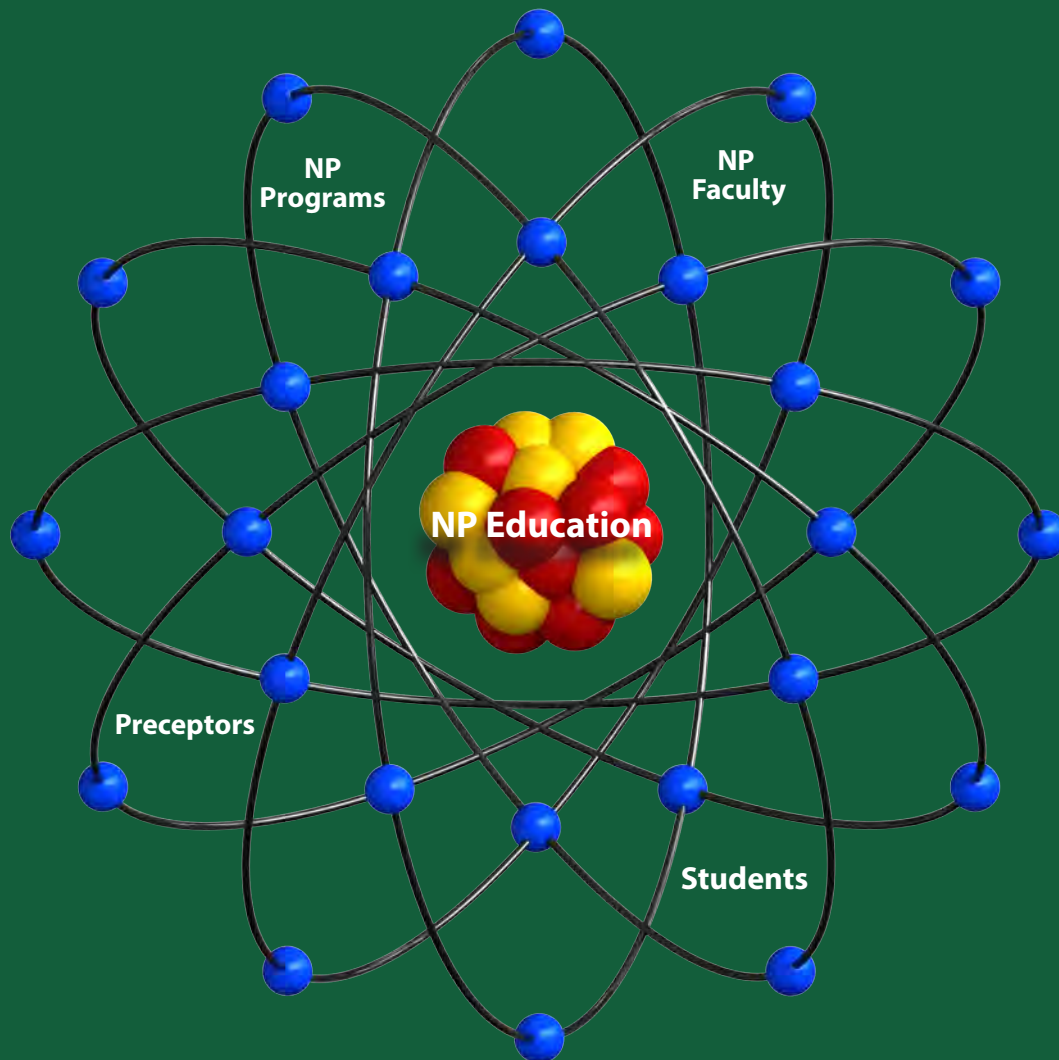


PARTNERS IN NP EDUCATION

*A Preceptor Manual for NP Programs,
Faculty, Preceptors & Students*

2ND EDITION



THE NATIONAL ORGANIZATION OF
NURSE PRACTITIONER FACULTIES
WASHINGTON, DC

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*A Preceptor Manual for NP Programs,
Faculty, Preceptors & Students*

SECOND EDITION

MARY ANNE DUMAS
PHD, RN, FNP-BC, GNP-BC, FAANP, FAAN, FNAP
EDITOR



THE NATIONAL ORGANIZATION OF
NURSE PRACTITIONER FACULTIES
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*“Learning is not attained by
chance, it must be sought for
with ardor and diligence.”*

—Abigail Adams

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PREFACE

MARY ANNE DUMAS, PHD, RN, FNP-BC, GNP-BC, FAANP, FAAN, FNAP
EDITOR

In 2000, the National Organization of Nurse Practitioner Faculties (NONPF) released the first edition of *Partners in NP Education: A Preceptor Manual for NP Programs, Faculty, Preceptors and Students*. The NONPF leadership had recognized a need for a document that would identify, elaborate, and clarify elements necessary to provide quality clinical education for the future NP workforce. The tremendous response to the first edition confirmed the demand for such a resource. NONPF provided a second printing in 2005 with some minimal updating, and now NONPF is pleased to present the second edition of this critical resource for NP education.

The curriculum preparing nurse practitioners includes a clinical practice component that allows the student the opportunity to integrate theory with practice, thus preparing the student for her or his role as a health care provider. Preceptors are essential facilitators in this process and serve as clinical faculty mentoring students in the application of knowledge and development of expertise in clinical decision-making. NP programs, NP faculty, preceptors, and students are collaborative partners in this educational process. Each participant has a separate but interdependent role; however, to achieve positive outcomes, each must understand and fulfill his or her role. NONPF offers *Partners in NP Education: A Preceptor Manual for NP Programs, Faculty, Preceptors and Students* as a guide to all of the partners in NP clinical education for facilitating development of their roles.

This edition retains the format of modules, one each for the partners and additional modules addressing key topics for quality clinical NP education. Whereas the intent is for each module to be self-contained, some redundancies may occur across modules. We anticipate that NP programs may find the module format useful for copying and distributing “partner-specific” modules to the respective educational partners. The manual has undergone extensive review and updating since its earlier edition, yet the modules have similar foci and structures as in the first edition.

Module I addresses the specifics for the NP program and provides valuable information for identifying and implementing a clinical program.

Module II is dedicated to NP faculty, offering an elaboration of the roles and responsibilities of the faculty member.

Module III is for our preceptor partners and is filled with detail to help them in the role of clinical educator while also delineating what they may expect of the NP program. We

would encourage NP programs to customize this module by adding program-specific documents.

Module IV provides guidance to students about their role and how to maximize the benefit of clinical practicum.

Module V is a new module focused on the Doctor of Nursing Practice (DNP) degree. Given the evolution of NP programs to the doctoral level with the offering of the DNP degree, we felt it would be useful to add a section that highlights some considerations for the clinical education component of the program.

Module VI focuses on evaluation, highlighting the process (formative and summative) and strategies.

Module VII is a compilation of the reference citations across all of the modules.

The final **Module VIII** – Appendices – includes several sample forms that may be useful to the partners.

Publications produced by NONPF are reflections of the collective wisdom of members. The identification of a needed resource initiates at the Board or membership level and evolves to an approved project charged to a committee, task force, or work group. A process of review ensures additional member input, and the final output is the product of the organization. The initial development and subsequent reviews of the *Partners in Education* held true to this process of member engagement. *Partners in NP Education* is comprehensive and represents the collaborative effort of the contributors who have experience in each of the partner roles. The content does not reflect the philosophy, policies, or curriculum materials of any specific educational institution or NP program. Listings of contributors to this and earlier editions are in the manual.

NONPF’s mission of being a leader for quality nurse practitioner education involves a vision of creative thinking and using innovative strategies to promote and serve the public trust. *The Partners in NP Education* manual, with its user-friendly design, is one resource to support the mission. The NONPF leadership recognizes the significant challenges for quality NP clinical education and maintains a commitment to developing and sharing other materials to support all of our partners in preparing the highly competent and confident NP for the health care delivery system.

MODULE I

NP PROGRAM GUIDELINES

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Introduction

Changes in the health care system, the Patient Protection and Affordable Care Act (PPACA), fewer physicians choosing primary care, and fewer residency programs for physicians are some of the factors affecting access to care for millions of Americans. Nurse practitioners (NP) will need to continue to provide low cost, primary care, serving in their population foci, caring for the many Americans needing health care.

The NP Program Guidelines module will serve as a resource to the administrators and faculty in nurse practitioner programs, assisting them in establishing policies relative to the student clinical experience. Within this module are sections that will assist programs in the following activities:

- identifying the roles of faculty and preceptors;
- making recommendations to aid in student role development;
- applying methodologies for selecting and recognizing preceptors;
- providing adequate informational, teaching and evaluation materials to preceptors;
- enhancing communication between preceptors, faculty, and students;
- establishing suitable policies for student insurance coverage; and
- creating effective legal agreements with preceptors, private practices, and agencies.

Sections included in this module include guidelines on the following topics:

- the evolving development of Doctor of Nursing Practice (DNP) programs;
- information on the Essentials documents;
- an overview of the Consensus Model for APRN Regulation;
- the Licensure, Accreditation, Certification & Education (LACE) Network; and
- guidelines for establishing international experiences.

Additional resources to complement this module are in appendices B-D.

AN EVOLVING PROFESSION: THE DOCTOR OF NURSING PRACTICE

The development of the Doctor of Nursing Practice (DNP) degree has been one of the most significant changes for the APRN profession. As stated in the American Association of Colleges of Nursing's (AACN) *The Essentials of Doctoral Education for Advanced Nursing Practice* (DNP Essentials) (2006):

The recommendation that nurses practicing at the highest level should receive doctoral level preparation emerged from multiple factors including the expansion of scientific knowledge required for safe nursing practice and growing concerns regarding the quality of patient care delivery and outcomes. Practice demands associated with an increasingly complex health care system created a mandate for reassessing the education for clinical practice for all health professionals, including nurses (p.4).

Many of the DNP Essentials apply directly to the evolving role of the NP in clinical practice. As with the Essentials of Master's Education for Advanced Practice Nursing, one should carefully review the AACN's DNP Essentials for application when developing or as NP programs evolve. Table 1 presents the eight individual Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006 p.1).

I	Scientific Underpinnings for Practice
II	Organizational and Systems Leadership for Quality Improvement and Systems Thinking
III	Clinical Scholarship and Analytical Methods for Evidence-Based Practice
IV	Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care
V	Health Care Policy for Advocacy in Health Care
VI	Interprofessional Collaboration for Improving Patient and Population Health Outcomes
VII	Clinical Prevention and Population Health for Improving the Nation's Health
VIII	Advanced Nursing Practice

REVISED AND UPDATED ESSENTIALS OF MASTERS EDUCATION

In March 2011, AACN released the revised *Essentials of Master's Education for Advanced Practice Nursing*. As found in the introduction of this document,

These Essentials are core for all master's programs in nursing and provide the necessary curricular elements and framework, regardless of focus, major, or intended practice setting. These Essentials delineate the outcomes expected of all graduates of master's nursing programs (AACN, 2011, p3).

Those involved in Master's level graduate education can

obtain and review the new Essentials for application to NP programs. (<http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>)

The *Essentials* document proposes that Master’s level education should prepare individuals to

- lead change to improve quality outcomes.
- advance a culture of excellence through lifelong learning.

- build and lead collaborative interprofessional care teams.
- navigate and integrate care services across the healthcare system.
- design innovative nursing practices.
- translate evidence into practice (AACN, 2011, pp.3-4).

Table 2 lists the nine essentials that apply to all Master’s-prepared nurses (AACN, 2011, pp.4-5).

TABLE 2. ESSENTIALS OF MASTER’S EDUCATION IN NURSING	
Essential I: Background for Practice from Sciences and Humanities	Recognizes that the master’s-prepared nurse integrates scientific findings from nursing, biopsychosocial fields, genetics, public health, quality improvement, and organizational sciences for the continual improvement of nursing care across diverse settings.
Essential II: Organizational and Systems Leadership	Recognizes that organizational and systems leadership are critical to the promotion of high quality and safe patient care. Leadership skills are needed that emphasize ethical and critical decision-making, effective working relationships, and a systems-perspective.
Essential III: Quality Improvement and Safety	Recognizes that a master’s-prepared nurse must be articulate in the methods, tools, performance measures, and standards related to quality, as well as prepared to apply quality principles within an organization.
Essential IV: Translating and Integrating Scholarship into Practice	Recognizes that the master’s-prepared nurse applies research outcomes within the practice setting, resolves practice problems, works as a change agent, and disseminates results.
Essential V: Informatics and Healthcare Technologies	Recognizes that the master’s-prepared nurse uses patient-care technologies to deliver and enhance care and uses communication technologies to integrate and coordinate care.
Essential VI: Health Policy and Advocacy	Recognizes that the master’s-prepared nurse is able to intervene at the system level through the policy development process and to employ advocacy strategies to influence health and health care.
Essential VII: Interprofessional Collaboration for Improving Patient and Population Health Outcomes	Recognizes that the master’s-prepared nurse, as a member and leader of interprofessional teams, communicates, collaborates, and consults with other health professionals to manage and coordinate care.
Essential VIII: Clinical Prevention and Population Health for Improving Health	Recognizes that the master’s-prepared nurse applies and integrates broad, organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population care and services to individuals, families, and aggregates/identified populations.
Essential IX: Master’s-Level Nursing Practice	Recognizes that nursing practice, at the master’s level, is broadly defined as any form of nursing intervention that influences healthcare outcomes for individuals, populations, or systems. Master’s-level nursing graduates must have an advanced level of understanding of nursing and relevant sciences as well as the ability to integrate this knowledge into practice. Nursing practice interventions include both direct and indirect care components.

**NATIONAL TASK FORCE ON QUALITY
NURSE PRACTITIONER EDUCATION:
CRITERIA FOR EVALUATION OF NURSE
PRACTITIONER PROGRAMS (NTF CRITERIA)**

In addition to the DNP and Master’s Essentials documents, the National Task Force on Quality Nurse Practitioner Education’s (NTF) Criteria for Evaluation of Nurse Practitioner Programs

(NTF, 2012) is another requisite document that provides the national standards for NP programs. NP programs need to review and implement the NTF Evaluation Criteria. The accreditation bodies (e.g., CCNE, ACEN) utilize the NTF Evaluation Criteria, the APRN Consensus Model, and the Essentials to assess a program in their respective, national accreditation processes. Table 3 lists the major criteria (NTF, 2012, pp.3-19).

TABLE 3. CRITERIA FOR EVALUATION OF NURSE PRACTITIONER PROGRAMS

Criterion I: Organization and Administration	I.A	The director/coordinator of the NP program is nationally certified as a nurse practitioner and has the responsibility of overall leadership for the nurse practitioner program.
	I.B	The faculty member who provides direct oversight for the nurse practitioner educational component or track is nationally certified in the same population-focused area of practice.
	I.C	Institutional support ensures that NP faculty teaching in clinical courses maintain currency in clinical practice.
Criterion II: Students	II.A	Any admission criteria specific to the NP program/track reflect ongoing involvement by NP faculty.
	II.B	Any progression and graduation criteria specific to the NP program/track reflect ongoing involvement by NP faculty.
Criterion III: Curriculum	III.A	NP faculty members provide ongoing input into the development, evaluation, and revision of the NP curriculum
	III.B	The curriculum is congruent with national standards for graduate level and advanced practice registered nursing (APRN) education and is consistent with nationally recognized core role and population-focused NP competencies.
	III.C.1	The NP educational program must prepare the graduate to be eligible to sit for a national NP certification that corresponds with the role and population focus of the NP program.
	III.C.2	Official documentation must state the NP role and population focus of educational preparation.
	III.D	The curriculum plan evidences appropriate course sequencing.
	III.E	The NP program/track has a minimum of 500 supervised direct patient care clinical hours overall. Clinical hours must be distributed in a way that represents the population needs served by the graduate.
III.F	Post-graduate students must successfully complete graduate didactic and clinical requirements of an academic graduate NP program through a formal graduate-level certificate or degree-granting graduate level NP program in the desired area of practice. Post-graduate students are expected to master the same outcome criteria as graduate degree granting program NP students. Post-graduate certificate students who are not already NPs are required to complete a minimum of 500 supervised direct patient care clinical hours.	
Criterion IV: Resources, Facilities, and Services	IV.A	Institutional resources, facilities, and services support the development, management, and evaluation of the NP program/track.
	IV.A.1	Faculty resources support the teaching of didactic components of the NP program/track.
	IV.A.2	Facilities and physical resources support the implementation of the NP program/track.
	IV.B	Clinical resources support NP educational experiences.
	IV.B.1	A sufficient number of faculty is available to ensure quality clinical experiences for NP students. NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment. The faculty/student ratio is sufficient to ensure adequate supervision and evaluation.
	IV.B.2	Clinical settings used are diverse and sufficient in number to ensure that the student will meet core curriculum guidelines and program/track goals.
IV.B.3	NP faculty may share the clinical teaching of students with qualified preceptors	

	IV.B.3.a	A preceptor must have authorization by the appropriate state licensing entity to practice in his/her population-focused and or specialty area.
	IV.B.3.b	A preceptor must have educational preparation appropriate to his/her area(s) of supervisory responsibility and at least one year of clinical experience.
	IV.B.3.c	Preceptors are oriented to program/track requirements and expectations for oversight and evaluation of NP students.
Criterion V: Faculty and Faculty Organization	V.A.1	NP programs/tracks have sufficient faculty members with the preparation and current expertise to adequately support the professional role development and clinical management courses for NP practice.
	V.A.2	NP program faculty members who teach the clinical components of the program/track maintain current licensure and national certification.
	V.A.3	NP faculty demonstrate competence in clinical practice and teaching through a planned, ongoing faculty development program designed to meet the needs of new and continuing faculty.
	V.B	Non-NP faculty members have expertise in the area in which they are teaching.
Criterion VI: Evaluation	VI.A	There is an evaluation plan for the NP program/track.
	VI.A.1	Evaluate courses at regularly scheduled intervals.
	VI.A.2	Evaluate NP program faculty competence at regularly scheduled intervals.
	VI.A.3	Evaluate student progress through didactic and clinical components of NP program/track each semester/quarter.
	VI.A.4	Evaluate students' attainment of competencies throughout the program.
	VI.A.5	Evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment.
	VI.A.6	Evaluate clinical sites at regularly scheduled intervals.
	VI.A.7	Evaluate preceptors at regularly scheduled intervals.
	VI.B	Formal NP curriculum evaluation should occur every 5 years or sooner.
VI.C	There is an evaluation plan to measure outcomes of graduates.	

CONSENSUS MODEL FOR APRN REGULATION

In 2008, an APRN Consensus Work Group and an APRN Advisory Committee from the National Council of State Boards of Nursing developed a national regulatory model providing consensus on the four APRN roles. The Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education provides educational requirements for APRN education, e.g. required sciences for all APRN students, which will enable APRN graduates to become licensed and sit for national certification examinations. The Consensus Model for APRN Regulation “defines APRN practice, describes the APRN regulatory model, identifies the titles to be used, defines specialty, describes the emergence of new roles and population foci, and presents strategies for implementation” (APRN, 2008, p.5). As a result of the development of the Consensus Model, APRN programs must transition programs to conform to the Model’s four APRN roles, and population foci. Academic institutions, state licensing boards and certification bodies are implementing the recommendations. In 2013, the certification bodies introduced new certification exams for adult-gerontology

primary care and adult-gerontology acute care, phasing out the older adult nurse practitioner examinations. The Consensus Model provides direction for APRN education that will direct the future for collaboration among the licensing, accrediting, certifying bodies, and NP programs. In the summary of the Consensus (2008) document, the work group states:

The essential elements of APRN regulation are identified as licensure, accreditation, certification, and education. The recommendations reflect a need and desire to collaborate among regulatory bodies to achieve a sound model and continued communication with the goal of increasing the clarity and uniformity of APRN education and, thus, regulation. The goals of the consensus processes were to: strive for harmony and common understanding in the APRN regulatory community that would continue to promote quality APRN education and practice; develop a vision for APRN regulation, including education, accreditation, certification, and licensure; establish a set of standards that protect the public, improve mobility, and improve access to safe, quality APRN care; and produce a written statement that reflects consensus on APRN regulatory issues (pp.20-21).

Responsibilities of the NP Program for Providing Clinical Sites

It is the expectation that NP students will achieve both core and population foci competencies prior to graduating. Population foci and core competencies must be integrated into both didactic content as well as the clinical practicum (NONPF, 2014; Population-Focused Competencies Task Force, 2013; AACN, Hartford Institute, & NONPF 2012; NONPF, 2012; and AACN, Hartford Institute, & NONPF, 2010). Effective precepting is a partnership of the skilled practitioner, the nurse practitioner faculty, and the focused student (Barker & Pittman, 2010, p.148), and provides learning opportunities for application of knowledge through mentored clinical experiences. Providing suitable clinical experiences for NP students is a collaborative effort between the clinical facility's staff and practitioners, the student, and the school's supervising faculty. Hickey, Ouimette, and Venegoni (1996) stated that "the vitality and effectiveness of the preceptorship is predicated upon mutual respect and ongoing communication between faculty and preceptor" (p.61). Developing a knowledgeable, skilled, and competent practitioner relies on professional collaboration between the academic and clinical learning provided in the nurse practitioner program, as well as student engagement and immersion in the learning process. Providing outstanding clinical education and graduating competent novice NPs is a challenge for NP programs in the era of reduced funding, an aging faculty, and limited resources. The role of the clinical educator requires an understanding and commitment to provide the highest level of learning to their students.

SELECTION AND RECOGNITION OF PRECEPTORS

Criteria for Selection

The NP program should identify the criteria required for preceptor selection, ensuring congruence with the NTF Evaluation Criteria, and specify the educational and experiential background. For example, the number of years of NP clinical experience in a practice role should be a minimum of one year.

The NP program provides documentation to both students and preceptors, identifying and describing the requirements of the course. Criteria for student learning and evaluation, as well as the number of direct clinical hours to be performed by the student, must be clear and provided to the preceptor. All preceptors accepted by the program should be able to satisfy these criteria. The faculty or the program director should review preceptor appointments on an annual basis to ensure that the preceptor's credentials are up-to-date. The review should include student

evaluations of their preceptored experience and the expertise demonstrated by the preceptor.

Faculty may serve as clinical preceptors, and the student to faculty ratio must follow the NTF Evaluation Criteria (2012). Criterion IVB (1) states that "the recommended on-site faculty/student ratio (direct supervision) is 1:2 if faculty are not seeing their own patients and 1:1 if faculty are seeing their own patients" (p.10).

Documentation

Documentation of preceptors' credentials is essential to ensure the quality and appropriateness of the health professionals who mentor students. The credentials of both faculty and preceptors must be current and available for review by visiting accrediting bodies during program evaluation and renewal. The NP program should maintain and update annually a curriculum vitae (CV) or resume for each preceptor, including current certification, licensure, and professional practice experience. Whenever possible, the preceptor's CV should include documentation of continuing education to verify evidence of continuing expertise, current certification, and licensure.

The NONPF Abbreviated Preceptor CV Form (see Appendix B) provides NP programs with an abbreviated form to obtain the essential credentialing information needed by the NP program. The form may substitute for a CV, and the preceptor should complete the form either prior to the student's placement or after the student has been placed in the clinical site. If the latter occurs, the student can be responsible for having the preceptor complete the form on the first clinical day, returning it to appropriate faculty.

