

Psychiatric-Mental Health Nurse Practitioner Preceptor Handbook



Pacific Lutheran University
School of Nursing
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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

The Pacific Lutheran University Doctor of Nursing Practice (DNP) curriculum is based on the American Associate of Colleges of Nursing (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. The DNP students will achieve the DNP program outcomes in a 3 year, 12-semester program, or will have entered the DNP program with their master's in nursing and will accomplish the DNP program outcomes during their program.

The PLU PMHNP BSN-DNP program requires 36 months of full time study and includes 1230 hours of clinical, with 780 hours specific to the PMHNP specialty role. The PLU DNP PMHNP 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 PMHNP core courses. This helps prepare our PMHNP graduates to have a deeper understanding of the changing practice arena in this time of moving reimbursement to be based on quality outcomes.

Doctor of Nursing Practice PMHNP Curriculum

The PMHNP program prepares graduates for advanced practice in the provision of psychiatric-mental health services to individuals across the lifespan and their family members in a variety of settings and roles. Courses focus on theories, research evidence, and clinical application related to mental health assessment and differential diagnosis, psychopathology, psychopharmacology, and psychotherapeutic modalities including individual, group, and family therapy. There is also emphasis on health promotion and risk prevention as students evaluate and monitor co-morbid illnesses and conditions occurring with primary psychiatric diagnoses.

Each student, throughout the program, provides a wide range of services in a variety of clinical settings across the lifespan including acute emergency psychiatric services, community mental

health centers, office-based and private practice, home-based care, integrated psychiatric and primary care, substance abuse and forensic sites, and acute and long-term care facilities. In addition, the student is able to focus on a specialty population in the final semester. Through application of evidence-based research skills, students evaluate systems of care, design evidenced-based practice solutions, and work in collaboration with the multi-disciplinary team. At the completion of the required curriculum, students are prepared to apply for certification as a psychiatric–mental health nurse practitioner with a lifespan focus through the American Nurses Credentialing Center making them eligible under Washington State law for Advanced Registered Nurse Practitioner (ARNP) licensure. 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 AACN core coursework (theory, advanced practice roles, evaluation and outcomes research, leadership and management, and advanced health promotion), (information systems and patient care technology, epidemiology, analytical methods, translating research into practice, and health policy), a D.N.P. Scholarly Project and the PMHNP specialty coursework. The PLU PMNP DNP program includes clinical experience specific to quality and outcomes at the systems level (Care and Outcomes Manager Practicum I) before they begin the PMHNP 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 Psychiatric-Mental Health Care setting or within a health system to improve patient outcomes

The PMHNP curriculum is based on the National Organization of Nurse Practitioner Faculties (NONPF) 2012 Nurse Practitioner Role Competencies (Appendix A) and the NONPF (2013) PMHNP specialty competencies (Appendix B).

Doctor of Nursing Practice PMHNP Curriculum

Semester	Course	Clinical Experience
Summer 1 st year	<ul style="list-style-type: none"> • NURS 700 Adv Practice Roles (3cr) • NURS 701 Theoretical Foundations and EBP (2 cr) • NURS 702 Information Systems and Patient Care Technology (3cr) 	
Fall 1 st year	<ul style="list-style-type: none"> • NURS 703 Organizational and Systems Leadership (3) • NURS 721 Epidemiology/Biostats (3cr) • NURS 720 Analytical Methods (3cr) 	
January term 1 st year	<ul style="list-style-type: none"> • NURS 704 Policy and Politics: Implications for Health Care (3) 	
Spring 1 st year	<ul style="list-style-type: none"> • NURS 730 Advanced Pathophysiology (3cr) • NURS 731 Advanced Pharmacotherapeutics (3cr) • NURS 734 Outcomes Research (3cr) 	
Summer 2 nd year	<ul style="list-style-type: none"> • NURS 732 Advanced Physical Assessment (4cr) • NURS 733 Advanced Health Promotion (2cr) 	30 hrs of clinical focusing on physical assessment across the lifespan

