

Mentor Information Packet

Please complete the brief Mentor Agreement Form attached and 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 Miami University Department of Nursing, we extend our sincere appreciation for your willingness to serve as a mentor.

Sincerely,

Jennifer Rode, PhD, FNP-BC
Professor
Director Graduate Nursing Programs

Mentor 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 practicum organization as appropriate.
4. Facilitates selection of appropriate experiences for the student to meet specified outcomes based on the student's DNP project.
5. Provides the student with experiences, as appropriate, to meet the course requirements/objectives and specific educational expectations.
6. 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.
7. Maintains communication with the faculty as needed; discuss/evaluate student progress.
8. Notifies faculty of areas of concern regarding the DNP student.
9. Completes evaluations of the DNP student at end of each semester
10. Agrees to be evaluated by the DNP student at the end of each semester.

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 practicum experience occurs. Students are responsible for determining any state requirements that may hinder their ability to complete practicum experiences in their states.
2. Provides Miami University and/or mentor/clinic with a current license to practice professional nursing prior to the practicum experience. Proof of licensure must show current dates and that there are no disciplinary actions on the licensee's record.
3. It is the responsibility of the student to ensure compliance with all requirements for completion of practicum 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 meet all compliance requirements prior to beginning their practicum.
4. Submits the signed mentor agreement to their DNP Committee Chair prior to the beginning of the DNP project course **and** has received approval from course faculty prior to initiating practicum hours.
5. Negotiates goals/objectives with the mentor for fulfilling practicum requirements, course objectives, and ultimately achieving a gradual progression toward mastery of the student learning outcomes by graduation.
6. Provides the mentor with written course objectives for the practicum experience and negotiates educational and practicum experiences for their attainment based upon the goals set forth in each DNP project course.
7. Maintains a collegial relationship with the mentor.
8. Submits Practicum 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.
9. Evaluates attainment of course objectives/student learning outcomes and seeks practicum experiences for those objectives which were not fulfilled. Evaluates mentoring/practicum experience.
10. Assumes responsibility for arranging site visits with the faculty and mentor at the stakeholder sites. Notifies mentor of any absences prior to scheduled date of experience.
11. Assumes responsibility for individual learning needs recognizing own limitations and strengths.
12. Ensures that all practicum hours are logged in the DNP hours log and that each activity is linked to one or more of the DNP Essentials Competencies/ Sub competencies.
13. Must dress professionally and appropriately according to the setting. A lab coat or appropriate attire fitting to the setting and name badge identifying the student as a "Miami University DNP Student" should be worn while in the practicum setting.
14. All students are required to notify the appropriate Program Director 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.

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

Practicum Packet and /or Contract

When contacting potential mentors, please let them know the requirements for our program and expectations as noted in the practicum packet. For example, students entering into the first semester of practicum, should explain that they are focusing on community needs assessment skills, learning the processes of practicum 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 submitted to the Graduate Placement Coordinator.

- 1.) Mentor Agreement
- 2.) Mentor CV
- 3.) Mentor state license verification with expiration dates pulled from the state verification web sites (must show the provider has an unencumbered license/active license).

You **MUST** receive approval before attending any practicum site. You **MUST** wait until the semester officially starts to begin your practicum rotation in all courses.

PLEASE do not confuse the mentor agreement with a contract or affiliation agreement. These are two different things. Students will need to coordinate with the Graduate Clinical Placement Coordinator to determine whether a contract is already in place or if it needs to be initiated.

DNP Faculty Responsibilities

1. Provides clarification of practicum educational requirements and objectives with the mentor as desired or deemed necessary.
2. Assesses the adequacy of practicum 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 practicum reflections, 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 Practicum Hours for DNP Program

Required Practicum Hours per Semester

NSG 722 (Spring): 105 hours

APN 882 (Summer): 160 hours

APN 883 (Spring): 105 hours

TOTAL: 370 hours

**MIAMI UNIVERSITY
DEPARTMENT 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.

If renewing 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 Miami University 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 submit form to Graduate Clinical Placement Coordinator

**MIAMI UNIVERSITY
DEPARTMENT OF NURSING**

Mentor/Preceptor Biographical Data

Name: _____

Current Agency: _____

Position or Title: _____

Office Phone Number with Area Code: _____

Fax Number: _____

Office Address: _____

(street)

(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. _____