Family Nurse Practitioner

Preceptor Handbook

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Educating Nurses for Lives of thoughtful Inquiry, Service, Leadership, and Care

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Pacific Lutheran University School of Nursing

Mission

Pacific Lutheran University seeks to educate students for lives of thoughtful inquiry, service, leadership and care—for other people, for their communities, and for the earth.

Pacific Lutheran University School of Nursing is dedicated to…
- Exemplary and responsive undergraduate, graduate, and continuing nursing education;
- Engaging clinical and community partners in compassionate care for individuals, families, communities, and the world;
- Fostering leadership in nursing through committed service, highest quality education, and meaningful scholarship;
- Advancing the vision and mission of the university through collaborative partnerships that foster innovation and change.

Graduate Program Outcomes

A Pacific Lutheran University masters in nursing (MSN) curriculum is based on the American Associate of Colleges of Nursing (AACN) *Essentials of Master's Education in Nursing* (2011) and equips nurses for roles within a complex health system. Both the FNP and Care & Outcomes Manager master's education at PLU prepare nurses with the knowledge and skills to lead change, promote health and elevate care, regardless of the setting.

In 2015 PLU entered its first Doctor of Nursing Practice (DNP) students. The DNP curriculum is based on the AACN *Essentials of Doctoral Education for Advanced Nursing Practice* (2006) and prepares nurses to practice at the highest level of nursing practice, as well as provide leadership for practice change to improve patient outcomes.

During the 2015-2016 academic year, beginning in summer 2015, this preceptor manual will incorporate both types of degree students, as they are taking the same Family Nurse Practitioner core courses NURS 584 FNP I and NURS 585 FNP II.

The master's FNP students will achieve the MSN program outcomes during their 2 year program. The DNP students will achieve the MSN and DNP program outcomes in their 3 year program, or will have entered the DNP program with their master's in nursing and will accomplish the DNP program outcomes during their program.

Masters of Science in Nursing FNP curriculum

The PLU FNP curriculum focuses on client-centered clinical practice, and prepares nurses to respond to the needs of today's and tomorrow's health care consumers, to manage direct care based on advanced assessment and diagnostic reasoning, to incorporate health promotion and disease prevention interventions into health care delivery, and to recognize their potential for professional growth, responsibility and autonomy. The FNP

curriculum is based on the National Organization of Nurse Practitioner Faculties (NONPF) 2012 Nurse Practitioner Role Competencies (Appendix A) and the NONPF Family Nurse Practitioner Primary Care specialty competencies (Appendix B).

Successful completion of the Family Nurse Practitioner master's program qualifies graduates to sit for the Family Nurse Practitioner national certifying examinations and makes them eligible under Washington State law for Advanced Registered Nurse Practitioner (ARNP) licensure.

The PLU MSN FNP program requires 24 months of full time study and includes 720 hours of clinical, with 600 hours specific to the FNP specialty role. The PLU MSN FNP program is unique in that the students have clinical experience specific to quality and outcomes at the systems level (Care and Outcomes Manager Practicum I) before they begin the FNP core courses. This helps prepare our FNP graduates to have a deeper understanding of the changing practice arena in this time of moving reimbursement to be based on quality outcomes. **The last PLU MSN FNP cohort will graduate in May 2016.**

Master's of Science in Nursing Program Outcomes

1. Implement evidence-based practice, incorporating theory, models, and science to ensure safe, quality health care.
2. Integrate knowledge of technology, information systems, policy, organization, and financing into the improvement of health care delivery and health outcomes.
3. Demonstrate a commitment to ethical decision making, social justice, and advocacy for vulnerable and diverse populations.
4. Develop and use collaborative leadership and management strategies that foster safety and quality improvement throughout a healthcare system.
5. Advance the profession through collaboration, adherence to nursing standards and values, service, and commitment to lifelong learning.
6. Collaboratively design client-centered strategies for clinical prevention and health promotion.
7. Expand nursing expertise through the application of advanced pathophysiological, pharmacological, and assessment knowledge and skills.

PLU Family Nurse Practitioner MSN curriculum

Semester	**Course**	**Clinical Experience**
Summer 1st year	• Advanced Pathophysiology	
Fall 1st year	• NURS 523 Role of the Advanced Practice Nurse • NURS 525 Theoretical Foundations • NURS 526 Leadership and Management	
January term 1st year	• NURS 540 Illness and Disease Management • NURS 524 Advanced Health Promotion	30 hour clinical focusing on chronic illness
Spring 1st year	• NURS 531 Care and Outcomes Manager Practicum 1	112 hours of clinical focusing on clinical outcomes management

	• NURS 527 Evaluations and Outcomes Research • NURS 530 Resource Management	
Summer 2nd year	• NURS 582 Advanced Health Assessment	120 hours of clinical focusing on health assessment across the lifespan
Fall 2nd year	• NURS 584 Family Nurse Practitioner Practicum I • NURS 583 Clinical Parmacotherapeutics	240 hours of clinical focusing on management of health problems across the lifespan
Spring 2nd year	• NURS 585 Family Nurse Practitioner Practicum II • NURS 596 Scholarly Inquiry	240 hours of clinical focusing on management of health problems across the lifespan