The preceptor file should include a variety of documentation:

- A current license and credentials to practice in the state of the clinical practice site.
- Proof of national certification as identified in the NTF criteria, appropriate to practice role.
- Proof of credentials and educational preparation appropriate to type of service provided.
- Recommendation of agency director that validates expert practice with minimum of one year of clinical experience in area of specialty.
- Evidence of current or recent practice in area of population foci of NP program in which the preceptor will be mentoring student.
- A current CV for all preceptors, including non-nurse practitioner preceptors such as physicians, midwives, clinical specialists, or physician assistants .
- The Preceptor CV Form, and

- An annual faculty review of the preceptor, using results of both faculty and student evaluations. (Faculty and student reviews should be used for continued approval or removal as a preceptor, or for consideration for a non-salaried faculty appointment.)

Preceptor Rewards and Recognition

The literature supports the importance of recognition and rewards in the preceptor experience (Dilbert & Goldenberg, 1995; Ferguson, 1995; Beauchesne and Howard, 1996; Meng & Morris, 1995; McAllister, Bergmann, Nannini, and Bowen-Weeks, 1997). Ferguson (1995) interviewed preceptors to identify what they believed was important to them about precepting. Preceptors identified the need for: a) support from faculty; b) accessibility of faculty; c) information about the program; d) feedback on their performance; e) a sense of partnership with faculty; f) ongoing support; and g) a collegial relationship. Preceptors and students commonly describe a meaningful mentoring experience with four adjectives: reciprocal, challenging, stimulating, and rewarding (Beauchesne & Howard, 1996). It has been suggested that preceptors need support and validation for their roles, such as feeling valued as mentors, having networking opportunities, and access to formal processes for mentoring junior “experts” (Beauchesne & Howard, 1996). Meng and Morris (1995) encouraged educational programs to provide preceptor support, which they referred to as “preceptors for the preceptors.”

Hayes (1994) states that the preceptor role may bring the individual status and recognition within their agency as well as networking and support from other preceptors and faculty. She suggests that even though there may not be monetary rewards, some schools offer tuition waivers, faculty adjunct status, library privileges, continuing education opportunities, letters of recognition, invitations to school functions and celebrations, and research and publication opportunities with faculty.

Ways to recognize and reward preceptors

- Provide Certificates of Appreciation as an expression of thanks to preceptors. Certificates can be printed to identify different levels of appreciation. For example, use a certificate entitled, “Distinguished Preceptor,” for preceptors who repeatedly volunteer to precept, and always “go the extra mile.” The certificate which is entitled “Preceptor” can be used for other preceptors (new, inexperienced, or those who are excellent) but not considered to be “Distinguished Preceptor.”
- Frame a certificate for display in the office; or create a wooden plaque with gold plate for every year of precepting.
- Send a letter of commendation to the preceptor’s supervisor, departmental chair, or collaborating physician.

- Send a letter of acknowledgment, including the hours of precepting, for recertification.
- Provide adjunct faculty status or give privileges associated with adjunct faculty status, such as library privileges, parking, and more.
- Establish a student-generated award, “Preceptor of the Year” with recognition at a school ceremony (e.g., graduation, Nurse’s Day, etc.) and present a plaque.
- Offer a reception in honor of preceptors (Dean or Associate Dean to give opening remarks).
- Invite the preceptor to speak in class on a topic in which they are expert. The presentation can be recorded on the CV and applied towards recertification, promotion, and merit.
- Offer participation and/or attendance in class for any topic on syllabi.
- Identify and develop CEU topics requested by preceptors (e.g. writing for publication, identifying individual learning styles, providing feedback/constructive criticism, and assessing readiness to learn).
- Provide CEUs/contact hours without charge.
- Broker relationships between preceptors with specific needs.
- Offer editorial assistance with manuscripts.
- Provide complimentary textbooks.
- Provide expertise and assistance with clinical research in the areas of research design, data collection, and analysis.
- Take individuals or small groups of preceptors out to lunch/dinner.

Faculty Appointment

The academic institution may offer the preceptor an adjunct or affiliate non-salaried appointment depending upon the program needs and policies, as well as if the appropriate academic credentialing criteria are met. School policy for non-salaried or salaried faculty, adjunct or volunteer appointments, and benefits will determine the status of the preceptor. These appointments are generally offered to outstanding preceptors who regularly precept NP students. The appointment letter should specify non-salaried benefits such as CE credits, course vouchers, and access to sports and library facilities at the school or university.

The program should review annually where the preceptor is employed. Verification of the patient populations’ age range, health problems, and socio-economic status is needed to ensure that students are gaining experience with patients specific to the program objectives and population foci.

The status of preceptors may include one of several categories: salaried, non-salaried, or letter of agreement.

- **Salaried faculty.** Preceptors are not paid in general for their clinical teaching of students; however, an individual preceptor may receive a salaried appointment if one is available, and if the preceptor holds the credentials required for a faculty appointment. Academic rank is determined by the preceptor's credentials and the institution's policy for assignment of academic rank.

- **Non-salaried, adjunct faculty.** A non-salaried faculty appointment is usually by invitation of the Dean of the School/ College of Nursing upon recommendation of the faculty. Non-salaried appointments are offered to preceptors who regularly precept students as a symbol of the NP program's appreciation for the preceptor's service. When agreeing to precept an NP student, a preceptor cannot assume that a non-salaried faculty appointment will be routinely offered or automatically received.

Many programs offer preceptors the opportunity to apply for a non-salaried faculty appointment. The preceptor usually submits the documentation that is required for appointment by the academic institution (e.g. CV, letters of reference). The application for appointment as a non-salaried faculty member is then processed according to the by-laws of the School/ College of Nursing (usually by a Committee). Although the individual preceptor does not receive a salary for precepting students, the preceptor does have the prestige of having an academic appointment to the faculty. The program faculty should discuss other responsibilities and privileges that are inherent to the non-faculty status (occasional guest lecturing, assisting with performance exams) with the applicant prior to initiating the application process. The program may assign academic rank according to the criteria for academic rank included in the by-laws, faculty handbook, or other appropriate documents of the School/College of Nursing.

- **Letter of agreement.** Preceptors generally do not have faculty appointments. The NP program sends a letter of agreement to the preceptor, requesting placement of a student for a specific level of clinical course, terms, and number of clinical hours that the student needs to complete (refer to Module II, Faculty Guidelines). One reason why a preceptor may be in this category is a limited number of available non-salaried appointments, or the preceptor may be new, inexperienced, or does not desire a non-salaried appointment.

Program Philosophy and Academic Standards for Clinical Performance

The college catalog, self-study reports, and student policy manuals articulate the mission and philosophy of schools or departments of nursing. The NP program should provide faculty, preceptors, and students with resources that provide current institutional and programmatic policies.

Each academic institution has academic standards that apply to the students in both the classroom and clinical setting. Academic publications containing policies (e.g. faculty and student handbooks) clearly articulate the criteria for successful academic progression for both clinical and non-clinical courses. Upon entry into the NP program, NP students should have instruction on the need to access and read the academic standards policies that apply for maintaining good academic standing and for academic progression. Academic standards policies that apply to the clinical courses should be reinforced prior to students' entering each clinical course. Although academic standards policies are not available to preceptors, the NP program should include and discuss appropriate policies that pertain to the clinical practicum during preceptor orientation and could include policies with course documents which are sent (electronically or hard copy) to the preceptor. Policies on academic standards, dress code and professional student behavior, to name a few, are those policies that should be provided to the preceptor.

Preceptors should receive the following information:

- A brief overview of program philosophy as it applies to NP program.
- A copy of terminal objectives/program outcomes and relevant course syllabi.
- Policies related to academic performance in clinical areas:
 - attendance in clinical experiences with specific number of clinical hours (direct care) expected to be performed by the student;
 - criteria for grading used by the program for evaluating the student's clinical performance;
 - description of faculty and preceptor's role in the process of evaluating the student's clinical performance;
 - procedure for the management of a weak student, or a student having difficulty in clinical setting;
 - description and frequency of faculty site visits, email availability, faculty meetings with students regarding clinical experience, and expectations of the preceptor regarding these areas (faculty contact information as well, as the student emergency contact information needs to be available to the preceptor);

- faculty role in the evaluation of the student's performance;
- information pertaining to the curriculum content that is relevant to the focus and level of the clinical course, and competencies the student is expected to meet.

- (frequency & purpose of site visitation, responsibilities for evaluation & grading of student, liability & insurance issues, reporting of incidents); and
- the contact information for faculty and other school representatives.

Expectations for Clinical Progression

This section provides guidelines for the documentation of students' activities in clinical sites and recommendations to facilitate communication about role and functions of each of the partners in NP education. Clear communication about the overlapping and complementary roles of faculty and preceptors can facilitate the learning experience and reduce preceptor burnout.

It is the preceptor who observes and evaluates the student's skills and clinical decision-making in the clinical setting. It is important, therefore, for the preceptor to understand the rigors and expectations of their role as an evaluator of student performance. Course faculty members provide a resource for preceptors during the evaluation. Programmatic expectations for successful competency achievement should be provided to the preceptor prior to beginning of the academic term in which they will precept an NP student.

PROGRAMMATIC INFORMATION FOR PRECEPTORS

NP programs and faculty should provide preceptors with information to better understand the NP program curriculum and the expectations of their role as a preceptor. Information that would be valuable to the preceptor would include

- a program overview;
- a course syllabus, including course credit allocation (e.g., number of hours per credit for clinical and didactic specific to academic institution) and course objectives;
- the description of the clinical course in which the student is enrolled (including the expected student clinical decision making & skills progression);
- the class schedule and lecture topics;
- the number of precepted clinical hours required to complete the course;
- a daily/weekly/monthly clinical hours record to be signed by the preceptor (see appendices C and D for samples);
- the expectations in areas of role development in which the student should participate (Example: legislative activities, negotiations with third party payers, ethical case reviews, inpatient rounds, nursing home visits etc.);
- the role of the faculty in interacting with preceptor and student

PRECEPTORS' EVALUATION OF STUDENTS

Programs should provide preceptors with information to aid their understanding of the evaluation process, such as

- the percentage contribution of the clinical grade to the final course grade.
- the forms and/or online software used to document written evaluation of the student by the preceptor.
- criteria for satisfactory/unsatisfactory, pass/fail, or another grading system that is used to evaluate the student based upon the course objectives.

The NTF Evaluation Criteria document is used by both CCNE and ACEN in the accreditation of NP programs. It states the need to "evaluate students cumulatively based on clinical observation of student competence and performance by NP faculty and/or preceptor assessment" (criterion VI.A.5). The NTF Criteria elaborates further the intent of the scope of this criterion:

Student evaluation is the responsibility of the NP faculty with input from the preceptor. Direct clinical observation of student performance is essential by either the faculty member or the clinical preceptor. Clinical observation may be accomplished using direct and/or indirect evaluation methods such as student-faculty conferences, computer simulation, videotaped sessions, clinical simulations, or other appropriate telecommunication technologies (p.16).

In April 2003, the NONPF Board of Directors issued a statement pertaining to the clinical evaluation of APRN/NP students supporting the direct observation of the clinical performance with patients as essential to assuring quality APRN/NP education. See Module II, NP Faculty Guidelines, and Module VI, Evaluation for the full statement.

CLINICAL PRACTICUM POLICIES

The NP program should clearly delineate the clinical practicum policies. Suggested policies include

- dress code;
- attendance at clinical experiences, including student identification;
- absenteeism (in case of illness, injury, or family emergency);
- student Code of Conduct;
- type of clinical activities that qualify as clinical practicum hours (e.g., hours spent with the preceptor seeing patients,

- Grand Rounds);
- activities that do not qualify as clinical practicum hours (e.g., attendance at conferences);
- documentation requirements of student and preceptor during patient care visits;
- faculty responsible for student/course (name, address, telephone, & e-mail).
- access to medical records (hardcopy and electronic); and
- immunizations, safety training, HIPAA training, etc., required by university and clinical agencies.

HIPAA COMPLIANCE

The clinical education of students requires that nursing education programs comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA). Although schools of nursing may establish and require HIPAA training for both faculty and students, they must recognize and comply with the requirements of HIPAA training of clinical agencies in which students may be placed (<http://www.hipaa.org/>).

Schools, in consultation with their legal departments, should establish written guidelines regarding

- access and use of patient record;
- extent of documentation of student encounters in electronic or written logs;
- use of portable electronic medical reference resources; and
- use of social networks by students regarding patient encounters.

NP program faculty should share these guidelines with preceptors and review them with students regularly.

Communication Guidelines

Communication among faculty, preceptors, and students regarding the expected individual and shared responsibilities is extremely important to the success of the academic institution's relationship with its preceptors.

Brooks and Neiderhauser (2010) examined preceptor expectations and issues with nurse practitioner clinical rotations. Some of their findings include the following recommendations for faculty members and preceptors:

1. Maintain open communication throughout the clinical rotation.
2. Identify the method of communication that best facilitates communication between preceptor and faculty (e.g. phone, email, letters).
3. Discuss the need for confidential conversations between faculty and preceptor during the rotation regarding the

student's learning, performance.

4. Discuss times for the site visits and the preceptor's preference for the faculty member's interaction with patients.
5. Provide new preceptors and new sites with guidance and plan extra site visits so as to facilitate optimal learning experiences for both the student, preceptor and site.
6. Assess student competency at the time of the site visit and articulate the process to the preceptor.
7. Allocate sufficient time for site visits. The amount of time of each site visit will vary depending upon the site's and preceptor's ability to accommodate the faculty member. For instance, a small practice site with a limited number of exam rooms may not be able to accommodate both the faculty member and student assessment of the patient separately from the preceptor and other practice staff. Faculty should plan to allot 2–3 hours or more, as appropriate, to the site visit.
8. Schedule the initial site visit for within the first 4 weeks of the clinical rotation, definitely before the 6-week or mid-term time frame. The faculty member should be present for at least 2 or more patient visits with the NP student. (p.578)

Each role—faculty member, preceptor and student—has important activities to consider regarding collaborative communication.

The Faculty Member

- Initiates and maintains contact with preceptor.
- Provides verbal and written communication relevant to course (see Programmatic Information for Preceptors).
- Provides appropriate contact information (email addresses, office phone numbers, personal cell phone, emergency contacts, best times to call).
- Provides guidelines for reporting student or patient care incidents.
- Provides access to preceptor to address urgent issues.

The Preceptor

- Reports, as requested, on status of student experiences.
- Communicates promptly with faculty any concerns regarding student clinical activities.
- Provides requested CV or resume.
- Provides appropriate contact information (email addresses, clinic/office numbers, personal cell phone, best availability for contact).

The Student

- Provides appropriate contact information (email addresses, personal home/cell phone, emergency contacts, best times to call).
- Maintains communication with preceptor and faculty

- regarding unanticipated absences.
- Provides regular clinical updates (as required) to faculty member.
- Communicates with faculty member any concerns regarding preceptor and/or clinical site experiences.

The expanding number of nurse practitioner programs and increased number of students in these programs have challenged NP programs to find adequate clinical placements for their NP students. In addition, the growth of NP programs, physician assistant programs and increased numbers of medical students provide further competition for NP student clinical sites. To provide clinical instruction in a practice setting, expert nursing or medical clinicians provide one-on-one mentoring and student teaching. Partnerships between schools of nursing and clinical sites are developing to promote the transfer of student learning from the classroom to the environment of patient service. Practical and theoretical knowledge is crucial for the novice who tests and refines propositions, hypotheses, and principle-based expectations in practice settings (Benner, 1984; Davis, Sawin & Dunn, 1993; Hickey, Ouimette, & Venegoni, 1996).

NP programs employ a variety of strategies to address diminishing clinical sites for the students. In some cases, student supervision of clinical activities (e.g., at international sites) can present challenges for faculty. Some examples of expanding the opportunities for NP clinical sites include the following:

- Utilize school-based, faith-based, volunteer-supported, and workplace clinics.
- Work with faculty at university-based or community based faculty practice sites.
- Use interprofessional ambulatory primary-care practices (Coleman, Roberts, Wulff, Van Zyl, & Newton, 2008).
- Integrate service learning opportunities with clinical experiences at local, regional, or international sites.
- Participate in organized international experiences (either with school faculty or through third-party organizations).
- Utilize urgent care facilities (e.g., MinuteClinic, Inc).

STUDENT ROLE DEVELOPMENT

Professional conduct in clinical situations is an expectation of the NP student. The American Nurses Association (ANA) and the National Student Nurses Association (NSNA) have developed codes of conduct that relate to all nurses. Derived from the ANA and NSNA codes of conduct, the following list provides broad guidelines for the professional behavior of NP students during clinical activities.

- Advocate for the rights of all clients.
- Maintain client confidentiality.

- Take appropriate action to ensure the safety of clients, self, and others.
- Provide care for the client in a timely, compassionate, and professional manner.
- Communicate client care in a truthful, timely, and accurate manner.
- Actively promote the highest level of moral and ethical principles and accept responsibility for actions.
- Treat others with respect and promote an environment that respects human rights, values and choice of cultural and spiritual beliefs.
- Collaborate in every reasonable manner with the academic faculty and clinical staff to ensure the highest quality of client care.
- Refrain from performing any technique or procedure for which the student has not been adequately trained.
- Refrain from any deliberate action or omission of care in the academic or clinical setting that creates unnecessary risk of injury to the client, self or others. (NSNA, 2009, pp.1-8)

The professional responsibility of mature clinicians clearly should incorporate the nurturing of students. Not only does it influence the future of the nurse practitioner movement, but it also helps in the definition of roles, and statements of competencies to accomplish these goals and to provide ways to measure role achievement. Interprofessional education is a vital part of the future of team practice and should begin during the student experience. Faculty can help develop mutual respect between students of different health professions by establishing preceptor experiences with more than one program in a clinical setting (Morgan & Trolinger, 1994).

A major focus of all academic NP programs is to prepare the student to transition into the NP role. Programs are grounded in clinical practice where professionalism, nursing theory and research are integrated and observable. NONPF (1995, 2012, & 2013) and the American Nurses' Association (ANA, 1985) have contributed guidelines to assist faculties in program development and student competencies. These guides also assist faculties to facilitate the student's transition period of integrating the role when linked with an experienced practitioner for a period of time in a positive clinical learning environment (Hayes, 1994).

FACULTY ROLE

An orientation, program material distribution, and an active interface between faculty and preceptors are means for initiating a positive relationship between the NP program and the community. Faculty members teaching in the program need to participate so as to explain the parameters and nuances of the

relationship, the areas of responsibility, and educational needs for program operations. Support services and guidance available to the preceptors must also be part of the orientation. Overall responsibility for this learning activity clearly rests with the faculty.

Faculty members must facilitate appropriate experiences for students based on appropriate student goals, program learning objectives, and specific course content. The faculty member, in concert with the student, identifies an appropriate preceptor. Continued communication between all parties must continue from initial contact, establishment of the relationship, and throughout the entire learning experience. Methods to initiate these communication links may be through a site visit prior to the student experience or a telephone interview where the preceptor can gain information about the student's accomplishments. Faculty visits allow an opportunity for the preceptor and faculty member to share their professional backgrounds and successful teaching styles (Hayes, 1994). The practice of students may be observed during the site visits and this faculty activity provides an opportunity to discuss evaluation methods, student learning and the type of experiences available in this clinical setting. The faculty member then facilitates, monitors, and evaluates the student learning through periodic conferences with the student and the preceptor.

Preceptors may identify three general categories of strategies to use in beginning a learning experience. These include general orientation, collaborating with students to identify their strengths and needs, and an orientation to the style of teaching used by the preceptor (Davis, Sawin, & Dunn, 1993). The general orientation is necessary for the student to learn the requirements of the setting. Students continue to need collaboration with a preceptor during patient encounters and throughout their interactions with patients. Having the student and the faculty member interact with the preceptor either in writing or in direct contact will provide the preceptor with the reiteration of the student's strengths and growth needs. Initial discussion with both the student and the faculty of the expectations of the preceptor will eliminate undue problems that might be encountered later in the experience if the preceptor does not understand either the student's proficiency or capabilities. Variation in methods of managing patients can be a point of discussion. As clinical knowledge occurs over time through observing, documenting, and evaluating, the student will gain an ability to use analytical decision making and to make clear assessments along with objective, quantitative validation of phenomena (Hagopian, Ferszt, Jacobs, & McCorkle, 1992; Urden, 1989).

As students move through the various stages of knowledge

and skill acquisition in their programs of study, faculty and preceptors can validate student observations, encourage further exploration, and begin management strategies with the students (Benner, Tanner & Chelsa, 1996). Role accomplishment begins with the program providing experiences in which students can gain knowledge and grow in their expertise in advanced practice nursing.

Preceptors, as well as faculty members, should recognize that most NP students are adult learners. Understanding the unique learning style and needs of the adult learner can help preceptors and faculty create a clinical learning environment that fosters student knowledge, skill, and role development. Knowles (1970) is often credited with establishing the science of adult learning or as he called it, andragogy. The main principles of Knowles' adult learning theory identify adult learners as

- autonomous and self-directed
- having accumulated a foundation of life experiences and knowledge
- goal-oriented
- relevancy-oriented
- practical
- needing to be shown respect (Knowles, 1970)

Faculty should utilize the extensive literature that has developed regarding the adult learner, apply these concepts to their own teaching, and share relevant facets of this learning theory with preceptors.

Impact of Medicare Regulations on the Availability of Practice Sites for NP Students

NONPF and other nursing groups believe that NP programs, faculty, and preceptors need to be aware of the issue of the potential impact of Medicare regulations on the availability of practice sites for NP students.

In a 2003 memo summarizing the issues, AACN and NONPF expressed concerns relating to Medicare billing and documentation requirements that stipulate preceptors of NP students be present for the entire patient visit and document the care provided. In the past, some NP programs reported denial of clinical contracts on the claim of the burden on preceptors; however, data do not support that this issue specifically has had a broad-reaching impact on student placements. Both NONPF and AACN continue to collaborate with nursing organizations in monitoring Medicare regulations and issues that pertain to the clinical education of nurse practitioners.

NP programs and faculty need to be actively engaged in monitoring health care policy and regulatory discussions. Medicare regulations as they pertain to clinical education need to be understood by NP Programs and faculty. Manuals that contain current relevant information can be found at: <http://cms.hhs.gov/manuals/>. The CMS Guidelines for Teaching Physicians, Interns and Residents (2011) elaborates on the role of the teaching physician and would be applicable to teaching nurse practitioners who see Medicare patients. CMS has stated:

“The teaching physician must:

- Have no other responsibilities, including the supervision of other personnel, at the time services are furnished by residents;
- Have primary medical responsibility for patients cared for by residents;
- Ensure that the care furnished is reasonable and necessary; Review the care furnished by residents during or immediately after each visit. This must include a review of the patient’s medical history and diagnosis, the resident’s findings on physical examination, and the treatment plan (e.g., record of tests and therapies);
- Document the extent of his or her participation in the review and direction of the services furnished to each patient” (Medicare Learning Network, 2011)

NP programs and faculty can contact local facilities that are Medicare carriers for consultation/guidance; especially if considering placement of NP students for clinical activities at those facilities. The following link may be useful in locating information about Medicare practices: <http://www.cms.gov/medicare.asp>

Preceptors can implement strategies to ensure adherence to Medicare guidelines.

