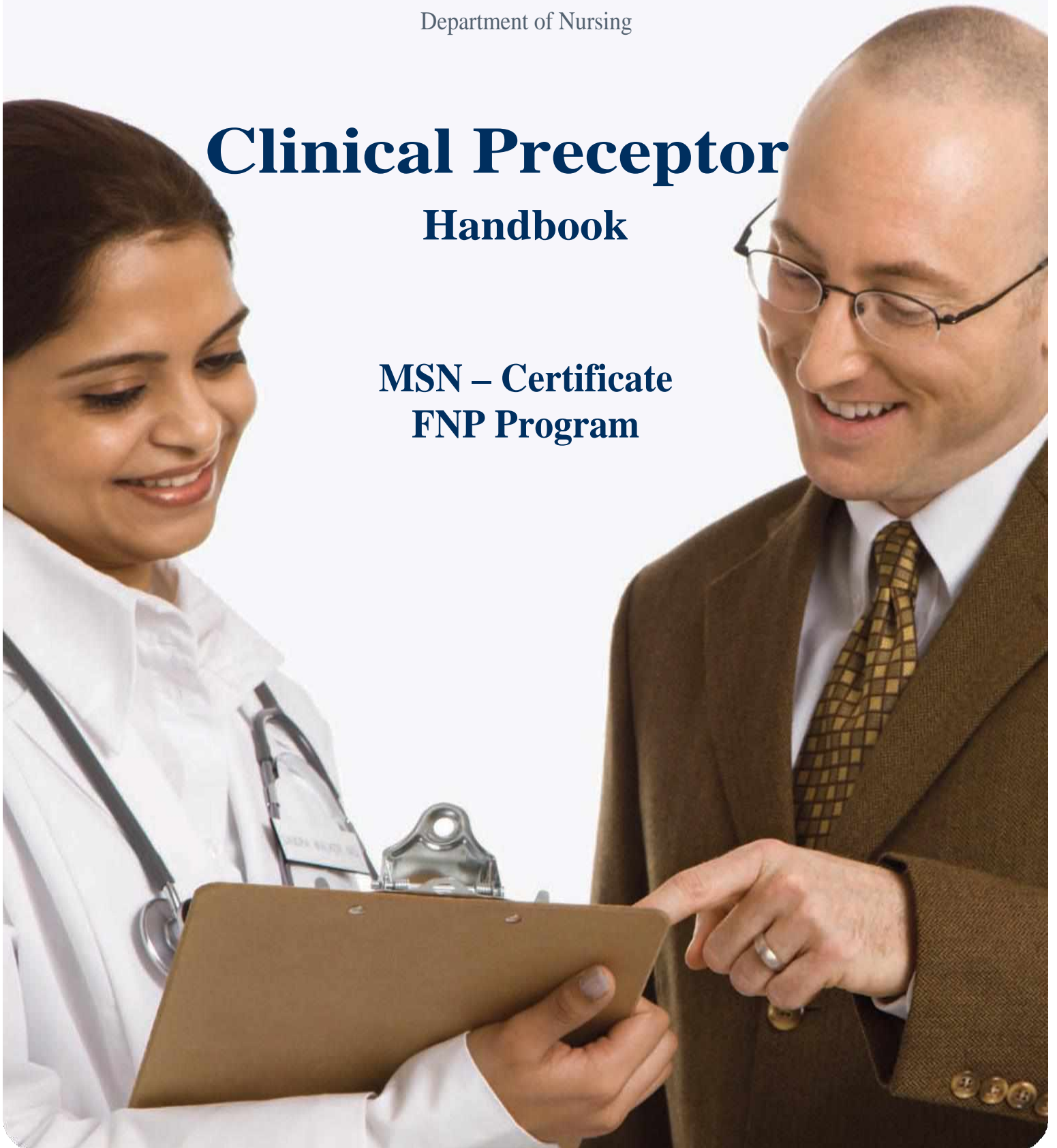




Department of Nursing

Clinical Preceptor Handbook

**MSN – Certificate
FNP Program**



Welcome

Thank you for being a preceptor and contributing to the clinical education of National University Family Nurse Practitioner students. We greatly appreciate the time and energy you spend with our students, and recognize that you make a significant difference in preparing outstanding advanced practice nurses. We have prepared this document to use as a reference guide for your role, as well as the roles of the faculty and student. It also serves as the basis for a signed agreement between you, the Department of Nursing, and the student.

Prepared by

**The Faculty of the National University
School of Health and Human Services
Department of Nursing
September, 2021**

Give the pupils something to do, not something to learn; and the doing is of such a nature as to demand thinking; learning naturally results.

— John Dewey

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Program Overview

Department of Nursing

MISSION, VISION, PHILOSOPHY, AND ORGANIZING CONCEPTS NURSING

EDUCATION

Baccalaureate Nursing Education

Baccalaureate nursing education provides the foundation for professional nursing practice as a beginning generalist clinician who provides care to individuals, families, communities and populations. The baccalaureate degree prepares nurses for leadership in providing direct care and collaborating within care teams that work to improve the quality and safety of health care.

Graduate Nursing Education

Graduate nursing education prepares professional nurses for roles in advanced practice. The graduate degree prepares nurses for specialization in administration, informatics, patient care, scholarship, research and teaching. Advanced practice nurses lead nursing's future through evidence-based practice inquiry, knowledge representation and analysis, formulation of health care policies and outcomes and transformed education.

MISSION STATEMENT

The mission of the nursing program at National University is to create a learning-centered environment that supports the education of nurses who will improve human health through nursing judgment to provide high quality, caring, competent, and safe nursing practice for individuals, communities and populations in a diverse society.

VISION STATEMENT

The vision of the nursing department is to become a center of nursing academic excellence through nursing education that is learner-centered, interpersonally engaging, innovative, success-oriented, and technologically responsive to a rapidly changing student population and health care delivery system that facilitates achievement of National University's mission.

