

# **UConn**

## **SCHOOL OF NURSING**

APN Practicum Handbook

AY 2018-19

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## APN Practicum Handbook – APRN Specialties

### I. Overview of School of Nursing

#### About The School

The School of Nursing, founded in 1942, is located in Storrs Hall on the main campus in Storrs, Connecticut at 231 Glenbrook Road. Selected courses are offered at the regional campuses. The School is fully approved and accredited. Our programs are supported by well-qualified faculty, many of whom are internationally renowned experts in their areas of specialty.

All full-time graduate track directors and tenure track faculty members are prepared at the doctoral level. Most of the part-time and adjunct clinical track faculty are also prepared at the doctoral level. The School has access to adjunct faculty members from a wide variety of agencies in the state to serve as clinical experts and is affiliated with health care agencies within Connecticut as well as many others nationally. Academic Facilities consist of specialized services and resources for students provided in modern facilities, multimedia classrooms, and newly built academic centers.

The Homer Babbidge Library is ranked among the country's top 30 for research resources. It has a strong book collection in nursing as well as the physical and social sciences.

Nursing laboratories provide undergraduate and graduate students a location to transfer knowledge from theory to practice and graduate students an environment to practice advanced health assessment skills. The School's Center for Nursing Scholarship facilitates both student and faculty research and scholarship. The School offers undergraduate, graduate, and certificate nursing programs.

The School is fully accredited by Commission on Collegiate Nursing Education (CCNE) and committed to quality research and public service. Its faculty members advance knowledge through excellence in scholarship and research as they work to remain abreast of the healthcare needs of the world's diverse population. Grounded in the arts, sciences, and humanities, the School of Nursing, as an integral part of the University of Connecticut, is committed to provide nursing education at the undergraduate, master's, doctoral, certificate and continuing education levels. The programs are dynamic and respond to changing health care needs.

#### Mission Statement

The School of Nursing's Mission is to educate nursing scholars, clinicians, leaders, and healthcare consumers through the generation and dissemination of new knowledge developed in innovative scholarship to foster interprofessional evidence-based practice with the goal of advancing the health of individuals, communities, and systems, both locally and globally.

## Purpose

The purpose of the APRN graduate program is to prepare advanced practice nurses with specialized knowledge, skills and values. Graduates assume leadership roles in the health care system and advance practice and the discipline of nursing by applying existing nursing knowledge and using a spirit of inquiry to examine and test nursing knowledge.

APRN graduate students who select a focus in the Nurse Practitioner role are educationally prepared to provide advanced practice care across the health wellness-illness continuum to a focused population as defined by nationally recognized role and population-focused competencies. Clinical and didactic coursework prepares the graduate to apply for eligibility for track-specific national certification examination prepared by an approved national organization and for license to practice in the selected APRN role and population focus.

Advance nursing practice graduate students may choose from multiple concentration options:

- [Adult-Gerontology Primary Care Nurse Practitioner](#)
- [Adult Gerontology Acute Care Nurse Practitioner](#)
- [Family Nurse Practitioner](#)
- [Neonatal Nurse Practitioner](#)

Upon completion of the APRN course of study the graduate will have met the following objectives.

- Synthesize appropriate theories from nursing and related fields to respond to emerging health care challenges.
- Synthesize appropriate scientific findings and theories from nursing and related fields to lead change to improve outcomes.
- Influence health care policy for the benefit of person, community, nursing, and environment.
- Demonstrate PRAXIS at an advanced level of nursing in a selected area of concentration.
- Exert leadership in creating a collaborative and caring health care community.
- Synthesize best evidence and translate into practice to creatively improve health care quality and outcomes.

## II. Directory

### Fulltime specialty directors

- Ivy M. Alexander, PhD, APRN, ANP-BC, FAANP, FAAN  
Professor and Director, Advanced Practice Programs  
Director, Adult-Gerontology Primary Care Program  
Email: [ivy.alexander@uconn.edu](mailto:ivy.alexander@uconn.edu)  
P: (860) 486-0600
- Sandra Bellini, DNP, APRN, NNP-BC, CNE  
Associate Clinical Professor,  
Director, Neonatal Advanced Practice Program  
[sandra.bellini@uconn.edu](mailto:sandra.bellini@uconn.edu)

P: (860) 486-8063

- Kristin Bott, DNP, APRN, ACNP-BC  
Assistant Professor  
Adult-Gerontology Acute Care Nurse Practitioner  
[kristin.bott@uconn.edu](mailto:kristin.bott@uconn.edu)  
P: (860) 486-6004
- Denise Bourassa, MSN, RN, CNL, CNE  
Assistant Professor,  
Director, Clinical Nurse Leader Program  
[denise.bourassa@uconn.edu](mailto:denise.bourassa@uconn.edu)  
P: (860) 486-0876
- Annette Jakubisin-Konicki, PhD, APRN, ANP-BC, FNP-BC  
Associate Professor  
Director, Family Nurse Practitioner Program  
[annette.jakubisin\\_konicki@uconn.edu](mailto:annette.jakubisin_konicki@uconn.edu)  
P: (860) 486-2418

#### Clinical Compliance Coordination Services

(Compliance, site agreements, health documents, background clearances)

- Amelia Hinchliffe,  
[amelia.hinchliffe@uconn.edu](mailto:amelia.hinchliffe@uconn.edu)  
P: (860) 486- 4104
- Dorine Nagy  
[dorine.nagy@uconn.edu](mailto:dorine.nagy@uconn.edu)  
P: (860) 486-0881

#### APN Practicum Clinical Faculty

- Practicum Clinical Faculty will vary by semester. They may be full time or adjunct faculty assigned to lead the clinical seminar for a small group of students, typically 6 – 8. The clinical practicum faculty responsibilities include review/grading student documentation, mentoring student clinical skill development, communicating with preceptors and performing clinical site visits. They report student related issues or concerns to the respective specialty Track Director.
- The clinical practicum faculty name and contact information is sent to each preceptor at the start of the semester.
- Questions and comments should be directed to the clinical practicum faculty, if a preceptor is unsure who that is or is not able to reach the clinical practicum faculty member, the Track Directors (see list above) are available to assist.

### III. APN education and practicum (overview)

Curriculum for the graduate nursing program is to include three components. These areas are foundational to advanced nursing practice (APN) roles not the resulting degree (MS or DNP). The UConn SON implements the three areas of:

1. Graduate Nursing Core –foundational curriculum content for all APN students regardless of functional focus.
2. Direct Care Core – Content specific to the provision of direct healthcare at the advanced level.
3. Functional Area Content – didactic and clinical practicum learning experiences for specific advanced nursing roles identified as being required by certification bodies and professional nursing organizations.

#### Graduate Nursing Core Courses

- NURS 5012 Nursing Science and Patterns of Knowing in Advanced Nursing Practice
- NURS 5020 Statistical Methods in Health Sciences Research
- NURS 5030 Nursing Research for Evidence Based Practice
- NURS 5811 Application of Genetics to Health Care
- NURS 5870 Health Policy and Populations-based Advocacy for The Scholarship of Application

#### **Primary & Acute Care Specialties (AGACNP, AGPCNP, FNP)**

##### Direct Core Courses

- NURS 5062 Advanced Health Assessment across the Lifespan
- NURS 5060 Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan
- NURS 5070 Advanced Pharmacodynamics and Implications for Nursing Actions

##### Functional Area Content – (specific to AGACNP, AGPCNP, FNP)

- NURS 5400 Health Promotion, Prevention, and Common Health Problems in APN Practice I
- NURS 5409 APN Clinical Practicum I  
NURS 5150 Common and Comorbid Health Problems in APN Practice II

##### Functional Area Content Specialty specific: Primary Care (AGPCNP & FNP)

- NURS 5410 Common and Comorbid Health Problems in APN Practice III
- NURS 5419 (AGPCNP) or NURS 5439 (Family) Primary Care Practicum II
- NURS 5420 Complex and Comorbid Health Problems in APN Primary Care Practice IV
- NURS 5429 (AGPCNP) or NURS 5449 (Family) Primary Care Practicum III

##### Functional Area Content Specialty specific: (AGACNP)

- NURS 5160 Common and Comorbid Health Problems in AGNP Acute Care Practice III
- NURS 5169 AGNP Acute Care Clinical Practicum II
- NURS 5170 Common and Comorbid Health Problems in AGNP Acute Care Practice IV

- NURS 5179 AGNP Acute Care Clinical Practicum III

### **Neonatal NP Specialty**

#### Direct Core

- NURS 5060 Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan
- NURS 5350 Advanced Neonatal Embryology/Physiology
- NURS 5362 Advanced Health Assessment across the Lifespan
- NURS 5370 Advanced Pharmacodynamics and Implications for Nursing Actions

#### Functional Area Content

- NURS 5365 Advanced Neonatal Nursing Theory I
- NURS 5369 Advanced Neonatal Nursing Practicum I
- NURS 5375 Advanced Neonatal Nursing Theory II
- NURS 5379 Advanced Neonatal Nursing Practicum II
- NURS 5385 Advanced Neonatal Nursing Theory III
- NURS 5389 Advanced Neonatal Nursing Practicum III

### **Plans of Study**

Tracks offered at UConn SON include Adult-gero Acute Care (AGAC) NP, Adult-gero Primary Care (AGPC) NP, Family Primary Care (FNP) NP, and Neonatal Nurse Practitioner (NNP). Plans of study for each specialty are provided in Appendix A.

### **AGACNP, AGPCNP, FNP, NNP Practicums**

The APN practicums are comprised of immersion clinical experiences to engage the graduate student in quality and varied clinical experiences. The settings of these experiences vary by specialty track. The AGPCNP and FNP primary care experiences occur primarily in settings providing primary care. FNP students provide this care across the life span, while AGPCNP students provide care for patients from adolescence through frail elder. The AGACNP student experiences focus on those providing higher acuity healthcare, most typically but not limited to inpatient settings. Neonatal practicums are in settings providing care for the normal and high-risk families and infants and the critically ill high-risk neonates and their families.

The purpose of the clinical practicums is to:

- Integrate the nurse practitioner student to the role of nurse practitioner and health care provider
- Allow for application of theory to practice and integration of evidence based practice
- Develop skills, competency and expertise in a variety of practice settings across specific population foci
- Meet the course and clinical outcomes in a mentored and nurturing practice environment



*Preceptor and Clinical practicum information for **NNP** students*

**Neonatal Nurse Practitioner** program is an online program with specific guidelines and requirements. The UConn School of Nursing follows the nationally identified and recommended procedures found in the National Association of Neonatal Nurse Practitioners' "*Educational Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs*" which may be accessed online at

[http://nann.org/uploads/About/PositionPDFS/1.4.8\\_Education%20Standards%20and%20Curriculum%20Guidelines%20for%20Neonatal%20Nurse%20Practitioner%20Programs.pdf](http://nann.org/uploads/About/PositionPDFS/1.4.8_Education%20Standards%20and%20Curriculum%20Guidelines%20for%20Neonatal%20Nurse%20Practitioner%20Programs.pdf).

