UCONN
SCHOOL OF NURSING

APN Practicum Handbook

AY 2023-2024

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I.   Overview of School of Nursing

About the School

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

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

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

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

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

Mission Statement

The School of Nursing's Mission is to cultivate the next generation of nursing clinicians, leaders, scholars, and healthcare consumers for the advancement of health among the local, national and global populations.

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

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

Advance nursing practice graduate students may choose from multiple population foci options:

- Adult-Gerontology Acute Care Nurse Practitioner
- Adult-Gerontology Primary Care Nurse Practitioner
- Family Nurse Practitioner
- Neonatal Nurse Practitioner

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

1. Synthesize knowledge from the arts, sciences, humanities, and the discipline of nursing into advanced nursing practice. (Essentials Domains: 1, 3 & 9).
2. Integrate scientific findings and theories from nursing and related fields to respond to emerging health care challenges and lead innovative change to improve outcomes. (Essentials Domains: 1, 5, 7, 10).
3. Analyze and Influence health care policy at the institutional, regulatory and/or legislative levels with interprofessional partners for the benefit of the person, community, nursing profession and environment. (Essentials Domains: 1, 3, 4, 6).
4. Demonstrate PRAXIS and person-centered care at an advanced level of nursing in a selected area of concentration. (Essentials Domains: 2, 9).
5. Utilize health informatics and interprofessional partnerships to contribute to systems-based innovations that promote health equity, social justice, and advocacy of the nursing profession. (Essentials Domains: 3, 6, 7, 8, 9).
6. Integrate evidence-based processes and person-centered care into the translation of innovations to improve safety, quality, and patient and/or population outcomes in a selected area of concentration. (Essentials Domains: 1, 2, 4, 5, 7, 10).

II.   Directory
       Graduate Track Directors
       - Ivy M. Alexander, PhD, APRN, ANP-BC, FAANP, FAAN
         Professor and Director, Adult-Gerontology Primary
         Care Program
         Email: ivy.alexander@uconn.edu

- Valarie Artigas, DNP, APRN, NNP-BC
  Assistant Professor and Director, Neonatal
  Advanced Practice Program,
  Email: Valarie.artigas@uconn.edu

- Kristin Bott, DNP, APRN, ACNP-BC
  Assistant Professor and Director, Adult-
  Gerontology Acute Care Nurse Practitioner email:
  kristin.bott@uconn.edu

- Brenda McNeil, DNP, APRN, FNP-BC
  Assistant Professor and
  Interim Director, Family Nurse Practitioner
  Program
  Email: brenda.mcneil@uconn.edu

MS Program Coordinator
- *Kaylea Medina, MPH*
  Administrative Program Support
  Email: Kaylea.medina@uconn.edu or MS-Programs-Coordinator@uconn.edu

Office of Clinical Placement Coordination
(Compliance, health documents, background clearances)

- ocpc.compliance@uconn.edu

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

III.   APN education and practicum (overview)

Curriculum for the graduate nursing program is to include three components. These areas are foundational to advanced nursing practice (APN) roles not the resulting degree (MS or DNP). The UConn SON implements the three areas of:
1. Graduate Nursing Core –foundational curriculum content for all APN students regardless of functional focus.
2. Direct Care Core – Content specific to the provision of direct healthcare at the advanced level.
3. Functional Area Content – didactic and clinical practicum learning experiences for specific advanced nursing roles identified as being required by certification bodies and professional nursing organizations.

Graduate Nursing Core Courses

- NURS 5012 Nursing Science and Patterns of Knowing in Advanced Nursing Practice
- NURS 5020 Statistical Methods in Health Sciences Research
- NURS 5030 Nursing Research for Evidence Based Practice
- NURS 5035 Evidence-Based Practice to Advance Clinical Scholarship
- NURS 5870 Health Policy and Populations-based Advocacy for The Scholarship of Application

Acute Care Specialty (AGACNP)

Direct Core Courses

- NURS 5562 Advanced Health Assessment
- NURS 5060 Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan
- NURS 5070 Advanced Pharmacodynamics

Functional Area Content – (specific to AGACNP)