PHILOSOPHY

We believe the process of educating nurses is focused on assisting students to develop the knowledge, skills and attitudes necessary to continuously improve the quality and safety of nursing practice to diverse individuals, communities and populations. Nursing knowledge, skills, and attitudes advance from simple to complex as students progress through their educational programs as self-directed lifelong learners.

Knowledge, skills, and attitudes are the foundation of nursing judgment. Knowledge is defined as the integration of data and information into an organized cognitive structure which creates meaning and perspective. The fundamental structure of nursing education is developed through knowledge gained in theory courses and clinical learning experiences. Nursing skills include cognitive, psychomotor and affective competencies necessary to make judgments and implement safe, effective and evidence-based nursing care that improves patient outcomes.

The concept of attitude is defined as the development of professional identity and values. The development of professional identity involves personal reflection and the application of standards and ethics of nursing practice. Nursing practice incorporates personal integrity, patient advocacy, membership in a collaborative healthcare team, and lifelong learning.

Nursing judgment is the outcome of applied thinking skills to nursing practice. Nurses employ specialized knowledge and skills to provide evidence-based, culturally competent, best practices, to improve the health of individuals, communities and populations. Nursing judgment and professional identity are enhanced through concepts of adult centered learning principles. As adult learners, nursing students are responsible for their own learning and incorporate self-directed activities relevant to practice oriented situations.

Educators facilitate student learning by functioning as partners, role models, coaches, and mentors of students in their discovery of new knowledge. Nursing educators assist the student to bridge past experiences with current content and practice to develop nursing knowledge, skills, and attitudes. Faculty members foster a spirit of inquiry by promoting personal reflection and incorporating the principles of evidence-based practice as students work to attain excellence in nursing practice.



ORGANIZING CONCEPTS

Caring

The essence of nursing is caring, defined as an interpersonal relationship characterized by a view of the patient as a holistic being, by unconditional acceptance of the patient, and by respect and positive regard for the patient. The caring relationship has the purpose of improving the wellbeing of the

patient through the nurse's therapeutic use of self. Caring forms the basis for development of therapeutic relationships with patients, and is integral to the science and art of nursing.

Patient-Centered Care

Nurses develop therapeutic relationships that recognize the patient (individuals, families, or communities) as the source of control and partner in providing culturally competent, holistic, compassionate care grounded in respect for the patient's preferences, values, and needs. Inherent in this therapeutic relationship is the concept of caring and interpersonal concern about another.

Safety and Quality of Care

Nurses deliver care consistent with current professional knowledge that minimizes the risk of harm to patients and providers, increasing the likelihood of desired health outcomes.

Nursing Judgment

Nursing judgment incorporates the utilization of the nursing process to prioritize and delegate safe, quality nursing care. Clinical judgments and decisions are substantiated with evidence that builds on knowledge from the sciences, arts, and humanities; life and practice experiences; and applied thinking to promote the health of patients within a family and community context.

Collaborative Care

Collaborative care is the nurse's participation as an integral member of an interdisciplinary healthcare team, which includes the patient, family, and community. In order for the team to function effectively, nurses foster open communication, mutual respect, and shared decision making to achieve quality patient care.

Professional Identity

Professional identity is a developmental process by which nurses integrate their roles as leaders, educators, clinicians, and patient-centered advocates upholding legal and ethical standards of practice.

Evidence-Based Practice

Evidence-based practice originates as systematic inquiry that substantiates the best nursing practices to provide high quality, safe patient care. Evidence-based practice requires continuous learning as the method for improving and updating nursing practice.

Program Description

The Master of Science in Nursing (MSN) degree program is for baccalaureate prepared nurses. In keeping with the standards for graduate education for advanced practice nursing delineated by the CCNE in the Essentials of Master's Education for Nurses. The purpose of the MSN program is to prepare students to assume leadership roles in their particular specialization. Masters level nursing education is the appropriate level of education for nursing professionals who are seeking roles that require advanced practice skills in order to function as providers and organizers of the health care delivery process.

The Master of Science in Nursing with a major in Family Nurse Practitioner (FNP) prepares the advanced practice nurse to provide primary health care services across the lifespan to individuals, families and aggregates in the community. Besides primary care services, critical foci include practice models which emphasize the family as unit, health promotion and disease prevention and interdisciplinary collaboration.

The goal of the FNP program is to prepare highly skilled and culturally sensitive advanced practice nurses who are committed to providing high quality and cost effective primary care services to individuals, families, and communities. The program places emphasis on providing services to the medically underserved.



The MSN degree with the FNP major requires 82.5 quarter units and 765 clinical hours. The masters of science degree is conferred at the completion of the program requirements. Graduates of the program and those who complete the post master's certificate are eligible to sit for the national certification examination administered by the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP).

PROGRAM LEARNING OUTCOMES

Upon successful completion of the MSN, the graduate will be able to:

- Implement appropriate theories, models, frameworks, and concepts from nursing and non-nursing disciplines when designing interventions that influence healthcare outcomes for diverse populations in a variety of settings.
- Collaborate with interdisciplinary teams, to evaluate fiscally appropriate healthcare delivery systems that integrate research and clinical expertise to provide evidence-based, patient-centered care.
- Evaluate economic, policy, environmental, and social forces that impact nursing practice, health care delivery and quality of health care.
- Participate in the analysis, implementation and evaluation of strategies for

improving nursing practice through the implementation of health information systems and technologies.

- Demonstrate a professional commitment to creating an environment of lifelong learning for patients, families, communities, and other healthcare practitioners.