Doctor of Nursing Practice FNP curriculum

The PLU Doctor of Nursing Practice degree prepares graduates in the advanced practice specialty area of Family Nurse Practitioner. Graduates are able to develop and evaluate quality within a health system, collaborate with inter-professional teams to improve health outcomes, and be leaders in the nursing profession. The D.N.P curriculum consists of the M.S.N core coursework (theory, advanced practice roles, evaluation and outcomes research, leadership and management, and advanced health promotion), D.N.P core coursework (information systems and patient care technology, epidemiology, analytical methods, translating research into practice, and health policy), a D.N.P. Scholarly Project and the Family Nurse Practitioner specialty coursework. The Family Nurse Practitioner core coursework focuses on client-centered clinical practice, and prepares nurses to respond to the needs of today's and tomorrow's health care consumers, to manage direct care based on advanced assessment and diagnostic reasoning, to incorporate health promotion and disease prevention interventions into health care delivery, and to recognize their potential for professional growth, responsibility, and autonomy.

The FNP curriculum is based on the National Organization of Nurse Practitioner Faculties (NONPF) 2012 Nurse Practitioner Role Competencies (Appendix A) and the NONPF Family Nurse Practitioner Primary Care specialty competencies (Appendix B).

Successful completion of the D.N.P. Family Nurse Practitioner program qualifies students to sit for national certification examinations for Family Nurse Practitioner, making them eligible under Washington State law for Advanced Registered Nurse Practitioner (ARNP) licensure.

The PLU DNP FNP program requires 36 months of full time study and includes 1080 hours of clinical, with 630 hours specific to the FNP specialty role. The PLU DNP program includes clinical experience specific to quality and outcomes at the systems level (Care and Outcomes Manager Practicum I) before they begin the FNP core courses, and 300 hours of clinical practicum designing, implementing and evaluating a scholarly project. Scholarly projects will focus on applying evidence based research into practice, and may be completed in the primary care setting or within a health system to improve patient outcomes.

Doctor of Nursing Practice Family Nurse Practitioner Curriculum

Semester	**Course**	**Clinical Experience**
Summer 1st year	• NURS 623 Information Systems and Patient Care Technology • NURS 625 Epidemiology & Biostatistics	
Fall 1st year	• NURS 523 Role of the Advanced Practice Nurse • NURS 525 Theoretical Foundations • NURS 526 Leadership and Management	
January term 1st year	• NURS 540 Illness and Disease Management • NURS 524 Advanced Health Promotion	30 hour clinical focusing on chronic illness
Spring 1st year	• NURS 531 Care and Outcomes Manager Practicum 1 • NURS 527 Evaluations and Outcomes Research • NURS 630 Analytical Methods	120 hours of clinical focusing on clinical outcomes management
Summer 2nd year	• NURS 580 Advanced Pathophysiology • NURS 582 Advanced Health Assessment • NURS 583 Clinical Parmacotherapeutics	30 hours of clinical focusing on health assessment across the lifespan
Fall 2nd year	• NURS 584 Family Nurse Practitioner Practicum I •	180 hours of clinical focusing on management of health problems across the lifespan
Spring 2nd year	• NURS 585 Family Nurse Practitioner Practicum II • NURS 530 Resource Management • NURS 631 Translating Research into Practice	180 hours of clinical focusing on management of health problems across the lifespan
Summer 3rd year	• NURS 562 Care of Women & Children • NURS 681: Scholarly Project Proposal	120 hours of clinical focusing on the management of women and children in primary care 30 hours of clinical focusing on developing the Scholarly Project
Fall 3rd year	• NURS 594 FNP Clinical Capstone • NURS 627 Health Policy • NURS 682 DNP Project I	120 hours of clinical focusing on the care of the complex patient in primary care 120 hours of clinical focusing on implementing the Scholarly Project
J-Term 3rd year	• DNP Scholarly Project II	30 hours of clinical focusing on implementing the Scholarly Project
Spring 3rd year	• DNP Scholarly Project III • NURS 695 Transition to DNP Practice • NURS 699 DNP Scholarly Project Capstone	120 hours of clinical focusing on evaluating and disseminating the Scholarly Project results

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Role and responsibilities of FNP faculty

The PLU faculty member teaching a FNP clinical course assumes all responsibility for the didactic and clinical components of the course. Responsibilities of the FNP lead faculty include securing clinical site placements and preceptors for students, verifying clinical contract is current, assigning students to specific preceptors, orienting preceptors to the course, performing clinical site visits, maintaining open lines of communication with preceptors and clinical sites, and supervising student learning.

Clinical sites and preceptors

PLU faculty seeks clinical site placements and preceptors to ensure the best possible experiences for the FNP student. Each preceptor and clinical site enters into a contractual agreement with the PLU School of Nursing for the student's clinical rotations. All students are covered by the PLU School of Nursing liability insurance through American Casuality Company of Reading, Pennsylvania. It is the responsibility of the PLU faculty teaching a clinical course to ensure the clinical contract is in place before students begin clinical hours for the semester.

Assigning students to preceptors

Students are assigned to a preceptor by the lead FNP faculty member. Occasionally students will request a specific site or preceptor. It is the responsibility of the faculty member to discuss with the student their educational needs and how the site will meet the objectives of the course before determining if the site is appropriate for the student. Students should not be arranging clinical placements directly with the preceptor and any student doing so should be directed to the lead faculty for the course.

