APN Learning Plan-TEMPLATE

Name of APN or APN student: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Specialty: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

First date of learning plan: \_\_\_\_\_\_\_\_\_\_\_\_ if student approximate last date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Orientation Basics | DAY 1 | DATE & Comments |
| Report line protocol |  |  |
| Key phone numbers |  |  |
| Physician contact info (if applicable) |  |  |
| License (RN & NP) |  |  |
| Certifications |  |  |
| DEA |  |  |
| UPIN/NPI/ & PECOS numbers |  |  |
| BLS and ACLS (as appropriate) |  |  |
| Resume or Curriculum Vitae |  |  |
| Review Policy & Procedures |  |  |
| Review Mission/Vision & Bylaws (as appropriate) |  |  |
| Review the State Code of Regulations regarding APN (if applicable) |  |  |
| Insurance Credentialing |  |  |
| Medicare & Medical applications (as appropriate) |  |  |
| Tour of facilities (key areas) |  |  |
| Sign Job Description |  |  |
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APN Learning Plan

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- |
| Orientation Basics Training | Date | Comments |
| EMR access & training (per institution) |  |  |
| Dictation access & training (per institution) |  |  |
| HIPPA and Compliance training |  |  |
| Phone system training (as appropriate) |  |  |
| Preceptor/mentor information |  | Cell#:  Email: |
| Backup preceptor/mentor information |  | Cell#:  Email: |
| Precepting plan discussed |  |  |
| Learning needs assessed |  |  |
| Discussion of Focused Professional Practice Evaluation (FPPE) process |  |  |
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APN Learning Plan

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |
| --- | --- | --- |
| Professional Practice | Evaluation Date | |
|  | Self | Preceptor |
| 1. Social media guidelines |  |  |
| 2. Communication to healthcare team |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| Leadership Practice |  |  |
| 1. Demonstrates leadership with critical and reflective thought |  |  |
| 2. Provides quality and cost-effective care |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| Policy Practice |  |  |
| 1. Understands interaction of policy and practice |  |  |
| 2. Demonstrates implications of health policy across disciplines |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| Medical & Clinical Knowledge | | |
|  | Evaluation  Self Preceptor | |
| 1. Basic understanding of normal and abnormal lab values |  |  |
| 2. Prioritizes identified problems and integrates into care plan |  |  |
| 3. Demonstrates knowledge of commonly used medications |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| Patient Care Practice |  |  |
| 1. Comprehensive history in timely manner |  |  |
| 2. Comprehensive physical in timely manner |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| 7. |  |  |
| 8. |  |  |
| 9. |  |  |
| 10. |  |  |
| System Care Practice |  |  |
|  | Evaluation  Self Preceptor | |
| 1. Handles patient load and completes work |  |  |
| 2. Assessment of quality improvement actions |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |
| 6. |  |  |
| Communication Practice | | |
| 1. |  |  |
| 2. |  |  |
| 3. |  |  |
| 4. |  |  |
| 5. |  |  |

\_\_\_\_\_\_Month Evaluation

Areas of Strength: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Areas for Growth \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of ANP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Preceptor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_