Upon successful completion of the FNP track, the graduate will be able to:

- Synthesize theoretical and empirical knowledge derived from the physical and behavioral sciences and humanities as a basis for professional advanced clinical nursing practice.
- Devise evidence-based health promotion and disease prevention strategies at the patient, family, organizational, community, and population levels for the purpose of improving healthcare outcomes.
- Utilize current technologies to deliver, enhance, and document care across multiple settings to achieve optimal outcomes.
- Model collaboration with interdisciplinary and intradisciplinary teams in healthcare systems delivering care to complex, multi-need patients, families, and communities.

Clinical Preceptor Qualifications

The preceptor guides the students into the real world of advanced practice and allows the student to try new skills, gain confidence and validation. As a preceptor you will teach, coach and role model for the student.

Preceptors will:

1. Have an advanced degree in nursing (master's or doctoral degree) and hold certification as an advanced practice nurse or be licensed to practice as a physician (MD or DO).
2. Have an interest in working with master's students.
3. Be willing to devote the time to assist the student in meeting their clinical objectives.
4. Possess a thorough knowledge of the specific clinical site/agency.
5. Provide constructive feedback/assistance to the students.
6. Meet with faculty and student at agreed upon times for feedback and evaluation.
7. Be willing to role model and act as clinical resource.
8. Maintain current knowledge base in clinical field of expertise.
9. Provide access to information and people.
10. Be respected by peers.

Clinical Preceptor Benefits

1. The educational challenge of facilitating student learning in your area of expertise.
2. The satisfaction of providing a professional nursing role model to graduate level students in your field / setting.
3. Enhancement of the recruitment of masters prepared registered nurses who have already initiated a working relationship with you and your organization. This could contribute to employment longevity and decrease orientation needs of a new employee.
4. Availability of the library and learning resource center materials of National University to use as needed.
5. Relevant information regarding various workshops scheduled on campus.
6. A source of professional references to enhance your professional vitae.
7. You will receive a letter of preceptorship hours that can be used for recertification in your practice specialty.

Responsibilities and Expectations

Responsibilities

Clinical Preceptors serve as mentors and role models for FNP students. Preceptors are provided with the evaluation tools before the start of the semester. The evaluation tool will be clarified by the Faculty with examples as needed. Specific preceptor responsibilities include:

1. Identifies and discusses what the student needs to meet the course objectives.
2. Uses appropriate teaching methods to help the student meet the learning objectives.
3. Provides opportunities for the student to practice newly learned skills that build confidence.
4. Demonstrates and supports the critical analysis of guidelines/standards of care and determines how they should be implemented or adapted to unique clinical situations.
5. Provides feedback to refine interpersonal skills that promote effective communication with patients and colleagues.
6. Identifies opportunities for improvement early in the practicum, thereby providing time to achieve objectives by the time the clinical practicum is completed.
7. Reports deficiencies or problems to the Faculty Evaluator as soon as they are identified.
8. Provides continuous feedback both verbally and in writing whenever practical.
9. Communicates the ability to cope with multiple variables in the clinical setting while fully participating in all patient and colleague interactions
10. Evaluates progress toward achievement of student's objectives.
11. Provides written evaluation twice each semester that includes strengths and weaknesses.

Expectations

Since preceptors play such a significant role in the students practice experiences, all are expected to:

1. Maintain a current license to practice as advanced registered nurse practitioner (ARNP) or medical doctor (MD). Maintain certification in a population focused area (ARNP) and or specialty (MD).
2. Provide a learning facility or clinical space appropriate for learning; facilitate student interactions with a variety of clients to meet the course objectives; complete the student orientation to the facility before or during the first clinical week.
3. Conduct a review of the student learning objectives to ensure the objectives will be met in the clinical practice setting. Inform the student and Faculty Evaluator of any concerns in meeting any of the objectives.
4. Notify the Faculty Evaluator or Concentration Director with any problems or concerns that might prevent the student from accomplishing the negotiated and required objectives.

Design of the Clinical Rotation

Benchmarks for Preceptors for Clinical Practice with Students in a rotation of 12 weeks in length.

Timeline	Suggested Goals & Activities
<p>First 10-20 hours: Observation of preceptor and patient interactions, with gradual introduction of student performance of history and physical, and charting.</p>	<p>Preceptor style and patient interaction. Preceptor method of evaluating patient information (history & physical). Discuss differential diagnosis and treatment. Observe patient flow in the office. Observe charting methods.</p>
<p>Next 10-20 hours: Preceptor observes student performance of patient intake, history and physical, and charting.</p>	<p>Student demonstrates growing skill in patient interviewing, examination techniques, and offers list of differential diagnosis and proposes treatment plan, including recommended medications, and testing from the laboratory, radiology, etc. Preceptor refines plan and offers rationale. Student documents in patient chart, policy permitting. (Preceptor must sign prescriptions as students are not authorized to write prescriptions.)</p>
<p>Remainder of clinical time students perform work of an FNP under the supervision of the preceptor.</p>	<p>Student independently (unobserved) performs history and physical exam. Reports findings and proposed treatment plan. Students must propose prescriptions as part of the treatment plan, but students are not authorized to sign prescriptions. Preceptor and student finalize visit with patient. Preceptor signs any prescriptions (or orders them electronically). At the end of the session, recap the student actions and address any areas of concern.</p>