Strategy 1:

The student sees the patient, discusses the patient with the preceptor, and documents the visit on the chart. The preceptor then also sees the patient and documents the relevant history of present illness, major findings of the physical examination, assessment, and plan of care. This practice may add uncertainty to visit documentation if the preceptor and student notes present conflicting information.

Strategy 2:

The student sees the patient and documents the history and examination in a separate teaching file. Notes in the teaching file enable preceptors and visiting faculty to critique student charting and to evaluate student progress. The preceptor must still repeat relevant elements of the history and portions of the examination

that substantiate the diagnosis before documenting the visit in the patient’s record.

Strategy 3:

Preceptors and students see patients together and perform the history and examination jointly. The student and preceptor both document the visit, or the student and teacher can use a teaching file for the student’s notes. This strategy has the limitation that the student isn’t able to see the patient and use critical thinking independently of the preceptor.

Strategy 4:

This strategy is a combination of #1 and #2. It requires an electronic health record (EHR). The student sees the patient, presents and discusses the patient with the preceptor. The preceptor then, a) validates the history and physical with the patient; b) elicits data that the student may have missed; and c) discusses the management plan with the student. The student documents the encounter, which is reviewed later with the preceptor, who has editing capability.

Insurance Options for Student Malpractice During Clinical Hours

Each university or school of nursing provides programmatic insurance coverage for nursing students. Each institution will determine the policy limits of NP student malpractice insurance. Malpractice insurance of students may be covered by the university or be purchased by each NP student when entering the clinical courses. Requiring student NP malpractice insurance has become a standard requirement for both academic institutions and clinical agencies. Many agencies require a copy of the student’s malpractice insurance with the documentation provided for placements prior to the student beginning the clinical practicum. The NP student functions beyond the scope of practice of the registered nurse. Thus, the malpractice insurance coverage must cover advanced practice nursing functions of the advanced practice nurse with a greater scope of practice. Consultation between the Director/Dean of the school of nursing and the institution’s legal department is beneficial when developing NP programs and/or constructing policies that will apply to having NP students in clinical sites forth their clinical practicum.

There are currently several national companies that offer liability insurance for NP students at a reasonable rate. It is important that the policy specify the NP student status and the dollar amount of coverage (most NP programs that require student NP insurance stipulate 1 million per occurrence/6 million total

coverage). Companies will fax policy validation to the individual or school. Students should, however, maintain a copy of the policy validation certificate in their own files. Parenthetically, students should also be aware of the differences between claims made (coverage only while the policy is in effect) and occurrence (coverage remains in effect for the specific area of liability even if policy is cancelled at a later time) insurance policies. Membership benefits in national nursing organizations often provide malpractice insurance discounts.

Insurance Options for Faculty

Most schools/colleges of nursing require faculty to maintain current malpractice insurance. Faculty members who are neither engaged in clinical practice nor involved in direct supervision of NP students may have the option of maintaining insurance as registered nurses. Faculty members who supervise NP students must carry NP malpractice insurance as well as those faculty members who are engaged in NP/APRN clinical practice. A copy of the insurance policy should be kept by students in their personnel files.

Legal/Contractual Clinical Affiliation Agreements With Agencies

OVERVIEW

Institutions execute clinical affiliation agreements to allow student participation in clinical activities, including the provision of patient care. Clinical affiliation agreements are essential when students are on the premises of any clinical site for clinical activities performed outside of the academic institution. The clinical affiliation agreement can take the form of a legal contract or a memorandum of understanding (MOU). A MOU is an alternative to the legal contract whereby there is documentation of both parties' understanding of what the agreement entails and requires. The primary purposes of a clinical affiliation agreement are to

- address liability concerns
- assure that risks are minimized and allocated in an equitable manner
- specify the objectives and purposes of the agreement.

Consultation with the institution's legal department will guide programs in developing contractual agreements with preceptors. The degree of simplicity or complexity of the agreement will depend upon the

- type of institution (public-state or federal, or private).

- type of agency (public-state or federal, or private).
- location (within continental U.S. or international).

ESSENTIAL COMPONENTS OF THE CLINICAL AFFILIATION AGREEMENT

The clinical affiliation agreement should specify the purposes of the agreement, responsibilities of the parties, including allocation of risks and liabilities, term limits of the agreement, and any other specific concerns either party wants specifically addressed.

Purposes of the Agreement

The purposes of the agreement should include clinical goals, objectives, and corresponding evaluation procedures.

The Academic Institution & Nurse Practitioner Program

The agreement should include explicit statements.

- The academic institution maintains ultimate responsibility and control over their educational program.
- The NP program agrees to place students who have successfully completed the required didactic and clinical prerequisites necessary for participation in the clinical practicum at the requested clinical site.
- A student engaged in the clinical practicum is in good academic standing. Although some agencies require assurance that the student is in good academic standing, the academic program cannot disclose a student's educational records or details of past clinical performance. To provide this information would be a breach of confidentiality, as stipulated in the Family Educational Rights and Privacy Act (FERPA) and influence the student's placement and learning.

The agreement may also specify a maximum preceptor/student ratio.

The NP program also has the responsibility to

- assign an appropriately licensed, credentialed and educated faculty member to facilitate/oversee the student's clinical activities.
- provide verification of student professional liability insurance, as well as other types of insurance the clinical agency deems appropriate (e.g. health and automobile insurance). (The NP program may either provide the necessary insurance for the student or require the student to provide proof of coverage.)

The Clinical Agency

The clinical agency should assure the academic institution that it has adequate facilities (e.g. examination rooms, lockers, access to medical records) and clinical preceptors to provide the type of clinical experiences appropriate for the level of the student.

The contract may specify that equipment and supplies will be available so the student can assess and treat clients. It may also specify what equipment the student will supply, e.g. otoscope/ophthalmoscope, tuning forks.

The agreement between the agency and NP program may also include a clause that requires the clinical preceptor to assist the faculty in evaluating the student's performance. The NP program provides the preceptor with the clinical evaluation tool to evaluate the student's clinical performance. The evaluation tool should be consistent with the program's objectives and the NONPF competencies. It is the responsibility of the course faculty of the NP program to determine the student's grade. The school has the ultimate responsibility and control over the student's educational program and academic progression.

The clinical agency is responsible for the quality of patient care provided. It is also responsible to provide necessary orientations for students and clinical faculty to ensure that they are acquainted with the policies and procedures they will be expected to follow during the student's clinical experience.

Indemnification Clause

Many clinical agencies request the inclusion of an indemnification clause in the clinical affiliation agreement. A clause of this type requires the academic institution to release from liability the clinical agency from its own negligence. Thus, if it is determined that the clinical agency was negligent in a particular incident, the academic institution would be obligated to indemnify the clinical agency. This type of claim is inequitable to the academic institution and may be unconstitutional according to one's state regulations and public policy. The NP program's academic institutions should prepare a response to clinical agency requests for inclusion of an indemnification clause, and identify alternative solutions for student placement, as appropriate.

The academic institution's legal department may wish to include an indemnification clause for holding harmless the clinical agency related to the negligence of the student or faculty. In this instance, the NP program's legal department will supply evidence of an insurance policy and specify the limits of such claims and aggregates for medical professional liability, body injury liability, and/or property damage liability.

Termination of the Clinical Affiliation Agreement

The agreement should address under what circumstances the clinical affiliation agreement may be terminated. Typically, either party may terminate the agreement but must do so by giving the other party written notice. The NP program should

specify in the agreement how much advance notice is acceptable. The agreement should also stipulate that, if a clinical agency terminates a clinical affiliation agreement, the clinical agency will give students the opportunity to complete the term that is underway when the notice of termination is given. The agreement may also specify the frequency of its review and, if necessary, modification.

Expenses and Fees

If the clinical affiliation agreement requires any exchange of moneys between the parties, the agreement should stipulate the terms of such payment. Payment to either party is unusual and may create an employee/employer relationship between the parties. Fees incurred for security clearances for students in specific agencies (e.g. correctional facilities), should specify the responsible party (usually students).

FERPA Clause

The NP program's academic institution's legal department may require a clause requiring the clinical agency to comply with the provisions of the Family Educational Rights and Privacy Act (FERPA). This necessitates that the clinical agency must not share any information about the student from the student's educational records with any third party without the student's consent and that the information will only be used for the purposes for which it was disclosed.

Confidentiality Clause

Depending upon the practice site, the legal agreement may also include instructions regarding student adherence to HIPAA regulations regarding any and all sources of patient data/records, during the course of the student's clinical learning experience in the practice site. Some agencies require evidence of HIPAA training. Sites which do not provide evidence of HIPAA training have the expectations that students will observe the HIPAA law.

Employment Disclaimer

Both parties may require the inclusion of a statement that the students are not employees of the clinical agency and are not entitled to any privileges or benefits by the clinical agency. The agreement may add a similar statement regarding the relationship between the clinical preceptor and the academic institution.

Medical and Other Qualifications

Clinical agencies may generally require that the student demonstrates adequate health status prior to engaging in clinical activities, which may be included in the agreement. Demonstrating adequate state of health may include a physical

examination, demonstration of immunization status, and diagnostic tests determined by the state department of health and the clinical agency/practice (e.g., HIV, tuberculosis screening, measles, mumps and rubella titers, hepatitis immunization, drug screening). Note: many states have statutes that prohibit individuals from undergoing medical examinations and testing without their consent. The clinical agency may include provisions in the agreement that requires the student of NP programs must consider state statutes and should not agree to require that the student be tested and/or should inform students should be informed that they cannot be placed at a specific clinical agency if they will not submit to the health tests required by that agency. The agreement may also include provisions to conform to the Americans with Disabilities Act (ADA). The ADA is a federal law that requires that any person that qualifies as disabled receive reasonable accommodations that may be necessary and appropriate to carry out role and duty functions outlined in the agreement. A clinical agency must make reasonable accommodations unless the accommodations are unduly burdensome; however, exemptions are possible on a case-by-case basis.

Clinical Agency Insurance

The academic institution may require that the clinical agency provide the school with proof of general liability insurance, or any other types of insurance (i.e., worker's compensation) that the academic institution indicates are pertinent.

Availability of First Aid/Emergency Medical Care

The NP program may require a statement that sets out the procedure for treating a student injured at the agency. It can be either treatment at the facility or via a 911 emergency call. The agreement may also specify who is responsible for the cost of treatment.

Module I References

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MODULE II

NP FACULTY GUIDELINES

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Introduction

This module serves as a guide for faculty and administrators who deliver curriculum both in traditional, distance learning-based, and blended delivery formats of nurse practitioner education. Within this module are sections that will assist program faculty in

- identifying faculty responsibilities.
- orientation and development of clinical preceptors.
- placement of students within the clinical environment.
- documentation of student placement.
- analyzing and resolving problems between students and preceptors.
- implementing strategies for orientation and evaluation of preceptors.

The user can find additional resources to complement this module in Appendices B-F. Faculty in distance learning-based programs should also refer to the NONPF publication Guidelines for Distance Education and Enhanced Technologies in Nurse Practitioner Programs 2nd Edition (NONPF Distance Learning Special Interest Group, 2011).

Faculty Responsibilities

Responsibilities of NP program faculty for the supervision of students while in the clinical practicum setting include

- maintenance of the faculty member's clinical competency in practice.
- maintenance of adequate clinical sites and preceptors.
- supervision and evaluation of students.
- oversight of the clinical learning environment.
- evaluation of clinical sites and preceptors.

The National Task Force Criteria for Evaluation of Nurse Practitioner Programs (2012) and other documents provide recommendations for these faculty responsibilities.

MAINTENANCE OF THE FACULTY MEMBER'S CLINICAL COMPETENCY IN PRACTICE

- Faculty members who teach clinical components of the NP program/track must maintain currency in clinical practice in the area in which they are teaching, e.g. primary care in their population foci, including maintenance of national certification and state licensure.
- Faculty must practice the required minimum number of hours to obtain and maintain currency of national certification within their role and population foci.

MAINTENANCE OF CLINICAL SITES AND PRECEPTORS

- All clinical educational experiences for students must be approved by the NP faculty. The faculty must assure that the site and the preceptor are a good fit for the student and meet the objectives of the course.
- Programs with a clinical coordinator may delegate the approval of new clinical sites and maintain ongoing agreements with clinical agencies. It is the responsibility of the clinical coordinator to maintain communication with course/program faculty of the population foci to gain an understanding of the
 - needs of each student.
 - types of clinical experiences appropriate for the course.
 - appropriate "fit" of the clinical site and preceptor for each student.
- Faculty or clinical coordinators must arrange for adequate orientation to a clinical site including compliance with immunizations, HIPPA privacy training, resume requests, and other documentation required by each clinical agency.
- NP and non-NP preceptors must be nationally credentialed and licensed to practice in their own state or territory, in his/her population-focused and/or specialty area. Evidence of current certification, licensure and abbreviated CV need to be obtained, maintained and filed for review by accreditation visitors. Collection of these documents may be delegated to the clinical coordinator.
- Each preceptor must have the educational preparation and clinical experience in the clinical area in which he/she is teaching or providing clinical supervision.
- Preceptors must be oriented to the NP program/track requirements and expectations for teaching and evaluating NP students in their clinical site.
- If the preceptor feels that the placement of a student is inappropriate, the clinical coordinator needs to communicate to course faculty that an alternate clinical site is needed.

SUPERVISION AND EVALUATION OF STUDENTS AND OVERSIGHT OF THE CLINICAL LEARNING ENVIRONMENT

NP faculty members are responsible for the supervision of students and oversight of the learning environment.

- NP curriculum is developed using the NONPF NP Core Competencies (2014) and the population foci NP competencies (2013). It is the expectation that NP students will achieve both core and population foci competencies prior to graduating. The clinical practicum which the students perform must be population foci specific.
 - Faculty must supervise students directly (as on-site clinical preceptors) or indirectly (supplement clinical preceptor's

teaching, acting as a liaison to the preceptor and agency in the evaluation of the student's progress).

- The recommended on-site faculty/student ratio for direct supervision is 1:2 if faculty are not seeing their own patients or 1:1 if faculty are seeing their own patients.
- The recommended ratio for indirect faculty supervision (coordination of clinical experience, interaction with preceptor, and student evaluation) is 1:6. Ratios may be relative to certain practice areas and the individual faculty member.

Student clinical evaluation is the responsibility of the NP faculty with input from the preceptor.

- Direct clinical observation is essential and may be supplemented by indirect evaluation methods such as use of Skype or live feed video conferencing; student-faculty conferences, computer simulation, telephone, videotaped sessions, written evaluations and/or clinical simulations.
- The NONPF Issue Statement on the Clinical Evaluation of APN/NP Students (April 2003) reinforced the organization's position about clinical observation of students.

The National Organization of Nurse Practitioner Faculties is committed to quality advanced practice nursing/nurse practitioner education. Faculty observation of the student's clinical performance with patients is to be done in any type of care setting and any type of program (acute or primary care). The setting in which the evaluation occurs should be familiar to both faculty and students. NONPF is committed to this standard and to the related criterion (VI.A.4) put forth in the Criteria for Evaluation of Nurse Practitioner Programs. In criterion VI.A.4 the National Task Force on Quality Nurse Practitioner Education stipulates the need to "evaluate students cumulatively based on clinical observation of student performance by NP faculty and the clinical preceptor's assessment," and elaborates, "Direct clinical observation of student performance is essential."

Whereas,

1. the consumer deserves and demands quality delivery of care by competent clinicians;
2. patient safety must be maintained;
3. faculty are responsible for evaluating student progress in clinical application of their knowledge and skills with input from preceptors;
4. evaluation is geared toward assessment of performance of the nurse practitioner role within the student's specialty scope of practice;
5. complex decision making and the application and integration of knowledge needed in advanced practice

requires time for students to process and then demonstrate their skills;

6. distance education programs are increasing geographical distances between faculty and students;
7. time and the cost of travel for faculty to observe each student more than once in the clinical site during each clinical practicum may be prohibitive;
8. volume and type of patient mix available on any one day may vary considerably and constrain the evaluation of complex skills;
9. and limited space and the fast paced clinical environment may limit the type of in-depth evaluation of students;

NONPF reaffirms the importance of direct observation of students' clinical skills with patients by faculty and supports multiple venues for direct observation as long as the evaluation process contains critical elements. Direct observation may include two or more of the following:

1. The gold standard is faculty observation of the student's clinical application of skills with patients in care settings familiar to the faculty and student over time.
2. The evaluation of the student's clinical performance with patients in multiple venues, such as the student's assigned practice site, the faculty's practice site, a clinical laboratory setting within an academic setting, and a live remote broadcast.
3. The evaluation with patients, live models, or standardized patients in a classroom or simulated setting (e.g., pelvic examination skills).
4. The regular faculty observation and evaluation of students' clinical progress during the clinical practice with feedback to students.

- The NP program/track is required to have a minimum of 500 supervised clinical hours in direct clinical care. Most NP programs have a minimum of 650 to 1000 plus hours. Clinical hours do not include skill lab hours, physical assessment practice sessions or community project, or simulation hours. The student must perform the programmatic number hours in the population foci. Students enrolled in programs exceeding 500 clinical hours must complete all direct care hours in the population foci, and not in another foci, e.g. adult gerontology primary care, must complete all direct care hours in primary care, not adult-gerontology acute care. Programs preparing NPs to provide direct care to multiple age groups, such as Family/Across the Lifespan, usually exceed the 500 minimum requirement.
- Regular communication with the preceptor is essential to determine the quality of teaching experience and interest in

continuing as a preceptor or the need for a sabbatical. Reasons for a sabbatical may include concern or complaints related to the preceptor's productivity by clinic/agency administration, concerns by the preceptor that precepting a student has become a strain on time management, or the preceptor may need for a break. NP programs should collect this data informally or in writing at the completion of the term, and respect a preceptor's need to take a sabbatical.

EVALUATION OF CLINICAL PRECEPTORS AND CLINICAL SITES

- Faculty members are responsible for evaluation of the clinical sites annually, which may include site visits and student evaluations (See Appendices for sample forms).
- Faculty members are responsible for evaluation of the preceptors annually, which may include site visits and student evaluations (See Appendices for sample forms).

Development & Orientation of Preceptors

NP education has implemented a variety of formats for preceptor role development, orientation, and evaluation.

TYPES OF ORIENTATION/DEVELOPMENT PROGRAMS

Formal orientation presentation (CEU)

- Pre-program study materials may or may not be included.
- An active participation format is preferred.
- Evening or Saturday session with meal may increase participation.

Independent study modules

Preceptors who are unable to attend a formal presentation, such as in distance learning programs, will benefit from web-based, video or hard-copy orientation modules. Continuing education units (CEUs) can be awarded for participation.

Electronic media for ongoing development

- Chat room or telephone or video conferencing for discussion/ problem solving and exchange between faculty and preceptor or among preceptors.
- Periodic "newsletter" by e-mail or fax to preceptors with changes in curriculum, question and answer format.
- CEU independent study using web-based courses.

Continuing education

Seminars specific to meeting the needs of preceptors directed towards increasing the knowledge, skills, and abilities needed to precept students are valuable. Continuing education seminars can be program focused or on topics of particular interest or requested by preceptors.

Major Conferences

NP offered conferences: Include preceptor training during breakout sessions. It is highly recommended that clinical faculty be included in program development.

CONTENT OF ORIENTATION/ DEVELOPMENT PROGRAMS

Preceptor orientation and development of orientation programs vary according to specific needs of the school or university, but they generally should include the content in some form.

Program curriculum and student preparation

- NP program curriculum
- Course work completed prior to the clinical experience
- Clinical experiences prior to the term the student is assigned to the preceptor
- Course content or focus of course for which clinical hours will be performed
- Methods and process of evaluation
- Preceptor may request to
 - interview prospective students, and/or
 - validate or evaluate a student's clinical skills and decision making by direct clinical observation of assessment skills or observation with the use of standardized patients. Formal student evaluations cannot be shared with a prospective preceptor. The Family Educational Rights and Privacy Act (FERPA) protects students' right to confidentiality. In order for students to be objectively evaluated by preceptors, faculty should also not share informal student evaluations from previous clinical rotations.

Strategies for successful (effective) clinical teaching

Preceptor orientation may include discussion, written materials, and role playing to prepare preceptors with the skills to

- identify teaching strategies to meet the individual student's learning needs;
- assess student performance; and
- assess the student's ability to progress to levels of greater complexity and independence.

Student performance evaluation and feedback

Faculty should

- encourage preceptors to provide regular feedback to student, including brief conferences, formative (midterm) and summative (final) evaluations.
- review the summative student evaluation form with preceptors to provide an understanding of how to use the program's evaluation tool, and translate the assessment of the student to the form provided.
- orient preceptors with national standards pertaining to student evaluation (see previous section).

Preceptor management strategies for problem-solving

Case studies with problems such as excessive charting, communication skills, efficiency or passive learning can be very helpful especially in a small group discussion format. For groups with new preceptors, faculty can assist with problem solving.

Communication related to problem situations

Open communication between the course faculty member and the preceptor is essential to the quality of the student experience and for intervention when problems with the clinical experience or student performance arise. Faculty should instruct preceptors to contact them as soon as possible for situations involving a student's well-being, behavior, unsafe practice, and unethical conduct, as well as changes in preceptor availability, relevant agency changes, and other concerns.

Benefits of precepting

The preceptor orientation program should highlight the benefits of precepting NP students. Examples of the types of benefits provided to preceptors in appreciation for their contributions to the education of NP students are essential. (See Module III.)

Preceptor sabbatical

As we partner with preceptors for the education of NPs, faculty must recognize and respect the preceptor's need for a sabbatical. Preceptors appreciate having a sabbatical from precepting, and it enables them to revitalize themselves as NPs and as clinical educators, preventing burn out.

Preceptor self-assessment

This option includes a self-evaluation by the preceptor at the completion of each term related to satisfaction with the experience of precepting. A simple checklist can be used and should include an area for responses to open-ended questions. A Likert scale can be adapted for use as an instrument for the preceptor to indicate the level of "burn out."

Methods of Student Assignment to Preceptors and Clinical Sites

To ensure successful achievement of program goals, course objectives, and state regulatory requirements, NP Programs must assign students to clinical learning sites. Although students may wish to have multiple sites, e.g. three or more sites and preceptors a semester for a "varied experience", faculty should prevent this practice. Students need to get concentrated time with a preceptor in an individual site. Students should not be permitted to split their direct care clinical hour among three or more preceptors. Permitting three or more clinical sites limits the time in any one site, as well as the depth and breadth of the overall clinical goals for the semester. Preceptors assist the student to successfully achieve the program competencies and the course objectives; however, it is the responsibility of the faculty to ensure that the site and preceptor are appropriate for the level of the student. The following methods are commonly used for assigning students to preceptors.

FACULTY ASSIGNMENT OF STUDENTS TO PRECEPTORS

Faculty are responsible for actively recruiting, validating preceptor credentials and clinical site selection. Faculty and clinical coordinators determine specific student placements and make initial arrangements for the student to begin their rotation. (This method is the preferred method of assigning preceptors for many programs.)