**NNP** students and preceptors are referred to this document for the specific guidelines and requirements.

*Preceptor and Clinical practicum site selection for **AGACNP, AGPCNP and FNP** students*

Clinical practicum experiences and assignments are coordinated through the specialty Track Director (TD). UConn SON has a number of experienced healthcare providers who are credentialed in the SON and serve as preceptors in a wide range of settings. The specialty TD make clinical placement assignments with available, credentialed preceptors based on the clinical experience needs of the students. Student experiences may vary by semester; the specialty TD have oversight on the experiences and assign clinical sites to provide the depth and breadth of clinical experiences needed for the specific track across the clinical practicum courses.

Students are not required to identify their own preceptors or clinical sites. They are encouraged to network and identify new preceptors for the SON. Students may self-identify a qualified healthcare provider known to them that is not a current SON credentialed preceptor. The student would need to fully complete the Preceptorship\_Request\_Information\_Sheet.doc (Appendix B).

- *Students are not encouraged to "cold call" in an attempt to identify preceptors or sites. Many clinical sites have restrictions or guidelines concerning identification of preceptors within their organization.*
- *Students may not do clinical hours in the setting where they or a family member works. Students may not use close friends or family members as a preceptor.*

**Contractual Site Agreements**

Prior to the start of any clinical experience, a *site agreement* must be in place. The site agreement is the written contractual agreement between the SON and the hosting clinical organization. The Clinical Coordination Services representative, Clinical Compliance Coordinator facilitates all site contractual agreements and notifies the specialty TD of the status of the site contractual agreements at the start of each semester.

**Preceptor Qualifications**

Preceptors are those clinicians that will supervise, mentor and educate the APRN student in a range of clinical experiences needed to meet the program objectives. Preceptors may be APRNs,

or physicians (DO or MD) that are licensed to practice in the state in which the clinical experience will occur. Master's prepared Physician Assistants licensed to practice in the state in which the clinical experience will occur may precept for students in AGACNP, AGPCNP and Family NP students, not for NNP students. A mix of preceptors supports an interprofessional experience for the student. "Over the course of the program the student has a majority of clinical experiences with preceptors from the same *population-focused* area of practice in primary care and/or acute care, as appropriate, such as child, adult, or across the lifespan. In addition, over the course of the program the student has clinical experiences with an APRN preceptor and preferably an NP with expertise in the *population-focused* area of practice in primary care and/or acute care" (National Counsel State Boards of Nursing [NCSBN], 2012; National Task Force [NTF], 2016).

The NTF and NCSBN require that all preceptors meet certain requirements. Verification of the preceptor requirements is completed by credentialing of preceptors with the SON. This will include submission from the preceptor verification of:

- Certification: Nurse Practitioner preceptors must be certified by either AACN, ANCC or AANP in their area of population foci and have minimum of one year of clinical experience. Physicians and physician assistants must demonstrate board certification in their area of practice.
- Education: copy of vitae or resume listing education and graduation from an accredited program.
- Licensure: Verification of licensure in state of clinical practice (i.e. copy of current license as APRN, physician or physician assistant on file).

#### *Clinical Experience Expectations for AGACNP, AGPCNP and FNP Tracks*

The following requirements must be met:

- Each APN Practicum requires 240 hours for a total required 720 clinical hours for the program of study.
- The student is responsible for contacting the preceptor prior to the start of the semester to:
  - Complete or fulfill site specific requirements
    - (Orientation, ID, parking), provide professional documentation (e.g. licensure, resume, proof of immunizations, CPR certifications etc.)
    - Establish the schedule of clinical days with that preceptor for the semester.
- Receive verification to start each semester of the APN Practicums
  - Notification of clearance includes – meeting all SON clinical requirements, site requirements and verification of valid site agreement.
  - APN Practicum experience cannot begin until the official start of the semester AND the student has been notified that all clearances are met.
- Clinical hours must be spread throughout each semester.
  - Hours may not be front loaded and must be scheduled weekly throughout the semester.
  - Hours may not be carried over from one semester to the next.
- Clinical experiences will support the student's program of study.

- Primary care students (AGPCNP & FNP)
  - AGPCNP & FNP students will have the majority of their clinical hours providing primary care. Women’s Health experience should include well-woman visits/total woman care (AGPCNP & FNP) and prenatal/post-natal care (FNP students).
  - AGPCNP & FNP geriatric experiences may be done during any of the three APN Practicums and should include but are not limited to assisted living, long-term care facilities and nursing homes.
  - Pediatric experiences (FNP only) will typically be during APN Practicum II or III and may include but are not limited to family practices, pediatric practices or school based health clinics.
  - There is not a set minimum number of hours per area of experiences (pediatric, primary care or geriatric care) but the student is expected to monitor their encounter logs to assure they are gaining experiences within their population foci.
  
- Acute Care Adult-gero NP (AGACNP) students
  - AGACNP students will have the majority of their clinical hours providing acute care. Settings are not specific to hospitals or critical care, may include hospitalist, emergency and specialty practice rotations in areas such as cardiology, nephrology, pulmonary, hematology and long term rehabilitation rotations.
  - AGACNP geriatric experiences may be done during any of the three APN Practicums and should include but not limited to assisted living, long-term care facilities and nursing homes.
  - AGACNP specialty experiences will be evaluated and assigned at the discretion of the TD.
  - There is not a set minimum number of hours per area of experiences but the student is expected to monitor their encounter logs to assure they are gaining experiences within their population foci.
  
- Specialty NP rotations
  - At the discretion of the respective Track Director (TD) students may complete specialty clinical hours with a specialist preceptor.
  - The TD will determine the number of hours that may be spent in a specialty rotation on an individual basis. The TD will take into consideration the previous clinical experiences. Typically these specialty rotations are in either the second (AGPCNP) or third (AGPCNP/FNP) APN Practicum.
  - FNP students may be considered for a specialty rotation only in the final semester and not to exceed 56 hours (seven (7) clinical days).
  
- Patient encounters during the clinical day/shift
  - The number of patients a student will be able to see per day will be dependent upon the setting, the acuity of the patient and the student’s level of experience (i.e. APN Practicum I, II or III).

- Students are NOT expected to see every patient on the preceptor’s schedule. The student should, with the facilitation of the preceptor, select those patient encounters that will support meeting their personal clinical learning goals. (see Negotiating the clinical practicum experience)
- Typically, every patient is a “new patient” encounter for the student, necessitating a longer period of time reviewing the patient’s history and time with the patient.
  - Time is needed for the student to familiarize themselves with the patient’s history, medications, and to review evidence based resources for the best approach to care of the patient with a particular presentation or diagnosis.

Guidelines for number of patients the students sees in a given clinical day

- **ACPCNP and FNP Student Experiences**
- PRIMARY CARE SETTING
- The target number of patients per 8-hour clinical day the student should be seeing is:
  - First clinical semester 4 – 7 patients per 8 hour clinical day (Max 7 per day)
  - Second clinical semester 6 – 9 patients per 8 hour clinical day (Max 9 per day)
  - Third clinical semester 7 – 10 patients per 8 hour clinical day (Max 12 per day)
- LONG TERM CARE, NURSING HOME or SKILLED CARE FACILITY
  - The number of patient encounters in these settings will be variable. By the nature of these complex cases the number seen will be lower than the projections given above.
  - These settings would be exceptions to the above guidelines; if the student is in a skilled nursing facility, long-term care facilities or doing geriatric home visits the number of encounters may be less per clinical day.
- **AGACNP Student Experiences**
- ACUTE CARE SETTING –
  - The number of patient encounters in these settings will be variable. By the nature of these complex cases the number seen will be lower than the projections given above.
  - The target number of patients per clinical day should be 1-2 in a critical care setting, 2-4 in less acute settings and four (4) or more if a consult service.

#### IV. Practicum team and responsibilities of members

##### Students Expectations

- Starting and completing the APN Practicum Experience
  - Students will be knowledgeable about their state Nurse Practice Act as a legal practice in the role of student and future APRN.  
See <http://www.nursingworld.org/statelawandregulation>

- Students are expected to act in a professional manner at all times. The guiding principles of *PRAXIS* (**P**rofessionalism, **R**espect, **A**ccountability e**X**cellence, **I**ntegrity and **S**ervice) are to be evident in all activities in which the student engages. This includes but is not limited to communications with preceptors, scheduling of clinical days, timely attendance at clinical for the full scheduled shift, notification to preceptors and clinical practicum faculty in advance of any inability to attend a scheduled clinical shift.
- The student is responsible for contacting the preceptor prior to the start of the semester. The Clinical Compliance Coordinator notifies the site of the student having met the site agreement requirements. In rare cases the site will require the student provide copies of professional documentation (e.g. licensure, resume, proof of immunizations, CPR certifications etc.). The student will need to contact the sites to check on any specific requirements (orientation, ID, parking), and to establish the schedule of clinical days with that preceptor for the semester.
- The student must negotiate the clinical days with the respective preceptor(s); the AGACNP, AGPCNP and FNP student enter the selected dates scheduled into the web based tracking software (Typhon NPST) at the start of the semester.
  - The student will need to keep this schedule current; updating it with any changes that occur during the semester.
  - Students may contact and meet with the preceptor prior to the start of the semester.
  - Students should obtain contact information from the preceptor for use in case of a delay in getting to clinical or a need to be absent.
  - Students will negotiate goals/objectives each semester with the assigned preceptor(s) and clinical practicum faculty.
- Student must be given permission to start clinical practice hours EACH semester.
  - Students will be notified that they are cleared to begin clinical AFTER all clinical clearance documents have been submitted and reviewed and all site agreements have been verified as current.
    - Please review the clinical clearance documentation checklist for those verifications that the student must submit. (Appendix C)
  - Student may not begin their clinical hour until having received this notification.
- Clinical hours must be spread throughout each semester.
  - AGACNP, AGPCNP and FNP students unable to complete the 240 hours associated with the APN Practicum course by the end of the semester will be given an "I" (incomplete) grade until all required hours and elements have been completed.
    - This incomplete must be fulfilled within 30 days of the start of the subsequent semester.
  - Hours may not be carried over from one semester to the next.
- Students are expected to attend all scheduled clinical days
  - Students are to be on time and complete the full scheduled clinical shift (day).

- Notifications of being late or absent should be sent to both the preceptor and clinical practicum faculty before it occurs.
    - Students should use the agreed upon method of communications with the preceptor and clinical practicum faculty. This may be email, text or phone call.
  - Submit all required clinical documents in a meeting with the assigned clinical practicum faculty at the completion of the APN Practicum. Typically, this is during the final APN Practicum seminar meeting of the semester.
    - See Appendix D for the End of Semester Documentation Checklist.
- Documentation of patient encounters and clinical time (**AGACNP, AGPCNP, & FNP students**)
  - Students must log ALL encounters with patients where the student has provided some element of care in a HIPPA compliant fashion in the web based tracking system (Typhon NPST). This includes if the participation level was any portion of the following: history, physical examination, development/implementation of the plan of care.
    - Documentation must be complete within the week the encounter occurred.
    - Students must include all the required documentation elements as identified in the Typhon NPST Student User Guide (PDF within HuskyCT).
    - Clinical practicum faculty will review these patient encounter documents on a weekly basis and either approve/not approve the entry. Not approved entries must be addressed by the student within one week of return by the faculty.
- Documentation of clinical hours
  - Students are responsible to log all clinical hours on the day they occur.
  - Clinical hours are those hours spent in direct patient care (see glossary of terms). Lunch time, in-service/grand rounds or course related documentation are not counted as clinical time.
  - Typhon NPST Reports on clinical hours are due to the clinical practicum faculty at mid & end of semester.
- Participate in site visit
  - Each semester the student will coordinate a date with one of their preceptors and the clinical practicum faculty when the clinical practicum faculty member will perform a site visit. Students in multiple sites during a given APN Practicum may not always be visited at every site.
  - The site visits are to be completed by week 10 of the semester.
  - Additional site visits may be schedule at the discretion of the clinical practicum faculty.

