

# STUDENT PLACEMENT FAQs

## NP-Adult, NP-Paediatric, NP-PHC-GH

Clinical placements in the NP program ensure students apply theoretical knowledge to patient care. Students in every clinical setting demonstrate their commitment to NP competence by engaging in practice reflection (clinical portfolio) and by setting and achieving learning goals (clinical learning plan). Student's knowledge, skill and judgment is assessed using the [College of Nurses Entry-Level Competencies for Nurse Practitioners](#) within the objectives of each clinical NP course.

Students will develop learning goals for each clinical NP course, based on the course objectives and the student's learning needs. Students will select a College practice standard or guideline related to each learning goal. Connecting learning goals to the College's practice standards will help to guide learning outcomes. Students are also required to develop an additional learning goal related to controlled substances. For example, prescribing controlled substances or understanding the unique risks associated with substance misuse or diversion.

### 1. What is practice reflection and how will this help me choose a clinical placement<sup>1</sup>?

Reflection is a powerful skill that helps you grow and learn. It is an intentional process of identifying your strengths, areas for improvement and learning needs. Examples of questions to ask when self-reflecting on your clinical placements:

- **Have I had experience across all age ranges of my area of emphasis<sup>1,2,3,4</sup>?**  
(Adult-adolescent [early/late], young adults, adults, older adults, elderly; Paediatric-newborn and infants [birth to 12 months], young child [1-6 y], older child [7-12y], adolescent [13-18y]; PHC-GH-the period between preconception and birth, newborn and infants [birth to 12 months], young child [1-6 y], older child [7-12y], adolescent [13-18y], young adult [19-35y], middle adult [36-64y], older adult [65-79y], and adults of advance age [80+ years]).
- **Have I had experience to address my knowledge gaps<sup>1,2,3,4</sup>?**  
This might include gaps in health histories, physical examinations, diagnostic and therapeutic tests, clinical decision-making, differential diagnosis, health promotion/disease prevention/anticipatory guidance, therapeutic communication, patient and family education, child and caregiver counseling (paediatric and PHC-GH), polypharmacy, pharmacologic and non-pharmacologic therapies, health literacy/cultural competence, legal and ethical issues, principles of risk management, pain management, information management, co-morbidity/multi-morbidity, palliative and end-of-life care, contraceptive management, hormonal replacement, growth and development (paediatric and PHC-GH), care coordination, collaboration/referral. Additional knowledge content includes experience in HEENT, audiometry (paediatric), dermatology, allergy, GI, developmental/behavioural (paediatric/PHC-GH), mental health, pulmonary, MSK, ID, nutrition, urology/nephrology, neurology, GYN, reproductive health, sexual identity, cardiology, endocrinology, pain, hematology/oncology, environmental health, toxicology, immunology/rheumatology, genetics.
- **Have I had experience to address my procedural gaps<sup>1,2,3,4</sup>?**  
This might include gaps in removing skin lesions, skin biopsies, joint aspirations/injections, wound management, surgical debridement, incision and drainage, foreign body removal, nail removal, cerumen removal, fluorescein dye/staining, splinting/casting, PFTs/spirometry, pap tests (adult and PHC-GH)

<sup>1</sup>College of Nurses of Ontario Self-Assessment (<http://www.cno.org/en/myqa/self-assessment/>)

<sup>2</sup>Family Nurse Practitioner and Adult-Gerontology Primary Care Nurse Practitioner Certification (<https://www.aanpcert.org/resource/documents/AGNP%20FNP%20Candidate%20Handbook.pdf>)

<sup>3</sup>Pediatric Nursing Certification Board Certified Pediatric Nurse Practitioner – Primary Care Exam ([https://www.pncb.org/sites/default/files/resources/2018\\_CPNP-PC\\_Exam\\_Content\\_Outline\\_FINAL.pdf](https://www.pncb.org/sites/default/files/resources/2018_CPNP-PC_Exam_Content_Outline_FINAL.pdf))

<sup>4</sup>Canadian Council of Registered Nurse Regulators Blueprint for the Canadian Nurse Practitioner Exam Family/All Ages ([http://www.ccrnr.ca/assets/cnpe-faa-blueprint-2018\\_en\\_final.pdf](http://www.ccrnr.ca/assets/cnpe-faa-blueprint-2018_en_final.pdf))

only), suturing, diagnostic interpretation of ECGs/Xrays, rapid tests (e.g., rapid strep), sexually transmitted infection testing, visual acuity, wart removal, reduction of nurse maid's elbow (paediatric).

## 2. What setting should I choose my placement if I am in Adult, Paediatric or PHC-GH?

All of the areas of emphasis are based in primary care. If you are in the adult or paediatric program you need to have a minimum of 500h of clinical practice in primary care. The National Organization of Nurse Practitioner Faculties (NONPF) Statement on Acute Care/Primary Care Nurse Practitioners (2012) was used to inform what constitutes primary care. Principles used to determine if clinical hours meet the requirements include:

- The determination of whether nursing care is considered primary care or acute care is based on patient care needs and not the patient care setting. Therefore, if your clinical placement is in a hospital or acute care setting, the care provided may be considered primary care IF it addresses comprehensive, chronic or continuous care for a stable patient.
- Primary care is provided in a wide-variety of practice settings, including: community, hospitals (in-patient and out-patient settings), long-term care homes, etc.
- It is the severity and instability of presenting symptoms that determines the care given and if it is considered primary care. Generally care delivered to patients in critical care units, operating rooms, PACU are not considered to be primary care.

If you are in the PHC-GH area of emphasis all of your placements should be in primary care. Students should choose settings in the Community Health Centres (CHC), Family Health Teams (FHT), outpatient clinics, long-term care, palliative care, aboriginal centres, ambulatory care centres (e.g., urgent/emergency departments, primary care clinics), and community-based facilities (e.g., public health, occupational health, correctional services).

## 3. Should I choose a physician or a nurse practitioner as my preceptor?

Ideally students should choose a nurse practitioner as a preceptor. However, if the setting does not have a nurse practitioner, you may choose a physician as your preceptor if the following is met:

- **You have an NP-Advisor.** You should meet with your NP-Advisor every 1-2 weeks throughout your clinical placement. Your NP-Advisor will ensure you are practicing through the lens of a nurse practitioner. The NP-Advisor is also responsible for completing a final clinical evaluation (in addition to the clinical evaluation provided by your physician-preceptor)
- **You are not enrolled in NUR1221/22/23 (Nurse Practitioners: Roles and Issues).** This is the final clinical course and your preceptor must be a nurse practitioner. This will allow you to complete the required course objectives.
- **You have not had more than 500h with a physician preceptor.** This is a nurse practitioner program and ideally your placements should be with an NP-preceptor.

## 4. How do I complete my orientation to the clinical practice setting?

You will be receiving a message from support@hspcanada.net indicating that you have been granted access to the Health Sciences Placement Network of Ontario (HSPnet). This online system allows our clinical practice partners to post their most up-to-date orientation materials for Faculty of Nursing students. It is important that you complete this ASAP.

## 5. Can I split my placements?

No, as you transition from a novice to an expert student practitioner it is recommended that you do NOT split your clinical placements.

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