- NURS 5500 Advanced Diagnosis for APN Practice
- NURS 5550 Common and Chronic Health Problems in AGAC Practice I
- NURS 5559 AGAC Acute Care APN Clinical Practicum I
- NURS 5560 Complex and Comorbid Health Problems in AGNP Practice II
- NURS 5169 AGNP Acute Care Clinical Practicum II
- NURS 5570 Common and Comorbid Health Problems in AGNP Acute Care Practice III
- NURS 5579 AGNP Acute Care Clinical Practicum III

Primary & Family Population Foci (AGPCNP & FNP)

Direct Core Courses

- NURS 5062 Advanced Health Assessment
- NURS 5060 Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across

the Lifespan
- NURS 5470 Advanced Pharmacology for Adv. Nursing Practice

Functional Area Content – (specific to AGPCNP, FNP)

- NURS 5400 Evidence-Based Practice for Health Promotion, Preventions and Common Health Problems I
- NURS 5409 APN Clinical Practicum I
- NURS 5405 Evidence-Based Practice for Common and Chronic Health Problems II
- NURS 5410 Evidence-Based Practice for Common and Comorbid Health Problems III
- NURS 5419 (AGPCNP) or NURS 5439 (Family) Primary Care Practicum II
- NURS 5420 Evidence-Based Practice for Complex and Comorbid Health Problems IV
- NURS 5429 (AGPCNP) or NURS 5449 (Family) Primary Care Practicum III
- NURS 5430 (FNP) Management of Childbearing Women and Children

Neonatal NP Specialty

Direct Core

- NURS 5060 Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan
- NURS 5350 Advanced Neonatal Embryology/Physiology
- NURS 5362 Advanced Health Assessment for the NP Role: NNP
- NURS 5370 Advanced Principles of Pharmacology and Management: Neonatal population focused

Functional Area Content

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

Plans of Study

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

AGACNP, AGPCNP, FNP, NNP Practicums

The APN Practicums are comprised of immersion clinical experiences to engage the graduate student in quality and varied clinical experiences. The settings of these experiences vary by specialty track. The AGPCNP and FNP experiences occur primarily in settings providing primary

care. FNP students provide care across the life span, while AGPCNP students provide care for patients from adolescence through frail elder. The AGACNP student experiences focus on those providing higher acuity healthcare, most typically but not limited to inpatient settings. Neonatal practicums are in settings providing care for the normal and high-risk families and infants and the critically ill high-risk neonates and their families. NNP students complete 640 clinical hours, all others complete 720 hours.

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

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

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

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

Students are encouraged to network and identify new preceptors and clinical sites. Students may self-identify a qualified healthcare provider known to them that is not a current SON credentialed preceptor. The Practicum Placement Process is given in Appendix B.
The student would need to fully complete the Preceptorship_Request_Information_Form (Appendix C) and the Placement Table (Appendix D).

- o *Students are not encouraged to "cold call" in an attempt to identify preceptors or sites. Many clinical sites have restrictions or guidelines concerning the identification of preceptors within their organization.*
  - *Students are not to contact clinicians at Community Health Center, Inc., (CHC, Inc)., Generations, or Hartford Healthcare Medical Group per the guidelines of these*

organizations.

o *Students may not do clinical hours in the setting where they or a family member works. Students may not use close friends or family members as a preceptor.*

Contractual Site Agreements

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

Preceptor Qualifications

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

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

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

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

The following requirements must be met:
- Each APN Practicum requires 240 hours for a total required 720 clinical hours for the program of study.
- The student is responsible for contacting the preceptor prior to the start of the semester