Benefits

Faculty members are best qualified to ensure that all students obtain the appropriate level and amount of clinical education. They are able to match the individual student needs with a preceptor's strengths and clinic site offerings. Faculty members can consider geographic location or specialty interest and approve preceptors and sites prior to student placement. Faculty members often have a wide network of potential preceptors through professional organizations, past and previous employers, program alumni, and relationships with community practices.

Limitations

The assignment of students to preceptors can be very faculty time-intensive and requires dedicated faculty and/or staff to maintain this level of coordination. It is particularly intensive when a student receives notification from a preceptor or practice that s/he cannot be accommodated for precepting and the faculty member must obtain another site.

LOTTERY

The lottery is a method in which the clinical coordinator or designated faculty member assigns a number to an approved clinic and/or preceptor and then assigns students by random draw based on the number selected.

Benefits

This is an unbiased placement method that gives all students an equal opportunity to work with any preceptor and clinic that has been approved by the Program.

Limitations

The method usually does not take into account the geographic location of the student, which is potentially a problem in schools that serve regional areas.

This method also requires a large pool of pre-approved sites and preceptors.

STUDENT SELF-SELECTION

Student self-selection is a method in which students find their own preceptors or select from a list of available preceptors to match student needs and interests (which may include reputation of the preceptor, or geographical location).

This method is generally used in distance learning programs, when students live in different geographic regions from the academic institution, and the faculty/clinical coordinator do not have relationships with local agencies and clinical practices.

Benefits

- Students who identify a preceptor not included in the NP preceptor pool facilitate the expansion of preceptors for new programs or for areas with high preceptor demand.
- Students often identify preceptors who are excellent clinical teachers and often are familiar with the students' work in a clinical setting.
- Students have an opportunity to do "real life" negotiation with potential preceptors.
- Strong students can increase the number of preceptors with positive views toward the program or possibly toward nurse practitioners if physician preceptors are pursued.
- When NP programs provide students with a list of available preceptors, students are able to match their learning needs with the opportunities a specific preceptor or clinical site may have to offer.

Limitations and Disadvantages

- The process of credentialing and pre-approval of new preceptors and sites can be lengthy prior to students beginning their clinical experiences.
- Students often do not understand their limitations and may select inappropriate clinical sites for experience. The preceptor and student may have a relationship that is not conducive to an optimal learning experience, e.g. personal or social relationship. Students who select their own preceptors should provide the program with documentation that a conflict of interest does not exist.
- The program may not approve a clinical preceptor or site (either for being inappropriate to the student's level of learning or the program's experience with a preceptor) making it difficult for the student to complete the required number of clinical hours.
- A faculty member's evaluation of the site and preceptor needs to occur prior to student placement or early in the semester to determine appropriateness.

The ever increasing demand and competition for preceptors, as well as preceptor "burn out," places constraints on NP programs. Should a list of preceptors be available to students, and more than one student requests a preceptor, the Clinical Coordinator or faculty must then decide how to assign students. Students must identify a second choice of placement, which then allows the Clinical Coordinator or faculty to match the student with the preceptor based on faculty assessment of the "best fit" of both student learning needs and preceptor strengths.

COMBINED METHODS

Some programs use a combination of methods that would allow some self-selection to expand clinic sites in addition to a lottery of certain "prime" clinical locations.

MULTI-SEMESTER VERSUS SINGLE SEMESTER ASSIGNMENTS

In clinical settings that have a wide range of clients, extending agreements through a second semester may be advantageous to the student and preceptor. More advanced students have the potential of contributing to the clinic productivity with advancing knowledge and efficiency. Many preceptors support multi-semester placements, which allow the opportunity for the student to gain more confidence and clinical skill with the continuity that a multi-semester clinical placement provides. The preceptor, student, and faculty member should have input related to the continued arrangement. An example of multi-semester placement includes agencies with multiple specialties or a wide

variety of patients (e.g. those with multisystem, complex clinical problems) within the student's anticipated area of certification.

Documentation of Student Placement

LETTER OF PRECEPTOR AGREEMENT AND/OR SITE AFFILIATION AGREEMENT

A letter of agreement signed by the preceptor and faculty is standard documentation in nurse practitioner educational institutions. At a minimum, this document must contain the following:

- preceptor name and contact information;
 - address
 - telephone number
 - fax number
 - email address
- copy of the preceptor's state RN license and/or NP license/certification;
- copy of the preceptor's population focus national board certification;
- supporting documentation;
 - professional letters of recommendation
 - copy of the preceptor's CV;
- course syllabus and evaluation tool;
- faculty contact information; and
 - address
 - telephone number
 - fax number
 - email address
 - emergency contact information
- signature lines for the preceptor, site administrator as applicable, and the faculty of the NP program. All individuals who have signed the document should receive copies and the faculty member, clinical coordinator, or designated individual retains the original.

Many educational institutions require a formal affiliation agreement between the school and the precepting agency. Public and private agencies require a legal contract with the academic institution. Private medical practices generally require only a letter of agreement. Consultation with legal counsel should be performed to determine the necessity for an agreement and content of an agreement. This process takes place prior to the student beginning the rotation, as there may be liability issues if such agreement is not in place and the result may be delays of student learning. Public agencies such as correctional facilities may take up to a year to secure a contract. The student should submit the placement in advance. A standard affiliation

agreement may contain the following:

- terms of the agreement
- supervision and assignment of students
- compensation
- non-discrimination clause
- obligations of the institution
- obligations of the affiliate
- indemnification
- insurance coverage
- independent contractor status
- responsibility for own acts
- authorization warranty
- cooperation in disposition of claims
- signature lines

INITIAL CONTACT

Faculty or designated Clinical Coordinator should contact the preceptor prior to the onset of student clinical experience. Information shared should include

- review of course requirements.
- level of the student to be placed.
- time and method of regular communication.
- interim communication to discuss any issues.
- expectations of preceptor role.
- method(s) of student performance evaluation and forms.
- preceptor recognition or benefit (if applicable), adjunct status, possibility of appointment, etc.

WRITTEN MATERIALS

The preceptor should receive all of the above information and additional materials about the program and/or role of nurse practitioners, as appropriate. The faculty member or clinical coordinator may send program materials electronically via a secure server or a program and course Website link.

STUDENT ORIENTATION

Preceptors often require students requesting preceptorship to interview prior to deciding whether or not to accept the student. Faculty should encourage or require the student to attend a preliminary interview to

- review objectives (course & personal).
- review the student's background (curriculum vita).
- negotiate a schedule with the preceptor.
- review responsibilities and expectations for the student and the preceptor (see Module IV, Student).

Note that the students need to arrange their clinical practicum to fit the preceptor's schedule, and cannot expect the preceptor

to conform to the student's personal, work and school schedule when planning a clinical practicum.

Clinical agencies/institutions may also require students to attend a specific orientation to the agency/institution.

STUDENT CREDENTIALS

Students must meet pre-clinical requirements before entering the clinical setting. Programs should inform students of these requirements in a handbook or other written format at the time of orientation to the graduate program and prior to the semester, to allow time to comply. Many organizations require specific pre-requisites for their institution before a student can be accepted. Requirements vary by state, academic institutions and agencies but generally include the following:

Licensure

Documentation of a current license as a registered professional nurse in good standing. Student must be licensed in the state of clinical site.

Documentation of Health Status

Documentation of the absence of tuberculosis is required.

Current Immunization Record

- Tetanus/diphtheria (Td) booster including an acellular Pertussis immunization during adulthood (DtaP)
- Hepatitis B series
- Meningitis vaccination (where required)
- Rubella immunization or titer
- Varicella and other viral titers with evidence of immunity as deemed necessary by the clinical agency.

Current Basic Life Support (BLS): provider level certification

Some clinical agencies request Advanced Cardiac Life Support (ACLS), Pediatric Advanced Life Support (PALS), or Neonatal Advanced Life Support (NALS) certification.

University or Agency Policy Statements

Requirements often include a review of university or agency policies, such as the drug/alcohol use policy, HIV/AIDS, HIPAA, Child Abuse/Elder Abuse, Bullying etc.

Student Liability Insurance

Most institutions require students to carry an individual NP student policy. It is important that the policy specify the NP student status, and the dollar amount of coverage (most NP

programs which require student NP insurance, require \$1 million per event /\$6 million total coverage). Companies will fax or scan and email policy validation to the individual or school. Students should, however, maintain a copy of the policy validation certificate in their own files.

Fingerprinting and Background Checks

Many agencies are requiring background checks, particularly public agencies/institutions, e.g. working with children, correctional facilities and the Veterans Administration often require fingerprinting, security clearance, and/or a background check. Processing fees for background checks vary and are usually incurred by the student as determined by the agency/institution. Commercial entities also offer schools/colleges of nursing programs to perform background checks.

Resume

Students should prepare a one-page synopsis of education, work history, and pertinent clinical experience.

HIPAA Training

Increasingly more agencies/institutions are requiring students complete and provide evidence of HIPAA training prior to accepting students to their clinical site.

TRACKING OF STUDENT CREDENTIALS

Maintaining a current database of students' credentials is crucial. Many schools have transitioned from hard paper copies of credentialing documents and health records to electronic storage systems. Sophisticated systems are capable of sending mail alerts automatically to the student when updating is required. A clinical coordinator or staff member needs to support collection of documents, e.g. license, certified (BLS); and immunizations, NP student malpractice insurance.

Students need to track their visit encounters in an electronic or hard copy format, e.g. NONPF Student Encounter Log and other commercial logs. The faculty can track both the complexity of the patients, diagnoses most commonly seen, as well as the level of clinical decision-making. Prospective employers welcome having the opportunity to review the students encounter logs when interviewing for an NP position. It provides valuable documentation of the breadth of clinical problems the student has had experience with during precepted rotations, and also can be used to choose between candidates being interviewed for the same position. Documentation also provides data as evidence for the accrediting body (e.g. CCNE or ACEN) that reflects the quality of the clinical learning experiences that the program provides to educate their students.

Problem/Conflict Management

The potential for conflict or problems in interpersonal relationships is common to human nature. In the clinical setting, preceptors are pressured to be “more productive”. Constraints of managed care and workforce issues may be limited and jeopardize the amount of time the preceptor can devote to teaching. Other factors, such as the level, ability, and motivation of the student, as well as the patient population in the preceptor’s clinical panel, can provide a fertile environment for conflict. Problem identification and resolution may be more difficult to resolve if the location of the clinical site is distant and faculty in-person contact is limited, e.g. out-of-state, internationally, etc.). The faculty member is responsible to serve as a resource for problem-solving and to optimize both the preceptor’s teaching experience and the student’s learning needs. The following recommendations identify strategies to support preceptors and students.

IDENTIFICATION OF A PROBLEM/ CONFLICT

- Notification of a problem or conflict by preceptor or student.
- Reading problem in student log or reflective journal.
- Student’s direct or indirect verbal reference to problem.
- Observation of problem or conflict during site visit.
- Student’s written evaluation of preceptor.

METHODS FOR DIAGNOSING THE PROBLEM

- Focused interview with preceptor and student alone and/ or together, in person or through telephone or video-conferencing.
- Audiotapes of clinical dialogue at practice site.
- Observation at practice site visits.
- Written evaluation forms of student at beginning, and middle of placement time.
- Chart review.

DIAGNOSIS OF THE PROBLEM

- Differing expectations for student level of competence (preceptor and faculty).
- Differing teaching/learning styles of preceptor and student, e.g. visual, auditory learning, incremental or rapid learning.
- Differing perceptions between faculty and preceptors about their role, relationship, and the importance of using faculty as a resource and means of support.
- Lack of preceptor satisfaction with role.
- Preceptor issues with the repeated placement of weak students

by the NP program.

- Student recognition or student failure to recognize need for remediation.
- Student engaging in unsafe practice.
- Preceptor’s lack of experience in clinically evaluating student.
- Preceptor and students differing expectations in the nature of the clinical practicum.
- Student’s lack of self-confidence and hesitant behavior in expected independent actions.
- Unpredictability, need for immediacy, and lack of continuity within the practice site not understood and anticipated by student.
- Lack of respect and acknowledgement of preceptor role by student.
- Lack of recognition for precepting.
- Preceptor burn out.
- Third party interference, such as other health disciplines or agency personnel.
- Student dissatisfaction with role choice.
- Failure of preceptor to allow access to all patients, e.g. male student performing pelvic examinations.
- Inappropriate student’s role in clinical site, e.g. observation only; performing staff nurse functions, e.g. venipuncture.
- Student or preceptor personal problems.
- Illness of preceptor or student.
- Perceived unethical behavior by student or preceptor.
- Differing conceptualizations of practice protocols or knowledge base among disciplines or among specialties, e.g., women’s health and family nurse practitioner.

PREVENTION STRATEGIES

- Clear current legal contracts between school and agency.
- Clear preceptor/student guidelines.
- Student requirements (health clearance, liability, insurance, academic preparation), performance expectations at each level, professional codes (conduct, dress, name tags, parking, etc.).
- Discussion by student and preceptor of course requirements, objectives and individual student learning objectives.
- Assignment of student to appropriate clinical site congruent with both level of course and student’s ability.
- Evaluation, grading criteria and expected preceptor role in evaluating the student. Clarification of school evaluation forms.
- Communication channels, availability, and expectations related to feedback among all parties with mutual respect.
- Matching preceptor and student personality and learning styles. Helpful tools: Kolb’s Learning Style Inventory and Myers-Briggs Type Indicator.
- Decisional procedures, e.g. clinical placement, priority of

- preceptor convenience over student convenience.
- Guidance and orientation for preceptors, e.g., educational strategies, assessing student readiness, etc.
- Clear guidance related to clinical assignments.
- Assessment of preceptor willingness, commitment, and ability to support students with balanced use and requests of preceptors.
- Centralized computerized relational data base for effective management of the preceptor and the student across the curriculum.
- Guidance to students about contacting present and potential preceptors.
- Prior evaluation of placement sites.
- Provision of adequate faculty support to preceptors and students.

EXAMPLES OF POTENTIAL CONFLICT SITUATIONS

- Placement of student with preceptor with conflict of interest such as personal, family, or job alliances.
- Cultural differences between student and preceptor in communication with patients and other providers.
- Misrepresentation of preceptor, faculty, or student in initial communications.
- Inappropriate matching of student competence level with preceptor expectations and clinical practice, e.g. first semester student placed inappropriately with preceptor whose practice is appropriate for an advanced student capable of independent practice .
- Inappropriate matching of student competence level with acuity or complexity of patients in the preceptor's panel.
- Inexperience of preceptors or faculty in coping with student incompetence or unethical behavior.

INTERVENTION STRATEGIES

- Conferencing on-site, or via Skype/videoconferencing (for students in distant locations) in real-time among faculty, preceptor, and student.
- Telephone or video-conferencing, email, and/or on-line monitoring of anticipated or active problems.
- Creation and maintenance of written (hard copy or electronic) records of communication with preceptor in problem-solving.
- Determination of specific changes needed in student-preceptor interaction or environment (e.g., unsafe practice or unprofessional behavior must be stopped immediately). As well as student performance following implementation of recommended changes.
- Clarification of student/preceptor perceptions of appropriate practice protocols.

- Set up of trial improvement time periods, within interim evaluations, if acceptable to preceptor.
- Working through cultural or personality conflicts where possible.
- Assessment of the possibility of negotiation with outside parties interfering with preceptor student interaction, such as other disciplines or agency personnel.
- Possible removal of student from practice site and placement in another site if appropriate or possible exclusion of student from course or program if necessary.

OPTIONS FOR PRECEPTORS WHEN FACULTY ARE NOT FULFILLING THE FACULTY ROLE

- Verbally express problems and concerns to faculty member.
- Send written communication with expressed concerns if no response to verbal comments and send copies to appropriate people in the school administration.
- Refuse future student placements until changes are made in faculty fulfillment of responsibilities.
- Recommend that the agency schedule an “end of year” meeting with faculty member(s) to provide preceptor feedback and to discuss the partnership among faculty, preceptors, and students.

Impact of Medicare Regulations on the Availability of Practice Sites for NP Students

Issues relating to precepting both medical and NP students, and the Centers for Medicare & Medicaid Services (CMS) regulations regarding presence of the preceptor during the student visit had been an issue for both medicine and nursing in 2001. The summary below provides documentation of the position of both AACN and NONPF in response to questions surrounding preceptors and the clinical teaching of students. It clarifies for preceptors, faculty, and NP programs the issue raised in 2001.

The American Association of Colleges of Nursing (AACN), NONPF, and other nursing groups believe that NP programs, faculty and preceptors need to be aware of the issue of the potential impact of Medicare regulations on the availability of practice sites for NP students.

In a 2001 memo summarizing the issues, AACN and NONPF expressed their concern relating to Medicare billing and documentation requirements that stipulate that preceptors of students be physically present for the entire visit and document

the care provided. Although some NP programs reported that they were denied clinical contracts on the claim of the burden on preceptors, data has not supported this finding. Data has not supported that NP programs have experienced difficulty with finding access to clinical training sites for nurse practitioner (NP) students. Both NONPF and AACN continue to collaborate with nursing organizations in monitoring Medicare regulations, and issues that pertain to the clinical education of nurse practitioners.

The CMS Guidelines for Teaching Physicians, Interns and Residents (2011) are specifically directed on the role of the teaching physician, which although they are not stated, can be applied to teaching nurse practitioners who care for Medicare patients. The CMS guidelines and the NTF criteria for the ratio of preceptor to student are reasonable and explicitly

1. identify the preceptor as the primary provider for the patient being seen by students, and
2. review, all subjective and objective findings, diagnostics and plans of care.

Preceptors currently are required by law to co-sign orders written by NP students, and generally write a similar note as is written for medical residents, "I have seen, examined and discussed this patient with the NP student, and concur with the findings and management plan". Please refer to the complete CMS policy (Medicare Learning Network, 2011).

FACULTY CREDENTIALS

NP program faculty who teach clinical courses in the program/ population foci tracks must maintain appropriate professional credentialing. Documentation of current RN licensure, NP State Board licensure or certification, national NP certification, and current clinical practice must be on file. Some institutions may also require faculty to provide documentation of an annual physical examination, as well as verification of viral titers and immunizations. Faculty requirements vary dependent upon the program's/institution's discretion.

PROFESSIONAL LIABILITY INSURANCE FOR FACULTY

It is a professional responsibility to maintain liability coverage as a nurse practitioner. Academic institutions vary in the degree to which they will provide coverage for faculty members, however, they must maintain records of faculty malpractice insurance. Faculty should consult their administration and their malpractice policy carrier for specific liability requirements based on supervision, clinical and academic roles. Faculty who practice clinically will need malpractice insurance, regardless of whether the faculty member, clinical practice or the NP program pays for the insurance.

Module II References

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MODULE III

PRECEPTOR GUIDELINES

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Introduction

Clinical preceptors are NPs and other clinicians who contribute to the clinical teaching of nurse practitioner students. This module guides clinical preceptors engaged in teaching in NP programs. It is also a guide for faculty members who coordinate students and clinical preceptors. A preceptor monitors and directs the student's clinical learning experience while acting as a role model. The preceptor promotes advanced practice clinical role socialization, facilitates student autonomy, and promotes self-confidence that leads to clinical competence (Hayes & Harrell, 1994). The preceptor plays a critical role in the educational process for NPs (Burns, Beauchesne, Ryan-Krause, & Swain, 2006).

The preceptor engages an NP student in the guided experience of integrating and applying scientific knowledge to clinical practice. The preceptorship of clinical students is a recognized responsibility for most health care professionals. NP faculty members understand that preceptors take their mentorship responsibilities seriously. Current practice environments can create systemic barriers and competing responsibilities that may make it difficult for some practitioners to precept. This module may help to make the precepting experience interesting and fulfilling for both preceptors and students.

Why Clinicians Become Preceptors

Clinicians strive to continuously improve their own skills and knowledge, so they can provide high quality care. For many excellent clinicians, it is natural to extend their energy and enthusiasm to the preparation of the next generation of NPs. Precepting provides the clinician an opportunity to teach, share clinical expertise, increase one's own knowledge base, serve as a role model, and influence changes in NP education.

BENEFITS/REWARDS OF PRECEPTING

Donley et al. (2014) report the preceptor's top perceived benefits and rewards:

- contribute to my profession;
- teach graduate nursing students;
- share my knowledge with graduate nursing students;
- keep current and remain stimulated in my profession;
- gain personal satisfaction from the role;
- socialize the graduate nursing students into their new role;
- learn from graduate nursing students;
- improve my teaching skills;
- increase my own professional knowledge base;
- be recognized as a role model;

- influence change in my practice setting;
- increase my involvement within my workplace;
- improve my organizational skills; and
- improve my chances for promotion/advancement within my workplace.

ROLE OF THE PRECEPTOR AS CLINICIAN AND EDUCATOR

- Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student, and/or program faculty.
- Provides students with clinical experiences that are grounded in the implementation of evidenced based practice, and represent typical advanced practice nursing.
- Identifies and discusses the student's needs in order to meet the course objectives.
- Assesses the nature of particular patient-care encounters to enable the student to meet personal learning objectives.
- Uses appropriate teaching methods to help the student meet learning objectives.
- Evaluates whether the student's objectives have been achieved by the end of the practicum.
- Provides the student with feedback regarding patient care decisions, professional comportment, and progress toward objectives.
- Demonstrates attitudes and qualities consistent with the ethics of the health professions.
- Applies leadership skills in the area of peer review, quality assurance, and community involvement.
- Respects the student, the clinical faculty, the advanced practice curriculum, and the nurse practitioner program.
- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.
- Ensures that students comply with HIPAA training and regulations.

Preceptor and Program/ Course Faculty

NURSE PRACTITIONER COURSE PROGRESSION

Prior to the student's clinical practicum, preceptors should receive a copy of the specific course description and objectives, as well as the student's individual clinical learning objectives. Reviewing the NP program/curriculum outline provides the preceptor with an understanding of the stages of academic progression in the NP program (Marfell, 2011), as well as the

clinical course the in which student is enrolled. Awareness of the curriculum enables the preceptor to design learning experiences, based on previous and current courses and clinical capabilities. Preceptors find that a quick overview of the NP program curriculum provides a road map for the student's learning needs.

COMMUNICATION WITH THE FACULTY

When program coordinators and faculty members attend to orientation of and communication with preceptors, the clinical practicum is enhanced for all. Data show that a strong preceptor orientation should include reflection, critical thinking and communication skills in recognition of the complexity of the preceptor role (Carlson, 2013). As well, the ability for ongoing communication throughout the clinical experience is valuable. Faculty members and others at the academic institution should provide phone numbers and email addresses to preceptors before the clinical practicum begins. The preceptor should also provide contact information along with the best times for contact.

NP program faculty arrange for site visits to observe the student providing direct care to patients and families. Direct observation by a member of the program faculty corroborates the preceptor's evaluation. Time should be scheduled during faculty site visits so the preceptor and faculty member can discuss concerns related to the student's performance, the preceptor's role, or any questions about the program. Faculty-preceptor evaluation can be performed at a distance, using other technologies (e.g. video or teleconferencing). Faculty, student, and preceptor telephone conference calls may also support preceptors during the student's clinical practicum and performance evaluation.

Preceptors should collaborate with faculty when a conflict or problem related to the student is identified. Any preceptor/student conflicts that have the potential for an adverse effect on the clinical experience should be discussed with the faculty as soon as possible. Faculty and preceptors should maintain open lines of communication throughout the clinical experience. Clinical faculty members are a particularly valuable resource to preceptors working with weak, unsafe, or unethical students. Most college/university policies hold the faculty responsible for a student's final grade in a clinical practicum.