Orienting preceptors

Preceptors are oriented individually via conversations with clinical faculty, ongoing e-mail, face-to-face meetings, and the preceptor manual. Communication occurs throughout each semester as needed. Preceptors are mailed a copy of the course syllabus, evaluation forms, clinical agreement letter, and an overview of the PLU FNP curriculum each semester.

Supervision of clinical learning

FNP faculty formally visit each student in their clinical site once a semester to observe clinical progress. If needed, the faculty will visit the student multiple times during the semester. FNP faculty are responsible to review the Typhon® NPST Student Tracking System logs to assess progress toward attainment of clinical objectives for the course and to determine if students are getting the clinical experiences to meet the NONPF FNP competencies.

Preceptor Guidelines

The PLU School of Nursing recognizes the critical role preceptors play in the education of our FNP students. Preceptors provide advanced knowledge and skills that assist our FNP students to develop into advanced practice nurses.

Role and responsibilities of the preceptor

The primary role of the preceptor is one of clinical instructor, coach, supervisor and evaluator. Nurse practitioner preceptors also act as role models and socialize the student to the nurse practitioner role (Ulrich, 2011). Preceptors assist the student in incorporating knowledge learned in the classroom into the clinical management of patients. The preceptor provides instruction as the student observes and then gradually becomes responsible for assessment, diagnosis, treatment, health care evaluation and monitoring, health promotion and counseling that form the basis of FNP practice.

Specific preceptor role responsibilities

- Negotiate dates and times for student clinical experiences and notifies the student if they are unable to be present. If preceptor is unable to be present for an arranged clinical day they may arrange for a qualified substitute or reschedule with the student.
- Provide orientation to the clinical site and health record the student's first week.
- Orients student to policies, operational procedures and protocols specific to the clinical site.
- Reviews objectives for clinical experience and negotiates with the student how they will meet the objectives.
- Be available to the student at all times the student is seeing patients.
- Selects with the student patients appropriate to meet clinical objectives for the day and semester.
- Intervenes where appropriate to manage situations beyond the student's ability.
- Evaluates student's care while providing immediate feedback and cosigning all charts.
- Evaluates the student verbally and in writing.
- Contact faculty if there are problems with student.

Qualities that make Super Preceptors (Barker & Pittman, n.d.)

<u>Professional Characteristics</u>

- Willing to work with a student who is a neophyte as well as more advanced students
- Supportive of the student's educational program
- Current knowledge and skills
- Models appropriate behaviors and attitudes
- Willing to give constructive feedback
- Supports student growth

<u>Personality characteristics</u>

- Empathetic
- Warm
- Respectful
- Sense of humor
- Flexible
- Fair
- Dependable
- Consistent

Preceptor selection criteria

All preceptors are considered to be experts in their area of practice, with a minimum of one year of clinical practice experience. Preceptors may be nurse practitioner, physician assistants, or physicians with clinical practice expertise, teaching skills and the willingness to be a preceptor to an FNP student. Preceptors must be currently licensed to practice and certified in their practice specialty. PLU maintains a record of preceptor curriculum vitae (CV), including professional practice experience for accreditation purposes; therefore we ask that all preceptors submit their current CV.

Strategies for Working with Students

Precepting students is a skill as well as a relationship. This section of the manual provides strategies for working with nurse practitioner students. Resources are provided in the reference list for more in-depth preceptor education, including a link to the American Association of Nurse Practitioners *Preceptor Toolkit* from which many of these strategies are taken.

Orientation strategies

To establish a quality preceptor-student relationship it is recommended that the student has a formal orientation to the practice and their preceptor's practice style.

- Set aside time for orientation at an hour that works to cause the least disruption to the practice flow. Length of orientation will vary by the setting, but usually an hour or less.
- Introduce the student to clinic staff and key personnel.
- Discuss "ground rules" including patient selection, protocols or policies specific to setting
- Explain your process for precepting including how you will introduce the student to patients and how you will be checking their physical examination findings
- Get to know the student
- Have them shadow you for the first half day in clinic together so they understand the flow of visits

Assisting students to learn in the clinical setting

- Create an environment that is conducive to learning
    - Students are often anxious in the beginning of each clinical experience
    - Seek appropriate patients for the student's level of experience
    - Give positive feedback
- Demonstrate new skills or bring students in on complicated patients you see to provide an example of how you approach the patient
- "Think aloud" as you reason through a complex patient you are seeing to role model clinical decision making
- Assign readings or resources you have found helpful
- Use charting to teach.
- Direct students to think about their patient encounters
    - Ask them what they think is going on with the patient

    - Ask for supporting evidence. What in the history or exam lead to the conclusion?
    - Assist them in broadening their differential
- Reinforce what they do right. "You did an excellent job of…."
- Correct mistakes. "Next time this happens, try…."
- Try the "Five-step Microskills Model of Clinical Teaching" to direct the discussion and use your time efficiently (see Appendix C)

Suggestions for managing patient flow while precepting

- Look at schedule ahead of time and plan which patients the student may see
- Allow time for the student to think
    - Have the student see a patient while preceptor sees another patient
    - Student presents history and physical to preceptor
    - Preceptor sees patient to confirm findings
    - While preceptor seeing patient, student develops plan
    - Students presents plan to preceptor
    - Student and preceptor returns to room to communicate plan to patient
    - Student charts encounter while preceptor sees next patient
    - When charting complete, student sees another patient
- Students may only see 2 patients a half day in the beginning of a semester and build up to 5 in a half day at the end of their program depending on the complexity of the patient.
- Barker and Pittman recommend occasionally scheduling "focused half days" where there is a specific focus to the learning, diabetes or COPD for example. The student spends time before and after the visit reading the chart of 2 or 3 patients and reviewing guidelines for management and only sees the patients with diabetes or COPD that half day. The preceptor sees the rest of the patients and then can focus their teaching time on diabetic or COPD management. The focus can be either tied to what the student is learning that week in class or an area they find challenging.