Fall 2 nd year	<ul style="list-style-type: none"> • NURS 651 Advanced Psychopharmacology Across the Lifespan (3cr) • NURS 652 Management of Substance-related and Addictive Disorders (2) • NURS 653 PMHNP I: Psychopathology, Assessment, Diagnosis and Management Across the Lifespan (7 cr) <i>3.0 clin, 1 seminar, 3.0 didactic</i> 	180 hrs of clinical focusing on assessment and management of psychiatric/mental health problems across the lifespan
J-Term 2 nd year	<ul style="list-style-type: none"> • NURS 705 Clinical Resource Management (3) 	
Spring 2 nd year	<ul style="list-style-type: none"> - NURS 790 Translating Research into Practice (3cr) - NURS 791 Proposal Seminar (1) - NURS 654 PMHNP II: Psychopathology, Assessment, Diagnosis and Management Across the Lifespan (7 cr) <i>3.0 clin, 1 Seminar 3.0 Didactic</i> 	<ul style="list-style-type: none"> - 60 hrs of clinical focusing on writing the Scholarly Project Proposal. - 180 hrs of clinical focusing on assessment and management of psychiatric/mental health problems across the lifespan
Summer 3 rd year	<ul style="list-style-type: none"> - NURS 655 PMHNP III Psychotherapies Across the Life Span (5 cr) (Group and Family therapy) <i>2.0 didactic, 1 seminar 2.0 clinical</i> - NURS 792: Scholarly Project II 	<ul style="list-style-type: none"> - 120 hrs of clinical focusing on Group and Family Therapy - 120 hrs of clinical focusing on the Scholarly Project implementation
Fall 3 rd year	<ul style="list-style-type: none"> - NURS 656 PMHNP IV Psychotherapies Across the Life Span (5) <i>2.0 didactic, 1 seminar 2.0 clinical</i> - NURS 712 Trauma Informed Care (3) - NURS 793 DNP Project III (2cr) 	<ul style="list-style-type: none"> - 120 hrs of clinical focusing on the 1:1 relationship across the lifespan - 120 hrs of clinical focusing on data collection in the Scholarly Project
J-Term 3 rd year	<ul style="list-style-type: none"> - NURS 794 DNP Scholarly Project II (2cr) - NURS 750 Primary Care Essentials for the PMHNP (2cr) 	120 hours of clinical focusing on data analysis in the Scholarly Project
Spring 3 rd year	<ul style="list-style-type: none"> - NURS 657 PMHNP capstone (5 credits) <i>1 didactic 1 seminar 1 clinical</i> - NURS 795 Transition to DNP Practice (1cr) - NURS 799 DNP Scholarly Project Capstone (2cr) - NURS 699 DNP Scholarly Project Capstone (2cr) 	<ul style="list-style-type: none"> - 180 hrs of clinical focusing on immersion with a clinical population of choice - 120 hrs of clinical focusing on evaluating and disseminating the Scholarly Project results

PLU PMHNP Faculty

<p>Mary D Moller, PhD(h), DNP, ARNP, PMHCNS-BC, CPRP, FAAAN Associate Professor, Tenured PMHNP DNP Track Coordinator</p>	<p>Rebecca Allen, PhD, ARNP, PMHNP-BC Contingent Faculty Child/Adolescent</p>
<p>Patrick Muturi, PhD, ARNP, PMHNP-BC Assistant Professor, Tenure Track Starts Fall, 2019</p>	<p>Lisa Pratt, DNP, ARNP, PMHNP-BC Clinical Seminar Faculty, Addictions</p>

ROLE AND RESPONSIBILITIES OF PMHNP FACULTY

The PLU faculty member responsible for teaching a PMHNP course that involves a clinical practicum assumes all responsibility for the didactic and clinical components of the course. Responsibilities of the PMHNP 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. Individual clinical faculty are assigned to a seminar group and responsible for ongoing communication with preceptors, site visits, and completion of both the midterm and final clinical evaluations.

Clinical sites and preceptors

PLU faculty seek clinical site placements and preceptors to ensure the best possible experiences for the PMHNP 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 Casualty 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 PMHNP faculty member and the designated seminar leader. 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 PMHNP curriculum each semester.

Supervision of clinical learning

PMHNP 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. PMHNP 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 PMHNP competencies.

PRECEPTOR GUIDELINES

The PLU School of Nursing recognizes the critical role preceptors play in the education of our PMHNP students. Preceptors provide advanced knowledge and skills that assist our PMHNP 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, psychiatric-mental health care evaluation and monitoring, health promotion and psychotherapeutic modalities that form the basis of PMHNP 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.
- Intervenes where appropriate to manage situations beyond the student's ability.
- Evaluates student's care while providing immediate feedback and cosigns all charts.
- Evaluates the student verbally and in writing.
- Contacts faculty if there are problems with student.