Any problems related to the faculty member's role in the preceptorship experience should be discussed by the faculty member and the preceptor. If the problem cannot be resolved in this way, the preceptor should discuss it with the program director.

Liability Concerns

Care provided by students must be held to the same standard of care provided by a licensed advanced practice professional (NP, MD, DO, CNM). Preceptors are liable for the care provided to their patients while being preceptored. Preceptors introduce the student to their patient, and request the patient's permission to be interviewed and examined by the student. There is a clear understanding that the preceptor remains the primary care provider, is responsible for decisions related to patient care, and will continue to provide follow-up care.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnoses and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record, indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary that the preceptor co-signs all records in which the student provides documentation. Third party payers, government, and insurance companies cannot reimburse for care provided solely by the student.

Agreements and contracts with clinical agencies should articulate clearly any liability issues. Most NP programs require students to purchase separate NP student liability insurance. If the educational institution does not require NP student liability insurance, or assume liability for the student, it may require student NPs to maintain their own registered professional nurse liability insurance. The professional liability insurance policy must, however, indicate the inclusion of coverage for the role of an NP student. Students should provide the agency with a copy of the insurance certificate and coverage limits if not provided by the college/university clinical coordinator.

Impact of Medicare Regulations, Insurance and Availability of Practice Sites for NP Students

NP programs, faculty, and preceptors must be aware of current Medicare regulations affecting best practices, reimbursement, coding, and billing procedures. Issues relating to precepting both medical and NP students, and the Centers for Medicare & Medicaid Services (CMS; <http://www.cms.gov/>) regulations regarding presence of the preceptor during the student visit had been an issue for both medicine and nursing in 2001. The summary below provides documentation of the position of both AACN and NONPF in response to questions surrounding

preceptors and the clinical teaching of students. It clarifies for preceptors, faculty and NP programs the issue raised in 2001.

The American Association of Colleges of Nursing (AACN), NONPF, and other nursing groups believe that NP programs, faculty and preceptors need to be aware of the issue of the potential impact of Medicare regulations on the availability of practice sites for NP students.

In a 2001 memo summarizing the issues, AACN and NONPF expressed their concern relating to Medicare billing and documentation requirements that stipulate that preceptors of students be physically present for the entire visit and document the care provided. Although some NP programs reported that they were denied clinical contracts on the claim of the burden on preceptors, data has not supported this finding. Data has not supported that NP programs have experienced difficulty with finding access to clinical training sites for nurse practitioner (NP) students. Both NONPF and AACN continue to collaborate with nursing organizations in monitoring Medicare regulations, and

issues that pertain to the clinical education of nurse practitioners.

The CMS Guidelines for Teaching Physicians, Interns and Residents (2011) are specifically directed on the role of the teaching physician, which although are not stated, can be applied to teaching nurse practitioners who care for Medicare patients. The CMS guidelines and the NTF criteria for the ratio of preceptor to student are reasonable and explicitly identify the preceptor as the primary provider for the patient being seen by students, who is responsible for the review of all subjective and objective findings, diagnostics, and plans of care.

Preceptors currently are required by law to co-sign orders written by NP students, and generally write a similar note as is written for medical residents, "I have seen, examined and discussed this patient with the NP student, and concur with the findings and management plan". Please refer to the complete CMS policy at the website the following website: (<https://www.cms.gov/MLNProducts/downloads/gdelinesteachresfctsh.pdf>).

SUMMARY OF PRECEPTOR RESPONSIBILITIES

Logistics and Arrangements

- Notify appropriate individual (office manager, practice coordinator, etc.) of request for precepting
- Arrange for student orientation, including computer access
- Assist in completing required documentation such as:
 - Signing confidentiality form/HIPAA requirements/OSHA requirements
 - Immunization status
 - Background check
 - RN license
- Arrange clinical schedule with student (days, hours)
- Inform and prepare staff for student arrival and participation
- Inform student of practice epidemiology (common concerns and conditions seen in the practice)
- Assist with student access to patient health records
- Ensure examination space for patient encounters
- Assist the student in learning the consultation and referral process in the clinical setting
- Be aware of information in the legal affiliation agreement with the student's program
- Review personal and course/clinical objectives with student

Preceptor Requirements

- Provide appropriate documents to program, such as
 - CV/resume
 - Professional license information
 - Documentation of specialty certifications
- Provide current contact information to faculty

Communication

- Discuss any problems with student and faculty
- Enable student documentation of patient care consistent with the requirements of the clinical site. (If students have limited access to EHR, student can document on a form that may assist with preceptor's own computer charting)
- Be available onsite when student is present

Patient Encounters	<ul style="list-style-type: none"> • Facilitate access to a variety of patients as students increase their clinical skills • Validate student findings and provide feedback regarding their accuracy and significance • Discuss and approve the plan of management with the student including diagnostic, therapeutic and follow-up plans
Evaluation	<ul style="list-style-type: none"> • Provide formative and summative evaluation to document student's performance, consistent with student's agreement and personal objectives and course objectives. • Confer with faculty advisor and student a minimum of two times per experience to discuss student's progress and learning needs

Preceptor Expectations of Students

INTERVIEW

A preceptor may require an interview prior to accepting the student. This interview provides the preceptor with an opportunity to determine the student's level of learning, and the "goodness of fit" among student, preceptor and site. A meeting with the preceptor also allows the student to learn if the site will provide adequate experiences to meet both the course clinical learning objectives and the student's individual learning objectives (Barker & Pittman, 2010). In the absence of an interview, the clinical faculty member will assess the appropriateness of the clinical setting and preceptor assignment.

It is the responsibility of the NP program to provide the preceptor a copy of the course objectives and clinical evaluation criteria and forms. Individual student learning objectives should be provided by the student or directly from the program.

REVIEW OF PAST CLINICAL LOGS

Student logs/encounters provide a substantive indicator for discerning whether the student's learning needs are being met. The student's records of past patient encounters provide valuable evidence of the patients, their medical problems, medications prescribed, and patient education provided at each encounter. Most students are required to keep a written or electronic log of the de-identified patients they have seen and the nature of the patient care encounters they have experienced in their past clinical practice.

PREPARATION

The student should prepare for the clinical practicum as recommended by the preceptor and faculty member. This preparation includes developing individual learning objectives, conferring with faculty on specific learning needs, and seeking independent learning experiences to improve autonomy and self-confidence. Students keep a log/reflective journal of their

clinical experiences and make note of areas needing refinement as they progress through the experience. The preceptor should discuss the specific patient population and the most common clinical problems to expect in the clinical site. The student can prepare for the clinical practicum by reading current reference material. Students should focus on appropriate assessments and treatment for the clinical problems most frequently managed by the preceptor.

CLINICAL HOURS AND ATTENDANCE

The student should schedule clinical practicum hours considering the preceptor's schedule and availability - not the student's schedule or convenience. Prior to beginning the clinical practicum, students and preceptors need to agree on the days and times the student will be in the clinical site. The student's personal and work schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course, consistent with the NP program requirements, policies on academic standards, and the preceptor's agreed-upon clinical schedule.

The preceptor must be notified by the student, prior to the beginning of the clinical day, if the student will be absent due to illness or emergency. On the first clinical day, students should identify the procedure for contacting the preceptor in case of absence. It is also the student's responsibility to notify the faculty member of the absence and negotiate with the preceptor making up the clinical time, when possible. If the student is not attending clinical as scheduled, the preceptor should notify the course faculty member immediately. The student must understand that they are not permitted to be in the clinical setting if the preceptor is absent, unless an appropriate substitute preceptor is present.

If a student fails to complete the required number of clinical hours for the practicum, they are not automatically permitted to make up those hours. Agreement by the preceptor and faculty must be obtained prior to any extension of the clinical practicum. Making up incomplete clinical hours and absences

related to unexpected illness (of the student or preceptor) should be discussed between the course faculty, preceptor, agency, and student.

PROFESSIONAL APPEARANCE

Students are expected to dress appropriately and professionally in the clinical setting; the clinical site may specify the dress code. Student behavior should be consistent with standards of confidentiality established by HIPAA and the clinical agency. School insignia and/or student identification badges should clearly identify the student's name, credential (RN), and program/university affiliation.

EVALUATION OF THE PRECEPTOR AND CLINICAL SITE

Following the clinical practicum, the student should provide feedback to the preceptor on the quality of the learning experience, including the effectiveness of the preceptor's teaching and mentoring. In addition, students should provide the faculty with feedback on the effectiveness of the clinical practicum in meeting learning outcomes as well as the clinical site for facilitating learning (e.g. exam rooms available for student patient encounters). See Appendix G for an example of clinical site evaluation form for use by a student.

Managing the Clinical Experience

Mentoring and role modeling strengthen socialization in advanced clinical practice. Observing the preceptor's interactions with other professionals, staff, and patients enables the student to assume this new role. As students successfully integrate the role of the NP, they begin their journey from novice to expert. NONPF has developed core and population foci competencies the student must successfully achieve to perform the NP role. Visit the Education section of the NONPF website (www.nonpf.org) to access the core and population-focused competencies for NPs.

By organizing clinical learning within a time-constrained environment, the preceptor enriches learning experiences for the student. The preceptor communicates with the office staff about the scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with minimal disruption of the office routine.

GETTING STARTED

- Discuss individual preceptor expectations and teaching style. Will the experience be fast-paced or will the schedule be modifiable according to the needs of the student?
- Introduce student to the clinical site, confidentiality and personnel policies, and to other members of the staff and provider team. Explain the role of the student and the length of time of the clinical placement.
- Review program course objectives from syllabus.
- Determine student's personal learning objectives and priorities.
- Allow the student at least one day to "shadow" the preceptor, so the student understands the particular style and pace of the clinical environment.

THE CLINICAL DAY

- *Deliberate reflection*: Provide rationale for assessment and treatment of patients/families. Allow time for brief questions as interactions with patients unfold and the student observes care.
- *Developing a problem-oriented focus*: Select a concept or problem area for each clinical day that enhances clinical learning (e.g., physical exams of various age groups, management of several patients with the same condition, consulting, and referrals).
- *Readying*: Brief the student before entering patient room. What are the tasks required prior to meeting the patient? What resources are available to the student to prepare for the care of this patient/family?
- *Initiation*: Introduce the student to the patient and request the patient's permission for the student to perform a history and physical exam and other elements of the encounter.
- *Pattern identification*: Assist the student to recognize patterns/constellations of signs and symptoms. Assist in thinking through differential diagnoses, relating assessment data, and developing working diagnoses.
- *Clinical problem solving*: Teach in the patient's presence. Student presents signs and symptoms in front of patient/family. Use the "teachable moment" in response to student's presentation.
- *Controlling the number of teaching points*: Limit teaching to 1 or 2 key critical components per student-preceptor interaction.
- *Feedback method*: Guide student's clinical reasoning through a developmental process, beginning with analyses of specific experiences and student self-assessment, then identifying relationships between clinical experiences and specific concepts, and finally discussing patient care at the level of concepts.
- *Critique and evaluation*: Assess student's level of knowledge and understanding, filling in gaps and showing relationships between and among key concepts

- *Student reflection-in-action:* Use staffing time after each patient encounter to help student reflect on progress and need for continued development and practice. Promote student reflection-on-action at midway and final points in the experience. Encourage collaborative discussion that guides the student in understanding critical relationships between prior knowledge and new clinical experiences, and guide the student in self-evaluation and critique.
- *Student evaluation:* Assess student's level of clinical competence, using evaluation materials supplied by the NP Program. Take into account the student's current level of experience. Beginning students will demonstrate lower levels of accomplishment than students nearing the end of their clinical experience).

THE LAST CLINICAL DAY: SUMMING UP

- Provide time for the student to “debrief” regarding the entire clinical experience. Ask what went well, what they would like more of, what they will carry forward into their own practice.
- Provide honest, clear, and specific suggestions for the student's continued development as a nurse practitioner. Suggest additional clinical experiences to enhance the student's learning and growth in the NP role. Help the student make connections with other providers who might add knowledge and skill preparation.
- Discuss written evaluation with the student and the clinical faculty member.
- Indicate your willingness (or not) to continue in the teaching/mentoring role.

Clinical Teaching

Preceptors are responsible for helping students to refine skills related to patient care within the context of a caring relationship (Ferguson, 1996). It is important for the preceptor to allow the student to experiment with newly-learned skills to build clinical self-reliance. Preceptors can gain confidence in the student's abilities through observation, listening to case presentations, reviewing documentation, and attending to feedback from patients and other clinical personnel.

REFINING CLINICAL SKILLS

Assessment includes cognitive and psychomotor components. The student applies the sciences while using assessment skills in demonstrating clinical decision making. The preceptor is an invaluable resource for evaluating the student's progress towards achieving greater expertise in clinical reasoning.

The preceptor's initial role involves evaluating the student's level

of knowledge and assessment skills. 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.

Guiding students in gathering reliable assessment data involves observing the student while eliciting a history and performing a physical exam, followed by validating the assessment. The student presents findings to the preceptor, who evaluates the student's interpretation of the assessment data. Incorrect information is corrected by discussion and re-examining the patient as appropriate. Providing positive feedback reinforces students' skills and confidence in successful clinical learning. Students need time to practice their skills and test their abilities. Obtaining a patient's permission is always requested prior to a student beginning the encounter. The patient should be assured that the preceptor will also see them following the student's interview and exam.

Students should identify their individual learning needs in the area of assessment and welcome the preceptor's critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique or interpretation of patient assessment data. Often refining an incorrect psychomotor skill/technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. Interpretation of laboratory data is a skill that requires the student to apply knowledge from the sciences and identify links to the patient's history, presenting concerns, physical exam, and differential diagnoses.

As students progress and gain confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in clinical reasoning. Students need to be apprised that, although they are students, evidence of progressive mastery of content and psychomotor skills is expected. They should anticipate progressing along the continuum from novice to competent, safe practice.

INTEGRATION AND APPLICATION OF THE SCIENCES AND EVIDENCE-BASED PRACTICE

The preceptor is instrumental in facilitating the student to synthesize and apply scientific knowledge and evidence to interpret subjective and objective data, assess the patient and to develop management plans. Students' ability to synthesize and

apply scientific knowledge to the care of their patients should increase as they progress. In particular, they should demonstrate progressive mastery of physical assessment, pathophysiology, and pharmacotherapeutics.

Clinical reasoning can be supported by having the student present the patient case to the preceptor and provide evidence-based rationale for their decisions. In addition, the preceptor may suggest topics for further research, based on the patient encounters from that day. This strategy will enable students to gain confidence in and reinforce their knowledge base.

Preceptors who have knowledge about the structure and content of the curriculum, as well as the student's level of development within the program, are better able to anticipate learning experiences that draw on the application of course content. For example, preceptors may ask students to explain the pathophysiological theory behind disease processes and management when encountering patients with specific clinical problems.

CLINICAL REASONING AND DECISION-MAKING

Clinical reasoning and decision-making, according to Patricia Benner, Ronda Hughes, and Molly Sutphen (2008):

Clinical reasoning stands out as a situated, practice-based form of reasoning that requires a background of scientific and technological research-based knowledge about general cases, more so than any particular instance. It also requires practical ability to discern the relevance of the evidence behind general scientific and technical knowledge and how it applies to a particular patient. In doing so, the clinician considers the patient's particular clinical trajectory, their concerns and preferences, and their particular vulnerabilities (e.g., having multiple comorbidities) and sensitivities to care interventions (e.g., known drug allergies, other conflicting comorbid conditions, incompatible therapies, and past responses to therapies) when forming clinical decisions or conclusions.

Situated in a practice setting, clinical reasoning occurs within social relationships or situations involving patient, family, community, and a team of health care providers. The expert clinician situates themselves within a nexus of relationships, with concerns that are bounded by the situation. Expert clinical reasoning is socially engaged with the relationships and concerns of those who are affected by the caregiving situation, and when certain circumstances are present, the adverse event. Halpern 19

has called excellent clinical ethical reasoning "emotional reasoning" in that the clinicians have emotional access to the patient/family concerns and their understanding of the particular care needs. Expert clinicians also seek an optimal perceptual grasp, one based on understanding and as undistorted as possible, based on an attuned emotional engagement and expert clinical knowledge. (p.4)

As an expert clinical practitioner, the preceptor has mastered a variety of ways of thinking that contribute to the process of clinical reasoning. Teaching the student how to use these ways of thinking helps develop clinical proficiency. The process of teaching clinical reasoning guides the student in learning new ways of thinking in clinical practice. Teaching clinical reasoning enables students to apply knowledge in practice. Students should be asked to

- reflect and describe the process of identifying a specific diagnoses or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule;
- use accepted guidelines and standards of care;
- use the latest evidence in development of management plans;
- critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario; and
- reflect on previous client encounters and compare and contrast components of the assessment.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/ clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the NP role. Timely and constructive feedback, whenever possible, enhances this learning process.

MASTERY OF DOCUMENTATION

Accurate and complete documentation enables and ensures quality health care practices, while fulfilling legal and reimbursement requirements. The clinical practicum provides students with the opportunity to master documentation of care. In "learning by doing," the preceptor mentors the student in refining the history, exam, decision making, and level of service provided. The preceptor should review the history and physical findings prior to entries in the patient's health record. Many preceptors request that the student write out the note and any prescriptions for review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health 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 enter findings directly into the health record. Preceptors must co-sign all

students' notes whether hand-written, dictated, or computerized as they are legally responsible for the care of the patients, and required by CMS.

The documentation required for fulfillment of reimbursement criteria for different levels of care should be covered in the NP curriculum. Students who lack this knowledge should be directed to resources in the clinical area that will provide the substantive content.

The mastery of documentation includes:

- Clear written communication. Early in the curriculum, faculty members have opportunities to teach students the legal guidelines for accurate documentation. Assessing student documentation should be an ongoing process that takes place throughout the student's program of study.
- Familiarity with preferred formats for documenting encounters detailing the comprehensive history and physical, chronic illness, and episodic visits.
- Use of accepted medical abbreviations and anatomical terms, and descriptors. Prior to beginning the first clinical practicum the student should have a sound knowledge of normal (and variations of normal) physical assessment findings and their appropriate descriptors.
- The recording of only pertinent findings (both negatives and positives) from the history and physical exam.
- Use of strong writing skills. Students should also understand that the medical record is not only a legal document. When read by other providers, a perception of the writer's knowledge base occurs. For example, low level writing, use of lay terminology translates to a fellow provider as low level knowledge base.
- Reading the notes of the preceptor and other health care providers. The patient's health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student's clinical experience. As students review the notes that are documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation.
- Note-taking while in the room with the patient. The notes can then be organized into a rough draft that includes all components of the patient's care. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization.
- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may depend upon the practice setting.
- Use of the clinical site's electronic medical record.

REFINING 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 provide students with opportunities to improve their interpersonal skills:

- Collaborating with colleagues in the clinical setting;
- Preceptor observation and feedback;
- 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 attention of the student as soon as possible.

Students should demonstrate basic interpersonal skills.

- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question.
- Eliciting a history, comprehensively, and in an unhurried manner before beginning an exam.
- Asking about the patient's opinions, concerns about their condition, and how they would like to participate in their plan of care.
- Verifying with the patient understanding of their concerns, treatment plan, and opinions.
- Eliciting information from the patient about their family and support systems.
- Showing empathy: genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems.
- Providing the patient with relevant information, demonstrating sensitivity regarding potential impact on the patient's lifestyle, financial resources, or self-care ability.
- Providing culturally congruent care, demonstrating awareness of ethnicity, traditions, and beliefs.

The student should be notified of any need for improvement 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 refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their faculty member for remediation.

PATIENT EDUCATION

Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, as well as issues surrounding health maintenance and episodic self-care. 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.
- take into consideration 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 either verbal and written instructions, in plain English, or 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 agency resources for educating patients such as a nutritionist, diabetic educator, or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interprofessional health care team can provide resources and links in the community that will best meet the patient’s needs.

Most students find this aspect of care enjoyable. It also provides an opportunity for the preceptor to reinforce skills in patient education and emphasize its importance in the role of providing direct care to patients.

NAVIGATING HEALTH CARE SYSTEMS

To fully function in the nurse practitioner role, students must learn to navigate health care systems. They can practice these skills during contacts with interagency referral processes and with processes related to managed care, home care, securing durable medical goods, and writing prescriptions. As students progress through their NP program, they should demonstrate comprehensive care that includes collaboration with other health care professionals. Students should know how to maneuver the organizational structure to solve clinical problems in a way congruent with the agency/institution’s policy.

Students should be encouraged to advocate for patients as part of providing comprehensive care. Students’ self confidence in decision-making can be enhanced by providing feedback on their ability to achieve patient care goals and objectives through skillful negotiation of health care systems. A reference guide for commonly used community resources should be available to the student. Students should initiate referrals and team conferences and seek financial and social supports for patients/families.

INTEGRATING THE ROLE OF THE NP AS A MEMBER OF THE INTERPROFESSIONAL HEALTH CARE TEAM

This skill of integrating the role of the NP as a member of the interprofessional health care team is perhaps the most challenging for the preceptor to demonstrate and teach. Students can learn these skills by observing the preceptor in practice. The following examples are possible activities:

- Demonstrate collaborative management with other health care providers. This is an important way of teaching the student to respect the knowledge and expertise of other disciplines, and thereby earning respect for the NP’s unique contribution to the health care team.
- Initiate team conferences where all members of the health care team discuss and develop a plan of care for a patient or family.
- Encourage students to be creative and contribute to the smooth operation of the clinical setting. Students may contribute ideas to enhance the efficiency of operations. Their contributions enhance their self-confidence as valuable contributors to the health care team. Students may choose to develop teaching materials for patients and their families. These materials may complement resources available in the clinical setting.

EVALUATION

Academic Standards and Student Evaluation Criteria

Preceptors need to be aware of the academic and professional standards set forth by the student’s institution, as well as the criteria and expected dates for the evaluation of the student’s performance. Faculty members may include criteria for clinical failure, or the minimum performance required for the student to pass a clinical course. Nurse practitioner students are registered nurses, and subject to the quality and safety criteria defined in their state nurse practice act.

Formative evaluation

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas that have been identified as weak, and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and can be documented in anecdotal notes and midterm evaluation.

Summative evaluation

Summative evaluation describes the student's 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 NP program faculty. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student's knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to learning. Written comments are particularly valuable if the student needs remediation in a specific competency area. 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. It is important to include the student's self-evaluation during the preceptor/student evaluation discussions.

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

Summative and formative evaluation provides the preceptor with the tools to identify and discuss deficiencies that may indicate clinical failure. Preceptors should inform the clinical nursing faculty advisor of clinical performance deficiencies and/or problems at the time they occur.

Appreciation, Recognition and Rewards

Preceptors are the foundation of any successful Nurse Practitioner program. The experience of providing direct patient care is the essence of NP education. Simulation can augment, but not replace this critical experience. Faculty members deeply appreciate the participation of preceptors in the preparation of future generations of advanced practice nurses.

Module III References

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Marfell, J. (2011). Preceptors--the cornerstone of clinical education. *The Nurse practitioner*, 36(6), 6-7.