Documentation of visit

Students may document in the patient chart their history, physical, assessment and plan for the patient. Preceptors need to document in the patient's note that they were present for or conducted themselves (rechecked the student's findings) the key portions of the history and physical, as well has helped the student develop the plan of care. This will ensure you comply with Medicare/Medicaid billing rules.

Evaluation of student

Honest student evaluations are critical for the student, faculty and the patients the student will be caring for. Evaluation can be formal or informal. Formal written evaluations should be done at mid-term and the end of the semester. Evaluation forms are provided to preceptors and are found in the Appendix. Informal evaluation occurs throughout the semester and is part of a supportive learning environment. *Note there are different evaluation forms for the MSN and DNP students, due to the fact the two curriculums have a different clinical hour distribution.*

Constructive evaluation is:

- Honest
- Timely
- Based on skill development. Don't expect a student to know they have a skill deficit if you don't tell them about it. Tell them, teach them and let them learn.
- Based on student's level. Remember where they are in their program before evaluating them.
- Specific rather than general
- Positive as well as negative

Dealing with difficult students

While each student who enters the graduate program is highly qualified academically, the role transition to advanced practice nurse may be challenging for some. Identify any professional or boundary issues early and communicate them to the student with expectations for change. Failing students often lack insight, therefore they need direct communication regarding their progress. Seek the assistance of the faculty as appropriate.

If you have concerns about a student:

- Communicate early with the faculty and the student
- Document any concerns you may have in the formal evaluation
- Trust your judgment

Filling out PLU clinical evaluation forms

Honest preceptor feedback is critical to the student, the faculty and to the role of the ARNP. The clinical evaluation tool is designed to give feedback to the student at midterm and at the end of the semester. Students are expected to progress in skill and knowledge development throughout the program, so lower marks are expected at midterm than at the end of the semester.

When filling out the clinical evaluation tool, note that the **bold line** is where the faculty expect the student to be at the **end** of the semester in each course. If you have concerns about student progress at any time during the semester contact the clinical faculty via email as soon as possible.

FNP student guidelines

Role and responsibility of the student

Clinical Placements

PLU faculty seeks clinical site placements and preceptors to ensure the best possible learning experiences for the FNP student. Students are assigned to a preceptor by the lead FNP faculty member. Occasionally students may request a specific site or preceptor. It is the responsibility of the faculty member to discuss with the student their educational needs and how the site will meet the objectives of the course before determining if the site is appropriate for the student. Students should not be arranging clinical placements directly with the preceptor.

Pre-clinical preparation

All students are required to complete the requirements for being in the clinical site including immunizations, CPR, proof of Washington RN license, criminal background check, and any additional clinical site requirements. Students should be able to present their clinical passport to the agency to provide proof of being cleared for clinical.

Clinical attire

Students are to wear their PLU student photo ID at all times while in the clinical site. Some agencies require additional agency identification and students should follow all agency identification requirements.
Students should wear their white lab jacket while seeing patients, unless directed otherwise by the clinical preceptor or agency. Students must exercise good personal hygiene and present themselves in clean, well-fitting, clothing that is professional in appearance.

Preparation for clinical learning

Students are expected to come to the clinical site prepared to learn. At the beginning of the semester students should review the clinical course objectives as well as the evaluation form for the specific clinical course the preceptor and faculty will be using for evaluation. Students should review with preceptors any additional individual learning objectives they may have, providing an opportunity to discuss expectations and responsibilities of each.

Because each preceptorship experience is unique, the student should be prepared to research disease processes and treatments that present themselves during the clinical day. Students should be prepared to access clinical resources such as text books or on-line evidence based databases in order to provide excellent patient care.

Recording clinical experiences

FNP students document their clinical experiences and hours in the Typhon® NPST Student Tracking System. Typhon® enables tracking of clinical hours, the age and diagnosis for each patient to ensure the FNP student

has seen patients across the lifespan and having a range of preventive health, acute and chronic illness visits and procedures. The student will present a copy of their clinical hours log to the preceptor for their signature at the end of the semester for approval.

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APPENDIX A

National Association of Nurse Practitioner Faculties
Nurse Practitioner Core Competencies (2012/14)

Scientific Foundation Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice Knowledge

Leadership Competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care..
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality Competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry Competencies

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes.
4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice

Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users' needs.

2a). Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.

2b). Coaches the patient and caregiver for positive behavioral change.

3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.

5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies

1. Integrates ethical principles in decision making.
2. Evaluates the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.

3a). Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative,and end of life care.

3b). Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.

3c). Employs screening and diagnostic strategies in the development of diagnoses.

3d). Prescribes medications within scope of practice.

3e). Manages the health/illness status of patients and families over time.

4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.

4a). Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.

4b). Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.

4c). Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.

4d). Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.