to:
- o Complete or fulfill site-specific requirements
  - ▪ (Orientation, ID, parking), provide professional documentation (e.g. licensure, resume, proof of immunizations, CPR certifications etc.)
  - ▪ Establish the schedule of clinical days with that preceptor for the semester.
- Receive verification from the MS Program Coordinator to start each semester of the APN Practicums
  - o Notification of clearance includes – meeting all SON clinical requirements, site requirements, and verification of valid site agreement.
  - o APN Practicum experience cannot begin until the official start of the semester AND the student has been notified *that all clearances are met*.
- Clinical hours must be spread throughout each semester.
  - o Hours may not be front-loaded and must be scheduled weekly throughout the semester.
  - o Hours may not be carried over from one semester to the next.
- Clinical experiences will support the student's program of study.
  - o AGPCNP & FNP students:
    - ▪ AGPCNP & FNP students will have the majority of their clinical hours providing primary care. Women's Health experience should include well-woman visits/total woman care (AGPCNP & FNP) and prenatal/post-natal care (FNP students).
    - ▪ AGPCNP & FNP geriatric experiences may be done during any of the three APN Practicums and should include but are not limited to assisted living, long-term care facilities and nursing homes.
    - ▪ Pediatric experiences (FNP only) will typically be during APN Practicum II or III and may include but are not limited to family practices, pediatric practices, or school-based health clinics.
    - ▪ There is not a set minimum number of hours per area of experiences (pediatric, primary care, or geriatric care) but the student is expected to monitor their encounter logs and negotiate their patient encounters to assure they are gaining experiences within their population foci.

  - o **Acute Care Adult-Gero NP (AGACNP) students**
    - ▪ AGACNP students will have the majority of their clinical hours providing acute care. Settings are not specific to hospitals or critical care, may include hospitalist, emergency and specialty practice rotations in areas such as cardiology, nephrology, pulmonary, hematology and long-term rehabilitation rotations.
    - ▪ AGACNP geriatric experiences may be done during any of the three APN Practicums and should include but not limited to assisted living, long-term care facilities and nursing homes.
    - ▪ AGACNP specialty experiences will be evaluated and assigned at the discretion of the TD.
    - ▪ There is not a set minimum number of hours per area of experiences, but

the student is expected to monitor their encounter logs to assure they are gaining experiences within their population foci.

- o **Neonatal Nurse Practitioner (NNP) Students**
    - NNP students will complete (3) separate practicums with a total minimum of 600 direct patient care hours in a Level III/Level IV NICU with delivery room services.
    - The additional 150 practicum hours and health care settings reflective of specific neonatal/pediatric populations will be identified based on the current national educational and certification requirements put forth by the National Association of Neonatal Nurses & Neonatal Nurse Practitioners (NANN/NANNP) and the National Certification Corporation (NCC).
    - The NNP student and NNP faculty will collaborate to ensure that appropriate experiences align with the additional 150 practicum hours as well as to support the educational/clinical knowledge expected for practicing novice neonatal nurse practitioners.
    - NNP students may complete clinical practicums within the health care system/entity in which they are employed. NNP Preceptors cannot be related to or friends of the NNP student.
    - NNP students who are unable to complete the specific practicum hours outlined in each syllabus for NURS 5369: Practicum I, NURS 5379: Practicum II and NURS 5389: Practicum III will receive an "incomplete" until specified hours are completed.
    - NNP students who have a practicum grade reflective of an "incomplete" will be unable to proceed to their next practicum experience until all components of the previous practicum have been satisfactorily completed and verified by the NNP faculty.
    - NNP students with incomplete hours in their final practicum (NURS 5389) will not be eligible for their specific program degree conferral until all components have been satisfactorily completed and verified by the NNP faculty.
    - NNP students may attend practicums on the day shift only. NNP students are not cleared for either ground or air transport.

- Specialty NP rotations
    - o At the discretion of the respective Graduate Track Director (GTD) students may complete specialty clinical hours with a specialist preceptor.
        - *Frail elder, pediatrics and Women's Health rotations are sub-populations, not specialties.*
    - o The GTD will determine the number of hours that may be spent in a specialty rotation on an individual basis. The GTD will take into consideration the previous clinical experiences. Typically, these specialty rotations are in either the second (AGPCNP) or third (AGPCNP/FNP) APN Practicum.
    - o FNP students may be considered for a specialty rotation only in the final semester and is not to exceed 56 hours (seven (7) clinical days).

- Patient encounters during the clinical day/shift

- The number of patients a student will be able to see per day will be dependent upon the setting, the acuity of the patient and the student's level of experience (i.e. APN Practicum I, II or III).
- Students are NOT expected to see every patient on the preceptor's schedule. The student should, with the facilitation of the preceptor, select those patient encounters that will support meeting their personal clinical learning goals. (See Negotiating the clinical practicum experience)
- Typically, every patient is a "new patient" encounter for the student, necessitating a longer period of time reviewing the patient's history and time with the patient.
  - Time is needed for the student to familiarize themselves with the patient's history, medications, and to review evidence-based resources for the best approach to the care of the patient with a particular presentation or diagnosis.