WEB LINKS FOR ORGANIZATIONS AND NATIONAL GUIDELINES

American Association of Nurse Practitioners
www.aanp.org

Center for Disease Control
www.cdc.gov

Healthy People 2020
www.health.gov/healthypeople/default.htm

National Organization of Nurse Practitioner Faculties
www.nonpf.org

Association of Women's Health, Obstetric and Neonatal Nurses
www.awhonn.org

Index of clinical trials: The Cochrane Library
www.cochrane.co.uk

National Library of Medicine Medline searches
www.ncbi.nlm.nih.gov/PubMed

National Guideline Clearinghouse
www.guideline.gov/

Preventive Medicine: Report of the U.S. Preventive Services Task Force
<http://odphp.osophs.dhhs.gov/pubs/guidecps/default.htm>

Centers for Medicare and Medicaid Service
www.cms.gov

National Association of Pediatric Nurse Practitioners
www.napnap.org

*Internet addresses are case-sensitive. NB: web addresses may change

MODULE IV

STUDENT GUIDELINES

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Introduction

This module provides NP students with guidelines, principles and procedures to assist them in identifying their responsibilities to

- request and plan clinical placements.
- schedule interviews and clinical hours.
- establish individual clinical objectives.
- prepare for the clinical practicum & pre-plan clinical experiences.
- identify and document learning skills.
- achieve both program and population foci competencies.
- complete the clinical course requirements.
- submit evaluations to course faculty.

Students also need to be cognizant of their professional role in demonstrating their appreciation for their preceptor's clinical teaching and the staff's assistance in facilitating the clinical practica. Students additionally must be accountable for their learning and future practices. Useful tools to complement this module are included in the appendices of the preceptor manual.

The NP Student: Accountability and Responsibilities

ACCOUNTABILITY

Accountability for practice is a crucial aptitude of nurse practitioners and the concept should be instilled into NP students from the very beginning of their nurse practitioner education.

Accountability includes the following:

- Knowing and practicing safety measures,
- Using evidenced based and national standards,
- Providing quality care, and
- Placing the patient first always.

Students should read and make themselves knowledgeable of the NP program and clinical site policies as related to entry level clinical competencies: Nurse Practitioner Core Competencies (NONPF, 2012); Adult-Gerontology Acute Care Nurse Practitioner Competencies (AACN, Hartford, & NONPF, 2012); Adult-Gerontology Primary Care Nurse Practitioner Competencies (AACN, Hartford, & NONPF, 2010); and Population-Focused Nurse Practitioner Competencies (Population-focused Competencies Task Force, 2013)

RESPONSIBILITIES

During the NP education program of study, NP students receive socialization in internalizing the roles and responsibilities of

professionalism, being proficient, engaging in safe current practice, advancing the role of the NP, and maintaining standards and providing quality interventions.

Each NP program's academic pathway provides for the progression of students through the program, indicating the specific point in which students may enroll in the clinical courses. The "3 Ps" - pharmacology, pathophysiology through the lifespan, and advanced health assessment – are required for all APRN students, in addition to the theoretical courses. The students enter the clinical courses and receive the clinical teaching, and mentoring of the preceptor. Students must understand the importance of their roles and responsibilities as student NPs. As students, they are representatives of the NP program and must demonstrate professional behavior, dress and preparation for the clinical day when in their clinical placement setting.

Clinical Placements

Each NP program has a process in place for securing placements. Students must familiarize themselves with the process, and seek faculty advice for an appropriate placement which will meet the learning needs and competencies to be achieved during the semester. Whether the NP program requests that the student choose from the program's list of preceptors or allows students to identify known preceptors in the community, the student must follow the program's process for submitting a placement request. Should a program allow students to secure their own preceptor, the student must provide the program with documentation that a conflict of interest does not exist. The preceptor cannot have a personal, social or professional relationship with the student, which would be inappropriate and an impediment to learning.

Requesting a clinical placement includes, but, is not limited to, several activities:

- Complete and submit the NP program's clinical request form by the date assigned. NP programs currently compete for clinical sites with other schools and health profession programs, resulting in a competitive market for clinical placements for NP students. Electronic clinical requests provide greater ease with processing and tracking. Faculty input is usually required either directly in choosing the preceptor or indirectly by reviewing the preceptor and site for appropriateness to the student's level of learning. The faculty member provides initial review of the request. If an NP program continues to use hard copy requests, the requests should be typed so as to provide a clear, readable document.
- Provide clear and accurate name and contact information

for the preceptor and faculty: a) address, b) telephone, c) fax, d) e-mail address, e) the contact person at the agency who places students, and f) verification of current licensure in good standing via the state of preceptor residence. Nursing staff education personnel in an agency or clinical office and practice managers may assign students with little or no direct communication between the preceptor and course faculty. Depending upon the placement, whether the placement is in a private practice or in an agency/institution, additional forms, documentation, and/or orientation may be necessary.

- Ensure that basic requirements, such as credentialing, time, and space for clinical teaching, are met when assigned or selecting a clinical site and preceptor. Health professionals (e.g. physicians, other APRNs) other than NPs who are asked to serve as preceptors must meet established criteria in accordance with NP program specific policies. Preceptors who are NPs must be nationally certified and have state licenses in good standing. Physicians who serve as preceptors must also hold licenses in good standing. Meeting the clinical requirements will assist the student in optimizing the learning experience. Within the partnerships between the NP student and course faculty and preceptor, there are roles that each partner must fulfill.
- Document whether or not a letter of confirmation or a contract is required for the student to be in the site once an individual has agreed to precept the student. Agencies/institutions usually require contracts, which the school may already have in place for the NP and/or other APRN programs. Generally, private clinical practices do not require a contract, only a letter from the NP program. A contract may be required if the student participates on rounds with the preceptor in the acute care setting. Each school will require documentation of the preceptor's credentials, e.g. a curriculum vitae (CV) or an abbreviated CV. Each state has an agency, e.g. Office of the Professions, that can verify the preceptor holds a license in good standing. These documents will also provide the school with data necessary to document compliance with the NTF Criteria in both the credentialing of preceptors and appropriateness of the clinical site.
- Submit an updated current RN license, health forms, immunizations, CPR certification, evidence of malpractice insurance, HIPAA knowledge, and more, as requested, to the nursing department that maintains student records. Many agencies/institutions require criminal background checks and sometimes drug screening. The school may require criminal background checks and provide them to agencies/institutions. If not, the student must obtain the clinical background check

and incur the cost whenever necessary. The clinical agency may have specific requirements such as ACLS for a cardiology practice or require attendance at an agency/institution-specific orientation. It is essential that students comply with all requirements.

- Share necessary information with preceptors. Although faculty or the clinical placement department will share the objectives for a particular clinical course with the preceptor, the student is responsible for a) clarifying the level of the course, and expected clinical outcomes, b) identifying his/her own learning needs, and c) seeking assistance from the designated preceptor for each clinical session.

Preceptor Interviews and Scheduling Clinical Hours

PRECEPTOR INTERVIEW

Some preceptors require that the student seek a placement interview. The purposes of the interview are to

- provide the preceptor with an understanding of the level, ability, and personality of the student.
- enable the preceptor to assess if the student would be a “good fit” for the clinical site and the population it serves as well as meeting the student’s educational needs.

(See Appendix C for an overview of the preceptor/NP student interview.)

SCHEDULING OF CLINICAL HOURS

The schedule of clinical practicum hours is at the convenience and availability of the preceptor. Students are not to ask preceptors to conform to a schedule that meets the student’s personal and employment needs. The student’s personal and work schedules should accommodate completing the required number of clinical hours prescribed by the clinical course. Students and preceptors need to agree on the days and times that the student will be in the clinical agency prior to beginning the practicum experience and then maintain a record of clinical hours. (See Appendix D.) Many programs have students registered in a Web-accessible commercial program that documents clinical hours and experiences throughout the clinical practicum. It needs to be clear to students that only direct care clinical hours can be applied towards course completion. Conferences, continuing education or other educational programs are not allowed.

Attendance

Students must perform clinical hours at the negotiated times and days with the preceptor. Careful attention to attend clinical on the days that the preceptor can accommodate the student is important. It is the student's responsibility to monitor the number of hours completed and to plan on completing the required number of hours for the term and have the preceptor sign their clinical log indicating the dates and number of clinical hours performed with the preceptor. The student is responsible for adjusting his/her personal and employment commitments to complete the required number of clinical hours. If the student does not complete the required clinical hours for the term, s/he cannot expect the preceptor to continue the precepting relationship. The student cannot assume extension of the clinical period with the preceptor; instead, an extension is granted only by agreement with the preceptor, clinical agency, faculty and school. Course faculty and the parties involved should discuss exceptions related to unexpected illness of the student or family.

When the student cannot attend clinical on a day that it is scheduled, the student must immediately notify both the preceptor and course faculty. On the first day of the clinical practica, the student should obtain a telephone number and discuss the procedure of notifying the preceptor for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day, is unprofessional, unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course faculty member of the absence as per the course guidelines and present the faculty member with a plan to complete the lost clinical time.

Professional Dress and Behavior

Students should prepare for clinical practice by dressing professionally and wearing the official school ID badge, lab coat, or other clinical site-specific attire (e.g. scrubs). Students should bring to the clinical practice their clinical diagnostic tools to be used to evaluate patients and not rely on preceptors to provide diagnostic equipment.

Students are representatives of the school and must present themselves as ambassadors of their programs. Students should be respectful to preceptors, faculty, staff, peers, patients and their families. Reports of unprofessional behavior will result in the student receiving counseling and possible review by the SON's/ CON's Committee for Academic Standards. Students should individually express their appreciation to their preceptors for their dedication, mentoring, and teaching at the end of the preceptored experience.

When in a clinical agency or practice, the student must take care not to violate the patient's HIPAA right to privacy. This includes not discussing patients or any issues relating to them in public places, e.g. halls, elevators, cafeteria. Many institutions install signs in elevators and other public areas to remind staff not to speak of or about patients. Discussions about patients in public places violate federal HIPAA regulations regarding protecting each patient's right to privacy. Students must be sure not to include the patient's name or any identifying data on assignments submitted for grading.

Clinical Objectives

It is the responsibility of the student to construct and provide the preceptor with student-specific clinical objectives in addition to the course objectives for the clinical practicum. The student should also provide a copy of the course objectives and evaluation criteria & forms if the preceptor has not received them.

The student should reflect and develop individual learning objectives that will meet and facilitate his/her learning needs (e.g. assessment of abnormal heart sounds, skills acquisition, clinical use of the microscope, suturing, etc.) that are not explicit in the course or clinical objectives.

Guidelines for developing clinical objectives include the following:

- The student will write specific clinical objectives according to individual learning needs.
- The faculty member will discuss and approve the objectives before the student presents them to the preceptor.
- Examples of clinical objectives include gaining expertise in psychomotor skills, diagnostic reasoning, diagnostic labeling, interventions, documentation, and evaluation methods.
- Specific clinical objectives must have a consensus of approval among faculty, preceptor, and student.
- Clinical objectives must be measurable.
- Clinical objectives should reflect the level of competency the student would like to achieve at the end of the practicum, e.g., minimal competency, proficient, etc.
- Clinical objectives should be congruent and complement the course objectives.
- A method for evaluation of individual objectives should include a method for evaluation that is measurable.
- Specific clinical objectives should be sufficiently limited in number so that appropriate attention can be directed toward each.

Preparation for Clinical Practicum

The clinical practicum extends the learning environment of the classroom to integrate and synthesize theoretical concepts with clinical practice. Students should prepare for the clinical practicum by developing individual learning objectives, as previously discussed. Students should prepare for clinical by reading course texts and professional journals and using other audiovisual and electronic learning aids.

The preceptor may recommend materials and topics for review prior to the first clinical day. The student should review the common clinical problems relevant to the clinical site population. Follow-up reading of current reference material following the clinical day provides the student with the opportunity to increase the breadth of scientific and clinical knowledge from that gained in the clinical arena.

Students must bring their clinical diagnostic equipment (e.g. otoscope/ophthalmoscope, tuning forks, Snellen chart, etc.). Electronic resources, such as a smart phone or a tablet, can provide applications appropriate to the clinical practicum and be valuable to student learning.

Guidelines

1. Students should have full knowledge of entrance requirements for clinical, including credentials, dress, location, timing, etc., before scheduling the first clinical day at the clinical agency.
2. Students provide their NP programs with a health record (physical examination), BLS card, NP student malpractice insurance, immunizations records, who will provide the documents to the preceptor's practice or agency. Background checks and agency/institution specific requirements need to be discussed and provided to the practice on the first day. In accordance with school and agency policy, students without health clearance should not enter the clinical setting.
3. Whenever possible, students may find it beneficial to have discussions with other students who have had the same or similar placements.
4. On the first clinical day, the student needs to discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and the communication with other disciplines.
5. Learn something about the preceptor, when possible, to acknowledge the preceptor's background and broaden the student's educational experience.
6. Each agency may require students to complete the agency's HIPAA guide before beginning the clinical practicum if the student has not completed HIPAA information in

their NP program. The student must comply with HIPAA regulations regarding the protection of the privacy of all health information of patients encountered in the clinical site. As noted, all student assignments must be submitted without any identifying data.

Documentation

CLINICAL HOURS

Each NP program will provide guidelines in the course syllabus that inform and guide the student as to how to document clinical hours. It is the student's responsibility to maintain the clinical hours log and obtain the preceptor's signature at the designated time during the semester/clinical practicum that validates the completion of the clinical hours as indicated by the student. If the student is in a specialty that is not limited to one age group but includes a broad scope of practice (e.g. FNP), the student should seek faculty counsel as to recording of the hours for each age population seen (e.g. pediatrics, OB/GYN, adult medicine). Maintaining separate clinical hours for each population provides clarity for documentation that can be provided to the certification bodies when applying for certification.

CLINICAL LOGS

Most NP programs require electronic clinical logs, and the faculty member gives direction in the clinical course syllabus on

- data to be included, e.g. number and type of patients seen, clinical problems evaluated, procedures performed, immunizations, medications prescribed, etc.
- the frequency for submitting the log.
- the medium in which the documentation is to be provided.

PATIENT RECORDS

In accordance with the provisions of HIPAA, all information relating to individual patients must be removed when the patient's case presentation is documented in clinical logs, history and physicals, case studies, etc.

With the advent of the electronic health record (EHR), many practices and agencies/institutions use EHRs. Students will need to identify the processes for obtaining access, documentation, and preceptor review and signature. Many different EHR programs are currently in use, and the experience of using one provides the student the opportunity to learn the benefits of the EHR and how best to document patient care and evaluate patient outcomes.

Evaluation

EVALUATION OF THE PRECEPTOR & CLINICAL SITE

The NP program will furnish the student with assessment tools that provide feedback on the effectiveness of the preceptor and clinical site in helping the student to achieve his/her learning objectives. Many of the evaluations are electronic and submitted anonymously to the NP program director or designated faculty. Evaluations are usually completed at the end of the semester/course in class or electronically. Following the completion of the clinical practicum, the student should provide feedback to the preceptor regarding the student's satisfaction with the learning experience. (See Appendix G)

EVALUATION OF THE STUDENT BY THE PRECEPTOR

It is important for students to review with the preceptor the evaluation form and the criteria for assessment at the beginning of the clinical practicum. The student and preceptor should also review course and individual student learning objectives at this time, providing an opportunity to discuss expectations and responsibilities of each. The preceptor needs to provide the student with two types of evaluation: formative and summative. Formative evaluation is the ongoing evaluation provided over the course of the semester. Formative evaluation is valuable to students because feedback can build the student's confidence, as well as identify areas needing improvement. Formative evaluation may be given incrementally, or at mid-semester, so that the student has feedback and has the opportunity to improve and/or remediate prior to the completion of the semester. Summative evaluation is the final or summary evaluation of the student's performance at the end of the term/clinical practicum. The preceptor will document the summative evaluation either on the NP program form or on a Web-based electronic evaluation tool and review it with the student. The evaluation should include both the preceptor's and student's original signature. If the preceptor gives the student the original copy of the evaluation to be given to the course faculty, s/he should place it in a sealed envelope with the preceptor's signature on the edge of the seal.

PURPOSES OF PRECEPTOR FEEDBACK/ EVALUATION

- Assisting in improving and enhancing student performance and skill set.
- Facilitating the student to successfully complete both the course and individual student learning objectives.
- Mentoring the student in role and professional development.

- Providing formative and summative evaluation to document student progress in meeting programmatic objectives for the student's academic level

Miscellaneous Preceptor Documents

PRECEPTOR CURRICULUM VITAE

NP programs usually request that the preceptor complete a form documenting his or her credentials and/or provide an updated CV. Programs may request that the student personally hand-carry the credentialing form and return the completed document and CV to the school to update credentialing files. With the evolution of technology as well as NP programs moving to electronic formats, this process may become 'paperless' for some NP programs. (See Appendix B.)

PRECEPTOR "THANK YOU" CERTIFICATE/ LETTER, RECOGNITION.

The NP program may wish to request that students hand-deliver certificates of appreciation to the preceptor. A letter of appreciation, including the number of clinical hours spent precepting and comments relating to the value of the preceptor's contributions to the student's learning, will provide all preceptors with documentation that may contribute to their advancement. Use of precepted hours by the preceptor towards meeting NP recertification criteria is dependent upon the certification body from which the preceptor is certified.

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MODULE V

DOCTOR OF NURSING PRACTICE GUIDELINES

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Introduction

Health care in America continues to spiral in complexity and sophistication (Lenz, 2005). The Doctor of Nursing Practice (DNP) degree evolved as a response to emerging health care needs (Chism, 2010). Edwardson (2014) notes the following factors that propelled the practice doctorate:

- The Institute of Medicine and the Robert Wood Johnson Foundation have urged health care educators to meet the complexity of health care demands by increasing the educational programs that address the scientific knowledge and practice expertise that is required to deliver high-quality patient outcomes.
- Other health care professions, including pharmacy and physical therapy, have moved to the doctoral level in education as they have realized the need for further education to enable them to fully participate as health care team members in addressing health care issues.
- In response to the rapid growth of scientific knowledge and information technology, nursing programs have increased the credit requirement in the Master's program within the past decade.
- The nursing faculty shortage at the PhD level is a growing concern to the extent that schools have had to turn away qualified nursing applicants to basic baccalaureate nursing programs. As the DNP is practice-focused, some believe that the DNP could provide excellent instruction in clinical education with the advanced practice nursing expertise.

Defining the DNP Degree

The AACN position statement in 2004 defines the DNP degree as a “practice-focused” doctoral degree and also as the terminal practice degree in nursing. AACN further defines nursing practice as follows:

Any form of nursing intervention that influences health care outcomes for individuals or populations, including the direct care of individual patients, management of care for individuals and populations, administration of nursing and health care organizations, and the development and implementation of health policy (p.3). (AACN, 2004).

In 2008 the National Organization of Nurse Practitioner Faculties (NONPF) issued a statement supporting the DNP degree as an

“evolutionary step” in the education of nurse practitioners and endorsed the doctorate title, Doctor of Nursing Practice (DNP) as the degree title to be used by NPs earning a clinical doctorate (NP Roundtable, 2008; Fitzpatrick & Wallace, 2009).

As independent organizations, AACN and NONPF provide guidelines and standards for NP education, although at times they may have different perspectives. One example of their individuality relates to the deadline for the adoption DNP degree as the entry level into practice. AACN has recommended that advanced practice programs should be at the DNP level by 2015 (AACN, 2010). NONPF instead recommends the educational evolution of the DNP degree from the Master's degree for NP preparation. NONPF does not include any finite date for the transition to the DNP (2010). NONPF has recommended that NP educators develop a smooth transition of NP programs from one degree level to another to maintain the quality of NP education. As of fall 2013, 92 nursing programs reported to offer the post-baccalaureate DNP for NPs and 111 programs were offering a post-master's DNP for NP preparation (Fang., Li, Arietti, & Bednash, 2014). Yet a recent Rand report commissioned by AACN (Auerbach et al., 2014) describes the barriers and challenges for implementation of post-baccalaureate DNP programs, as reported by nursing programs.

FOCUS OF THE DNP DEGREE VERSUS THE FOCUS OF THE PHD DEGREE

It is important to note that the DNP degree is a new degree, not a new role.

The primary focus of the DNP degree is expertise in clinical practice. *The Essentials of Doctoral Education for the Advancement of Nursing Practice* (AACN, 2006) include competencies related to leadership, advocacy, health policy, and information technology as further foci for the DNP degree. The emphasis of the DNP degree is to improve patient outcomes through the translation and implementation of nursing research into clinical practice.

The focus for the research doctorate is the generation of new knowledge for the discipline of nursing and to gain expertise as the principal investigator in research activities (Chism, 2010). Research focused programs place more emphasis on theory and research methods whereas practice-focused programs place more emphasis on scholarly practice and evaluation outcomes (Edwardson, 2014).

Clinical Experiences and Clinical Placements for the DNP Student

All nurse practitioners should demonstrate, upon completion of their NP program, the Nurse Practitioner Core Competencies, (NONPF, 2012). The core competencies “integrate and build upon existing Master’s and DNP core competencies and are guidelines for educational programs preparing NPs to implement the full scope of practice as a licensed independent practitioner. The competencies are essential behaviors of all NPs” (p.1). The student should demonstrate these competencies upon completion of the educational program, regardless of its population focus. Nurse practitioners must achieve the NP Core Competencies to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment. NONPF also recommended that NP programs implement the population foci competencies for each of their programs to maintain the clinical standards (NONPF, 2013).

The NP Core Competencies (NONPF, 2012) further define expectations for new graduates:

Nurse Practitioner graduates have knowledge, skills, and abilities that are essential to independent clinical practice. The NP student acquires the Core Competencies through mentored patient care experiences with emphasis on independent and interprofessional practice, analytic skills for evaluating and providing evidence-based and patient centered care across settings, and advanced knowledge of the health care delivery system. Doctorally-prepared NPs apply knowledge of scientific foundations in practice for quality care. They are able to apply skills in technology and information literacy, and engage in practice inquiry to improve health outcomes, policy, and healthcare delivery. Areas of increased knowledge, skills, and expertise include advanced communication skills, collaboration, complex decision making, leadership, and the business of health care (NONPF, 2012, p.1).

The DNP Toolkit (NONPF Curricular Leadership Committee, 2013), the Sample Curriculum Templates for Doctor of Nursing Practice (DNP) NP Education (NONPF, 2013a), and the Nurse Practitioner Core Competencies Content (NONPF, 2014) are resources available from NONPF to offer guidance to faculty in mapping out the core competencies across the NP curriculum and clinical experiences.

POST-MASTERS DNP STUDENT

The post-masters NP who enters a DNP program must

complete clinical hours as part of the program. The structure of those clinical experiences will determine how the clinical hours contribute to additional knowledge, skills, and abilities beyond that of the highly competent Master’s-prepared nurse practitioner. Preceptors for the post-masters DNP student should have advanced skills and knowledge in the area of clinical practice for which they are selected to guide the student. Ideally, the preceptor will be doctorally-prepared and be a currently practicing member of the health care community.