APPENDIX B

National Organization of Nurse Practitioner Faculties: Family Nurse Practitioner Role Competencies (2013)

Upon graduation or entry into practice, the family nurse practitioner should demonstrate competence in the categories described below:

Competency Area	NP Core Competencies	Family/Across the Lifespan NP Competencies
Independent Practice Competencies	1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients. 3.a Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end-of-life care. 3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. 3.c Employs screening and diagnostic strategies in the development of diagnoses. 3.d Prescribes medications within scope of practice. 3.e Manages the health/illness status of patients and families over time. 4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making. 4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4.b Creates a climate of patientcentered	1. Obtains and accurately documents a relevant health history for patients of all ages and in all phases of the individual and family life cycle using collateral information, as needed. 2. Performs and accurately documents appropriate comprehensive or symptom- focused physical examinations on patients of all ages (including developmental and behavioral screening, physical exam and mental health evaluations). 3. Identifies health and psychosocial risk factors of patients of all ages and families in all stages of the family life cycle. 4. Identifies and plans interventions to promote health with families at risk. 5. Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole. 6. Distinguishes between normal and abnormal change across the lifespan. 7. Assesses decision-making ability and consults and refers, appropriately. 8. Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral. 9. Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals. 10. Formulates comprehensive differential diagnoses. 11. Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries across the lifespan to minimize the development of complications, and promote function and quality of living. 12. Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations,

	care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect. 4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care. 4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.	such as infants and children, pregnant and lactating women, and older adults. 13. Prescribes therapeutic devices. 14. Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, comorbities, psychosocial, and financial issues. 15. Assesses and promotes self-care in patients with disabilities. 16. Plans and orders palliative care and end-oflife care, as appropriate. 17. Performs primary care procedures. 18. Uses knowledge of family theories and development stages to individualize care provided to individuals and families. 19. Facilitates family decision-making about health. 20. Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly. 21. Demonstrates knowledge of the similarities and differences in roles of various health professionals proving mental health services, e.g., psychotherapists, psychologist, psychiatric social worker, psychiatrist, and advanced practice psychiatric nurse. 22. Evaluates the impact of life transitions on the health/illness status of patients and the impact of health and illness on patients (individuals, families, and communities). 23. Applies principles of selfefficacy/ empowerment in promoting behavior change. 24. Develops patient-appropriate educational materials that address the language and cultural beliefs of the patient. 25. Monitors specialized care coordination to enhance effectiveness of outcomes for individuals and families.

APPENDIX C: Five-step Microskill Model of Clinical Teaching

Step 1: Get a Commitment
Get the student to commit to what they think is going on with the patient based on the history and physical examination findings

Step 2: Probe for Supporting Evidence
Ask WHY they have made their conclusion.

Step 3: Teach General Rules
Use this case to teach general principles regarding similar patients. For example: All children should receive a full 10 days of antibiotics for a UTI, whereas a young, healthy, non-pregnant female can have a short course of antibiotics.

Step 4: Reinforce What Was Done Well
Positive feedback on what they did well, before what they missed.

Step 5: Give Guidance about Errors and Omissions
You see the bigger picture and are a the clinical expert. Help them widen their differential or correct their errors.

References

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Neher, JO & Stevens, NG (2003). The one-minute preceptor: Shaping the teaching conversation. *Family Medicine, 35*(6), 391-3.

APPENDIX D: NURS 582 Advanced Health Assessment Evaluation Form

Student Name: _____ Preceptor Name: _____

Term / Year: _____ Clinical Site: _____

Bold Line is the expected behavior for a student to pass at the end of the semester

I. Clinical Skills and Abilities		
Obtaining Clinical Data:		*Comments:*
1	History and physical totally inadequate; has no understanding of purpose for diagnostic testing.	
2	Frequent gaps in history and physical exam data; frequent oversights or excesses in diagnostic testing and screening.	
3	**Accurate history and physical exam obtained; demonstrates basic knowledge of when and how to select diagnostic tests and risk screening.**	
4	Thorough and complete and relevant history and physical exam data usually obtained; usually selects appropriate diagnostic tests and screening.	
Case Presentation:		*Comments:*
1	Disorganized, with missing and irrelevant data, or fails to present cases.	
2	Clinical data included but often disorganized; student not usually aware of diagnostic possibilities.	
3	**Usually presents organized clinical data, including basic diagnostic possibilities.**	
4	Logical, organized, usually containing differential diagnosis; contains extraneous info as well.	
***Clinical Judgment* (age appropriate, culturally sensitive, psychosocial considerations):**		*Comments:*
1	Decisions and recommendations inaccurate; fails to use or obtain appropriate data.	
2	Decisions and recommendations generally accurate; sometimes moves ahead before all data are available.	
3	**Decisions and recommendations usually accurate and include considerations of many factors.**	
4	Intelligently evaluates all data; demonstrates clear thinking and considerations.	
Charting:		*Comments:*
1	Totally unorganized chart with large amounts of missing data.	
2	**Complete information, but may occasionally have disorganized format and some extraneous information.**	
3	Complete, organized charts which may contain extraneous information.	
4	Charts are complete, organized, and concise.	
Use of clinical literature & other resources:		*Comments:*
1	Demonstrates little evidence of reading or seeking answers to clinical questions.	
2	**Reads standard texts and articles in and out of clinic time to answer clinical questions.**	
3	Independently seeks out additional information and answers to clinical questions.	
Performance of comprehensive physical and mental health assessments:		*Comments:*
1	Disorganized, incomplete, not comprehensive, frequently uses study aids (or notes) to gather information for assessments.	
2	**Usually organized, comprehensive physical and mental health assessments with little or no additional referencing to study aids or notes.**	