### **Evaluation Process - AGACNP, AGPCNP, & FNP students**

There are various evaluation processes that will occur with each clinical practicum as required for credentialing and accreditation purposes.

- Mid semester submissions will include:
  - Student evaluation of self-identified clinical learning goals.
  - Preceptor evaluation of student clinical performance after review with the student.
- End of semester submissions will include:
  - Student evaluation of self
  - Student evaluation of preceptor
  - Student evaluation of site
  - Clinical practicum faculty site evaluation (student & site)
  - Preceptor evaluation of student performance
- The purpose of preceptor feedback and evaluation is multifactorial. It is an opportunity to
  - Mentor the student in role and professional development
  - Assist the student in meeting both course and student identified clinical learning goals
  - Improve and enhance the student's clinical performance
  - Assist the clinical practicum faculty in evaluation of the student's performance.
- For any preceptor that a student has worked with for more than 56 hours a Clinical Evaluation & Site Evaluation must be completed.

### **Clinical Experience Documents - AGACNP, AGPCNP, & FNP students**

There are various documents related to the students' clinical experiences that are submitted at either mid or end of semester. These documents are reviewed with the clinical practicum faculty and then submitted as part of the student clinical record.

- Mid semester submissions will include:
  - Student report of Time Log for the date range of the start to mid-semester for each preceptor.
  - Student review of personal clinical learning goals
- End of semester submissions will include from Typhon:
  - Time Log report
  - Case Log totals
  - Case Log Highlights
  - My hours report per preceptor
  - Typhon "hours logged (Courses per Student)"

### **Negotiate the clinical practicum experience.**

Students will communicate with their preceptor about the course requirements and their personal clinical learning goals at both the start and mid-semester. The personal clinical

learning goals will be dynamic and the student will need to adjust as they meet identified learning needs and new needs emerge.

The student should negotiate their clinical day with their preceptor by identifying patient encounters that will allow the student to work towards fulfilling their personal clinical learning goals. Not all clinical settings will allow offering a selection of patient encounters, but attempts should be made by the student to evaluate what they have experienced and seek opportunities to vary the types of patients and diagnoses they are involved with each clinical day. The student should coordinate these efforts with the input from their preceptor. At a minimum, the student will do this at the beginning, mid-semester and end of semester. The end of semester review and reports will assist the student in identifying the subsequent semester's personal clinical learning goals.

- Generic Example (AGACNP, AGPCNP, FNP):
- Student identified clinical learning goal: Gain experience diagnosing and treating various respiratory diagnoses.
  - Student would seek opportunities to choose those patients presenting with respiratory complaints in both episodic and chronic ongoing management encounters.
    - The student would review the preceptor's schedule for the day and select out those patients presenting with a respiratory complaint (URI, Lower RI, asthma or COPD type of complaints/follow ups).
- Documentation of continuous self-evaluation of the personal clinical learning goals
  - The student will provide evidence of continuous self-evaluation of attainment of personal clinical learning goals and meeting course objectives as indicated in the course syllabi.
  - This process is implemented at the start of the semester and then evaluated at mid & end of semester with the preceptor and the clinical practicum faculty.
  - The student should communicate with the preceptor and clinical practicum faculty immediately if any problems arise during the clinical practicum.

### **Preceptor Expectations**

- Submit the required documents for credentialing in the SON to Graduate Field Coordinator.
- Complete the preceptor orientation presentation
- Review the SON course and program objectives
- Communicate or meet with the assigned student prior to the start of the APN Practicum to confirm hours/days the student will be with the preceptor
- Identify any vacations or out of office dates of the preceptor for that semester and discuss alternative plans.
- Review with the student any issues specific to the agency/population served
- Review with the student the expectations on requesting supervision/guidance, length of time in patient encounters, expected documentation.



- Review with student identified clinical objectives at the start, middle and end of the APN Practicum experience.
- Review with the student the procedures for ill calls and organization safety/emergency policies
- Communicate with the clinical practicum faculty any concerns with the student clinical performance or unprofessional behaviors.

#### **Clinical Practicum Faculty Expectations**

- Contact each of the preceptors
  - At the beginning of the semester to establish contact information
  - Mid semester to confirm site visits to be completed by semester week 10 and to check preceptor availability for the subsequent semester
  - End of semester for final evaluation
  - The clinical practicum faculty are encouraged to communicate with the preceptors more frequently. The recommendation would be to reach out to the preceptors every two or three weeks.
- Review the personal semester clinical goals for each of the assigned students – advise/monitor as needed
- Follow/review/grade the weekly clinical documentation (Typhon & SOAP/progress notes) on a weekly basis
- Make at least one (1) site visits per student; completing all by semester week 10. Complete additional site visits as needed.
- Coordinate seminar on campus meetings with students during the semester and the final meeting for clinical document review at the end of the semester.
- Enter into Typhon & communicate the dates of the site visits & report on yes/no available on each of the preceptors of assigned students.
- Review all end of semester documentation using the end of semester checklist during a one on one meeting with the student; submit documents to Specialty Track Director.
- Enter grades into PeopleSoft once all elements of the course have been met.

#### V. Outcome guides and measures: *Masters Essentials/NONPF Competencies/Evaluations*

##### *The Essentials of Master's Education in Nursing*

*"...reflect the profession's continuing call for imagination, transformative thinking, and evolutionary change in graduate education. The extraordinary explosion of knowledge, expanding technologies, increasing diversity, and global health challenges produce a dynamic environment for nursing and amplify nursing's critical contributions to health care. Master's education prepares nurses for flexible leadership and critical action within complex, changing systems, including health, educational, and organizational systems. Master's education equips nurses with valuable knowledge and skills to lead change, promote health, and elevate care in various roles and settings. Synergy with these Essentials, current and future healthcare reform legislation, and the action-oriented recommendations of the Initiative on the Future of Nursing (IOM, 2010) highlights the value and transforming potential of the nursing profession. 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. These Essentials are not prescriptive directives on the design of programs.*

*Consistent with the Baccalaureate and Doctorate of Nursing Practice Essentials, this document does not address preparation for specific roles, which may change and emerge over time. These Essentials also provide guidance for master's programs during a time when preparation for specialty advanced nursing practice is transitioning to the doctoral level.” (See Appendix E for the link to the PDF)*

#### Nurse Practitioner Competencies

*“Since 1990, the National Organization of Nurse Practitioner Faculties (NONPF) has identified core competencies for all nurse practitioners (NPs). These represent the entry into practice competencies upon graduation from a NP educational program. In 2017, NONPF has released the most current, nationally validated set of core competencies for nurse practitioners. These competencies are for entry to practice for **all** nurse practitioners.” (See Appendix F for the link to the PDF)*

*“In April 2013, a multi-organizational task force completed and released the competencies for six NP population-foci: **Family/Across the Lifespan, Neonatal, Acute Care Pediatric, Primary Care Pediatric, Psychiatric-Mental Health, and Women's Health/Gender Related.** These competencies, added to the already released Adult-Gerontology NP competencies, represent all of the population foci specified in the Consensus Model for APRN Regulation” (See Appendix F for the link to the PDFs)*

#### Neonatal NP Competencies

*“...the framework for NNP education is built upon the broad standards for advanced practice nursing (AACN, 2006, 2011) and the evaluation criteria for nurse practitioner programs (National Task Force on Nurse Practitioner Education, 2012). This document reflects the consensus of the work summarized above and presented in the Criteria for Evaluation of Nurse Practitioner Programs (National Task Force on Quality Nurse Practitioner Education, 2012), The Consensus Model for APRN Regulation (APRN Consensus Work Group & NCSBN APRN Advisory Committee, 2008), Population-Focused Nurse Practitioner Competencies (NONPF, 2013), The Essentials of Doctoral Education for Advanced Nursing Practice (AACN, 2006), and The Essentials of Master's Education in Nursing (AACN, 2011).” NANNP, 2014, pg. 5 (See Appendix F for the link to the PDF)*

#### Competency Based Evaluations

The **AGACNP, AGPCNP and FNP** student evaluations are based on the NONPF identified entry to practice competencies (Appendix G). The expectations for performance of these competencies build with each semester, that is, fewer competencies are expected to be met during the first APN Practicum but all are expected by the third and final APN Practicum. In APN Practicum I and II those areas that are “grey” could be exhibited by the student but are not required of that level of student. There are distinct evaluation documents for APN Practicum I, II and III (Appendices G & H). A final semester student must have satisfactory ratings in all the competencies.

The **NNP student evaluations** use those tools developed by the National Association of Neonatal Nurses (2002). The evaluation tool is “... based on work of Patricia Benner (1984) as modified for NNP by Buus-Frank (1996). The tool is designed to evaluate the NNP student at the conclusion of

the educational program. The competencies listed in the tool reflect content NNP programs must include to adequately prepare graduates for the job market. While an individual student may receive a score of "unsatisfactory" for some of the competencies, the majority of students should perform at the novice level if the appropriate content is provided in the NNP curriculum." (NANN, 2002, pg. 5) (Appendices G & H)

## Preceptor Perspective

Merging theoretical knowledge and clinical experiences is essential in educating the next generation of nurse practitioners. The following sections are a comprehensive guide to better understand the roles of preceptor, student, and faculty in the clinical preceptorship. Preceptors are encouraged to contact SON faculty with any questions or concerns during their practicum experiences.

### VI. Building an effective learning environment:

The clinical environment is most effective when there is respect and a trusting relationship between preceptors and students. Preceptors should demonstrate an open, nonjudgmental, and professional demeanor. This type of clinical environment will lead to a more successful practicum experience. Take some time to evaluate your clinical site capabilities to provide a quality experience for students. Below are a few important areas to assess in your practice. See attached worksheet to assist in planning. (Appendix I)

- a. Evaluate space availability for students to review charts, document, and conference as needed
- b. Determine if your site population and activities align with the course objectives
- c. Consider the amount of time you are able to devote to a student
- d. Reflect on your own clinical strengths and those of colleagues at your site

### VII. Planning for the practicum:

- a. Planning for learning is vital for a successful experience. Planning will add structure and context for both the student and preceptor.
- b. Determine your own objectives to guide the practicum. Target personal, professional & technical skills, improved student learning, and efficient & effective use of available expertise and resources (Kinsella et al., 2016)
- c. Plan learning activities according to learning objectives of the specific practicum, the student's goals, and your patient population
- d. Consult with faculty for any guidance you need to align clinical activities with practicum objectives
- e. Review the SMART goal format to assist in determining learning objectives.