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

- **ACPCNP and FNP Student Experiences**
- PRIMARY CARE PROVISION
- The target number of patients per 8-hour clinical day the student should be seeing is:

  - First clinical semester 4 – 7 patients per 8-hour clinical day (Max 8 per day)

  - Second clinical semester 6 – 9 patients per 8-hour clinical day (Max 10 per day)

  - Third clinical semester 8 – 12 patients per 8-hour clinical day (Max 12 per day)

- LONG TERM CARE, NURSING HOME or SKILLED CARE FACILILTY

  - The number of patient encounters in these settings will be variable. By the nature of these complex cases the number seen will be lower than the projections given above.

  - These settings would be exceptions to the above guidelines; if the student is in a skilled nursing facility, long-termed care facilities, or doing geriatric home visits the number of encounters may be less per clinical day.

- **AGACNP Student Experiences**
- ACUTE CARE PROVISION –

  - The number of patient encounters in these settings will be variable. By the nature of these complex cases the number seen will be lower that the projections given above.

  - The target number of patients per clinical day should be 1-2 in a critical care setting, 2-4 in less acute settings and four (4) or more if a consult service.

IV. Practicum team and responsibilities of members
Students Expectations

- Starting and completing the APN Practicum Experience
    - Students will be knowledgeable about their state Nurse Practice Act as a legal practice in the role of student and future APRN.
      See http://www.nursingworld.org/statelawandregulation
    - Students are expected to always act in a professional manner. The guiding principles of *PRAXIS* (**P**rofessionalism, **R**espect, **A**ccountability e**X**cellence, **I**ntegrality and **S**ervice) are to be evident in all activities in which the student engages. This includes but is not limited to communications with faculty/preceptors, scheduling of clinical days, timely attendance at clinical for the full scheduled shift, and notification to preceptors and clinical practicum faculty in advance of any inability to attend a scheduled clinical shift.

    - The student is responsible for contacting the preceptor prior to the start of the semester. The MS Program Coordinator notifies the site of the student having met the site agreement requirements. In rare cases, the site will require the student to provide copies of professional documentation (e.g. licensure, resume, proof of immunizations, CPR certifications etc.). The student will need to contact the sites to check on any specific requirements (orientation, ID, parking), and to establish the schedule of clinical days with that preceptor for the semester.

    - The student must negotiate the clinical days with the respective preceptor(s); the AGACNP, AGPCNP, and FNP student enter the selected dates scheduled into the web-based tracking software (Core Elms) at the start of the semester.
        - The student will need to keep this schedule current; updating it with any changes that occur during the semester.
        - Students may contact and meet with the preceptor prior to the start of the semester.
        - Students should obtain contact information from the preceptor for use in case of a delay in getting to clinical or a need to be absent.
        - Students will negotiate goals/objectives each semester with the assigned preceptor(s) and clinical practicum faculty.

    - Student must be given permission to start clinical practice hours EACH semester.
        - Students will be notified that they are cleared to begin clinical AFTER all clinical clearance documents have been submitted and reviewed and all site agreements have been verified as current.
            - Please review the clinical clearance documentation checklist for those verifications that the student must submit. (Appendix E)
        - Student may not begin their clinical hour until having received this notification.

    - Clinical hours must be spread throughout each semester.
        - AGACNP, AGPCNP and FNP students unable to complete the 240 hours associated with the APN Practicum course by the end of the semester will be given an "I" (incomplete) grade until all required hours and elements

have been completed.
- This incomplete must be fulfilled within 30 days of the start of the subsequent semester.
- In the final APN Practicum, the final grade must be entered by the Registrar identified grade due date to be eligible for the May degree conferral date.
        - Hours may not be carried over from one semester to the next.

    o Students are expected to attend all scheduled clinical days
        - Students are to be on time and complete the full scheduled clinical shift (day).
        - Notifications of being late or absent should be sent to both the preceptor and clinical practicum faculty before it occurs.
        - Students should use the agreed upon method of communications with the preceptor and clinical practicum faculty. This may be email, text, or phone call.
        - These are elements of professional comportment and thus the SON PRAXIS.
    o Submit all required clinical documents and review with the assigned clinical practicum faculty in a meeting at the completion of the APN Practicum. Typically, this is during an APN Practicum seminar meeting at the end of the semester.
        - See Appendix F for the End of Semester Documentation Checklist.

