Yes _____No

***License information (**Must provide copy of proof of current licensure and certification along with this agreement)

Professional License Number/State: _____

Board Certification: _____ **Yes**   _____**No**

Certifying Board:
_____

***Mentors/preceptors may submit Resume/CV instead of completing this page if preferred.

EDUCATION
May provide resume or CV or complete documentation below

Undergraduate Degree

1. _____
   (Name of Institution)   (City/State)   (Degree/Year)

2. _____
   (Name of Institution)   (City/State)   (Degree/Year)

Graduate Degree

1. _____
   (Name of Institution)   (City/State)   (Degree/Year)

Postgraduate Specialty Training

1. _____
   (Name of Institution)   (City/State)   (Degree/Year)

2. _____
   (Name of Institution)   (City/State)   (Degree/Year)

Mentor's/Preceptor's Employment Last Five (5) Years
Most recent first

Employer	City/State	Dates
1.		
2.		
3.		

The ISU School of Nursing complies with all federal and state laws related to the confidentiality of patient medical information including the Privacy Regulations issued pursuant to the Health Insurance Portability and Accountability Act of 1996. Students are required to comply with such laws and the medical record confidentiality policies and procedures of any health care facility where they are engaged in clinical hour attainment. All student mentors/preceptors are tracked in a database for the purpose of ensuring and validating qualifications.