[https://lms.uconn.edu/bbcswebdav/pid-1571565-dt-content-rid-9029620\\_1/courses/course-1098/Smart\\_goals\\_template%20%281%29.pdf](https://lms.uconn.edu/bbcswebdav/pid-1571565-dt-content-rid-9029620_1/courses/course-1098/Smart_goals_template%20%281%29.pdf)

### VIII. Setting up the practicum:

Prior to the first day, it will be beneficial to have a brief discussion with your student. This could be accomplished via phone call, Skype, or in person at your convenience. You may ask the student for their resume or CV prior to this discussion. The discussion may include the following:

- Your background, patient population, usual teaching styles, special interest, and challenges you face in the clinical setting
- The student's professional background, interests, preferred learning style, and learning objectives.
- Days and times for the clinical experience along with any known interference in your schedule ie: meetings, vacations, conferences, etc.
- First Clinical Day: Introduce your student to team members and staff

- Orient student to the site including bathrooms, lunchroom, and where to store personal belongings
- Allow student to “shadow” for a minimum of one day
- “Huddle” with student at the beginning of each session to review appropriate patients for the day.

IX. Adult Learners in the clinical setting:

Adult learners are a diverse group of individuals that have their own unique goals and responsibilities that must be balanced throughout the program. Educator Malcom Knowles (1990) identified principles of adult learning that should be considered when working with the adult student. Understanding and incorporating these principles will improve the preceptor/student relationship and effectiveness of the clinical practicum.

1. Adults are internally motivated and self-directed. Review and incorporate the individual student’s learning style and objectives into the practicum.
2. Adults bring their own life experiences and knowledge to the learning experience. Get to know background information on your student. Incorporate the student’s experience/knowledge into clinical encounters.
3. Adult learners are goal oriented. Adults are often more motivated when they experience a need to learn in order to problem-solve “real life” situations. Case scenarios with Socratic questioning can be helpful to link prior knowledge to new learning.
4. Adults are relevancy oriented. Adults need to know why they need to know something. Question student to assess what they see as important in the learning environment.
5. Adults are practical and enjoy active learning. They need to apply new knowledge to practice in the immediate future. Active learning occurs when the student actively participates in their learning more so than listening. These activities include evaluating patients, documentation, discussions, and decision-making. Problem-based learning is often very effective with adults.
6. Adult learners like to feel respected. This can be achieved by incorporating a collegial relationship and recognizing their valuable knowledge base in the clinical setting.

X. Clinical supervision:

Students are expected to develop their knowledge, skills, and attitudes as they progress through the three sequential practicums. As their proficiencies increase, preceptors may allow more autonomy in the clinical setting. Preceptor should observe to their satisfaction, any element of the encounter that is more independently assigned to the student. Preceptors retain full responsibility and liability for all patient encounters. Please review the following general guideline for supervision levels.

APN Practicum I: Students are in the beginning stages of knowledge development and role transition as an NP. Students should initially spend time observing the preceptor and require close supervision/direction as they adjust to the new role and setting. As skills and proficiencies increase, the preceptor may allow more autonomy to perform basic elements.

APN Practicum II: Students should have foundational knowledge, skills, and attitudes of the nurse practitioner role. They should be able to perform history/exam, present to preceptor, develop differential diagnoses, and begin to discuss potential management plans. Students should become

more competent in analyzing and prioritizing data. Less supervision and direction should be needed by the end of this practicum.

APN Practicum III: Students skill set should be proficient by the end of this practicum. The student should require minimal direction and supervision in performing all role functions of the advanced practice nurse.

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*Consult clinical practicum faculty member for any questions that arise during the clinical practicum. Teaching the next generation of quality nurse practitioners is a team effort.*

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XI. Clinical Teaching Methods: There are a variety of teaching methods that may be applied in the clinical setting. The following methods are commonly used and may be modified as needed by preceptors. Below you will find some common teaching problems and practical tips for effective clinical teaching.

Pattern recognition: This is case-based teaching that is effective for straightforward common patient problems such as URI, UTI, Strep throat etc. This method is especially helpful when there are time limitations and the case is straightforward.

- a. Student collects data from patient and chart
- b. Student presents chief complaint and most likely diagnosis
- c. Preceptor confirms diagnosis
- d. One or two teaching points can be used to affirm correct diagnosis or correct inaccurate diagnosis
- e. Focus on patient management issues after diagnosis confirmed
- f. Avoid “snap judgements”, student should complete a comprehensive evaluation of the patient
- g. Preceptor can question other components of the evaluation as needed

Model problem solving: This is another form of case based learning and often referred to as the “think aloud” method. In model problem-solving the preceptor demonstrates clinical problem-solving by reviewing differential diagnoses while verbally making the “case” for each diagnosis. The preceptor then verbally provides reasoning for diagnostic and treatment decisions. This method is especially useful when the case is too complex for the level of learner or when the preceptor may need consultation. This is a form of passive learning but a later discussion/review of the case can increase student participation.

One-Minute Preceptor: This method of teaching is student and patient centered, using questioning to determine the needs of both student/patient. Preceptors can assess the student’s critical thinking, clinical reasoning, and knowledge base with a few questions. This method also provides for immediate feedback.

## The One-Minute Preceptor

After student presents patient presentation in brief/concise manner:

**Get Commitment:** “What do you think is going on?” Encourages “ownership” of case and allows preceptor to assess student’s level of understanding. “What is your working diagnosis?” “What are your next steps?”

**Probe for Supporting Evidence:** “What leads you to this conclusion/diagnosis?” Ask student to think of any other possibilities. Encourages critical thinking and allows preceptor to assess student’s knowledge base, clinical reasoning, and tailor teaching.

**Teach General Rules:** Short/generalizable teaching points. “Patients with asthma waking up three times per month with exacerbations should be on a controller” Preceptor can identify missing information not considered and gaps in knowledge.

**Reinforce What is Right:** “Your thorough history helped identify the underlying issue.” Be specific with comments on what was done well and describe how it affected the visit.

**Correct Mistakes:** “What did you think about the visit?” Allow student to critique visit first. Preceptor can then identify any omissions or misunderstandings. “I agree with.....but I would...” Allows preceptor to identify knowledge gap and suggest “homework” as needed.

Adapted from: Neher, J., & Stevens, N. (2003). The one-minute preceptor: Shaping the teaching conversation. *Family Medicine*, 35(6), 391-393.

See One- minute video at <https://youtu.be/eRBdfXRj5N0>

See the full article for more information.

SNAPPS: This method is student centered active learning. See article and video referenced below.

## SNAPPS

- This is student directed learning. Student takes a more active role by presenting, analyzing, reasoning, questioning, and follow up on identified needs of a patient encounter. The preceptor takes the role of facilitator and consultant while encouraging critical thinking. This method is best for 2<sup>nd</sup> and 3<sup>rd</sup> semester students.

**Summarize:** Student provides brief, concise summary of history & findings.

**Narrow differential:** Student presents 2-3 differentials for the case.

**Analyze differential:** Student analyzes differentials by comparing and contrasting the choices. Determines most likely diagnosis. Preceptor can assess student’s clinical reasoning during this section.

**Probe preceptor:** Student use preceptors as a knowledge resource and ask about uncertainties. Review possible alternative approaches with preceptor. Can prompt preceptor to give clinical pearls.

**Plan management:** Student discusses a management plan and/or next steps with reinforcement/input from preceptor.

**Select case directed learning:** Student self-identifies a learning need related to the case and later discusses findings with the preceptor.

Adapted from: Wolpaw, T., Wolpaw, D., & Pepp, K. (2003). SNAPPS: A learner-centered model for outpatient education. *Academic Medicine*, 78(9), 893-898.

See video demonstration at <https://youtu.be/BPN0dPKUFDE>

Common teaching problem:

- Lack of clear objectives/expectations
- Focusing on fact recall instead of developing problem-solving skills
- Directing teaching at the wrong level, usually too high
- Passive observation instead of active learning
- Lack of supervision and feedback
- Minimal time for reflection and discussion (Spencer, 2003)

Tips for Clinical Teaching

- Learning is evolutionary
- A variety of learning experiences improves interest
- “Scaffold” learning by linking prior knowledge to new knowledge
- Assist student in exploring their own values and attitudes
- Homework may be assigned by preceptors i.e. review articles/guidelines/research
- Participation, recall, repetition, and reinforcement improve learning
- Directed/focused teaching points, feedback, and student assignments are effective in learning
- Don’t be afraid to admit you don’t know something, demonstrate how you use resources as needed

XII. Assessments:

**Feedback:** Feedback is an objective appraisal of performance intended to improve practice and performance. Feedback is a fundamental component of the teaching and learning process. Feedback is generally informal and provided more immediately.

**Feedback should be objective and specific in nature and begin early in the relationship.** It is essential for student growth and allows students to evaluate themselves more realistically.

There are two types of feedback, constructive/corrective and reinforcing/positive. Constructive feedback is required when an inaccurate or inappropriate activity/behavior needs to be changed. When providing constructive/corrective feedback it may be helpful to “sandwich” the comments, positive-negative-positive i.e. “You had a great rapport with Mrs. Jones but I think you needed to get more details regarding her fatigue.” “ Continue to use OLD CARTS when collecting your HPI, which will help to narrow your differential. “

Reinforcing or positive feedback is reinforcing appropriate activity/behaviors to ensure future use. Example: “Your documentation of that rash was very descriptive, if someone else has to follow up on that, they will know exactly what it looked like today.”

It may be helpful for preceptors to obtain feedback from students regarding their teaching styles. This may guide you to continue or improve your teaching skills.



## BENEFITS OF FEEDBACK

Provides direction for improvement

Boosts confidence

Increases motivation to learn

(Clynes & Rafferty, 2008)

### Evaluations:

Nationally established competencies are the basis for the student evaluations. These competencies are not individual to the School of Nursing, they reflect the nationally identified entry to practice competencies (Appendix F). Evaluations are a more formal process that examines the global performance to determine the degree of knowledge and skills gained. Use of professional standards/scope of practice, standards of care along with course and students' learning objectives will assist in the evaluation process. Preceptors should set aside some time to review the mid-term and final evaluations with the student privately. Ideally feedback and open communication are provided throughout the semester and there are no surprises during the evaluation (Appendix H).

### XIII. Time Management Strategies

- Begin each day with a “huddle” to review the schedule or plan for the day, if a schedule is already set determine which patients are most appropriate for the student to see
- Set expectations regarding activities and time allotment for each patient encounter i.e. “It should take you about 10 minutes to obtain the HPI for Mr. Jones.”
- Summarize and clarify information that the student has presented when seeing the patient instead of repeating entire encounter
- Work together during patient encounters, i.e. student obtains HPI while the preceptor document orders, labs or meds or reviews the chart. Next visit have student complete opposite activities
- Use focused teaching techniques instead of lectures
- Block “catch up” time at the end of sessions if possible
- Have student present findings in patient’s room if appropriate
- Remember the student **does not** need to see every patient that you see during the day

### XIV. The Challenging Student

Occasionally you may have a student that is not progressing in the practicum as expected or is challenging in other ways. It will be helpful to identify any concerns as early as possible in the relationship. **Students not performing at expected levels often have limited insight or lack of personal awareness and need feedback as soon as identified.** This may be enough to resolve an issue. Preceptors should determine any underlying problems that they are able to identify. Notify faculty as soon as possible if you have any concerns regarding your student. Early communication with faculty and student will prevent problems from escalating. Address any concerns of unsafe practice immediately with the student and faculty. See common learning barriers that may be the underlying issue in a challenging student.