3	Consistently performs skilled, comprehensive physical and mental health assessment.	

II. Professionalism		
Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice):		*Comments:*
1	Demonstrates inconsistent professional behavior.	
2	**Demonstrates accountability for professional practice.**	
Ability to Self-Evaluate:		*Comments:*
1	Limited concept of their own weaknesses; does not develop personal learning goals.	
2	Shows awareness of limitations; has not fully integrated personal learning goals.	
3	**Consistently shows awareness of limitations, is working toward personal learning goals.**	
Use of evaluative feedback:		*Comments:*
1	Is argumentative to feedback, fails to incorporate suggestions.	
2	Accepts feedback but demonstrates little change in performance from feedback.	
3	**Responds to feedback with improved performance.**	
4	Seeks feedback and consistently uses it to improve performance.	
III. Interpersonal and Leadership Skills		
Relationships with members of health care team: Personal, collegial, collaborative interactions:		*Comments:*
1	Uncooperative; a source of complaints or problems.	
2	**Builds rapport with others; cooperative; effective team member.**	
3	Actively works to prevent problems and promote collaborative interactions with members of the team.	
Patient relationships: Personal, collegial, collaborative interactions with patients and families		*Comments:*
1	Abrupt, short with patients; never establishes rapport; creates problems, imposes own values on patients.	
2	Inconsistently establishes rapport; lacks empathy; often does not consider patient perspective.	
3	**Listens well; maintains professional empathy; usually considers patient perspective.**	
4	Listens well; demonstrates empathy, concern and respect; collaborates with patients and families.	

IV. Summary

Overall clinical competence:

1	2	3	4	5
Not competent	Poor	Average	Good	Excellent

Comments:

_____

_____

_____ _____ _____ _____

Preceptor Signature ***Date*** ***Student Signature*** ***Date***

Select one:

_____ _____

Faculty Signature ***Date***

□ ***Midterm Evaluation***
□ ***Final Evaluation***
Faculty Site Visit

APPENDIX E: NURS 584 FNP I MSN Evaluation Form

Student Name: _____ Preceptor/Faculty Name: _____

Term / Year: _____ Clinical Site: _____

Bold Line is the expected behavior for a student to pass at the end of the semester

I. Clinical Skills and Abilities		
Obtaining Clinical Data:		*Comments:*
1	Frequent gaps in history and physical exam data; frequent oversights or excesses in diagnostic testing and screening.	
2	**Accurate history and physical exam obtained; demonstrates basic knowledge of when and how to select diagnostic tests and screening.**	
3	Thorough, complete and relevant history and physical exam data obtained; usually selects appropriate diagnostic tests and screening.	
Clinical Judgment and Case Presentation:		*Comments:*
1	Clinical data included but often disorganized; student not usually aware of potential differential diagnoses; inappropriate management plan.	
2	Usually presents organized clinical data, including basic potential differential diagnoses; contains extraneous info as well; incomplete management plan.	
3	**Logical, organized, containing differential diagnoses and appropriate management plan.**	
4	Consistently succinct, logical, organized, with solid proposals for differential diagnoses, diagnostic and management plans.	
Plan of Care to Optimize Health (disease management, health promotion, anticipatory guidance, counseling* for common episodic and/or stable chronic illnesses*)		*Comments:*
1	Decisions, counseling and recommendations occasionally inaccurate; rarely includes family, environmental, financial or cultural considerations in plan.	
2	Decisions, counseling and recommendations generally accurate, fails to include family, environmental, financial or cultural considerations.	
3	**Decisions, counseling and recommendations are accurate and include family/environmental/financial/cultural considerations.**	
4	Decisions, counseling and recommendations for plan of care are complete, accurate and incorporates all aspects of the person and family, including environment, financial and cultural aspects.	

Charting:		*Comments:*
1	Unorganized chart with missing data; unable to complete in timely manner.	
2	Complete information but disorganized format; student working on completing in a timely manner.	
3	**Charts are generally complete, organized and concise; student working on completing in a timely manner.**	
4	Charts are consistently complete, organized, and concise; completed in a time-efficient manner.	
Use of evidence-based resources, including guidelines:		*Comments:*
1	Demonstrates little evidence of researching evidence-based guidelines to plan care.	
2	Aware of, but does not consistently incorporate evidence-based guidelines in plan of care.	
3	**Plans of care generally reflect use of evidence-based guidelines.**	
4	Consistently and accurately incorporates evidence-based guidelines in plan of care.	
Overall knowledge base:		*Comments:*
1	Limited knowledge of pathophysiology and/or psychosocial issues; shows inadequate preparation.	
2	**Demonstrates adequate knowledge of basic pathophysiologic/ psychosocial considerations; independently seeks out additional information and answers to clinical questions.**	
3	Consistently shows extensive knowledge of basic pathophysiologic and psychosocial principles.	

II. Professionalism		
Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice):		*Comments:*
1	Demonstrates inconsistent professional behavior.	
2	**Demonstrates accountability for professional practice.**	
Ability to Self-Evaluate:		*Comments:*
1	Limited concept of their own weaknesses; does not develop personal learning goals.	
2	Shows awareness of limitations; has not fully integrated personal learning goals.	
3	**Consistently shows awareness of limitations, is working toward defined personal learning goals.**	
Use of evaluative feedback:		
1	Is argumentative to feedback, fails to incorporate suggestions.	