FNP MSN Program Sequence

National University School of Health and Human Services Department of Nursing MSN-FNP Track Program Sequence					
Course #	Course Title	Quarter	Weeks	Clinical Hours	Quarter Units (qu)
NSG 600	Advanced Practice Leadership	1 st	12		4.5 qu
NSG 620	Theory, Analysis, and Development	1 st	12		4.5 qu
NSG 623	Biostatistics	1 st	12		4.5 qu
NSG 606	Health Policy and Finance	2 nd	12		4.5 qu
NSG 622	Quality Improvement	2 nd	12		4.5qu
NSG 607	Evidence-Based Practice	2 nd	12		4.5 qu
NSG 681	Advanced Physical Assessment and Decision Making	3 rd	12	45 hrs	6 qu
NSG 682	Advanced Pathophysiology	3 rd	12		4.5 qu
NSG 641	Advanced Pharmacology I	3 rd	12		4.5 qu
NSG 642	Advanced Pharmacology II	4 th	12		4.5 qu
NSG683A	Primary Care of Adult and Aged	4 th	12		4.5 qu
NSG683C	Adult and Aged Practicum	4 th	12	180hrs	6.0 qu
NSG 680	Diversity Issues in Health Promotion And Disease Management	5 th	12		4.5 qu
NSG684A	Primary Care of Women and Children	5 th	12		4.5 qu
NSG684C	Women and Children Practicum	5 th	12	180hrs	6.0 qu
NSG685A	FNP Residency	6 th	12		4.5 qu
NSG685C	Residency Practicum	6 th	12	240hrs	8.0 qu
NSG 689	FNP Capstone	6 th	12		4.5 qu
	Subtotals			600hrs	89.0 qu

FNP Post-Master's Certificate Program Sequence

National University Department of Nursing Post-Graduate FNP Certificate Program					
Course #	Course Title	Quarter	Weeks	Clinical Hours	Quarter Units (qu)
NSG 681*	Advanced Physical Assessment	1 st	12	45 hrs	6.0 qu
NSG 682*	Advanced Pathophysiology	1 st	12		4.5 qu
NSG 641*	Advanced Pharmacology I	1 st	12		4.5 qu
NSG 642	Advanced Pharmacology II	2 nd	12		4.5 qu
FNP 683A	Primary Care of Adult and Aged	2 nd	12		4.5 qu
FNP 683C	Adult and Aged Practicum **	2 nd	12	180 hrs	6.0 qu
FNP 684A	Primary Care of Women and Children	3 rd	12		4.5 qu
FNP 684C	Women and Children Practicum**	3 rd	12	180 hrs	6.0 qu
FNP 685A	FNP Residency	4 th	12		4.5 qu
FNP 685C	Residency Practicum *	4 th	12	240 hrs	8.0 qu
	Subtotals			645 hrs	53.0 qu

* Experienced, licensed, practicing Advanced Practice Registered Nurse (APRN) can waive NSG 641, NSG 682 and NSG 681 if those courses were taken prior to NU admission and grades of B or above were earned in the courses. All others can waive NSG 681 & 641 if taken less than five (5) years prior to application to the Certificate Program. In addition, students can waive NSG 682 if taken less than seven (7) years prior to application to the Certificate Program. The courses must be for NPs, meet the BRN and NONPF requirements, have a grade of B or higher, and be comparable to NU's courses for the NP program

Preceptor Guidelines

These guidelines are intended to provide the basis of Family Nurse Practitioner (FNP) clinical education.

1. Mentor and serve as a Role Model

Mentoring and role modeling are important in the socialization process of students. By observing the preceptor's interactions with other professionals, staff, and patients, the student will be better prepared to assume the new role. The FNP core competencies are reflected in the 7 domains identified by the National Organization of Nurse Practitioner Faculties (NONPF):

- Management of patient health/ illness status
- The nurse-patient relationship
- The teaching-coaching function
- Professional role
- Managing and negotiating health care delivery systems
- Monitoring and ensuring the quality of health care practices
- Cultural competence

The preceptor organizes clinical learning within a time-constrained environment to facilitate the student's learning experience. The preceptor discusses patient scheduling, availability of exam room space, and specific procedures (e.g. suturing) with the office staff that will enhance student learning with minimal disruption of the office routine.

The one-to-one relationship with the preceptor provides the student the opportunity to develop competence in diagnostic reasoning/clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the role.

2. Teaching

Preceptors help students refine skills related to patient care within the context of a caring relationship. In all areas of teaching, the preceptor is encouraged to let the student practice newly learned skills and build confidence in his/her abilities. Preceptors gain confidence in the student's abilities through observation, listening to case presentations, and reviewing documentation, as well as listening to feedback provided by patients and other clinical personnel. The preceptor plays a critical role in reinforcing is student self-confidence with feedback that reinforces the learning goals and objectives.

3. Enhance Student Assessment Skills

The preceptor's initial role often involves assessing the student's level of knowledge of the underlying basis for assessment. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates a) the student's psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and d) the proposed management plan.

As the student progresses and gains confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in assessment. Students need to be apprised that, although they are learners, evidence of progressive learning and mastery of content and psychomotor skills is expected. They should anticipate progressing along the continuum from novice to proficient. Student resistance to accepting preceptor

correction and failure to demonstrate progressive learning should be reflected in the formative and summative evaluation of the student's performance and communicated to the student's faculty member in a timely manner.

4. Encourage Students to Integrate and Apply the Sciences

To effectively elicit and interpret subjective and objective data obtained through the history, physical, and diagnostics, the student draws on applied scientific knowledge and interpersonal skills. Interpretation of data, formulation of a diagnosis, and developing a plan of care provide opportunities for students to integrate patient encounters and apply scientific knowledge. The corresponding learning objective focuses on the student's ability to analyze the data obtained and provide a rationale for the differential diagnosis and management plan.

It is an expectation that the student be responsible for the application of course-based knowledge. Preceptors may ask students to explain the physiological theory behind disease processes and management when encountering patients with specific clinical problems, e.g. Diabetes Type II, COPD, etc.

5. Provide Students with Clinical Decision Making Opportunities

The clinical decision making process reflects the students' ability to use critical thinking skills. The student should come to know and understand the process of clinical decision making used by the expert preceptor as a method of learning clinical reasoning. As an expert clinical practitioner, the Preceptor has mastered a variety of rules that contribute to the process of clinical decision making. Teaching the student how to use heuristics is an important process in developing clinical proficiency. Students should be asked to:

- Reflect and describe the process of identifying a specific diagnosis or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule.
- Use accepted guidelines and standards of care.
- Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario.
- Reflect on previous client encounters and compare and contrast components of the assessment which are similar.