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

Professional Characteristics

- 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

Personality characteristics

- 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 clinical nurse specialists, nurse practitioners, physician assistants, psychiatrists, social workers, or psychologists with clinical practice expertise, teaching skills and the willingness to be a preceptor to an PMHNP 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.

Establishing a fit

Because of the intimate relationship that is required in the management and of patients with psychiatric-mental health disorders, the relationship between preceptor (clinical supervisor) and student is equally important. Students will be required to have a formal interview with potential preceptors to establish a fit for clinical supervision. In some placements, several students may interview for only one student position. The preceptor will have the final authority in selecting the student for the practicum site.

Effective Clinical Teaching

Precepting students is a skill as well as a relationship that includes getting to know the student. This section of the manual provides strategies for working with PMHNP 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, the student will have a formal orientation to the practice and the preceptor's practice style.

- Set aside time for orientation at a time that works to cause the least disruption to the practice flow. The length of orientation will vary by the setting and will include a period of shadowing the preceptor, prior to developing a caseload.
- 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 validating their psychiatric intake, ongoing assessments, psychotherapy, medication management, and outcomes.

Assisting students to learn in the clinical setting

- Create an environment that is conducive to learning
 - Students are typically anxious in the beginning of each practicum 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

Recognizing that both inpatient and outpatient scheduling requirements will vary, the individual preceptor will determine the patient volume appropriate to the student taking into account the ability to adequately supervise the student in all aspects of patient care. Students will be expected to develop and expand their caseload over the course of time they are assigned to the preceptor/agency. In PMHNP I the students will be expected to complete at least 6 patient intakes specific for medication management by the end of the first semester and to build on that caseload over the second semester for a total of 15-20 medication management patients by the end of PMHNP II. In PMHNP III the student will be expected to participate in various psychoeducational, psychodynamic, task, and family therapy group experiences. At the completion of PMHNP IV the student will be expected to have a carry a caseload of a minimum of 6 psychotherapy patients

Documentation of visit

Students will be expected to document their intake and subsequent visits according to guidelines for appropriate evaluation and management (including counseling and coordination of care) criteria. Preceptors need to document their presence during the session/encounter/group and the collaborative nature of the care that was planned and given. 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.

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. The final grade is based on attainment of competencies. By the end of PMHNP I they should be a 2-3, PMHNP II 4-5, PMHNP V 7-10. PMHNP III and IV are unique grading appropriate to the therapy courses.

PMHNP 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 PMHNP student. Students are assigned to a preceptor by the lead PMHNP 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 business casual 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

PMHNP 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 PMHNP 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.

Completion of Student Clinical Professional Conduct Contract.

Students participating in NURS 653, 654, 655, 656, and 657 are responsible to follow these professional standards while participating in clinical activities both at PLU and at the clinical site for the duration of the year. Any violation of these standards could result in failure to obtain a passing grade for the course.

1. Students will demonstrate professional accountability by coming on time for clinical and seminar class activities and fulfilling the hours required for the clinical course.
2. Students will demonstrate integrity by completing their own original work.
3. Students will demonstrate appropriate boundaries with patients and staff.
4. Students will protect patient confidentiality.
5. Students will adhere to appropriate professional dress standards.
6. Students will complete all written assignments such as diagnostic evaluations, treatment plans and summaries on time.
7. Students will demonstrate an attitude of respect to all patients, faculty, and clinicians.
8. Students are not permitted to work in paid positions (as RNs, PCAs) on any clinical unit where they will be practicing as a graduate student in a PLU clinical course.

Student Signature

Preceptor Signature

Course Faculty Coordinator Signature

Date

This contract is to be signed during the first day of clinical practicum experience.