Trust your judgment even if you are unable to identify exact issues. Consult faculty to assist you in problem identification and site visit if needed. Documenting concerns will be helpful to follow the student's progress.

It may be helpful to write up the problem as a SOAP note:

#### **Common Learning Barriers**

Inadequate knowledge  
Lack of preparation, review or study time  
Fatigue (work, life, school balance issues)  
Disorganization  
ESL  
Poor time management  
Poor attitude  
Poor matching of learning/teaching styles  
Differing expectations for practicum  
Decreased self-confidence

**Subjective:** What are your concerns about the student? Include input from staff and colleagues if they have noted concerns.

**Objective:** Document specific behaviors that concern you about the student.

**Assessment:** Form a "differential" to help determine the fundamental issue.

**Plan:** Determine specific changes needed to ameliorate the issue. Discuss the plan with student & faculty. Schedule a date to reevaluation.

## GLOSSARY

Terms as defined by National Task Force:  
Criteria for Evaluation of Nurse Practitioner Programs 2016

**APRN (Advanced Practice Registered Nursing) Core** – essential broad-based curriculum content for all APRN students in the areas of advanced physiology/pathophysiology, advanced health assessment, and advanced pharmacology. This content must be presented as three separate comprehensive graduate-level courses in the APRN curriculum. Descriptions of each course and content area are provided in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, & Education (2008). [The specific outcome competencies in each of these three areas are delineated in American Association of Colleges of Nursing (1996) *The Essentials of Master’s Education for Advanced Practice Nursing*, pp. 12-14, or AACN (2006) *The Essentials of Doctoral Education for Advanced Nursing Practice*, pp.23-24. ]

**Certification** - a psychometrically sound and legally defensible method which meets nationally recognized accreditation standards for certification programs. When used for regulatory purposes, the certification method demonstrates acquisition of the APRN core and role competencies across at least one population focus of practice. An individual’s educational preparation (role/population focus) must be congruent with the certification examination/process.

**Clinical Hours** – those hours in which direct clinical care is provided to individuals and families in 1 of 6 population-focused areas of NP practice and in primary care or acute care as appropriate. (See definition of “population focus.”)

**Clinical Observation** – observation of the student interacting face-to-face with a real patient in a clinical setting.

**Competency** – an observable ability of a health professional, integrating multiple components such as knowledge, skills, values, and attitudes. Since competencies are observable they can be measured and assessed to ensure their acquisition. (Frank JR, Snell LS, Cate OT, et al. *Competency-based medical education: Theory to practice. Med Teach. 2010; 32:638-645.*)

**Contractual Agreement** – a formal agreement between the educational program/institution and clinical agency that protects, as appropriate, the clinical site, the educational program, and students during clinical experiences.

**Credentials** – titles or degrees held by an individual, indicating the level of education, certification, or licensure.

**Curriculum** – the overall didactic and clinical components that make up courses for the programs of study.

**Direct Clinical Teaching** – teaching that occurs face-to-face with the student in one-on-one direct client/patient care situations (e.g., demonstration, example, role modeling, coaching, etc.).

**Direct Patient Care** – involves assessment, diagnosis, treatment, and evaluation of a real client/patient – not simulations or lab exercises with trained patient actors.

**Direct patient care clinical hours** (APN practicum ) refer to hours in which direct clinical care is provided to individuals & families in one of the six population-focused areas of NP practice; these hours do not include skill lab hours, physical assessment practice sessions, or a community project if it does not include provision of direct care. Clinical experiences and time spent in each experience should be varied and distributed in a way that prepares the student to provide care to the populations served. For example, a FNP student should receive experiences with individuals/families across the life span, and the adult-gerontology NP student should receive experiences with adults across the entire adult age spectrum from young adult to older adult, including the frail elderly.

**Dual Track Nurse Practitioner Program** – graduate educational programs whose curricular design allows students to major in two NP population-focused clinical tracks or in primary care and acute care NP tracks in the same population-focused area of practice. Graduates are eligible to sit for two national NP certification examinations (e.g., adult-gerontology nurse practitioner and family/lifespan nurse practitioner or pediatric primary care and pediatric acute care.)

**Evaluation of Curriculum** – the review process that is used at regularly scheduled intervals to review and update courses based on student evaluations and changes in health care. The process serves to ensure accuracy and currency of learning experiences. Revision of curriculum takes place every 3-5 years and is a more in-depth review, leading to substantive curricular changes as deemed necessary.

**Graduate Core** – foundational core outcomes deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus. These outcomes are delineated in the American Association of Colleges of Nursing (2011) The Essentials of Master’s Education in Nursing or AACN (2006) The Essentials of Doctoral Education for Advanced Nursing Practice.

**Graduate NP Program/Track** – basic nurse practitioner program in nursing to prepare advanced practice registered nurses at the graduate level, including the graduate core, advanced practice registered nursing core, and nurse practitioner role and population-focused courses.

**Intensives** – concentrated simulated or designed experiences used for evaluation in which NP student demonstrates knowledge, skill, and competencies in practice. These opportunities allow faculty to evaluate the NP student on a variety of aspects of care, including critical thinking skills on cases the student may not have encountered in a clinical setting.

**NP Faculty** – faculty who teach in the NP program/track who are nurse practitioners.

**NP Program Faculty** – all faculty who teach didactic or clinical courses in the graduate NP program/track.

**Population Focus** – the broad area of practice for which national competencies exist to build on the core role population. Nurse practitioner educational preparation and the corresponding national certification are grounded in the broad advanced practice nursing essentials, NP core competencies, and competencies for a population focus. When the term population focus is used in the document, it refers to providing care to individuals within the population. The six population-foci are adult-gerontology (primary care or acute

care), pediatrics (primary care or acute care), family/across the lifespan, neonatal, women's health/gender specific, and psychiatric-mental health.

**Simulation** – an activity or event designed to replicate essential aspects of a clinical situation with the goal of understanding and managing the situation better when it occurs in actual clinical practice. A technique that uses a situation or environment created to allow persons to experience a representation of a real event for the purpose of practice, learning, evaluation, testing, or to gain understanding of systems or human actions (National League of Nursing, (2014). Simulation Innovation Resource Center: An Interactive Global Simulation Community. (sirc.nln.org)

**Single Track Nurse Practitioner Program** – graduate educational program whose curricular design allows students to major in one NP clinical track. Graduates are eligible to sit for the national NP certification examination in that population-focused practice area.

**Specialty** - the more narrow focus of practice that may be an added emphasis of educational preparation in addition to the role and population focus (e.g., oncology, palliative care).

**Specialty courses/curriculum** – clinical and didactic learning experiences that prepare an individual in a specialty area of practice. These courses are in addition to the APRN core, NP role core, and population-focused clinical and didactic learning experiences.

Appendix A: Plans of Study

**Adult Gerontology Acute Care Nurse Practitioner (AGACNP)**

**PLAN OF FULL-TIME STUDY**

**Semester I Fall**

NURS 5062	Advanced Health Assessment Across the Lifespan	3 Credits
NURS 5060	Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan	3 Credits
NURS 5020	Statistical Methods in Health Sciences Research	3 Credits
NURS 5012	Nursing Science and Patterns of Knowing in Advanced Nursing Practice	3 Credits

**Semester II Spring**

NURS 5070	Advanced Pharmacodynamics and Implications For Nursing Actions	3 Credits
NURS 5400	Health Promotion, Prevention, and Common Health Problems in APN Practice I	3 Credits
NURS 5409	APN Clinical Practicum I	3 Credits
NURS 5150	Common and Chronic Health Problems in APN Practice II	3 Credits

**Semester III Fall**

NURS 5030	Nursing Research for Evidence-based Practice	3 Credits
NURS 5160	Common and Comorbid Health Problems in AGNP Acute Care Practice III	3 Credits
NURS 5169	AGNP Acute Care Clinical Practicum II	3 Credits
NURS 5870	Health Policy and Populations-based Advocacy for The Scholarship of Application	3 Credits

**Semester IV Spring**

NURS 5170	Complex and Comorbid Health Problems in AGNP Acute Care Practice IV	3Credits
NURS 5179	AGNP Acute Care Clinical Practicum III	3 Credits
NURS 5811	Application of Genetics to Health Care	3 Credits

**45 Credits**

## Adult Gerontology Primary Care Nurse Practitioner (AGPCNP)

### PLAN OF FULL-TIME STUDY

#### Semester I Fall

NURS 5062	Advanced Health Assessment Across the Lifespan	3 Credits
NURS 5060	Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan	3 Credits
NURS 5020	Statistical Methods in Health Sciences Research	3 Credits
NURS 5012	Nursing Science and Patterns of Knowing in Advanced Nursing Practice	3 Credits

#### Semester II Spring

NURS 5070	Advanced Pharmacodynamics and Implications for Nursing Actions	3 Credits
NURS 5400	Health Promotion, Prevention, and Common Health Problems in APN Practice I	3 Credits
NURS 5409	APN Clinical Practicum I	3 Credits
NURS 5150	Common and Chronic Health Problems in APN Practice II	3 Credits

#### Semester III Fall

NURS 5030	Nursing Research for Evidence-based Practice	3 Credits
NURS 5410	Common and Comorbid Health Problems in APN Primary Care Practice III	3 Credits
NURS 5419	AGNP Primary Care Clinical Practicum II	3 Credits
NURS 5870	Health Policy and Populations-based Advocacy for The Scholarship of Application	3 Credits

#### Semester IV Spring

NURS 5420	Complex and Comorbid Health Problems in APN Primary Care Practice IV	3 Credits
NURS 5429	AGNP Primary Care Clinical Practicum III	3 Credits
NURS 5811	Application of Genetics to Health Care	3 Credits

**45 Credits**

## Family Nurse Practitioner Program

### PLAN OF FULL-TIME STUDY

#### Semester I Fall

NURS 5062	Advanced Health Assessment Across the Lifespan	3 Credits
NURS 5060	Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan	3 Credits
NURS 5020	Statistical Methods in Health Sciences Research	3 Credits
NURS 5012	Nursing Science and Patterns of Knowing in Advanced Nursing Practice	3 Credits

#### Semester II Spring

NURS 5070	Advanced Pharmacodynamics and Implications for Nursing Actions	3 Credits
NURS 5400	Health Promotion, Prevention, and Common Health Problems in APN Practice I	3 Credits
NURS 5409	APN Clinical Practicum I	3 Credits
NURS 5030	Nursing Research for Evidence-based Practice	3 Credits

#### Semester III Summer

NURS 5430	Management of Childbearing Women and Children	3 Credits
NURS 5150	Common and Chronic Health Problems in APN Practice II	3 Credits

#### Semester IV Fall

NURS 5410	Common and Comorbid Health Problems in APN Primary Care Practice III	3 Credits
NURS 5439	FNP Primary Care Clinical Practicum II	3 Credits
NURS 5870	Health Policy and Populations-based Advocacy for The Scholarship of Application	3 Credits