The student should be able to respond cogently to the following types of questions:

- a. How might this case be similar or different?
- b. What epidemiological principles or clinical research is known that might guide cost-effective or evidence-based care? Use clinical scenarios to elicit the integration of the sciences with the patient data. For example:
 - Would or would it not be appropriate to prescribe penicillin to a patient with exudative tonsillitis and swollen anterior cervical glands?
 - How does the presence of pharyngeal GABH in the past medical history influence your decision?
 - How might the presence of streptococcal pharyngitis in other family members influence your decision?
 - Should only penicillin-based antibiotics be used to treat only positive throat cultures?
 - How accurate or reliable are rapid strep tests? What does a negative rapid strep test mean?

6. Promote Student Mastery of Documentation

The clinical practicum provides students the opportunity to master documentation of real-life patients in their health records. In “learning by doing,” the preceptor mentors the student in refining the patient’s history, exam; decision making; and level of service provided. The preceptor should review the history and physical prior to the student’s entry on the patient’s health record. Most preceptors request that the student write the note on a separate piece of paper for review prior to entry into the medical record. When the preceptor has determined that the student’s documentation has progressed to a level that requires little or no correction, the Student is usually permitted to write directly on the health record. Preceptors must co-sign all student notes whether hand-written, dictated, or computerized. The mastery of documentation includes:

- Clear written communication. Assessing student documentation should be an ongoing process that takes place throughout the student’s program of study.
- Familiarity with acceptable formats for documenting encounters detailing the comprehensive history and physical, chronic illness, and episodic complaint.
- Use of only accepted medical abbreviations and anatomical terms, and descriptors.
- Recording only pertinent findings (both negatives and positives) from the history and physical exam.
- Reading notes written by the preceptor and other health care providers. The patient health record will provide exemplars of both good and poor documentation and is an excellent resource early in the Student’s clinical experience.
- Note-taking while in the room with the patient to be organized into a draft that includes all of the components of the patient’s comprehensive, chronic care, or episodic illness history and physical.
- Identification of subjective and objective data is often a challenge, especially for beginning students. For example, the student may document the characteristics of a surgical scar in the physical exam, then notes the patient comment regarding the etiology of the scar. In this example, clarification must be made that the etiology (surgery) of the scar is subjective data and should be recorded in the history.
- Avoidance of check-off lists for documentation. Students need to learn the process of documentation that reflects accurate use of acceptable descriptors and serves as a legal record of what occurred in the encounter with the patient.
- Identification of agency preferences for documentation. Preceptors’ preferences for documentation may vary from standard formats and may be dependent upon the practice setting. Documenting preferences should be communicated to the Student early in the clinical orientation and time allowed for students to learn and adapt to agency format.
- The documentation required for fulfillment of reimbursement criteria for different levels of care is included in the Program curriculum. Students who lack this knowledge should be directed to resources in the clinical setting that will provide the substantive content to assist learning this content area.

7. Enhance Student’s Interpersonal Skills

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person’s needs, anxiety level, and concerns. Situations arise within the clinical area that provides students opportunities to enhance their interpersonal skills, such as:

- dialogue with patients concerning the reason for the visit, formulating a plan of care, and teaching patients and family members about necessary care;

- collaborating with colleagues in the clinical setting;
- self-reflection and documentation of encounters in a log or diary; and
- feedback from patients and colleagues.

Inappropriate interpersonal communications should be brought to the student's attention as soon as possible after the occurrence. Mature students will soon recognize the importance of well-developed interpersonal skills in becoming successful practitioners. Additionally, the preceptor has an opportunity to validate the student's basic interpersonal skills by observing:

- Elicitation of historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question.
- Elicitation of a history in an unhurried manner before beginning an exam.
- Solicitation of the patient's opinions, concerns about their condition, and how they prefer to participate in their plan of care.
- Verification of patient understanding of their complaint, treatment plan, or opinion by rephrasing their description, and seeking validation, clarification, or elaboration as needed.
- student empathy: genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems.
- Providing the patient with information that is medically necessary in a sensitive manner with attention to the impact the information may have on the patient's lifestyle, financial resources, or self-care ability.
- Providing culturally congruent care while being sensitive to the patient's ethnicity, traditions, and beliefs.

8. Identify Negative Student Interpersonal Skills

It is important that students be notified of any weakness in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to reduce and refine their interpersonal skills before the clinical practicum is completed. Students who do not improve their interpersonal skills despite direct feedback should be referred to their faculty for counseling. Examples of negative interpersonal skills include, but are not limited to, the following.

- Failing to introduce themselves or a colleague.
- Proceeding in a hurried manner.
- Failing to communicate an understanding of the patient's past medical history.
- Failing to ask the patient's permission to have another provider come in the room.
- Showing disagreement with patients or colleagues; lack of understanding; being critical of another's culture, sexual preferences, social habits, or lifestyle.
- Asking closed-ended questions about medical conditions, treatments, and lifestyle without attention to the patient's understanding or opinion.
- Failing to speak clearly or in simple language that the patient or dependent care provider can understand.
- Lack of sensitivity to patient confidentiality and privacy issues.
- Failing to demonstrate patience and understanding towards a patient's culture, age, or other life circumstances.
- Failure to wash hands prior to the physical exam.
- Discussing confidential information about the patient with others who are not involved in caring for the patient.

9. Encourage Students to Educate Patients

Students are expected to:

- Integrate patient education in all aspects of care.
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan that is appropriate to the learning needs of the patient and/or family members.
- Consider the timing and level of patient education, identifying “teachable moments” as opportunities for patient and family learning.
- Determine the patient’s or family members’ ability to understand both verbal and written instructions in English and their own language.
- Document the patient education plan in the record and reinforce it with subsequent providers, whenever possible.
- Discuss the educational plan with the preceptor.
- Be aware of resources that the agency has for educating patients such as a nutritionist, diabetic educator, or health educator. Students should collaborate appropriately with other members of the health care team. Members of the interdisciplinary health care team can provide resources and links in the community that will best meet the patient’s cultural and age related characteristics for learning.