References

- Barker, ER & Pittman, O (n.d.) Preceptor Toolkit. American Associate of Nurse Practitioners. Retrieved from <http://www.aanp.org/images/documents/education/PreceptorToolkit.pdf>
- Bott, G., Mohide, E. I., & Lawlor, Y. (2011). A clinical teaching technique for nurse preceptors: The five minute preceptor. *Journal of Professional Nursing*, 27(1), 35-42.
- Brooks, M. V., & Niederhauser, V. P. (2010). Preceptor expectations and issues with nurse practitioner clinical rotations. *Journal of The American Academy Of Nurse Practitioners*, 22(11), 573-579. doi:10.1111/j.1745-7599.2010.00560.x
- Buck, K. D., & Lysaker, P. H. (2010). Clinical supervision for the treatment of adults with severe mental illness: Pertinent issues when assisting graduate nursing students. *Perspectives in Psychiatric Care*, 46(3), 234-243. doi:10.1111/j.1744-6163.2010.00258.x
- Gonge, H., & Buus, N. (2011). Model for investigating the benefits of clinical supervision in psychiatric nursing: A survey study. *International Journal of Mental Health Nursing*, 20(2), 102-111. doi:10.1111/j.1447-0349.2010.00717.x
- Parrott, S, Dobble, A., Chumley, H. & Tysinger, JW (2006). Evidence-based office teaching—The five-step microskills model of clinical teaching. *Family Medicine*, 38(3), 164-7.
- Neher, JO & Stevens, NG (2003). The one-minute preceptor: Shaping the teaching conversation. *Family Medicine*, 35(6), 391-3.
- Todd, G., & Freshwater, D. (1999). Reflective practice and guided discovery: Clinical supervision. *British Journal of Nursing* (Mark Allen Publishing), 8(20), 1383-1389.
- Training the trainer: Tips for Nurse Preceptors. <http://tipsfornursepreceptors.blogspot.com/>
- Ulrich, B. (2011). Precepting—A key nursing role. *Nephrology Nursing Journal*, 38(3), 225.
- Ulrich, B (2011). *Mastering Precepting: A Nurse's Handbook for Success*. Sigma Theta Tau International.

APPENDIX A

National Association of Nurse Practitioner Faculties Nurse Practitioner Core Competencies (2017)

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.
7. Advocates for policies for safe and healthy practice environments.

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.
 - 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 patient- centered 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. duplicate.
- 4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.
- 4e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.
- 4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.
- 5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care
- 6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.
- 7. Coordinates transitional care services in and across care settings.
- 8. Participates in the development, use, and evaluation of professional standards and evidence-based care.

APPENDIX B

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

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

Competency Area	NP Core Competencies	Psychiatric-Mental Health NP Competencies
Independent Practice Competencies	<ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 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. <ol style="list-style-type: none"> 4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration. 4.b Creates a climate of patient-centered 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. duplicate. 4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care. 4e. Develops strategies to prevent one's own personal biases from 	<ol style="list-style-type: none"> 1. Develops an age-appropriate treatment plan for mental health problems and psychiatric disorders based on biopsychosocial theories, evidence-based standards of care, and practice guidelines. 2. Includes differential diagnosis for mental health problems and psychiatric disorders. 3. Assess impact of acute and chronic medical problems on psychiatric treatment. 4. Conducts individual and group psychotherapy. 5. Applies supportive, psychodynamic principles, cognitive-behavioral and other evidence based psychotherapy/-ies to both brief and long term individual practice. 6. Applies recovery oriented principles and trauma focused care to individuals. 7. Demonstrates best practices of family approaches to care. 8. Plans care to minimize the development of complications and promote function and quality of life. 9. Treats acute and chronic psychiatric disorders and mental health problems. 10. Safely prescribes pharmacologic agents for patients with mental health problems and psychiatric disorders. 11. Ensures patient safety through the appropriate prescription and management of pharmacologic and non-pharmacologic interventions. 12. Explain the risks and benefits of treatment to the patient and their family. 13. Identifies the role of PMHNP in risk-