POST-BSN-DNP STUDENT

Preceptors for the post-BSN DNP program will guide students in achieving the 2012 Nurse Practitioner Core Competencies, as well as in acquiring the additional knowledge identified as essential to a DNP graduate. The post BSN-DNP student will need to work with a NP or physician preceptor to provide direct patient care in a clinical setting appropriate to their role and population focus. For example, a student in a Family Nurse Practitioner program could work with a NP or physician in a primary care setting such as family practice or internal medicine. An Acute Care NP (ACNP) student could work with an ACNP or physician hospitalist in a critical care unit.

CLINICAL HOURS AND CLINICAL PLACEMENTS

Certifying agencies require a minimum of 500 faculty-supervised clinical hours to sit for a NP certification exam, although NP programs at the Master’s level had previously reported significantly higher numbers of supervised clinical hours on average (Berlin, Harper, Werner, & Stennett, 2002). Therefore, all post BSN-DNP students should have at least 500 clinical hours providing direct patient care appropriate for their role and population focus to be eligible to sit for board certification. To successfully achieve the NP competencies, a broad range of learning activities could assist the student NP earning a practice doctorate to achieve the expected student outcomes. Examples of learning activities include participating in a clinical agency’s committee to evaluate a practice protocol, a health initiative in the state’s health department and components of program evaluation within a clinical unit. Clinical experiences for the DNP may be related to professional role and leadership, managing and negotiating health care delivery systems, quality, technology, health policy, and practice inquiry, some of which may be better met through types of placements other than providing direct patient care. The following are examples:

- To meet the competency of engaging in continuous quality improvement, a clinical placement with a preceptor conducting a quality improvement study would be appropriate.
- A clinical placement with a member of the board of nursing

- might demonstrate better competencies related to policy.
- Spending time with a preceptor who owns his or her own practice might better demonstrate competencies related to applying business strategies.
- Having the student spend time working with patients in a community health program might facilitate meeting the competency of participating in all aspects of a community health program.

Depending on the student’s DNP project, a clinical placement in a clinical specialty area might be appropriate. For example, a placement in managing high risk diabetic patients post-open heart surgery and upon discharge, using telehealth, would be appropriate for a DNP student. The clinical experience would increase the DNP student’s knowledge and skills that would reduce post-operative morbidity and mortality in diabetic patients, thus improving outcomes and changing health care delivery in the high risk, post-open heart diabetic patient.

The Scholarly Project for the DNP Student

Students in DNP programs complete a final project that demonstrates synthesis of the student’s learning experience and doctoral education. While the final project required of students in a research doctorate program must include research, the final projects of students in a practice doctorate program for NPs must relate to advanced practice. These projects should lay the foundation for future scholarship and may take many forms (AACN, 2006). Regardless of population focus, the students should incorporate the essential competencies of graduate NPs into their scholarly project including knowledge of independent practice, scientific foundations, leadership, quality, practice inquiry, technology and information literacy, policy, health delivery system, and ethics (NONPF, 2006a). NONPF has recommended a generic title of “DNP Project” across NP programs to describe the final project (NONPF, 2013b).

RESEARCH DOCTORATE DISSERTATION VS. PRACTICE DOCTORATE PROJECT

The research doctorate dissertation focuses “on the rigorous application of standard methodologies and the meticulous evaluation of results using generally accepted scientific analysis techniques that can be reliably reproduced and are generalizable” (White & Zaccagnini, 2014, p.454). The research doctorate dissertation has a narrow focus with tight control to limit extraneous variables. The practice doctorate project emphasizes “a practice problem and the evidence-based solutions for that problem” (White & Zaccagnini, 2014, p.454). While the practice

doctorate project should be systematic and rigorous, it is a “real world” project that cannot control extraneous influences. Use of research methodology such as randomization is not used in a DNP project. The practice doctorate project attempts to translate existing research into real practice situations (White & Zaccagnini, 2014, p.455).

TYPES OF SCHOLARLY PROJECTS

Types of projects vary greatly depending on the point of entry into the DNP program, population focus, student interests, and school requirements.

Prior educational experiences will greatly impact the scholarly projects of DNP students. Students entering a DNP program after completing an entry level nursing degree (i.e. BSN or CNL) will not have advanced practice experiences. Preceptors, faculty, and clinical instructors may need to facilitate identification of suitable projects and/or clinical problems.

Students entering a DNP program as post-Master’s students bring expertise in advanced practice clinical knowledge. These students are often in current practice and are clinical experts in their fields. They may be interested in broadening their knowledge in their current clinical fields or they may be interested in developing expertise in a specialty area. Regardless, they likely have exposure to a variety of clinical problems and may identify the focus of their project more easily.

While DNP programs must develop projects that fit within the framework of the DNP essentials, there may be significant variability from school to school. The resources that are available may broaden and limit the scope of projects that their students may complete. Some programs may elect to work with community partners to identify projects and problems and assign them to students. This type of collaborative relationship will enhance the student learning experience and also give back to the community partners. Most DNP programs require students to complete individual projects, while other programs may permit students to complete group projects. Projects will vary based on the population focus of the student, as well as the student interests. The student’s project should be appropriate to his/her population focus.

The following are examples of types of projects. See the table for examples that illustrate how these projects might be applied to in different settings, for various populations and by different NP foci.

- Translate research into practice
- Improve quality (care processes, patient outcomes)

- Implement and evaluate evidence-based practice guidelines
- Analyze policy: Develop, implement, evaluate, or revise policy
- Design and use databases to retrieve information for decision making, planning, and evaluation
- Conduct financial analyses to compare care models and potential cost savings, etc
- Implement and evaluate innovative uses of technology to enhance/evaluate care
- Design and evaluate new models of care
- Design and evaluate programs
- Provide leadership of interprofessional and or intra-professional collaborative projects to implement policy, evaluate care models, transitions, etc
- Collaborate with researchers to answer clinical questions
- Collaborate on legislative change using evidence
- Work with lay and or professional coalitions to develop, implement, or evaluate health programs (such as health promotion and disease prevention programs for vulnerable patients, groups or communities) (NONPF, 2007, p.2)

Examples of how DNP projects might be applied to in different settings, for various populations and by different NP foci.

Health Promotion & Community Health: Epidemiology and Continuity of Care

- Compare strategies for health promotion / disease prevention (community, schools, churches, etc.)
- Identify trends in patient visits, outreach programs
- Launch collaborative new health promotion program in vulnerable community population and evaluate it
- Develop and evaluate monitoring tools or screening programs
- Evaluate screening protocols
- Evaluate programs (care, training volunteers, education)
- Evaluate community responses to disasters
- Develop and evaluate the impact of self-care models
- Develop and test transition protocols to promote continuity of care across settings
- Evaluate high risk patients and develop approaches for risk reduction (child and elder abuse) for policy or care improvement

Policy-Related Scholarly Projects

- Implement new policy collaboratively by designing and evaluating HPV vaccination for 6th grade girls to prevent cancer (partnering with School/ Health Dept., etc.)
- Evaluate or compare nursing home policies for treating chronic pain
- Evaluate students at risk (school dropouts, depressed, substance users, pregnant) and recommend policy change, programs
- Evaluate employer policies regarding health and potential cost savings of new policies
- Evaluate the effect of evidence based policy in NICU
- Evaluate inconsistencies in scope of practice issues and use evidence based knowledge and to recommend changes

Integration of Technology in Care and Informatics Related Projects

- Create a database for monitoring childhood injuries in urgent care and evaluate its impact
- Use technology to improve care (telehealth consultation, interactive “home” visits, etc.) and evaluate results
- Evaluate technology’s impact on care (information transfer to point of care, etc.)
- Establish protocols that integrate use of technology in patient assessment in urgent care and evaluate their impact (NONPF, 2007, p.3)

Other Projects

- Evaluate interventions, innovations in care techniques
- Obtain baseline data, design an evidence based intervention and plan and evaluate
- Collaborate with other NPs or other professional colleagues to compare/ evaluate group visits
- Capture data on common problems and effectiveness of treatments with recommendations for change
- Evaluate management of psychiatric patients (protocols, meds, metabolic monitoring)
- Evaluate peer led support groups and their impact
- Evaluate pain control in palliative care
- Promote patient safety by reducing errors in medications
- Evaluate home care comparing satisfaction with physician and NP care

PROJECT GUIDANCE

Students will require academic guidance and mentorship with the development and evolution of their final projects. The academic institution should assign a faculty member to serve as the student's advisor. Faculty members are ultimately responsible for assessment of the final product, but students may request mentorship from and expertise of others. Depending on school requirements, additional mentors, upon formal invitation, may join a committee or provide informal consultation on the project. Appropriate project mentors will vary based on the type of student project. Clinical preceptors, doctorally-prepared NPs, Master's-prepared NPs, or physicians often serve as specialty experts. In addition, other health care professional mentors such as nurse experts, social workers, and physical therapists may be appropriate. Students may also solicit mentorship from non-healthcare professionals such as lobbyists, policymakers, and leadership experts. Faculty in the DNP program will determine the appropriateness of the project mentors and may be a resource for identifying mentors.

Schools likely require that all students submit a project proposal, or at a minimum a query, to the Institutional Review Board (IRB). Institutional policies must be reviewed to assure compliance of students conducting and completing projects. Most programs require that student present the scholarly project at a major conference and/or publish in a peer-reviewed publication.

In 2007, NONPF released a position statement recommending the following criteria for NP scholarly projects in practice doctorate programs:

- The project is related to advanced practice in the nursing specialty and benefits a group, population or community rather than an individual patient.
 - The project often arises from clinical practice.
 - The project may be done in partnership with another entity: clinical agency, school, health department, church, government, voluntary organization or community group, etc.
- The project leadership may be solo or collaborative depending on scope of the project and university requirements.
- The scholarly project addresses identified needs.
- The literature review suggests an evidence base for the project or supports the need for the project.
- Description of the innovation is adequate for others to use (essential components for success, cost, etc.).
- A systematic approach is used and data are collected using methods and tools that meet accepted standards.
- Expected outcomes are defined and measured (quality

improvement, cost savings, etc.).

- The project is conducted according to ethical principles.
- Dissemination modes are professional and public (peer review is included) (NONPF, 2007, p.1).

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MODULE VI

EVALUATION GUIDELINES

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Introduction

Nursing faculty members are responsible and accountable for several essentials of evaluation including student learning and their own teaching practices, as well as course, curriculum, and program effectiveness outcomes (Bourke & Ihrke, 2005). This responsibility and accountability requires considerable knowledge. Evaluation is the process of making judgments about learning and achievement based on careful analysis of assessment data (Oermann & Gaberson, 2009). While all aspects of evaluation may be daunting, clinical evaluation poses one of the most important and challenging aspects of the faculty role. Faculty must provide fair and reasonable clinical evaluation to determine the extent students have acquired specific competencies and learning outcomes (Bonnell, Gomez, Lobodzinski & West, 2005).

Nurse practitioner faculty members are charged with helping students prepare for current and evolving advanced practice roles. Integrating technology into education and practice is essential (Mastrian, McGonigle, Mahan, & Bixler, 2011). Advanced practice nurses must perform competently, appropriately interact with patients and various professionals, and adapt to ever-changing health care systems. Evaluation of outcomes need to reflect these expectations. Measurement of the quality of the student's performance in the clinical setting is assessing attainment of educational competencies and learning outcomes. Evaluation provides opportunities to identify students' strengths and weaknesses and to provide experiences to enable students to successfully achieve educational competencies. In addition to student evaluation, the evaluation process includes appropriateness of clinical sites, quality of teaching/learning strategies, preceptor involvement, performance of faculty member(s), and the effectiveness of the overall educational program.

Student Performance

EVALUATION OF STUDENT PERFORMANCE

One of the most important, but often difficult, tasks for the clinical preceptor is to evaluate student performance. Criterion IV.B.1 of the *Criteria for the Evaluation of Nurse Practitioner Programs* (2012) requires that, "NP faculty have academic responsibility for the supervision and evaluation of NP students and for oversight of the clinical learning environment."

Program faculty make decisions about student progression based upon clinical performance. Since observations during clinical site visits are limited by time and availability of patient encounters,

faculty must rely heavily on preceptor input. Preceptors need to be aware of course clinical objectives and standards set forth by the NP program prior to the beginning of the clinical rotation. NP program faculty members provide course objectives and materials. It is best to address questions regarding the level of performance expected of students early in the rotation.

Many programs use the same clinical evaluation form for each semester but have different levels of competencies based on academic level. Programs should use the Nurse Practitioner Core Competencies (NONPF, 2012) to develop new evaluation forms that meet current standards of practice in NP education. Programs should also incorporate the population-focused competencies into assessment (Population-focused Competencies Task Force, 2013). Data show that assessment built around a global rating system tied to competencies is more effective than a checklist approach in assessing student competence at a higher level over just skills (Turner et al., 2014). Appendix E includes a sample assessment form, and NONPF is also currently refining a template for a common assessment form.

As students progress through the NP program, expectations for clinical competence change as they become more independent and care for increasingly complex, multisystem patients. This is a critical part of the evaluation process. Beginning students require more preceptor input regarding differential diagnosis, physical assessment and care management; however, as students approach completion of the NP program, the student should achieve a higher degree of autonomy. It is the expectation that students become more proficient and organized in priority-setting and time management. Confidence in decision-making should progress, allowing students to be more independent by the final semester. Assessment of student competency during a given semester should reflect this temporal progression.

There are two forms of evaluation that should be made during the course of a clinical rotation: formative and summative. Formative evaluation includes the assessment of the student's progress midway through the clinical rotation/semester. Formative evaluation allows the preceptor to identify learning strategies to enable the student to achieve the learning outcomes that are required by the end of the semester. Summative evaluation takes place at the end of the semester and provides faculty with an overall appraisal of competency level as the basis of the final grade. When a preceptor or faculty member has major concerns about the student's progress during formative evaluation, the preceptor should maintain anecdotal notes that are discussed with both the student and the faculty member. Both the preceptor and faculty member may then construct a plan for remediation to facilitate successful achievement in the

areas of concern. The learning contract should clearly articulate specific learning activities for objective measurement to enable the student to achieve successfully learning objectives. The student should sign the learning contract, indicating that s/he understands what s/he needs to achieve and the process of evaluation at the end of the semester. The faculty member must be in contact with the preceptor to discuss the student's progress during the period of remediation, and, whenever possible, conduct an observational site visit to provide feedback to the student prior to the summative evaluation.

EVALUATION OF PRECEPTOR PERFORMANCE AND CLINICAL SITES

Clinical preceptors are the most valuable resources in any NP program. The didactic component of NP education serves to ensure that students learn the critical concepts in the sciences, assessment, and role formation for beginning practice. The clinical component of NP education provides the "clinical classroom" in which the students synthesize and apply their didactic education to the practice setting. The availability of experienced preceptors is essential to mentor and clinically teach students. Preceptors provide an invaluable service, as they volunteer to provide opportunities for students to practice and hone skills with actual patients who have real clinical problems; NP programs could not provide quality NP education without the service of clinical preceptors. Therefore, the evaluation of preceptor performance and the appropriateness of clinical sites is an essential task for NP faculty.

Evaluation may begin prior to the assignment of students through faculty contact with the prospective preceptor to determine if the clinical site will be a "good fit" for the student's academic level. As well, the faculty member will determine if the site can provide the appropriate mix and volume of patients in the NP program population focus, an adequate number of examination rooms for student-patient encounters, and if the preceptor has time to spend with students. Preceptors should be aware of the need for students to see an adequate number of patients in a clinical day and to have the opportunity to provide input regarding the management of clinical problems. This requires the preceptor to be willing to allow adequate time for presentation of patients and for the provision of feedback to the student. For example, the preceptor needs to consider if his/her practice is appropriate for mentoring beginning students who generally require more of the preceptor's valuable time. Many preceptors prefer more advanced students who may need less 'hands on' teaching, feedback and, therefore, are less likely to disrupt the clinical schedule. Considering these factors prior to accepting a student will avoid difficulties in fulfilling

responsibilities as a preceptor during the course of the semester.

The NONPF Issue Statement on Clinical Evaluation of APN/ NP Students (2003) clearly states the importance of direct observation of students with patients. After placement of students, faculty members need to schedule site visits to perform formative and summative evaluation of students. These site visits also provide an opportunity for faculty to observe the interaction between the preceptor and the student. The faculty member may observe whether students are allowed adequate time to carry out the necessary critical thinking and decision-making to formulate differential diagnoses, and construct the appropriate management plan prior to preceptor input. When preceptors interrupt this process by directing students to the appropriate plan, valuable teaching moments may be lost. Other observations that may be made by faculty members may include:

- adequate educational resources available to the students;
- clinical staff interaction with the student and vice versa;
- whether or not students are allowed to document patient encounters on the medical record; and
- orientation to the use of technology within the practice, e.g. the electronic health records and electronic prescribing.

Students should have an opportunity to evaluate preceptors at the end of the semester. Each NP program usually has students evaluate the preceptor's clinical teaching and mentoring. Schools/ Colleges of Nursing have a standard preceptor evaluation form. Faculty need to review each evaluation and make decisions regarding future use of clinical sites and individual preceptors based on student evaluation, as well as direct faculty observation. Accrediting bodies require that the NP program retain copies of student and faculty evaluations in preceptor files that are readily available for the program accreditation process. Students should also keep copies of their evaluations for their records, as FERPA does not permit the NP program release of evaluations. Should prospective employers wish to review the student's evaluations, the student should choose whether or not to provide copies of the evaluations which they hold to the prospective employer. Faculty can provide written or oral references to employers, based upon the student's performance during the program, without violating protected information.

Faculty Performance

EVALUATION OF FACULTY PERFORMANCE

Faculty evaluation is contingent on the parent institution and unit's mission and goals and should promote quality improvement. External factors such as state legislatures may have standards for accountability, e.g., faculty workload and

expectations in teaching, service, and research. Promotion and tenure review is a process of peer review in most institutions of higher learning. Faculty in non-tenure lines may not have well established criteria for systematic review (Sauter & Applegate, 2005). Ideally, faculty members engage in an annual, systematic review of identifying strengths and areas for improvement. The key to effective learning in many situations is a knowledgeable and insightful faculty member (Bradshaw & Lowenstein, 2011). Faculty members need to realize expectations and possess teaching/learning strategies for assisting students to reach outcomes. Student evaluations may provide insight into needs for faculty development; however, student evaluations should not be used for faculty re-appointment, promotion, tenure or discretionary raises. Faculty development is ongoing and is frequently an important component in faculty evaluation. Electronic technology and online education have changed the way many nursing faculty teach. Lessons learned from the national attention on quality health care present new foci for faculty members to emphasize critical thinking rationales behind decisions and evidence-based practice (Finkelman & Kenner, 2007).

Distance Learning Programs

EVALUATION IN DISTANCE LEARNING PROGRAMS

Students educated in distance learning programs must meet the same academic and practice standards as students educated in traditional classroom programs. NONPF (2011) defines distance education as “instruction that takes place when the teacher and learner are separated by time and/or place.” NONPF further describes distance education as follows:

The program or class can be presented partially or totally online and may be presented synchronously or asynchronously. The foundation for course content remains course texts, professional journals, evidence-based practice (EBP) guidelines, and the increasing volume and quality of web based documents and primary data.

Distance education uses a variety of instructional technologies. These include classic tools used for many years – course management systems, electronic mail, courier service, fixed computer media, interactive television, faxing, and truly old stand-bys like the phone and face-to-face encounters. Newer technologies to enhance distance education are referred to in this text as enhanced technologies. These include audio and video podcasting, narrated lectures, chat, social media (texting, Twitter, and

Facebook), streaming video, desk-top video conferencing, Internet-based programming, and a whole array of technologies yet to be developed. (p.8)

There are two types of available technologies used in distance education: **synchronous** and **asynchronous**. Synchronous technology is a mode of online delivery where all participants are “present”, pre-scheduled in “real time”. A webinar - or Web conferencing - is an example of synchronous technology. Asynchronous technology is an online format where participants access course materials on their own schedule. Recorded video or audio lectures, discussion forums, and e-mail are examples of asynchronous technology.

Synchronous technologies

- web-based VoIP
- telephone
- videoconferencing
- web conferencing
- direct-broadcast satellite
- internet radio
- live streaming

Asynchronous technologies

- CD
- email
- message board forums
- print materials
- voice mail/fax
- videocassette/DVD
- on demand streaming (delayed)

(Lever-Duffy, J. & McDonald, J.B., 2008)

Online learning is very rich when students enroll in a course as a cohort, modeling the on-site traditional classroom. However, learning and teaching online is much different than a traditional classroom experience even when used as part of a conventional class. Since most communication takes place via electronic messaging, and assignments are submitted electronically, writing skills and communication skills are paramount. In on-line learning, students have the opportunity to reflect upon assignments and responses prior to submission. Students have an opportunity with asynchronous on-line learning to hone their writing and communication skills.

Asynchronous electronic instruction also changes the social dynamics of education. In discussion boards, for example, each student provides input into the discussion, with each student having an equal opportunity to contribute ideas or comments.

Active participation is required in the electronic classroom. It is important to note that students learning styles differ, and their response to on-line education will differ, depending upon their personalities and interests.

Faculty and students in online classes need to be aware that assignments and class discussions need to be scholarly, demonstrating the same quality as assignments and discussions in a traditional on-site classroom. Assignments and discussions that are submitted should not be written in conversational language, contain personal beliefs, family stories or political

views. Students may form work groups and have on-line discussion of a group assignment, however, it should be done privately, without inclusion of the faculty.

Student participation may include the responses to discussion questions as well as the quality of the questions posed. Critical thinking skills that the student demonstrates in course participation are, at times, the same skills necessary in the clinical setting. Research is needed to compare the differences in the achievement of clinical objectives between traditionally taught students and students enrolled in the same course on-line.

GRADING OF STUDENT PARTICIPATION HOURS IN THEORY/DISCUSSION SEMINARS

Objective	Developing (C)	Accomplished (B)	Exemplary (A)
Shared thoughts	Sometimes shared well-considered thoughts	Often shared well-considered thoughts	Consistently shared well-considered thoughts and introduced new ideas
Displayed critical thinking (application, analysis, synthesis & evaluation)	Satisfactory development of critical thinking skills	Very good display of critical thinking skills	Excellent, clear display of critical thinking skills
Discussion entered promptly	Sometimes entered discussion promptly; occasionally posted original insights; responses to classmates may be brief	Usually entered discussion promptly; posted original insights and responded appropriately to classmates; postings sometimes elicit classmate or instructor response	Always entered discussion promptly; posted original insights and responded appropriately to classmates; postings nearly always elicit classmate or instructor response

ACADEMIC INTEGRITY

The question of academic dishonesty is a significant concern of faculty with educating students online. Online testing is usually performed in an unsupervised setting. Online programs should ensure a test design offered via an electronic platform that promotes academic integrity. The assessment of individual assignments or projects unique to a particular student may not be problematic; however, copying and pasting content from the Web into an online assignment has been reported. Completion of group assignments raises other issues as to whether each member of the group has contributed to the assignment.

Login and passwords to individual accounts may not insure that the person taking the examination is, in fact, the student enrolled in the course. One strategy to limit online cheating on examinations is to schedule the exam for all students enrolled in the course (on-site and on-line), at the same time (in the

same time zone). Using proctored testing sites, Web cams, Skype or other technologies has been another strategy used by NP programs. These methods provide validation as to the student's identity, as well as provide the opportunity to observe the student during an exam. NONPF provides further guidance on addressing academic integrity in Guidelines for Distance Education and Enhanced Technologies in Nurse Practitioner Programs (NONPF, 2011).