10. Advance Student’s Integration of Nursing Practices

Students should be encouraged to advocate for patients in all matters related to providing comprehensive care. Self confidence in decision making can be enhanced by providing feedback on their ability to successfully achieve patient care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces student development of FNP role behaviors that foster quality health care practices, and will be implemented in future practice situations.

Integrating the role of the FNP as a member of the interdisciplinary health care team and health care provider is perhaps the most challenging for the preceptor to teach. Students can learn these skills by observing the preceptor in practice or through post conference discussion of difficult situations encountered during the clinical day. Other methods include:

- Demonstrating collaborative management with other health care providers, which is an important way of teaching students how to respect the knowledge and expertise of other disciplines, and earning respect for the Nurse Practitioner’s unique contribution to the health care team.
- Collaborating in the management of patients by providing role functions that are specific to the role of the FNP.
- Initiating team conferences to develop a plan of care for a patient or family.
- Encouraging students to present difficult and challenging cases to physicians or other Nurse Practitioners with specialization in a particular area.
- Facilitating FNP visibility as a member of the interdisciplinary team by illustrating the preceptor as a skilled clinical expert and valuable collaborative partner.
- Encouraging students to take ownership for their diagnosis(es) and plans of care, and assume accountability for follow-up.
- Encouraging students to be creative and contribute to the smooth operation of the clinical setting.

11. Evaluate Students

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation guidelines to ensure that the expectations and responsibilities of the preceptor and the student are congruent. The meeting also enables the preceptor to discuss the course and the student's clinical objectives, and identify areas of strengths and weaknesses.

The preceptor provides *Formative evaluation*, which is an assessment of student performance during the clinical practicum. Formative evaluation provides the student an opportunity to improve clinical performance during the practicum. The preceptor should discuss student role performance in areas where competence has been achieved, as well as those areas that have been identified as needing improvement. Identifying strategies to improve clinical performance will be helpful, and should be documented in the midterm evaluation.

Summative evaluation is the assessment of performance at the end of the clinical practicum. The summative evaluation describes student performance, development, and improvement at the conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the FNP program faculty. Although students are often not able to meet the performance competencies immediately, they are expected to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing student knowledge, skill level, and immersion in the course. Clarity of comments and specific examples on the evaluation form are important to learning. Written comments are particularly valuable if the student requires remediation in a competency area or if faculty members are asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the faculty by the deadline and method indicated. The student's self-evaluation should be considered during evaluation discussions.

Summative and formative evaluations provide an opportunity to identify and discuss deficiencies that may warrant clinical failure. It is strongly recommended to inform faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process.

Preceptors should document anecdotal notes that can be used to develop the mid-semester and/or end of semester evaluation. Student strengths and weaknesses should be documented. In the event that a student's behavior is unprofessional, or the student places the patient in danger (including medical errors), an anecdotal note should document the event and the faculty must be contacted. The faculty will arrange a meeting with the preceptor and student and take further action as appropriate.

Preceptor Expectations of Students

As a preceptor, you can expect FNP students to:

- Meet with you to identify course objectives and focus of clinical activities.
- Assist you to complete required documents associated with your preceptor role.
- Generate a clinical schedule consistent with your availability and schedule.
- Negotiate a procedure to contact you in case of absence before clinical time begins.
- Log clinical hours weekly.
- Provide a courtesy copy of emailed correspondence on pertinent issues that involve the Department of Nursing.
- Notify you prior to the start of the clinical day if sick or have an emergency.
- Negotiate a policy with you to make up time for all clinical absences.
- Dress appropriately and behave in a professional manner at all times, according to standards of Occupational Safety and Health Administration (OSHA).
- Adhere to clinical site dress code when specified.
- Wear National University identification badges for proper identification with patients.
- Take initiative and actively participate in learning process.



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NATIONAL UNIVERSITY
 SCHOOL OF HEALTH AND HUMAN SERVICES
 DEPARTMENT OF NURSING

Preceptor Information Form

Required Information

Name	Date
Office	Agency or Nurse Administrator
Street Address	
City, State, & Zip	
Office Telephone	Fax
Cell Telephone	Email Address
License Number	Expiration Date
Type of Clinical Setting	Underserved Patient Population Yes No

Please fill in information concerning education, Licensure, etc. or include a Curriculum Vitae that supplies this information

College or University	Degree	Date
Graduate or Professional School	Degree	Date
Local Professional Organizations		
State Professional Organizations		
National Professional Organizations		
Certification in what area(s)?		
Admitting Privileges		

**** Please attach a business card for our records if possible. Thank you**



NATIONAL UNIVERSITY
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Preceptor and Site Visitor Evaluation of Student

Student's Name: _____ Course #: _____ Date: _____

Preceptor's Name/Title _____ Email address _____ Phone # (including area code) _____

Agency Name _____

Agency Address _____

Dear Preceptor, we appreciate your involvement in facilitating the professional education, development, and growth of our students. Feedback from the preceptor for the purpose of assessing the field experience portion of the student's performance is an essential part of the evaluation process for this course.

Your student will provide you with this form and a stamped envelope with the instructor's name and mailing address if you prefer to mail this form to the instructor. The instructor's email address is also included on this form if you prefer to send the form by email.

This evaluation tool will cover both general behaviors as well as specific content/activity for the course. Utilize Not Observed category if the behavior was not applicable, assessed, or appropriate for your agency. Your comments regarding the level of performance of the student will be appreciated and you may add those to the back of this form.