	<p>interfering with delivery of quality care.</p> <p>4f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.</p> <p>5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care</p> <p>6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.</p> <p>7. Coordinates transitional care services in and across care settings.</p> <p>8. Participates in the development, use, and evaluation of professional standards and evidence-based care.</p>	<p>mitigation strategies in the areas of opiate use and substance abuse clients.</p> <p>14. Seeks consultation when appropriate to enhance one’s own practice.</p> <p>15. Uses self-reflective practice to improve care.</p> <p>16. Provides consultation to health care providers and others to enhance quality and cost- effective services.</p> <p>17. Guides the patient in evaluating the appropriate use of complementary and alternative therapies.</p> <p>18. Uses individualized outcome measure to evaluate psychiatric care.</p> <p>19. Manages psychiatric emergencies across all settings.</p> <p>20. Refers patient appropriately.</p> <p>21. Facilitates the transition of patients across levels of care.</p> <p>22. Uses outcomes to evaluate care.</p> <p>23. Attends to the patient- nurse practitioner relationship as a vehicle for therapeutic change.</p> <p>24. Maintains a therapeutic relationship over time with individuals, groups, and families to promote positive clinical outcomes.</p> <p>25. Therapeutically concludes the nurse-patient relationship transitioning the patient to other levels of care, when appropriate.</p> <p>26. Demonstrates ability to address sexual/physical abuse, substance abuse, sexuality, and spiritual conflict across the lifespan.</p> <p>27. Applies therapeutic relationship strategies based on theories and research evidence to reduce emotional distress, facilitate cognitive and behavioral change, and foster personal growth</p> <p>28. Apply principles of self-efficacy/ empowerment and other self-management theories in promoting relationship development and behavior change.</p> <p>29. Identifies and maintains professional boundaries to preserve the integrity of the therapeutic process.</p> <p>30. Teaches patients, families and groups about treatment options with respect to developmental, physiological, cognitive,</p>
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		<p>cultural ability and readiness.</p> <ol style="list-style-type: none"> 31. Provides psychoeducation to individuals, families, and groups regarding mental health problems and psychiatric disorders. 32. Modifies treatment approaches based on the ability and readiness to learn. 33. Considers motivation and readiness to improve self-care and healthy behavior when teaching individuals, families and groups of patients. 34. Demonstrates knowledge of appropriate use of seclusion and restraints. 35. Documents appropriate use of seclusion and restraints.
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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 patients with bipolar disorder should be on a mood stabilizer, but only a few qualify for additional antidepressant therapy.

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 the clinical expert. Help them widen their differential or correct their errors.

APPENDIX C: PLU DNP Program Outcomes

1. Integrate and actively use science-based theories and concepts in advanced nursing practice
2. Develop and/or evaluate effective strategies for improvement in practice including risk assessment and quality care delivery approaches that meet current and future needs of patient populations
3. Integrate and apply current research knowledge to solve complex practice situations while identifying strategies to continuously incorporate and communicate new knowledge
4. Use information systems/technology to support and improve patient care and healthcare systems
5. Assume leadership to design, implement, and advocate for healthcare policy that addresses issues of access, resource management, and equity in healthcare
6. Effectively collaborate as a member and/or leader of an interprofessional or a multidisciplinary team to improve health outcomes
7. Evaluate care delivery models and/or concepts to provide health promotion and risk reduction/illness prevention strategies
8. Assume the role and distinct skills of the Doctor of Nursing Practice in an area of specialized nursing practice

**Preceptor Evaluation of DNP Student
Pacific Lutheran University School of Nursing
NURS 653 PMHNP I**

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:		<i>Comments:</i>
1	Frequent gaps in psychosocial history and formulation data; frequent oversights or excesses in selection of diagnostic rating scales.	
2	Able to develop a psychiatric formulation that results from completion of a comprehensive diagnostic interview that includes CC, HPI, PFSH, and basic mental status examination. Identifies appropriate rating scales.	
3	Develops a polished and succinct psychiatric formulation that results from completion of comprehensive diagnostic interview that includes CC, HPI, PFSH, and comprehensive mental status examination. Consistently selects, administers, and documents appropriate rating scales.	
Clinical Judgment and Case Presentation:		<i>Comments:</i>
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. (Symptom/diagnosis management, health promotion, anticipatory guidance, medication management, follow up care)		<i>Comments:</i>
1	Decisions, counseling and recommendations occasionally inaccurate; not patient centered, and rarely includes medication, 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 recommendations for psychopharmacological management and one or more aspects of family, environmental, financial, or cultural issues.	
3	Decisions, counseling and recommendations are accurate, patient-centered, and holistically considers psychopharmacological management and family/environmental/financial/cultural issues.	
Charting (uses correct medical terminology, spelling is accurate):		<i>Comments:</i>
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:		<i>Comments:</i>
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:		<i>Comments:</i>
1	Limited knowledge of psychopathology and/or psychopharmacological issues; demonstrates inadequate preparation and/or knowledge.	