2	Accepts feedback but demonstrates little change in performance from feedback.	
3	Responds to feedback with improved performance.	
4	**Seeks feedback and consistently uses it to improve performance.**	

III. Interpersonal and Leadership Skills

Relationships with members of health care team: Personal, collegial, collaborative interactions		*Comments:*
1	Uncooperative; a source of complaints or problems.	
2	**Builds rapport with others; cooperative; effective team member.**	
3	Actively works to prevent problems and promote collaborative interactions with members of the team.	

Patient relationships: Personal, collegial, collaborative interactions with patients and families		*Comments:*
1	Inconsistently establishes rapport; lacks empathy; often does not consider cultural issues.	
2	**Listens well; demonstrates empathy, concern and respect; collaborates with patients and families.**	
3	Instills confidence and trust; always empathetic; puts people at ease; collaborates with patients and families; sees patients and families as partners in care.	

IV. Summary

Overall clinical competence:

1	2	3	4	5
Not competent	Poor	Average	Good	Excellent

Comments:

_____

_____

_____

_____ _____ _____ _____

Preceptor Signature ***Date*** ***Student Signature*** ***Date***

_____ _____

Faculty Signature ***Date***

Appendix F: Preceptor Evaluation of DNP Student
NURS 584 Family Nurse Practitioner I
Fall 2015 Pilot Evaluation

Student Name: _____ Preceptor/Faculty Name: _____

Term / Year: _____ Clinical Site: _____

Bold Line is the expected behavior for a student to pass at the end of the semester

I. Clinical Skills and Abilities		
Obtaining Clinical Data:		*Comments:*
1	Frequent gaps in history and physical exam data; frequent oversights or excesses in diagnostic testing and screening.	
2	**Attempts to select appropriate test(s) based on history and physical exam obtained; demonstrates basic knowledge of when and how to select diagnostic tests and screening.**	
3	Consistently obtains a relevant health history, and preforms an appropriate comprehensive or symptom-focused examination for patients of all ages; selects appropriate diagnostic tests.	
Clinical Judgment and Case Presentation:		*Comments:*
1	Clinical data included but often disorganized; student not usually aware of potential differential diagnoses; inappropriate management plan.	
2	**Usually presents organized clinical data, including basic potential differential diagnoses; contains extraneous info as well; incomplete management plan.**	
3	Presents client in a logical, organized fashion, containing comprehensive differential diagnoses and appropriate management plan.	
Plan of Care to Optimize Health in previously diagnosed and undiagnosed patients.(disease management, health promotion, anticipatory guidance, counseling, follow up care)		*Comments:*
1	Decisions, counseling and recommendations occasionally inaccurate; not patient centered, and rarely includes family, environmental, financial or cultural considerations in plan.	
2	**Decisions, counseling and recommendations are generally accurate; usually patient-centered, and the plan of care includes one or more aspects of family, environmental, financial, or cultural issues.**	
3	Decisions, counseling and recommendations are accurate, patient-centered, and holistically considers family/environmental/financial/cultural issues.	
Charting (uses correct medical terminology, spelling is accurate):		*Comments:*
1	Unorganized chart with missing data; unable to complete in timely manner.	
2	Complete information but disorganized format; student working on completing in a timely manner.	
3	**Charts are generally complete, organized and concise; student working on completing in a timely manner.**	
4	Charts are consistently complete, organized, and concise; completed in a time-efficient manner.	
Use of evidence-based resources, including guidelines:		*Comments:*
1	Demonstrates little evidence of researching evidence-based guidelines to develop plan care.	
2	**Demonstrates evidence of knowing evidence-based guidelines, but needs occasional prompting to incorporate guidelines in initial plan of care.**	

3	Plans of care generally reflect use of evidence-based guidelines.	
Overall knowledge base:		*Comments:*
1	Limited knowledge of pathophysiology and/or psychosocial issues; demonstrates inadequate preparation and/or knowledge.	
2	**Demonstrates relevant knowledge of basic pathophysiologic and psychosocial considerations; consistently seeks out additional information and answers to clinical questions as appropriate.**	
3	Consistently demonstrates extensive knowledge of advanced pathophysiologic and psychosocial principles.	

II. Professionalism		
Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice):		*Comments:*
1	Demonstrates inconsistent professional behavior.	
2	**Demonstrates accountability for professional practice.**	
Ability to Self-Evaluate:		*Comments:*
1	Limited concept of their own weaknesses; does not develop personal learning goals.	
2	Shows awareness of limitations; has not fully integrated personal learning goals.	
3	**Consistently shows awareness of limitations, is working toward defined personal learning goals.**	
Use of evaluative feedback:		
1	Is argumentative to feedback, fails to incorporate suggestions.	
2	Accepts feedback but demonstrates little change in performance from feedback.	
3	**Responds to feedback with improved performance and demonstrates knowledge retention.**	
4	Seeks feedback and consistently uses it to improve performance.	