#### Semester V Spring

NURS 5420	Complex and Comorbid Health Problems in APN Primary Care Practice IV	3 Credits
NURS 5449	FNP Primary Care Clinical Practicum III	3 Credits
NURS 5811	Application of Genetics to Health Care	3 Credits

**48 Credits**



## Neonatal Clinical Nurse Specialist or Nurse Practitioner

### PLAN OF FULL-TIME STUDY

#### Semester I Fall

NURS 5060	Advanced Pathophysiology across the Lifespan	3 Credits
NURS 5350	Advanced Neonatal Embryology/Physiology	3 Credits
NURS 5020	Statistical Methods in Nursing	3 Credits
NURS 5012	Nursing Science and Patterns of Knowing	3 Credits

#### Semester II Spring

NURS 5370	Advanced Pharmacodynamics and Implications for Nursing Actions: Neonatal Section	3 Credits
NURS 5362	Advanced Health Assessment across the Lifespan	3 Credits
NURS 5365	Advanced Neonatal Nursing Theory I	3 Credits

#### Semester III Summer

NURS 5369	Advanced Neonatal Nursing Practicum I	2 Credits
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#### Semester IV Fall

NURS 5375	Advanced Neonatal Nursing Theory II	3 Credits
NURS 5379	Advanced Neonatal Nursing Practicum II	3 Credits
NURS 5030	Nursing Research in Advanced Practice	3 Credits
NURS 5870	Health Policy and Populations-based Advocacy for The Scholarship of Application	3 Credits

#### Semester V Spring

NURS 5811	Application of Genetics to Health Care	3 Credits
NURS 5385	Advanced Neonatal Nursing Theory III	3 Credits
NURS 5389	Advanced Neonatal Nursing Practicum III	<u>3 Credits</u>

**44 Credits**

**Appendix B**  
**Preceptorship Request Form**

***Information needed for preceptorships***

Please provide all information requested in order to insure the letter sent to your preceptor and contract to owner are accurate. *Please print ALL information.*

Student's name: \_\_\_\_\_  
\_\_\_\_\_

Student's address \_\_\_\_\_

Phone number: \_\_\_\_\_ Email address: \_\_\_\_\_

**PRACTICE & PRECEPTOR INFO:**

Name of Practice/Owner of Practice \_\_\_\_\_

Practice Contact Person Phone: \_\_\_\_\_ **Email:** \_\_\_\_\_

Preceptor's first name: \_\_\_\_\_ Last name: \_\_\_\_\_

Credentials: MD\_\_ PA\_\_ ANP\_\_ AGPCNP\_\_ ACNP\_\_ AGACNP\_\_ CNM\_\_ FNP\_\_

Street Address: \_\_\_\_\_ Suite #: \_\_\_\_\_

City/town: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Preceptor's telephone number: \_\_\_\_\_ **REQUIRED Email address:** \_\_\_\_\_

Preceptor's preference for contacts from faculty \_\_\_\_\_

Dates of preceptorship: \_\_\_\_\_ Semester (Please circle): Spring Fall

Number of hours per week or total for site: \_\_\_\_\_ Days & times at Site \_\_\_\_\_

Please answer the following questions to insure the correct information is provided to your preceptor.

Which master's track you are in (Please circle): Adult Acute Family

The practicum course name: \_\_\_\_\_ Course number: \_\_\_\_\_

Faculty overseeing your preceptorship (Track Coordinator): \_\_\_\_\_

*Once complete please return to your respective Graduate Track Director.*

## Appendix C

### Graduate Clinical Documentation Checklist

The following **MUST** be met by the **REQUIRED** dates to maintain your clinical placement.

Item	Submit to	Required Date	Completed
1) Release and Authorization/Consent for Disclosure of Protected Information form	HuskyCT	<ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul>	
2) Criminal Background check and info release form <a href="http://www.ctleaguefornursing.org/">http://www.ctleaguefornursing.org/</a>	CT League for Nursing, HuskyCT	<ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul>	
3) Documentation of Physical Exam*	HuskyCT	<ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul>	
4) Immunizations required: a. Titers for: <ul style="list-style-type: none"> <li>• Varicella</li> <li>• Measles/Rubeola</li> <li>• Mumps</li> <li>• Rubella</li> <li>• Hepatitis B**</li> </ul> b. Poliomyelitis booster following immunization c. TDap vaccine after age ten (10) and a tetanus booster within ten (10) years d. Influenza*	HuskyCT	a, b, c <ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul> d. By October 1 <sup>st</sup>	
5) TB-PPD/PPD skin test or blood test (if (+) PPD - obtain chest x-ray)*	HuskyCT	<ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul>	
6) RN license*	HuskyCT	<ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul>	
7) CPR certification (Must be <b>Health Provider / Professional</b> course)*	HuskyCT	<ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul>	
8) OSHA/HIPPA training documentation*	HuskyCT	<ul style="list-style-type: none"> <li>• April 1<sup>st</sup> for summer</li> <li>• July 15<sup>th</sup> for fall</li> <li>• October 1<sup>st</sup> for spring</li> </ul>	

\* Must be current – within 1 yr. Must remain updated/current throughout clinical courses

\*\*If your HEP B series is more than 2 years, no titer is required. Please provide documentation of your series. School of Nursing forms - <http://nursing.uconn.edu/current-students/forms>

Appendix D  
**End of Semester Checklist**

**Student Name:** \_\_\_\_\_

**Clinical Faculty Name:** \_\_\_\_\_

**Course: 54** \_\_\_\_\_

**Directions:** The student reviews that the information has been accurately completed and submits all information to their *assigned clinical faculty in person at end of semester*. The student then prints and signs this **End of Semester Checklist** and submits it to their clinical faculty. The clinical faculty reviews all the documentation has been completed and is at the acceptable level of performance. The clinical faculty will then sign this document and places it in the student's APN Practicum folder with the documents listed below.

**Required documents:**

Typhon "Hours logged (Courses per Student)" including all semesters completed:

\*this should list EACH semester completed

Typhon "Case Log Totals" (graphical) PDF Exported Report

Typhon "Case Log Highlights" (choose by mouth filter) PDF exported report

Typhon "My Hours reports" an Excel Report of hours **per preceptor:**  #1;  #2;  #3;  #4.

**Evaluations:**

Preceptor evaluation of student (one from **each** preceptor)

Preceptor #1 Name: \_\_\_\_\_  \_\_\_\_\_ Hrs.

Preceptor #2 Name: \_\_\_\_\_  \_\_\_\_\_ Hrs.

Preceptor #3 Name: \_\_\_\_\_  \_\_\_\_\_ Hrs.

Preceptor #4 Name: \_\_\_\_\_  \_\_\_\_\_ Hrs.

Student evaluation of self (one for the full semester)

Student evaluation of **EACH** site/preceptor

Site #1 Name: \_\_\_\_\_  Preceptor#1 \_\_\_\_\_

Site #2 Name: \_\_\_\_\_  Preceptor#2 \_\_\_\_\_

Site #3 Name: \_\_\_\_\_  Preceptor#3 \_\_\_\_\_

Signature of student @ review with Clinical Faculty: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Clinical faculty @ review with student: \_\_\_\_\_ Date: \_\_\_\_\_

Appendix E

**The Essentials of Master's Education in Nursing**

March 21, 2011

may be viewed in full at <http://www.aacn.nche.edu/education-resources/MastersEssentials11.pdf>

***The Essentials of Master's Education in Nursing***

**March 21, 2011**

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Appendix F  
Competencies

**NP Core Competencies** may be viewed in their entirety at:

[http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/2017\\_NPCoreComps\\_with\\_Curric.pdf](http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/2017_NPCoreComps_with_Curric.pdf)

Population foci competencies may be view in their entirety for the various foci as noted here.

**Family/Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric-Mental Health and Women’s Health/Gender-Related (2013)**at:

<http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf>

and

**Adult-Gerontology Acute Care and Primary Care NP Competencies (2016)**

[http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/NP\\_Adult\\_Geri\\_comp\\_etencies\\_4.pdf](http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/NP_Adult_Geri_comp_etencies_4.pdf)

National Association of Neonatal Nurse Practitioners, **Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs (2014)**

[http://nann.org/uploads/About/PositionPDFS/1.4.8\\_Education%20Standards%20and%20Curriculum%20Guidelines%20for%20Neonatal%20Nurse%20Practitioner%20Programs.pdf](http://nann.org/uploads/About/PositionPDFS/1.4.8_Education%20Standards%20and%20Curriculum%20Guidelines%20for%20Neonatal%20Nurse%20Practitioner%20Programs.pdf)

Appendix G  
Resources for program evaluations

**National Taskforce on Quality Nurse Practitioner Education: Criteria for evaluation of Nurse Practitioner Programs.  
2016**

May be viewed in full at: <http://www.aacn.nche.edu/education-resources/Criteria-Evaluation-NP-2016.pdf>

**National Council State Boards of Nursing (NCSBN) Model Rules, 2012**

May be viewed in full at [https://www.ncsbn.org/14\\_Model\\_Rules\\_0914.pdf](https://www.ncsbn.org/14_Model_Rules_0914.pdf)

**SAMPLE FORMS & EVALUATION TOOLS FOR NEONATAL NURSE PRACTITIONER  
EDUCATION PROGRAMS (2002),**

National Association of Neonatal Nurses, <http://www.NANN.org>

Appendix H  
 Practicum Evaluations:  
 AGACNP, AGPCNP, FNP  
 NNP (page

APN Practicum I Evaluation

University of Connecticut

School of Nursing

MS Program: AGACNP, AGPCNP, FNP

Clinical Evaluation Tool

Evaluation:  Self,  Mid-Semester OR  Final

Student Name \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Course #:  NURS 5409

**COMPETENCY-BASED CLINICAL EVALUATION TOOL**

**S = Meets expectations for this level of student**

**NI = Needs Improvement (*it is anticipated that students are likely to need improvement for criteria in grey boxes*)**

**NA/O = not applicable/not observed**

Criteria for Evaluation	S	NI	NA/O	Preceptor Comments
<b>Scientific Foundation Competencies</b>				
Compares patient data with clinical guidelines and evidence-based standards to improve care.				
Uses advanced pathophysiology, pharmacology, physiology, genetics, communication skills, etc to provide patient care.				
Integrates relevant science from multiple disciplines to enhance patient health care.				
Develops plans of care based on integration of research, theory, and practice knowledge.				



<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
<b>Leadership Competencies</b>				
Provides evidence-based recommendations to initiate and change patient health care plans.				
Demonstrates collaboration between and among patients, other health care team members, and relevant health care systems.				
Demonstrates critical and reflective thinking in health care advocacy for patients.				
Communicates practice knowledge effectively both orally and in writing.				
<b>Quality Competencies</b>				
Uses best available evidence to continuously improve quality of clinical practice.				
Evaluates the relationships among access, cost, quality, safety and health care systems, and their influence on health care.				
<b>Practice Inquiry Competencies</b>				
Seeks, shares, and applies new knowledge for practice.				
Collaborates with preceptor and health care team members to answer clinical questions and develop plans of care.				
Evaluates patient outcomes related to implemented clinical guidelines and evidence-based standards of care.				
<b>Technology and Information Literacy Competencies</b>				
Uses technology to access clinical information, e.g., patient data, clinical and educational resources.				
Effectively assesses understanding of and communicates technical and scientific health information to patients and families.				