2	Demonstrates relevant knowledge of basic psychopathology, psychosocial considerations, and psychopharmacological issues; consistently seeks out additional information and answers to clinical questions as appropriate.	
3	Consistently demonstrates extensive knowledge of advanced psychopathology, psychosocial principles, and psychopharmacological issues.	

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:

Preceptor Signature

Date

Student Signature

Date

Midterm _____ Final _____

Faculty Signature

Date

**Preceptor Evaluation of DNP Student
Pacific Lutheran University School of Nursing
NURS 654 PMHNP II**

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:		<i>Comments:</i>
1	Frequent gaps in psychosocial history and formulation data; frequent oversights or excesses in selection of diagnostic rating scales.	
2	Able to develop a psychiatric formulation that results from completion of a comprehensive diagnostic interview that includes CC, HPI, PFSH, and basic mental status examination. Identifies appropriate rating scales.	
3	Develops a polished and succinct psychiatric formulation that results from completion of comprehensive diagnostic interview that includes CC, HPI, PFSH, and comprehensive mental status examination. Consistently selects, administers, and documents appropriate rating scales.	
Clinical Judgment and Case Presentation:		<i>Comments:</i>
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. (Symptom/diagnosis management, health promotion, anticipatory guidance, medication management, follow up care). Able to manage a caseload of at least 10 med management patients.		<i>Comments:</i>
1	Decisions, counseling and recommendations occasionally inaccurate; not patient centered, and rarely includes medication, 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 recommendations for psychopharmacological management and one or more aspects of legal/ethical, family, environmental, financial, or cultural issues.	
3	Decisions, counseling and recommendations are accurate, patient-centered, and holistically considers psychopharmacological management, legal/ethical and family/environmental/ financial/cultural issues.	
Charting (uses correct medical terminology, spelling is accurate):		<i>Comments:</i>
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:		<i>Comments:</i>
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:		<i>Comments:</i>

1	Limited knowledge of psychopathology and/or psychopharmacological issues; demonstrates inadequate preparation and/or knowledge.	
2	Demonstrates relevant knowledge of basic psychopathology, psychosocial considerations, and psychopharmacological issues; consistently seeks out additional information and answers to clinical questions as appropriate.	
3	Consistently applies extensive knowledge of advanced psychopathology, psychosocial principles, and psychopharmacological issues to patient management.	

II. Professionalism

Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice): Comments:

1	Demonstrates inconsistent professional behavior.	
2	Demonstrates accountability for professional practice including demonstration of professional boundaries and collegial interaction with team members.	

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:

Preceptor Signature

Date

Student Signature

Date

Midterm _____ Final _____

Faculty Signature

Date

**Preceptor Evaluation of DNP Student
Pacific Lutheran University School of Nursing
NURS 655 PMHNP III**

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

GROUP AND FAMILY THERAPY CLINICAL SKILLS		<i>Comments:</i>
Identify professional boundaries to preserve the integrity of the therapeutic process		
1	Does not demonstrate awareness of boundary violations in the group and family therapy process	
2	Can verbalize principles of boundary violations in the group and family therapy process	
3	Maintains professional boundaries in all aspects of conducting group and family therapy.	
Assess the interrelationship of family structure, dynamics, traditions, and function, on the risk for family dysfunction incorporating legal, ethical, cultural issues.		<i>Comments:</i>
1	Does not consider interrelationship of multiple variables on the risk for family dysfunction.	
2	Implements a plan for family therapy that identifies overt variables related to structure, dynamics, traditions, and function on the risk for family dysfunction that includes legal, ethical, and cultural issues.	
3	Implements a plan for family therapy based on identification of overt and covert variables related to structure, dynamics, traditions, and function on the risk for family dysfunction that includes legal, ethical, and cultural issues.	
Documents patient/family participation in both group and family therapy groups		<i>Comments:</i>
1	Unorganized documentation with missing data; unable to complete in timely manner.	
2	Complete information but disorganized format; student working on completing in a timely manner, does not follow agency, regulatory, or reimbursement guidelines.	
3	Documentation is generally complete, organized and concise; student working on completing in a timely manner, usually follows agency, regulatory, and reimbursement guidelines.	
4	Documentation is consistently complete, organized, and concise; completed in a time-efficient manner using agency, regulatory, and reimbursement guidelines.	
Conduct group psychotherapy, with an emphasis on group theory, conceptual frameworks, and methods incorporating legal, ethical, and cultural issues.		<i>Comments:</i>
1	Limited knowledge of group therapy principles, theory, conceptual frameworks and methods of conducting group therapy/Inadequate preparation.	
2	Conducts group therapy based on demonstrated relevant knowledge of basic principles of group therapy, conceptual frameworks, and methods in selected group therapy sessions.	
3	Consistently applies extensive knowledge of principles of group psychotherapy with an emphasis on group theory, conceptual frameworks, and methods in a wide range of group therapy sessions.	
Conduct family psychotherapy, with an emphasis on family theory, conceptual frameworks, and methods, incorporating legal, ethical, cultural issues		<i>Comments:</i>
1	Limited knowledge of family therapy principles, family theory, and methods of conducting family therapy/Inadequate preparation.	
2	Conducts family therapy based on demonstrates relevant knowledge of basic principles of family therapy and methods in selected family systems.	

