

Case Western Reserve University  
Frances Payne Bolton School of Nursing  
Post-Master's DNP Program

NUND 611: Practicum  
Guidelines  
October 2010

**Course Description:** Under the guidance of the faculty coordinator (advisor) and designated preceptor(s), the student will develop, implement and evaluate a specific practice experience concerning an area of interest. This practicum will synthesize previous coursework.

**Objectives:** Upon successful completion of this course, the student will be able to synthesize practice expertise and knowledge from DNP coursework to influence practice at community, state, national or international levels.

**1. Prerequisite Courses**

- a. The following courses must be completed before the practicum: NUND 504, 506, 508, 450, 530, 531.
- b. The practicum can begin concurrently with NUND 610.

**2. Hours:**

- a. AACN requires 1000 post-BSN precepted practicum hours.
- b. Supervised practicum /clinical hours done in a master's program will be included in the 1000 hours.
- c. The student will obtain a statement of the number of practicum/clinical hours completed in the masters program.
- d. The number of hours will be jointly determined by student and advisor
- e. Documentation of practicum/clinical hours in the masters program should be sent to the PMDNP program assistant for the student's file.
- f. It is anticipated that each student will do a minimum of two hundred (for students who have had over 1000 hours in their masters program) and a maximum of 400 hours of practicum over two semesters.

**3. Activities:**

- a. Students will discuss their ideas/plans for the practicum with their advisor early in the program.
- b. Identified activities should be experiences that will contribute to the student's career that are beyond/different from normal work activities.
- c. Some activities done for the student's project may be included as practicum hours as long as they are new experiences for the student.
- d. Didactic activities (i.e. curriculum development in an educational setting or classroom teaching) cannot be included in the practicum.
- e. The student, with the help of the advisor as needed, will identify appropriate preceptors.

- f. Preceptors, who should be doctorally prepared, will submit a letter of agreement along with a CV their advisor and to the PMDNP program assistant. The advisor will determine that the preceptor has the necessary qualifications
- g. A Practicum plan form should be completed for each practicum experience.
- h. Objectives for each experience, as well as the means of achieving the goals, will be developed with the preceptor and approved by the advisor.
- i. Accomplishment of goals and hours will be documented on the Practicum report form and signed by the preceptor and advisor.
- j. The completed Practicum Record should be sent to the PMDNP program assistant with copies to the advisor, preceptor and student.

4. **Preceptors:**

- a. Preceptors ideally should be doctorally prepared and have evidence of expertise in the area. Exceptions to this should be discussed with the PMDNP Program Director.
- b. For activities that will not involve direct patient contact the following will be done:
  - 1. The Preceptor request form will be completed and submitted to the PM DNP Program Assistant along with a CV and a copy of the Preceptors license if applicable.
  - 2. The letter of agreement will be signed by the preceptor and returned to the PM DNP Program Assistant.
- c. For activities which will involve **direct** patient contact:
  - 1. A Site contract will be initiated by the Executive Associate Dean for Educational Programs
    - \*\* It is essential that this is initiated immediately when it is determined the student's practicum will not be delayed; so start the discussion re: practicum activities early\*\*
  - 2. The preceptor will submit a CV and license as described above.
  - 3. The student will provide a copy of her/his license to the PM DNP program assistant

What Practicum Could Be	What Practicum Is NOT
• Testimony related to regional, state or national policy	• Literature review
• Mentoring in a new leadership role	• Writing scholarly project
• Face-to-face collaboration/data gathering r/t scholarly project	
• Implementation of business plan	• Data entry & analysis
• Implementing theory into practice	
• Action research	
• Quality improvement project	
• Leadership of an interdisciplinary team	
• Develop in a new or expanded advanced practice role.	
• Implementation of strategies to translating clinical practice through education.	