<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
Uses technology systems that capture data on variables for the evaluation of nursing care, e.g., Centers for Medicare & Medicaid Services Physician Quality Reporting System (CMS PQRS).				
<b>Policy Competencies</b>				
Demonstrates an understanding of the interdependence of policy and practice.				
Analyzes and advocates for ethical policies that promote access, equity, quality, and cost effectiveness at the patient and practice level.				
<b>Health Delivery System Competencies</b>				
Applies knowledge of organizational practices and complex systems to improve health care delivery.				
Effects health care change using broad based skills including negotiating, consensus-building, and partnering with patients, preceptor, and health care team members.				
Minimizes risk to patients and providers at the individual and systems level, e.g., medical-legal, quality & safety indicators, standards of care.				
Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.				
Collaborates in planning for transitions across the continuum of care.				
<b>Ethics Competencies</b>				
Integrates ethical principles in decision making.				
Evaluates the ethical consequences of decisions.				
Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.				
<b>Practice Competencies</b>				
In collaboration with preceptor, manages previously diagnosed and undiagnosed patients:				

<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
a) Provides the full spectrum of health care services during individual encounters to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.				
b) Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.				
c) Employs screening and diagnostic strategies in the development of diagnoses.				
d) Prescribes medications within scope of practice.				
e) Manages the health/illness status of patients and families over time.				
Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making:				
a) Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.				
b) Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.				
c) Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.				
d) Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.				
Demonstrates highest accountability for ethical professional practice.				

**Please indicate below:**

1. Strengths of student:
2. Weaknesses of student:
3. General Comments about student's performance:
4. Recommendations to address identified weaknesses:

**Total Semester Hours** \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_

APN Practicum II Evaluation

University of Connecticut

School of Nursing

MS Program: AGACNP, AGPCNP, FNP

Clinical Evaluation Tool

Evaluation  Self,  Mid-Semester OR  Final

Student Name \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Course #:  NURS 5169 NURS 5419 NURS 5439

**COMPETENCY-BASED CLINICAL EVALUATION TOOL**

**S = Meets expectations for this level of student**

**NI = Needs Improvement (*it is anticipated that students are likely to need improvement for criteria in grey boxes*)**

**NA/O = not applicable/not observed**

Criteria for Evaluation	S	NI	NA/O	Preceptor Comments
<b>Scientific Foundation Competencies</b>				
Compares patient data with clinical guidelines and evidence-based standards to improve care.				
Uses advanced pathophysiology, pharmacology, physiology, genetics, communication skills, etc to provide patient care.				
Integrates relevant science from multiple disciplines to enhance patient health care.				
Develops plans of care based on integration of research, theory, and practice knowledge.				
<b>Leadership Competencies</b>				
Provides evidence-based recommendations to initiate and change patient health care plans.				

<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
Demonstrates collaboration between and among patients, other health care team members, and relevant health care systems.				
Demonstrates critical and reflective thinking in health care advocacy for patients.				
Communicates practice knowledge effectively both orally and in writing.				
<b>Quality Competencies</b>				
Uses best available evidence to continuously improve quality of clinical practice.				
Evaluates the relationships among access, cost, quality, safety and health care systems, and their influence on health care.				
<b>Practice Inquiry Competencies</b>				
Seeks, shares, and applies new knowledge for practice.				
Collaborates with preceptor and health care team members to answer clinical questions and develop plans of care.				
Evaluates patient outcomes related to implemented clinical guidelines and evidence-based standards of care.				
<b>Technology and Information Literacy Competencies</b>				
Uses technology to access clinical information, e.g., patient data, clinical and educational resources.				
Effectively assesses understanding of and communicates technical and scientific health information to patients and families.				
Uses technology systems that capture data on variables for the evaluation of nursing care, e.g., Centers for Medicare & Medicaid Services Physician Quality Reporting System (CMS PQRS).				
<b>Policy Competencies</b>				

<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
Demonstrates an understanding of the interdependence of policy and practice.				
Analyzes and advocates for ethical policies that promote access, equity, quality, and cost effectiveness at the patient and practice level.				
<b>Health Delivery System Competencies</b>				
Applies knowledge of organizational practices and complex systems to improve health care delivery.				
Effects health care change using broad based skills including negotiating, consensus-building, and partnering with patients, preceptor, and health care team members.				
Minimizes risk to patients and providers at the individual and systems level, e.g., medical-legal, quality & safety indicators, standards of care.				
Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.				
Collaborates in planning for transitions across the continuum of care.				
<b>Ethics Competencies</b>				
Integrates ethical principles in decision making.				
Evaluates the ethical consequences of decisions.				
Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.				
<b>Practice Competencies</b>				
In collaboration with preceptor, manages previously diagnosed and undiagnosed patients:				
f) Provides the full spectrum of health care services during individual encounters to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.				
g) Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.				

Criteria for Evaluation	S	NI	NA/O	Preceptor Comments
h) Employs screening and diagnostic strategies in the development of diagnoses.				
i) Prescribes medications within scope of practice.				
j) Manages the health/illness status of patients and families over time.				
Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making:				
e) Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.				
f) Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.				
g) Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.				
h) Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.				
Demonstrates highest accountability for ethical professional practice.				

**Please indicate below:**

1. Strengths of student:
2. Weaknesses of student:
3. General Comments about student's performance:
4. Recommendations to address identified weaknesses:

**Total Semester Hours** \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_



APN Practicum III Evaluation

University of Connecticut

School of Nursing

MS Program: AGACNP, AGPCNP, FNP

Clinical Evaluation Tool

Evaluation  Self,  Mid-Semester OR  Final

Student Name \_\_\_\_\_

Preceptor Name \_\_\_\_\_

Agency Name \_\_\_\_\_

Course #:  NURS 5179 NURS 5429 NURS 5449

**COMPETENCY-BASED CLINICAL EVALUATION TOOL**

**S = Meets expectations for this level of student**

**NI = Needs Improvement**

**NA/O = not applicable/not observed**

Criteria for Evaluation	S	NI	NA/O	Preceptor Comments
<b>Scientific Foundation Competencies</b>				
Compares patient data with clinical guidelines and evidence-based standards to improve care.				
Uses advanced pathophysiology, pharmacology, physiology, genetics, communication skills, etc to provide patient care.				
Integrates relevant science from multiple disciplines to enhance patient health care.				
Develops plans of care based on integration of research, theory, and practice knowledge.				
<b>Leadership Competencies</b>				
Provides evidence-based recommendations to initiate and change patient health care plans.				

<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
Demonstrates collaboration between and among patients, other health care team members, and relevant health care systems.				
Demonstrates critical and reflective thinking in health care advocacy for patients.				
Communicates practice knowledge effectively both orally and in writing.				
<b>Quality Competencies</b>				
Uses best available evidence to continuously improve quality of clinical practice.				
Evaluates the relationships among access, cost, quality, safety and health care systems, and their influence on health care.				
<b>Practice Inquiry Competencies</b>				
Seeks, shares, and applies new knowledge for practice.				
Collaborates with preceptor and health care team members to answer clinical questions and develop plans of care.				
Evaluates patient outcomes related to implemented clinical guidelines and evidence-based standards of care.				
<b>Technology and Information Literacy Competencies</b>				
Uses technology to access clinical information, e.g., patient data, clinical and educational resources.				
Effectively assesses understanding of and communicates technical and scientific health information to patients and families.				
Uses technology systems that capture data on variables for the evaluation of nursing care, e.g., Centers for Medicare & Medicaid Services Physician Quality Reporting System (CMS PQRS).				
<b>Policy Competencies</b>				

<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
Demonstrates an understanding of the interdependence of policy and practice.				
Analyzes and advocates for ethical policies that promote access, equity, quality, and cost effectiveness at the patient and practice level.				
<b>Health Delivery System Competencies</b>				
Applies knowledge of organizational practices and complex systems to improve health care delivery.				
Effects health care change using broad based skills including negotiating, consensus-building, and partnering with patients, preceptor, and health care team members.				
Minimizes risk to patients and providers at the individual and systems level, e.g., medical-legal, quality & safety indicators, standards of care.				
Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.				
Collaborates in planning for transitions across the continuum of care.				
<b>Ethics Competencies</b>				
Integrates ethical principles in decision making.				
Evaluates the ethical consequences of decisions.				
Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.				
<b>Practice Competencies</b>				
In collaboration with preceptor, manages previously diagnosed and undiagnosed patients:				
k) Provides the full spectrum of health care services during individual encounters to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care.				
l) Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.				

<b>Criteria for Evaluation</b>	<b>S</b>	<b>NI</b>	<b>NA/O</b>	<b>Preceptor Comments</b>
m) Employs screening and diagnostic strategies in the development of diagnoses.				
n) Prescribes medications within scope of practice.				
o) Manages the health/illness status of patients and families over time.				
Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making:				
i) Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.				
j) Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.				
k) Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.				
l) Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.				
Demonstrates highest accountability for ethical professional practice.				

**Please indicate below:**

1. Strengths of student:
2. Weaknesses of student:
3. General Comments about student's performance:
4. Recommendations to address identified weaknesses:

**Total Semester Hours** \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Preceptor Signature \_\_\_\_\_

Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_

Date \_\_\_\_\_

## EVALUATION OF NNP STUDENT

Student: \_\_\_\_\_ Facility: \_\_\_\_\_

Preceptor: \_\_\_\_\_ Dates of Preceptorship: \_\_\_\_\_

Dates of Evaluation: \_\_\_\_\_

***DIRECTIONS:***

The preceptor is to complete Parts I and II of the evaluation midway through and upon completion of the preceptorship. This evaluation form is based on a scoring system of 0 to 5 (see below). Successful completion of the preceptorship does not require the student to attain scores of 4 to 5 in all categories. Due to the variations in NICU patient populations, their disorders, and the corresponding opportunities for procedures, students may receive some scores of 0 (insufficient experience for evaluation) in Part II of this evaluation (patient problem management and skills).

Scores of 2 and 3 may be expected for students' midway through their preceptorship, with scores increasing to 3 or above at its conclusion.

Score as follows:

- 0 - No basis for judgment. Insufficient experience for evaluation.
- 1 - Unacceptable. Knowledge and skill inadequate for safe practice.
- 2 - Minimal. Performs with minimal knowledge and skills for safe practice.
- 3 - Beginning level. Performs with adequate knowledge and skill for safe practice, but requires moderate supervision appropriate for a beginning NNP student (potential for improvement exists).
- 4 - Competent. Performs with adequate knowledge and skill for safe practice.
- 5 - Excels. Performs with a high level of knowledge and skill.