3	Consistently applies extensive knowledge of principles of family psychotherapy with an emphasis on family theory and methods to a wide range of family systems.	

II. Professionalism

Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice): *Comments:*

1 Demonstrates inconsistent professional behavior.

2 **Demonstrates accountability for professional practice including demonstration of professional boundaries and collegial interaction with team members.**

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:

Preceptor Signature	Date	Student Signature	Date
		Midterm _____ Final _____	

Faculty Signature

Date

**Preceptor Evaluation of DNP Student
Pacific Lutheran University School of Nursing
NURS 656 PMHNP IV**

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

INDIVIDUAL PSYCHOTHERAPY CLINICAL SKILLS		<i>Comments:</i>
Identify professional boundaries to preserve the integrity of the therapeutic process		
1	Does not demonstrate awareness of boundary violations in the individual psychotherapy process	
2	Can verbalize principles of boundary violations in the process individual psychotherapy process	
3	Maintains professional boundaries in all aspects of conducting individual psychotherapy.	
Discriminate among major psychotherapeutic modalities of care across the lifespan to encompass theoretical foundations, treatment assumptions, and major interventions incorporating legal, ethical, cultural issues in the selection of a specific therapy modality.		<i>Comments:</i>
1	Does not discriminate among psychotherapeutic modalities of care in the provision of individual psychotherapy.	
2	Selects an appropriate therapy modality for individual psychotherapy therapy based on patient differential diagnosis and consideration of legal, ethical, cultural issues.	
3	Develops a comprehensive plan for individual psychotherapy that encompasses the major theoretical foundations, treatment assumptions, and major interventions incorporating legal, ethical, cultural issues for patients across the lifespan.	
Documents patient participation in the individual psychotherapy process		<i>Comments:</i>
1	Unorganized documentation with missing data; unable to complete in timely manner.	
2	Complete information but disorganized format; student working on completing in a timely manner, does not follow agency, regulatory, or reimbursement guidelines.	
3	Documentation is generally complete, organized and concise; student working on completing in a timely manner, usually follows agency, regulatory, and reimbursement guidelines.	
4	Documentation is consistently complete, organized, and concise; completed in a time-efficient manner using agency, regulatory, and reimbursement guidelines.	
Conducts recovery-focused psychoeducation with individuals, families and groups regarding mental health problems and psychiatric disorders.		<i>Comments:</i>
1	Limited knowledge of recovery-focused psychoeducational principles, theory, conceptual frameworks and methods of conducting individual therapy/Inadequate preparation.	
2	Conducts psychoeducation based on demonstrated relevant knowledge of basic principles, conceptual frameworks, and methods in selected individual therapy sessions.	
3	Consistently applies extensive knowledge of principles of recovery-focused psychoeducation with an emphasis on theory, conceptual frameworks, and methods in a wide range of individual therapy sessions.	
Conducts supportive, psychodynamic, cognitive-behavioral, and other evidence-based psychotherapies in individual therapy with an emphasis on theory, conceptual frameworks, and methods, incorporating legal, ethical, cultural issues		<i>Comments:</i>
1	Limited knowledge of individual psychotherapy modalities/Inadequate preparation.	
2	Conducts individual psychotherapy based on theory, conceptual frameworks and methods associated with the major therapy modalities incorporating legal, ethical, cultural issues with a select caseload of patients.	