III. Interpersonal and Leadership Skills		
Relationships with members of health care team: Personal, collegial, collaborative interactions		*Comments:*
1	Uncooperative; a source of complaints or problems.	
2	**Builds rapport with others; cooperative; effective team member.**	
3	Actively works to prevent problems and promote collaborative interactions with members of the team.	
Patient relationships: Personal, collegial, collaborative interactions with patients and families		*Comments:*
1	Inconsistently establishes rapport; lacks empathy; often does not consider cultural issues.	
2	**Listens well; demonstrates empathy, concern and respect; collaborates with patients and families.**	
3	Instills confidence and trust; always empathetic; puts people at ease; collaborates with patients and families; sees patients and families as partners in care.	

IV. Summary

Overall clinical competence:

1	2	3	4	5
Not competent	Poor	Average/Passing	Good	Excellent

Comments:

_____

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_____

_____ _____ _____ _____

Preceptor Signature ***Date*** ***Student Signature*** ***Date***

Midterm _____ Final _____

_____ _____

Faculty Signature ***Date***

APPENDIX G: NURS 585 FNP II Evaluation Form

Student Name: _____ Preceptor Name: _____

Term / Year: _____ Clinical Site: _____

Bold Line is the expected behavior for a student to pass at the end of the semester

I. Clinical Skills and Abilities		
Obtaining Clinical Data:		*Comments:*
1	Frequent gaps in history and physical exam data; oversights or excesses in diagnostic testing.	
2	Accurate history and physical exam obtained; demonstrates basic knowledge of when and how to select diagnostic tests.	
3	**Thorough, complete and relevant history and physical exam data obtained; usually selects appropriate diagnostic tests.**	
4	Skillfully obtains histories and relevant physical exam; demonstrates integration of all patient data including past history and diagnostic tests.	
Clinical Judgment and Case Presentation:		*Comments:*
1	Clinical data included but often disorganized; student not usually aware of potential differential diagnoses; inappropriate management plan.	
2	Usually presents organized clinical data, including basic potential differential diagnoses; contains extraneous info as well; incomplete management plan.	
3	**Logical, organized, containing differential diagnoses and appropriate management plan.**	
4	Consistently succinct, logical, organized, with solid proposals for differential diagnoses, diagnostic and management plans.	
Plan of Care to Optimize Health (disease management, health promotion, anticipatory guidance, counseling)		*Comments:*
1	Decisions, counseling and recommendations occasionally inaccurate; rarely includes family, environmental, financial or cultural considerations in plan.	
2	Decisions, counseling and recommendations generally accurate, fails to include family, environmental, financial or cultural considerations.	
3	**Decisions, counseling and recommendations are accurate and include family/environmental/financial/cultural considerations.**	
4	Decisions, counseling and recommendations for plan of care are complete, accurate and incorporates all aspects of the person and family, including environment, financial and cultural aspects.	
Charting:		*Comments:*
1	Unorganized chart with missing data; unable to complete in timely manner.	
2	Complete information but disorganized format; student working on completing in a timely manner.	
3	**Charts are generally complete, organized and concise; student working on completing in a timely manner.**	
4	Charts are consistently complete, organized, and concise; completed in a time-efficient manner.	
Use of evidence-based resources, including guidelines:		*Comments:*
1	Demonstrates little evidence of researching evidence-based guidelines to plan care.	
2	Aware of, but does not consistently incorporate evidence-based guidelines in plan of care.	
3	**Plans of care generally reflect use of evidence-based guidelines.**	
4	Consistently and accurately incorporates evidence-based guidelines in plan of care.	
Overall knowledge base:		*Comments:*
1	Limited knowledge of pathophysiology and/or psychosocial issues; shows inadequate preparation as a novice family nurse practitioner.	
2	**Demonstrates adequate knowledge of basic pathophysiologic/ psychosocial considerations; consistent with the level of a novice family nurse practitioner**.	

3	Consistently shows extensive knowledge of basic pathophysiologic and psychosocial principles; consistent with the level of a novice family nurse practitioner.	

II. Professionalism		
Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice):		*Comments:*
1	Demonstrates inconsistent professional behavior.	
2	**Demonstrates accountability for professional practice.**	
Ability to Self-Evaluate:		*Comments:*
1	Limited concept of their own weaknesses; does not develop personal learning goals.	
2	Shows awareness of limitations; has not fully integrated personal learning goals.	
3	**Consistently shows awareness of limitations, is working toward defined personal learning goals.**	
Use of evaluative feedback:		
1	Is argumentative to feedback, fails to incorporate suggestions.	
2	Accepts feedback but demonstrates little change in performance from feedback.	
3	Responds to feedback with improved performance.	
4	**Seeks feedback and consistently uses it to improve performance.**	

III. Interpersonal and Leadership Skills		
Relationships with members of health care team: Personal, collegial, collaborative interactions		*Comments:*
1	Uncooperative; a source of complaints or problems.	
2	**Builds rapport with others; cooperative; effective team member.**	
3	Actively works to prevent problems and promote collaborative interactions with members of the team.	
Patient relationships: Personal, collegial, collaborative interactions with patients and families		*Comments:*
1	Inconsistently establishes rapport; lacks empathy; often does not consider cultural issues.	
2	**Listens well; demonstrates empathy, concern and respect; collaborates with patients and families.**	
3	Instills confidence and trust; always empathetic; puts people at ease; collaborates with patients and families; sees patients and families as partners in care.	

IV. Summary

Overall clinical competence:

1	2	3	4	5
Not competent	Poor	Average	Good	Excellent

Comments:

_____

_____

_____

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Preceptor Signature ***Date*** ***Student Signature*** ***Date***

Faculty Signature ***Date***