DATA BASE	Student's Evaluation	Preceptor's Evaluation
<b><i>History</i></b>		
1. Obtains and records all pertinent historical data	0 1 2 3 4 5	0 1 2 3 4 5
2. Clarifies inconsistencies in data	0 1 2 3 4 5	0 1 2 3 4 5

3. Relates history to clinical findings and active problems	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
<b>Exam</b>		
1. Performs a comprehensive and accurate physical exam	0 1 2 3 4 5	0 1 2 3 4 5
2. Performs an accurate gestational age assessment	0 1 2 3 4 5	0 1 2 3 4 5
3. Gathers data from behavioral and developmental assessments	0 1 2 3 4 5	0 1 2 3 4 5
4. Identifies abnormal findings	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
<b>Laboratory and Diagnostic Data</b>		
1. Gathers pertinent laboratory and diagnostic data	0 1 2 3 4 5	0 1 2 3 4 5
2. Accurately interprets laboratory and diagnostic data	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
<b>Assessment</b>		
1. Analyzes all necessary data in making assessments	0 1 2 3 4 5	0 1 2 3 4 5
2. Demonstrates judgment in analyzing the validity and reliability of data	0 1 2 3 4 5	0 1 2 3 4 5
3. Formulates accurate assessments	0 1 2 3 4 5	0 1 2 3 4 5
4. Develops a problem list with associated differential diagnosis	0 1 2 3 4 5	0 1 2 3 4 5
5. Demonstrates ability to prioritize problems	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
DATABASE	Student's Evaluation	Preceptor's Evaluation
<b>Plan of Care</b>		
1. Collaborates appropriately in arriving at plan of care	0 1 2 3 4 5	0 1 2 3 4 5

2. Implements plan of care appropriately and within an acceptable time frame	0 1 2 3 4 5	0 1 2 3 4 5
3. Initiates appropriate referrals and consultations	0 1 2 3 4 5	0 1 2 3 4 5
4. Accurately and clearly presents and documents the database	0 1 2 3 4 5	0 1 2 3 4 5
5. Interprets the plan of care to all staff involved in the care of the newborn/infant	0 1 2 3 4 5	0 1 2 3 4 5
6. Interprets the plan of care to parents	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
<b><i>Evaluation of Plan of Care</i></b>		
1. Evaluates infant physiological and behavioral responses to interventions and revises management plan appropriately	0 1 2 3 4 5	0 1 2 3 4 5
2. Carries out ongoing evaluation to determine success of the plan of care	0 1 2 3 4 5	0 1 2 3 4 5
3. Demonstrates good judgment in modifying or of terminating a plan of care	0 1 2 3 4 5	0 1 2 3 4 5
4. Consults and communicates appropriately when changing plan of care.	0 1 2 3 4 5	0 1 2 3 4 5
5. Presents adequate rationale for change in plan	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
<b><i>Diagnostic and Therapeutic Techniques/Procedures</i></b>		
1. Demonstrates knowledge of and indications for each technique	0 1 2 3 4 5	0 1 2 3 4 5
2. Follows established protocols and standards of practice in performance of techniques.	0 1 2 3 4 5	0 1 2 3 4 5
3. Obtains necessary level of assistance and supervision	0 1 2 3 4 5	0 1 2 3 4 5
4. Obtains necessary consents	0 1 2 3 4 5	0 1 2 3 4 5
5. Accurately and appropriately performs techniques	0 1 2 3 4 5	0 1 2 3 4 5
6. Modifies or terminates procedures appropriately based on the infant tolerance	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		

DATABASE	Student's Evaluation	Preceptor's Evaluation
<b><i>Patient Management</i></b>		
1. Records problem lists, comprehensive daily notes, and discharge summaries	0 1 2 3 4 5	0 1 2 3 4 5
2. Writes and communicates orders accurately	0 1 2 3 4 5	0 1 2 3 4 5
3. Completes patient summaries when going off service and/or when transferring patients to a new service	0 1 2 3 4 5	0 1 2 3 4 5
4. Identifies problems beyond her/his scope knowledge and/or role and consults preceptor or neonatologist	0 1 2 3 4 5	0 1 2 3 4 5
5. Establishes appropriate priorities in providing care for the assigned caseload of patients	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
<b><i>The Family Unit</i></b>		
1. Identifies and clarifies the neonatal nurse practitioner role to infant's family	0 1 2 3 4 5	0 1 2 3 4 5
2. Communicates with the family regarding the changing health care needs of their infant	0 1 2 3 4 5	0 1 2 3 4 5
3. Identifies educational needs of the family and assists with teaching	0 1 2 3 4 5	0 1 2 3 4 5
4. Initiates referrals based on infant/family needs	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
<b><i>Interpersonal Relationships</i></b>		
1. Identifies and clarifies the neonatal nurse practitioner role to all members of the health care team	0 1 2 3 4 5	0 1 2 3 4 5
2. Establishes and maintains a collaborative relationship with health care colleagues	0 1 2 3 4 5	0 1 2 3 4 5
3. Accepts responsibilities delegated by preceptor	0 1 2 3 4 5	0 1 2 3 4 5
4. Demonstrates accountability in the learning process	0 1 2 3 4 5	0 1 2 3 4 5



5. Clarifies patient problems and therapies and participates in informal teaching with staff	0 1 2 3 4 5	0 1 2 3 4 5
6. Participates in formal teaching	0 1 2 3 4 5	0 1 2 3 4 5
7. Accepts suggestions and guidance from preceptor and multidisciplinary team members	0 1 2 3 4 5	0 1 2 3 4 5
Comments		
<b><i>Patient Management</i></b>		
1. Records problem lists, comprehensive daily notes, and discharge summaries	0 1 2 3 4 5	0 1 2 3 4 5
2. Writes and communicates orders accurately	0 1 2 3 4 5	0 1 2 3 4 5
3. Completes patient summaries when going off service and/or when transferring patients to a new service	0 1 2 3 4 5	0 1 2 3 4 5
4. Identifies problems beyond her/his scope knowledge and/or role and consults preceptor or neonatologist.	0 1 2 3 4 5	0 1 2 3 4 5
5. Establishes appropriate priorities in providing care for the assigned caseload of patients.	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
DATABASE	Student's Evaluation	Preceptor's Evaluation
<b><i>Self-Evaluation</i></b>		
1. Participates in the systematic review of patient records, protocols, and treatment plans to determine effectiveness in meeting established standards of care	0 1 2 3 4 5	0 1 2 3 4 5
2. Participates in self-evaluation	0 1 2 3 4 5	0 1 2 3 4 5
3. Participates in the development, review and evaluation of neonatal nurse practitioner practice protocols	0 1 2 3 4 5	0 1 2 3 4 5
4. Identifies learning needs, goals, and objectives and periodically re-evaluates them	0 1 2 3 4 5	0 1 2 3 4 5
Comments		

**PART II: Patient Problem Management and Skills**

	Student's Evaluation	Preceptor's Evaluation
<b><i>Assesses, provides stabilization, and gathers data to obtain accurate etiology, diagnoses, and treatment for newborns/infants with:</i></b>		
1. Respiratory distress	0 1 2 3 4 5	0 1 2 3 4 5
2. Cardiovascular abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
3. Neurologic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
4. Hematologic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
5. Suspected infection	0 1 2 3 4 5	0 1 2 3 4 5
6. Renal and GU abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
7. Gastrointestinal disorders	0 1 2 3 4 5	0 1 2 3 4 5
8. Dysmorphology	0 1 2 3 4 5	0 1 2 3 4 5
9. Metabolic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
10. Orthopedic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
11. Integumentary/skin disorders	0 1 2 3 4 5	0 1 2 3 4 5
12. Fluid and electrolyte abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
13. Enteral and parenteral nutrition needs	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		
	Student's Evaluation	Preceptor's Evaluation
<b><i>Clinical Skills</i></b>		
1. Maintains sterile or aseptic technique appropriately	0 1 2 3 4 5	0 1 2 3 4 5
2. Seeks supervision appropriately	0 1 2 3 4 5	0 1 2 3 4 5
3. Attends deliveries and provides assessment and care accurately and effectively	0 1 2 3 4 5	0 1 2 3 4 5
4. Demonstrates comprehensive knowledge of resuscitation	0 1 2 3 4 5	0 1 2 3 4 5
5. Resuscitate depress neonates in delivery room	0 1 2 3 4 5	0 1 2 3 4 5
6. Demonstrates knowledge and skill in providing emergency resuscitation in the NICU	0 1 2 3 4 5	0 1 2 3 4 5

7. Performs endotracheal intubation	0 1 2 3 4 5	0 1 2 3 4 5
8. Performs nasotracheal intubation	0 1 2 3 4 5	0 1 2 3 4 5
9. Performs arterial sampling (radial)	0 1 2 3 4 5	0 1 2 3 4 5
10. Performs umbilical artery catheterization	0 1 2 3 4 5	0 1 2 3 4 5
11. Performs peripheral artery catheterization	0 1 2 3 4 5	0 1 2 3 4 5
12. Performs percutaneous venous line placement	0 1 2 3 4 5	0 1 2 3 4 5
13. Performs percutaneous venous line placement	0 1 2 3 4 5	0 1 2 3 4 5
14. Performs lumbar puncture	0 1 2 3 4 5	0 1 2 3 4 5
15. Performs suprapubic bladder aspiration	0 1 2 3 4 5	0 1 2 3 4 5
16. Performs needle thoracentesis	0 1 2 3 4 5	0 1 2 3 4 5
17. Performs thoracostomy tube insertion	0 1 2 3 4 5	0 1 2 3 4 5
18. Performs partial exchange transfusion	0 1 2 3 4 5	0 1 2 3 4 5
19. Performs double volume exchange transfusion	0 1 2 3 4 5	0 1 2 3 4 5
20. Initiates and adjusts Oxygen therapy	0 1 2 3 4 5	0 1 2 3 4 5
21. Initiates and adjust CPAP	0 1 2 3 4 5	0 1 2 3 4 5
22. Initiates and adjust mechanical ventilation	0 1 2 3 4 5	0 1 2 3 4 5
23. Interprets laboratory results and blood gases accurately	0 1 2 3 4 5	0 1 2 3 4 5
24. Interprets x-rays	0 1 2 3 4 5	0 1 2 3 4 5
Chest	0 1 2 3 4 5	0 1 2 3 4 5
Abdominal	0 1 2 3 4 5	0 1 2 3 4 5
Skeletal	0 1 2 3 4 5	0 1 2 3 4 5
Placement of tubes, catheters, and lines	0 1 2 3 4 5	0 1 2 3 4 5
25. Performs transillumination	0 1 2 3 4 5	0 1 2 3 4 5
26. Establishes, evaluates, and adjusts to provide a neutral thermal environment	0 1 2 3 4 5	0 1 2 3 4 5
Comments		

**EVALUATION**

**Preceptor comments, suggestion**

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**Student comments, suggestions**

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Signature of Preceptor

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Signature of Student

Appendix I

Worksheet: What Learning Experiences Do You Have To Offer?

Use this worksheet to pre-plan and share with nurse practitioner students completing practicums at your site.

Do you have space in your office/site for a student to review charts & document? Is there a private space to discuss “sensitive” feedback/evaluations?
What are the demographics of your practice and do they meet the students’ needs?
What are your clinical strengths and areas of special interest?
Are there any preparatory readings or research you would like the student to do prior to attending the practicum?
Do any of your colleagues have strengths and/or areas of interest that may be of interest to an NP student? Would these colleagues be willing to share some of their expertise?
Do you have responsibilities that are non-clinical that may be incorporated in the practicum? ie) QI committee, research etc
What ancillary services are available at your site that may be incorporated into the practicum? ie) Mental Health, Dental, CDE, Groups etc.

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