It is strongly recommended that you share this assessment with the student. Ongoing feedback is helpful in promoting professional growth and alerting the student if improvement/corrective action is necessary.

Please contact the instructor if questions or concerns arise regarding the assessment process or the student's performance.

Student is to insert Instructor's name & contact information before submitting this form to the Preceptor.

Instructor's Name _____
Instructor's Email _____ Instructor's Phone# _____
Instructor's Mailing Address _____

CLINICAL PRECEPTOR HANDBOOK

Preceptor and Site Visitor Evaluation of Student

COMPETENCY DOMAIN 1: Management of Patient Health/Illness Status	Consistently & self-directed in meeting competencies	Fairly consistent in meeting competencies	Moderate guidance needed	Considerable guidance needed	Not observed
1. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision-making (9)					
2. Obtains a health history and performs a physical examination (10, 11)					
3. Differentiates between normal, variations of normal, and abnormal findings (12)					
4. Analyzes data to determine health status (14)					
5. Develops a differential diagnoses and formulates a diagnosis (15, 16)					
6. Communicates effectively using professional terminology, format, & technology (24)					
7. Prioritizes health needs/problems (17)					
8. Employs screening and diagnostic strategies (13)					
9. Provides health promotion and disease prevention services (1,2)					
10. Provides health protection interventions & promotes healthy environments (3,6)					
11. Provides anticipatory guidance and counseling (4,5)					
12. Formulates an evidence-based action plan (18)					
13. Initiates therapeutic interventions (19)					
14. Manages health/illness status over time & provides continuity of care (20, 25)					
15. Prescribes medications within legal authorization (21)					
16. Counsels the patient on the use of complementary/alternative therapies (22)					
17. Evaluates outcomes of care (23)					
18. Incorporates community needs, strengths, and resources into practice, using principles of epidemiology and demography (7)					

CLINICAL PRECEPTOR HANDBOOK

COMPETENCY DOMAIN 2: The Nurse Practitioner-Patient Relationship	Consistently & self-directed in meeting competencies	Fairly consistent in meeting competencies	Moderate guidance needed	Considerable guidance needed	Not observed
1. Creates a climate of mutual trust & provides comfort/emotional support (27, 28)					
2. Maintains confidentiality & privacy and professional boundaries (32,35)					
3. Respects the patient's inherent worth and dignity (33)					
4. Uses self-reflection to further a therapeutic relationship (34)					
5. Attends to the patient's responses to changes in health status and care (26)					
6. Applies principles for behavioral change (29)					
7. Preserves the patient's control over decision-making while negotiating a mutual acceptable plan of care (30, 31)					
COMPETENCY DOMAIN 3: The Teaching-Coaching Function					
1. Assesses the patient's educational needs and creates an effective learning environment. (36, 37)					
2. Designs a personalized plan of learning (38)					
3. Provides health education & evaluates the outcomes of health education (39, 41)					
4. Coaches the patient for behavioral changes (40)					
COMPETENCY DOMAIN 4: Professional Role					
1. Communicates personal strengths and professional limits (45)					
2. Advocates and promotes the advanced practice nursing role (44, 46, 47)					
3. Participates as a member of the health care team by collaborating and/or consulting with other health care providers (44, 48, 49, 50)					
4. Advocates for the patient (44, 51)					
5. Acts ethically (44, 51)					
6. Incorporates current technology (44, 53)					
7. Accepts personal responsibility for professional development (44, 57)					
8. Demonstrates safe, evidence-based approaches to care (42, 43)					

CLINICAL PRECEPTOR HANDBOOK

9. Provides leadership (44, 56)					
10. Evaluates implications of health policy and participates in policy-making activities (44, 54, 55)					
COMPETENCY DOMAIN 5: Managing and Negotiating Health Care Delivery Systems	Consistently & self-directed in meeting competencies	Fairly consistent in meeting competencies	Moderate guidance needed	Considerable guidance needed	Not observed
1. Practices within an authorized scope of practice (61)					
2. Incorporates access, cost, efficacy and quality when making care decisions (58)					
3. Demonstrates current knowledge of health care system financing as it effects delivery of care (59)					
4. Analyzes organizational structure, functions, and resources to affect delivery of care (60)					
5. Applies business strategies (62)					
6. Evaluates the impact of health care delivery system on care (63)					
7. Participates in all aspects of community health programs (64)					
8. Advocates for policies that positively affect care (65)					
9. Negotiate legislative change to influence health care delivery systems (66)					
COMPETENCY DOMAIN 6: Monitoring & Ensuring the Quality of Health Care Practice					
1. Assumes accountability for practice (68)					
2. Engages in continuous quality improvement (69)					
3. Monitors quality of care (67)					
COMPETENCY DOMAIN 7: Culturally-Sensitive Care					
1. Provides culturally sensitive care and prevents personal biases from interfering with the delivery of quality care (70, 71)					
2. Incorporates patient's spiritual beliefs in care and assist patients and families to meet their spiritual needs (74, 75)					
3. Assists patients of diverse cultures to access quality care (72)					
4. Incorporates cultural preferences, values, health beliefs, and behaviors into the management plan (73)					

CLINICAL PRECEPTOR HANDBOOK

Summary of student's strength's (attach separate sheet if necessary):

Areas for development/improvement (attach separate sheet if desired):

Preceptor's Signature: : _____ **Printed name and credentials:** _____ **Date:** _____



**NATIONAL UNIVERSITY
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Student Evaluation of the Preceptor

Student:	Name of Site/Location:
Name and Degree of Preceptor:	Date:
	Course (circle one): NSG 683B 684B 685B

Please indicate your evaluation of the Preceptor:

The Preceptor:	Yes	No	Comments
1. Is available to student.			
2. Assists student in developing realistic and appropriate learning objectives.			
3. Identifies learning experiences for the student that enables achievement of the student's learning objectives.			
4. Demonstrates understanding of student's strengths and knowledge.			
5. Has realistic expectations for student based on student's level in FNP			
6. Encourages student to accept increasing responsibility.			
7. Reviews student's charting and provides appropriate feedback.			
8. Allows student opportunities to recommend diagnostic tests and			
9. Encourages student questions.			
10. Serves as an excellent role model for providing holistic primary care.			
11. Provides immediate and appropriate feedback regarding student's			
12. Would you recommend this preceptor for other students? Why/why not			



**NATIONAL UNIVERSITY
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Student Evaluation of the Clinical Site

Name of Site/Location:	Student:
	Date:
Name and Degree of Preceptor:	Course (circle one): NSG 683B 684B 685B

Please indicate your evaluation of the Clinical Site:

The Clinical Site	Yes	No	Comments
1. Adequate space is provided for student to see clients & complete clinically relevant work.			
2. Adequate time is given to see clients & report to preceptor.			
3. There are sufficient numbers of clients to meet students' learning needs/objectives.			
4. The types of clients are varied as to age & type of problem or appropriate for the course learning objectives.			
5. The clinical setting offers a variety of learning experiences.			
6. Student is given the opportunity to follow-up with clients &/or problems of interest.			
7. Reports from lab, x-ray & special procedures are accessible to student for review.			
8. Lab, x-ray & special procedure reports are shared/reviewed with student.			
9. Support staff are appropriately helpful to student.			
10. Support staff are accepting of student's role.			
11. The philosophy of the site is to provide: a. health promotion & disease prevention only b. disease diagnosis & management only c. Both			
12. Professional references (i.e. office/clinical library) are available for student's use.			
13. Client education materials are available to supplement client's learning (i.e. pamphlets, flyers)			
14. Community resources, agencies & other professional disciplines are involved with client care/follow up			
15. Would you recommend this preceptor for other students? Why/why not			

Summary

Thank you for agreeing to serve as a Clinical Preceptor. We recognize and appreciate your commitment to providing a meaningful practice-based learning experience for National University students. We hope that you find mentoring students to be a rewarding experience, both personally and professionally. If you have questions or concerns, please contact:

Dr. Susan Drummond

Chair, Department of Nursing

Email: sdrummond@nu.edu

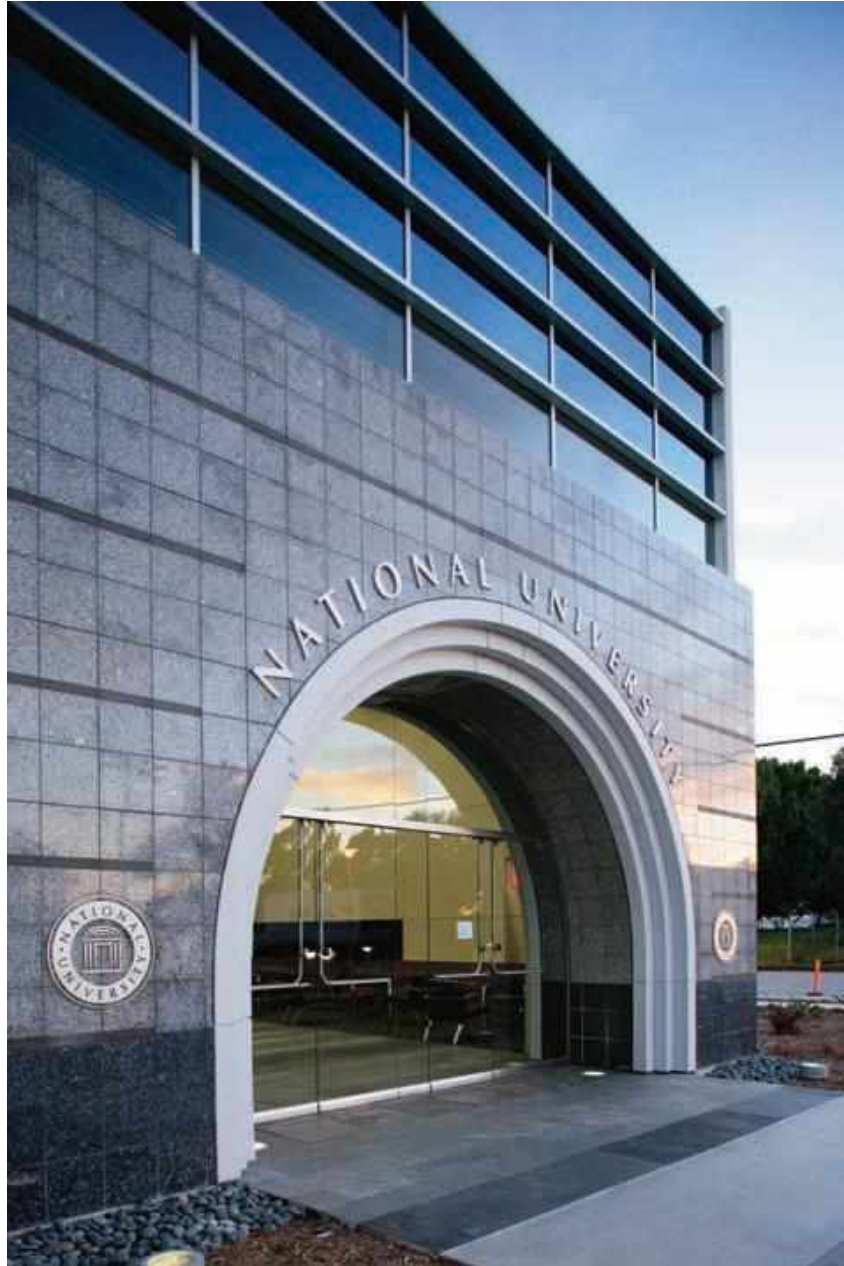
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