CLINICAL SUPERVISION

At the beginning of the precepted experience, clinical faculty should contact the preceptor to discuss the objectives of the course. At set points during the pre-arranged clinical time, faculty should assess student performance by continued and independent contact with the preceptor via email and telephone contact. This is part of the formative evaluation. However, evaluation of the student in person is essential as

preceptors are sometimes reluctant to describe deficiencies or areas for improvement in student performance. A site visit by the course faculty is ideal for evaluating the student's clinical skills. Evaluation of students who live at a distance from the NP program, may be evaluated

- at the distant site if the NP program can afford to send a faculty.
- by using technology to evaluate the student's skills, which will require patients' permission to observe the student-patient encounter to avoid violating HIPAA.
- at the academic institution during "intensive days", in which clinical skills are evaluated.

All NP programs must comply with state regulations and the NTF *Criteria for the Evaluation of Nurse Practitioner Programs* (2012) regarding credentialing of supervising preceptors and clinical faculty.

Clinical Logs

Requiring clinical logs for academic progression is a policy used by both on-site traditional programs and on-line programs. Electronic logs have become the mainstay for NP programs and provide access to both the student and faculty. Whether or not the logs have a grade attached which contributes towards the final grade, is determined by course/program faculty. An important aspect to making the electronic log integral to the learning process is for the faculty member to communicate with the student about the experiences rather than just to spot check the clinical encounters as a ledger. Squires (2009) notes that electronic logs provide faculty with the ability to set experience benchmarks that are useful for competency-based assessments. Faculty members can insure that

- clinical experiences reflect the program's population foci, curriculum, and goals. (For example, if an Adult-Gerontological (AG) NP student's log reflects that the student has recorded a patient encounter for a patient who is 12 years of age, the faculty member can readily retrieve this information and can address scope of practice and population foci issues.)
- clinical encounters reflect diversity in diagnoses and their frequency. (For example, the student whose log reflects having seen 40 patients with the diagnosis of urinary tract infection should reflect the student's competency in making the diagnosis and prescribing care for a patient with that specific diagnosis.)

- the electronic log provides a structure to uncover areas for improvement and/or exposure to age groups, gender, ethnicity, social issues, common diagnoses, etc.
- the log provides data as to the percentage of clinical decision-making provided by the student for each patient encounter. (For example, if a second semester NP student records that the percentage of his or her decision-making is zero, it is a red flag for the faculty. It would indicate that the student is receiving an observational experience only. The faculty should contact the preceptor, and if the situation cannot be resolved to provide the student with a clinical experience appropriate to their level, the placement must be changed to one in which the student can achieve their clinical competencies.)

The requirements of data entry into the clinical log reflect the student progression through a curriculum. For example, a beginning nurse practitioner student in an assessment course may focus on the chief complaint, associated symptoms, and supporting physical exam and laboratory findings but does not record ICD-9 codes. An intermediate nurse practitioner student may additionally log comments regarding specific therapeutic interventions and demonstrate more autonomy in the patient visit. An advanced student manages a patient visit in an organized, skillful, and independent manner, entering all data points and engaging in interprofessional collaboration, consultation, and referral. Advanced students may also develop a portfolio. The electronic log is very valuable in the process of demonstrating the breadth of the student experiences throughout a program of study.

An issue with the accuracy of the clinical log arises from a student's delay in entering the data, since some students do not use point of entry timing to enter data, i.e. at the clinical site. They hand write notes and then enter the data at another time. Providing accurate recall of the details of the patient encounter, which serves as a basis for critical and reflective thinking may be compromised by the lapse in time between the time of the encounter and the time of the log entry. It is a duplication of work of the student and likely decreases satisfaction with the process.

Ease of entering and retrieving the data are important. Functional attributes commonly considered in the selection of electronic log systems for NP student tracking include the following:

- individual and aggregate reports(student, preceptor, site)
- ease of data entry (typing, tapping/drop-down lists)
- access options (smart phone, tablet, computer)
- ease of searching (retrieving data)

- security – login and passwords
- Health Insurance Portability and Accountability Act (HIPAA) compliance
- ease of feedback from clinical faculty instructors
- other factors, such as affordability, compatibility, and data stewardship.

(Adapted from Squires, 2009)

Evaluation of Programs

Assessing the value of an educational program provides another aspect of the educational effectiveness. Program evaluation judges the merit or worth of the total program, as well as individual elements of the program (Sauter & Applegate, 2005). Internal and external accountability demands periodic evaluation. Models for assessing educational programs exist that include a framework for assessing sources of data and time frame for assessment. These planned, systematic assessments allow faculty members, administrators, accrediting agencies, and others involved, to have information for quality improvement (Oermann & Gaberson, 2008). Nursing accrediting agencies typically use a combination of self-study and site visits to the institution. These accreditation assessments determine whether the program meets external standards of quality (Oermann & Gaberson). Specific purposes of program evaluation include how and how well

- various elements of the program interact and influence effectiveness.
- program implementation went as planned.
- the program realizes the mission, goals, and outcomes.
- the program uses resources.
- decision making leads to improved program effectiveness (Sauter & Applegate).

One measure of program effectiveness is the program pass rate on national certification examinations, and its comparison to the national mean pass rate for the population focus of the NP program. A contributing factor to the pass rates of NP programs can be reflected by the number of seasoned, experienced faculty who possess the credentials, teaching experience and clinical expertise to serve as experts to mentor NP students.

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MODULE VII

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MODULE VIII

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Contributors

The appendices represent the work of various contributors in the original module subgroups.

Disclaimer: The Appendices contained within this module are samples of documents constructed for NP program us but have not been subjected to psychometric rigor.

APPENDIX A

CONTRIBUTORS TO FIRST EDITION OF PARTNERS IN NP EDUCATION

The following listing of contributors appeared in the first edition of Partners in NP Education. Individuals may have changed affiliations and obtained new credentials since that time, but this listing reflects their data current as of the printing of the first edition. NONPF recognizes the work of these contributors as the foundation for the manual in the new edition.

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Module VIII–Appendices

Represents contributions by the various module subgroups.

PRECEPTOR CURRICULUM VITAE

Name: _____

Date and Place of Birth: _____

Mailing Address: _____

Work Tel. & Fax: _____

E-Mail Address: _____

Social Security Number: _____

HIGHER EDUCATION

<u>From</u>	<u>To</u>	<u>Degree and Date</u>	<u>Institution</u>	<u>Field/Specialty</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

CERTIFICATION AND LICENSURE

<u>Date</u>	<u>Expiration Date</u>	<u>Agency</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACADEMIC APPOINTMENTS

<u>Dates</u>		<u>Title</u>	<u>Status</u>	<u>Institution and Location</u>
<u>From</u>	<u>To</u>			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PROFESSIONAL PRACTICE

<u>Dates</u>	<u>Activity</u>	<u>Location</u>	<u>Institution and Affiliation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PROFESSIONAL AND SCIENTIFIC MEMBERSHIPS

<u>Dates of Membership</u>	<u>Organization</u>	<u>Position</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACADEMIC AND PROFESSIONAL HONORS

<u>Date</u>	<u>Honor</u>	<u>Conferring Organization/Agency</u>
_____	_____	_____
_____	_____	_____

MOST RECENT PUBLICATIONS & CONTINUING EDUCATION

Please circle the appropriate answer to the two questions below.

1) How many years have you been in clinical practice (as an NP/MD/DO/CNM/PA)?

- a) > 15 years
- b) 11-15 years
- c) 6-10 years
- d) 3-5 years
- e) 0-2 years

2) How many years have you preceptored students (e.g. NP, MD)?

- a)>10 years
- b) 5-9 years
- c) 1-4 years
- d)< 1 year
- e) 0

Preceptor's Signature

Date

PRECEPTOR/NP STUDENT INTERVIEW

I **Introductions and Background Information**

Introductions and background information would include basic nursing and career experiences and positions. Do you have any health problems or concerns and are you pregnant?

Student should have state nursing license and copies of credentials such as OSHA, CPR, history and physical, resume, and liability insurance.

II **Questions the preceptor might ask the NP student:**

1. Why do you want me as a preceptor? What are you expecting from me?
2. Why do you want to be a nurse practitioner? What are your future goals?
3. What is your definition of a nurse practitioner? Do you know any nurse practitioners?
4. What do you consider your strengths?
5. What do you consider your weaknesses?
6. How do you handle mistakes?
7. The preceptor should pose a simple patient situation and ask the student to make decisions.
8. How would you describe your abilities to work with subordinates, peers, and authority figures?
9. Explain how you would handle a conflict? OR what is your philosophy of conflict resolution?
10. How would you describe your ability to work with people in other disciplines?
11. To which professional organizations do you belong (including NP organizations)?
12. In what type of community service do you participate?
13. What is your primary clinical objective?
14. What are your sub-objectives?
15. How often do you wish feedback? Informal evaluation? Formal evaluation?
16. What hours will you be able to schedule clinical? When do you wish to start clinical, what days, and what hours?

III **Letter of Agreement**

Some schools and preceptors request that the NP student sign an agreement with the preceptor, following the interview. See sample letter of agreement, Appendix D. If an agreement is signed, the student is responsible for making copies of agreement, agreed clinical schedule, and providing copies of the documents to both the preceptor and the course faculty.

STUDENT-PRECEPTOR-FACULTY AGREEMENT

CRITERIA FOR AGREEMENT BETWEEN STUDENT, PRECEPTOR AND FACULTY FOR ALL CLINICAL PRACTICUMS

Prior to any practicum in which an NP student enters into a preceptorship relationship, the student will collaborate with preceptor and faculty to plan and implement an instrument of agreement that is signed by the student, preceptor, and faculty member responsible for evaluation of the student. The instrument is kept on file by the faculty member, and copies are distributed to all other parties of the agreement. The written agreement will contain, but is not limited to, the following:

1. Student's responsibilities for attendance and participation in agency activities and in evaluation of the practicum experience.
2. Preceptor's commitment of time, supervision, guidance, and evaluation of the student and collaboration with student and faculty.
3. Faculty member's role in orientation and collaboration with student and preceptor, evaluation of classroom and clinical performance, and determination of course grade.
4. A statement providing for the confidentiality of information related to the agency, patient, institution (college of nursing), and/or student affairs

PRECEPTORS: Review: Benner, P. (19) *From Novice to Expert*.

Criteria for Preceptor:

1. Leader, researcher, manager, expert practice role.
2. Accessible.
3. Role model.
4. Change agent.
5. Articulate communicator.
6. Professionally active.
7. Proficient to expert in interviewing, history taking, physical examination skills, diagnostic reasoning, planning and managing.
8. Interested in teaching and working with nurse practitioner students.
9. Objectively assesses, critiques and validates the learner's competencies.
10. Facilitator for professional advanced practice socialization.
11. Holds a trusting, confident, relationship with student and treats student as a professional colleague.

The purposes of the clinical preceptorships are to:

1. Integrate the student into the roles of the nurse practitioner.
2. Assist the student to apply theory to practice.
3. Assist the student to increase skills, competence and expertise.

STUDENT-PRECEPTOR-FACULTY AGREEMENT

The nurse practitioner student enrolled in the Master of Science in Nursing, or Post Master's Certificate Nurse Practitioner program will commit an average of _____ hours weekly participating in clinically sanctioned activities. The student will share in the evaluation of the preceptor and course content.

The preceptor will serve as a role model and will provide adequate opportunities for practice and success. The preceptor will provide support, encouragement, and professional feedback in difficult and complex situations. The preceptor will share various tools and references which will assist me in the role transition to nurse practitioner.

The preceptor agrees to review the student's weekly activity log and provide supervision and guidance to facilitate the student's goals and expectations for the clinical experience. The preceptor also agrees to collaborate with the student and professor in an ongoing evaluation of the students needs and clinical experiences.

The student agrees that all information concerning the involved agency, patients, or School/College of Nursing will be kept confidential. The student also agrees that the preceptor will summatively evaluate the student's activities, professionalism, goal attainment, etc.

STUDENT

NAME (Please Print)

Student's Signature

Date

PRECEPTOR

NAME & TITLE (Please Print)

Preceptor's Signature

Date

AGENCY

FACULTY

NAME & TITLE (Please Print)

Faculty's Signature

Date

NP STUDENT CLINICAL EVALUATION

Student's Name: _____ # of Hours Completed: _____

Preceptor's Name: _____ Course Title & #: _____

	CONSIDERABLE guidance needed	MODERATE guidance needed	Fairly CONSISTENT in meeting competency goals	CONSISTENT & Self directed in meeting competency goals
COMPETENCY AREA: Scientific Foundation				
1. Critically analyzes data and evidence for improving advanced nursing practice.				
2. Integrates knowledge from the humanities and sciences within the context of nursing science.				
3. Translates research and other forms of knowledge to improve practice processes and outcomes.				
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.				
COMPETENCY AREA: Leadership				
1. Assumes complex and advanced leadership roles to initiate and guide change.				
2. Provides leadership to foster collaboration with multiple stakeholders (e.g., patients, community, integrated health care teams and policy makers) to improve health care.				
3. Demonstrates leadership that uses critical and reflective thinking.				
4. Advocates for improved access, quality, and cost effective health care.				
5. Advances practice through the development and implementation of innovations incorporating principles of change.				
6. Communicates practice knowledge effectively both orally and in writing.				
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.				
COMPETENCY AREA: Quality				
1. Uses best available evidence to continuously improve quality of clinical practice.				
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.				
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact quality of health care.				
4. Applies skills in peer review to promote a culture of excellence.				
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.				
COMPETENCY AREA: Practice Inquiry				
1. Provides leadership in the translation of new knowledge into practice.				
2. Generates knowledge from clinical practice to improve practice and patient outcomes.				
3. Applies clinical investigative skills to improve health outcomes.				
4. Leads practice inquiry, individually or in partnership with others.				
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.				
6. Analyzes clinical guidelines for individualized application into practice.				
COMPETENCY AREA: Technology and Information Literacy				
1. Integrates appropriate technologies for knowledge management to improve health care.				
2. Translates technical and scientific health information appropriate for various users' needs.				
2a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.				
2b. Coaches the patient and caregiver for positive behavioral change.				
3. Demonstrates information literacy skills in complex decision making.				
4. Contributes to the design of clinical information systems that promote safe, quality, and cost effective care.				
5. Uses technology systems that capture data on variables for the evaluation of nursing care.				

COMPETENCY AREA: Policy	CONSIDERABLE guidance needed	MODERATE guidance needed	Fairly CONSISTENT in meeting competency goals	CONSISTENT & Self directed in meeting competency goals
1. Demonstrates an understanding of the interdependence of policy and practice.				
2. Advocates for ethical policies that promote access, equity, quality, and cost.				
3. Analyzes ethical, legal, and social factors influencing policy development.				
4. Contributes in the development of health policy.				
5. Analyzes the implications of health policy across disciplines.				
6. Evaluates the impact of globalization on health care policy development.				
COMPETENCY AREA: Health Delivery Systems	CONSIDERABLE guidance needed	MODERATE guidance needed	Fairly CONSISTENT in meeting competency goals	CONSISTENT & Self directed in meeting competency goals
1. Applies knowledge of organizational practices and complex systems to improve health care delivery.				
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.				
3. Minimizes risk to patient and providers at the individual and systems level.				
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.				
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.				
6. Analyzes organizational structure, functions, and resources to improve the delivery of care.				
7. Collaborates in planning for transitions across the continuum of care.				
COMPETENCY AREA: Ethics	CONSIDERABLE guidance needed	MODERATE guidance needed	Fairly CONSISTENT in meeting competency goals	CONSISTENT & Self directed in meeting competency goals
1. Integrates ethical principles in decision making.				
2. Evaluates the ethical consequences of decisions.				
3. Applies ethically sound solutions to complex issues related to individuals, populations, and systems of care.				
COMPETENCY AREA: Independent Practice	CONSIDERABLE guidance needed	MODERATE guidance needed	Fairly CONSISTENT in meeting competency goals	CONSISTENT & Self directed in meeting competency goals
1. Functions as a licensed independent practitioner.				
2. Demonstrates the highest level of accountability for professional practice/				
3. Practices independently managing previously diagnosed and undiagnosed patients.				
3a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of life care.				
3b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.				
3c. Employs screening and diagnostic strategies in the development of diagnoses.				
3d. Prescribes medications within the scope of practice.				
3e. Manages the health/illness status of patients and families over time.				
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making.				
4a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.				
4b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.				
4c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.				
4d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.				
Student Strengths:	Areas for development/improvement:			

Preceptor's Signature/Date: _____ Student Signature/Date: _____

APPENDIX F

NP CLINICAL SKILLS & PROCEDURES CHECKLIST*

NAME:

#	PROCEDURE (e.g. suturing)	SKILL LEVEL				PRECEPTOR' SIGNATURE & DATE (PROCEDURE AND SKILL LEVEL TO BE SIGNED OFF BY PRECEPTOR WHEN COMPLETED)
		CONFIDENT & INDEPENDENT	FAIRLY CONFIDENT MINIMAL SUPERVISION NEEDED	MODERATE SUPERVISION NEEDED	PERFORMED ONCE & WITH SUPERVISION	
1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
*Checklist should be customized by each NP program and can be continued after the student enters advanced practice to document newly acquired expertise.						

NAME:

#	PROCEDURE	SKILL LEVEL				PRECEPTOR' SIGNATURE & DATE (PROCEDURE AND SKILL LEVEL TO BE SIGNED OFF BY PRECEPTOR WHEN COMPLETED)
		CONFIDENT & INDEPENDENT	FAIRLY CONFIDENT / MINIMAL SUPERVISION NEEDED	MODERATE SUPERVISION NEEDED	PERFORMED ONCE & WITH SUPERVISION	
16.						
17.						
18.						
19.						
20.						
21.						
22.						
23.						
24.						
25.						
26.						
27.						
28.						
29.						
30.						
*Checklist should be customized by each NP program and can be continued after the student enters advanced practice to document newly acquired expertise.						

STUDENT EVALUATION OF CLINICAL PRACTICUM AND SITE

INSTRUCTIONS: Please evaluate your clinical practicum site for this semester. Answer each statement by circling the number which most accurately reflects your evaluation of the clinical practicum. Please use the scale defined below:

	1 = Strongly Disagree	2 = Disagree	3 = Neither disagree or agree, or not applicable	4 = Agree	5 = Strongly Agree
1. The clinical site provided adequate practice opportunities for growth as an advanced practice nurse.	5	4	3	2	1
2. This clinical site has resources to support a student practicum.	5	4	3	2	1
3. This clinical site has procedure and protocol manuals, educational materials, and personnel to adequately support a student in advanced practice nursing.	5	4	3	2	1
4. I was able to use a theoretical model to guide my practice in the clinical site with little or no difficulty.	5	4	3	2	1
5. The clinical preceptor was sensitive to my need for guidance.	5	4	3	2	1
6. The clinical preceptor was able to allow for latitude for my developing autonomy.	5	4	3	2	1
7. I was stimulated by the clinical preceptor to confront new problems and situations to prepare me for advanced practice.	5	4	3	2	1
8. The clinical site director, preceptor (circle one) assisted me to fulfill the objectives of the course of study for which this clinical practicum was organized.	5	4	3	2	1
9. The clinical site personnel did not utilize my services as a worker except as contracted in my clinical contract.	5	4	3	2	1
10. I was evaluated fairly and objectively by my clinical preceptor.	5	4	3	2	1
11. I would recommend this preceptor to my peers for practicum experience.	5	4	3	2	1
12. I would recommend this clinical site to my peers for practicum experience.	5	4	3	2	1
13. Patients are variable in age, diagnoses, and numbers.	5	4	3	2	1
14. Diagnostic test results are readily accessible.	5	4	3	2	1
15. The philosophy of the personnel was directed toward quality care, health promotion, and disease prevention.	5	4	3	2	1
16. Opportunities were readily available for my participation in management of care for patients.	5	4	3	2	1
17. My overall evaluation of this clinical practicum site is: (Indicate as below) <i>Excellent (5) Good (4) Fair (3) Poor (2) Would not recommend in future placements (1)</i>	5	4	3	2	1
Name of Clinical Preceptor :					
Name of Clinical Site:					
Name of Student:			Dates		
Faculty:			Date:		
FOR COMMENTS, PLEASE USE ADDITIONAL PAGE					

COURSE EVALUATION

Course Number _____

INSTRUCTIONS: Please read each of the following statements carefully then circle the number that most accurately reflects the extent to which you agree or disagree with the statement.

		5=strongly agree	4 = moderately agree	3 = neither/nor	2 = moderately disagree	1 = strongly disagree					
		S	C	A	L	E					
		EVALUATION CRITERIA									
		COURSE LEARNING ENVIRONMENT									
1.	The required textbooks for the course met my needs	5	4	3	2	1					
2.	Handouts used in the course were beneficial	5	4	3	2	1					
3.	Course content was appropriate for a graduate-level course	5	4	3	2	1					
4.	The content in this course built on content from other courses	5	4	3	2	1					
5.	The content of the course adequately addressed the stated objectives	5	4	3	2	1					
6.	Teaching methods for the course were effective	5	4	3	2	1					
7.	My evaluation was carried out in a fair and objective manner	5	4	3	2	1					
8.	The clinical experiences contributed to my professional growth	5	4	3	2	1					
9.	Lab experiences improved my abilities and complemented the course	5	4	3	2	1					
10.	Course content included the competencies of advanced practice nurses	5	4	3	2	1					
		COURSE OBJECTIVES									
11.	I understand the use of pharmacotherapeutics across the age span for patients and families within my certification specialty	5	4	3	2	1					
12.	I can utilize history, physical exam, and lab/Dx test competencies in patient/family care management	5	4	3	2	1					
13.	I use critical thinking in a comprehensive assessment	5	4	3	2	1					
14.	I can assess and manage acute/chronic illnesses	5	4	3	2	1					
15.	I can perform, utilize and interpret selected diagnostic procedures	5	4	3	2	1					
16.	I can formulate diagnostic hypotheses from symptoms, laboratory data and pathophysiology	5	4	3	2	1					
17.	I can apply major scientific, nursing, and social theories, including growth and development	5	4	3	2	1					
18.	I can utilize & propose various screening techniques and preventive measures	5	4	3	2	1					
19.	I use a conceptual framework to guide my practice	5	4	3	2	1					
20.	I demonstrate professional, ethical, fiscal and moral conduct in patient management	5	4	3	2	1					
21.	I collaborate with health care team members in the management of patient/family care especially in complex situations	5	4	3	2	1					
22.	I can analyze the interaction of individual, family and illness dynamics as they affect health status	5	4	3	2	1					
23.	I can adapt my practice to the needs of the population and culture	5	4	3	2	1					
24.	I can utilize available resources in patient/family case management	5	4	3	2	1					
25.	I understand alternative/non-traditional methods of healing	5	4	3	2	1					
26.	I can apply pertinent research studies to patient/family case management	5	4	3	2	1					
27.	I understand the utilization of "state of the art" technology in the provision of health care Health care is culturally sensitive and respectful regardless of patients' age, gender, religion, culture, or socioeconomic status	5	4	3	2	1					

COMMENTS: Use REVERSE side of form for comments



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