3	Consistently applies extensive knowledge of the major schools of individual therapy in the delivery of individual psychotherapy incorporating legal, ethical, cultural issues with a select caseload of patients.											
II. Professionalism												
Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice):		<i>Comments:</i>										
1	Demonstrates inconsistent professional behavior.											
2	Demonstrates accountability for professional practice including demonstration of professional boundaries and collegial interaction with team members.											
Ability to Self-Evaluate:		<i>Comments:</i>										
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		<i>Comments:</i>										
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		<i>Comments:</i>										
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:	<table border="1"> <tr> <td>1</td> <td>2</td> <td>3</td> <td>4</td> <td>5</td> </tr> <tr> <td>Not competent</td> <td>Poor</td> <td>Average/Passing</td> <td>Good</td> <td>Excellent</td> </tr> </table>	1	2	3	4	5	Not competent	Poor	Average/Passing	Good	Excellent	
1	2	3	4	5								
Not competent	Poor	Average/Passing	Good	Excellent								

Comments:

_____ Preceptor Signature	_____ Date	_____ Student Signature	_____ Date
_____ Faculty Signature	_____ Date	Midterm _____	Final _____

**Preceptor Evaluation of DNP Student
Pacific Lutheran University School of Nursing
N 657 PMHNP Clinical Immersion Capstone**

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		<i>Comments:</i>
<i>Obtaining Clinical Data:</i>		<i>Comments:</i>
1	Frequent gaps in psychosocial history and formulation data; frequent oversights or excesses in selection of diagnostic rating scales.	
2	Able to develop a psychiatric formulation that results from completion of a comprehensive diagnostic interview that includes CC, HPI, PFSH, and basic mental status examination. Identifies appropriate rating scales.	
3	Develops a polished and succinct psychiatric formulation that results from completion of comprehensive diagnostic interview that includes CC, HPI, PFSH, and comprehensive mental status examination. Consistently selects, administers, and documents appropriate rating scales.	
<i>Clinical Judgment and Case Presentation:</i>		<i>Comments:</i>
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/family in a logical, organized fashion, containing comprehensive differential diagnoses and appropriate management plan.	
<i>Plan of Care to Optimize Health in previously diagnosed and undiagnosed patients. (Symptom/diagnosis management, health promotion, psychotherapy, medication management, follow up care). Able to manage a caseload of at least 10 combination therapy and medication management patients.</i>		<i>Comments:</i>
1	Assessments, choice of therapy and medications, and psychoeducational recommendations occasionally inaccurate; not patient centered, and rarely includes medication, family, environmental, financial or cultural considerations in plan.	
2	Assessments, choice of therapy and medications, and psychoeducational recommendations are generally accurate; usually patient-centered, and the plan of care includes aspects of legal/ethical, family, environmental, financial, or cultural issues.	
3	Assessments, choice of therapy and medications, and psychoeducational recommendations are accurate, patient-centered, and holistically considered including legal/ethical and family, environmental, financial, and cultural issues.	
<i>Charting (uses correct medical terminology, spelling is accurate):</i>		<i>Comments:</i>
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.	
<i>Use of evidence-based resources, including guidelines:</i>		<i>Comments:</i>
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:		<i>Comments:</i>			
1	Limited knowledge of psychopathology and/or psychopharmacological issues; demonstrates inadequate preparation and/or knowledge.				
2	Demonstrates relevant knowledge of basic psychopathology, psychosocial considerations, psychopharmacological issues, and appropriate psychotherapy; consistently seeks out additional information and answers to clinical questions as appropriate.				
3	Consistently applies extensive knowledge of advanced psychopathology, psychosocial considerations, psychopharmacological issues, and appropriate psychotherapy to patient management.				
II. Professionalism					
Professional behaviors (punctuality, reliability, professional attire, confidentiality, ethical practice):		<i>Comments:</i>			
1	Demonstrates inconsistent professional behavior.				
2	Demonstrates accountability for professional practice including demonstration of professional boundaries and collegial interaction with team members.				
Ability to Self-Evaluate:		<i>Comments:</i>			
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		<i>Comments:</i>			
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		<i>Comments:</i>			
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 Not competent	2 Poor	3 Average/Passing	4 Good	5 Excellent

Comments:

_____ Preceptor Signature	_____ Date	_____ Student Signature	_____ Date
_____ Faculty Signature	_____ Date	Midterm _____	Final _____