- Documentation of patient encounters and clinical time (**AGACNP, AGPCNP, & FNP students**)
    o Students must log ALL encounters with patients where the student has provided some element of care in a HIPPA compliant fashion in the web-based tracking system (Core Elms). This includes if the participation level was any portion of the following: history, physical examination, development/implementation of the plan of care.
        - *Documentation must be complete within the week the encounter occurred.*
        - Students must include all the required documentation elements as identified in the Core Elms Student User Guide (see attachment within HuskyCT).
        - Clinical practicum faculty will review these patient encounter documents on a weekly basis and approve/not approve the entry. Not approved entries must be addressed by the student within one week of return by the faculty.
- Documentation of clinical hours
    o Students are responsible to log all clinical hours *on the day they occur*.
    o Clinical hours are those hours spent in direct patient care (see glossary of terms). *Lunch time, in-service/grand rounds or course related documentation are not counted as clinical time.*

- Core Elms Reports on clinical hours are due to the clinical practicum faculty at mid & end of semester.

- Participate in site visit
  - Each semester the student will coordinate a date with one of their preceptors and the clinical practicum faculty when the clinical practicum faculty member will perform a **VIRTUAL** site visit. Students in multiple sites during a given APN Practicum may not always be visited at every site.
  - The **VIRTUAL** site visits are to be completed by week 9 of the semester.
  - Additional **VIRTUAL** site visits may be scheduled at the discretion of the clinical practicum faculty.

Evaluation Process - AGACNP, AGPCNP, & FNP students

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

Students will access the respective evaluation with the web-based clinical learning management system. Students are to "send" the evaluations to their preceptor at the identified times. Evaluations are sent at the "mid" timeframe of the experience and at the conclusion of the experience.

  - Mid-semester submissions will include:
    - Student evaluation of self-identified clinical learning goals.
    - Preceptor evaluation of student clinical performance after review with the student (should span at least 7 weeks).
  - End-of-semester submissions will include:
    - Student evaluation of self
    - Student evaluation of preceptor
    - Student evaluation of site
    - Preceptor evaluation of student performance
      - If a split semester, this should be at least 7 weeks of review.
    - Clinical practicum faculty site evaluation (student & site)
  - The purpose of preceptor feedback and evaluation is multifactorial. It is an opportunity to
    - Mentor the student in the role and professional development
    - Assist the student in meeting both course and student-identified clinical learning goals
    - Improve and enhance the student's clinical performance
    - Assist the clinical practicum faculty in the evaluation of the student's performance.

For any preceptor that a student has worked with for more than 56 hours a Clinical Evaluation & Site Evaluation must be completed. If the student is in a one-half semester placement only ONE evaluation will be required from that preceptor.

Clinical Experience Documents - AGACNP, AGPCNP, & FNP students

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

- o Mid-semester submissions will include:
  - Student report of Time Log for the date range of the start to mid-semester for each preceptor.
  - Student report of Case Logs (filtered for the first half of semester)
  - Student review of personal clinical learning goals
- o End-of-semester submissions will include from Core Elms (the clinical learning management system):
  - Case Log Report (Field Encounters) of FULL semester
  - Hours Tracking report – for FULL semester
  - Hours Tracking report per preceptor

Negotiate the clinical practicum experience.

Students will communicate with their preceptor about the course requirements and their personal clinical learning goals at both the start and mid-semester. The personal clinical learning goals will be dynamic, and the student will need to adjust as they meet identified learning needs and new needs emerge.

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

- Generic Example (AGACNP, AGPCNP, FNP):
- Student identified clinical learning goal: Gain experience diagnosing and treating various respiratory diagnoses.
  - o Student would seek opportunities to choose those patients presenting with respiratory complaints in both episodic and chronic ongoing management encounters.
    - The student would review the preceptor's schedule for the day and select out those patients presenting with a respiratory complaint (URI, Lower RI, asthma, or COPD type of complaints or follow-ups).

- Documentation of continuous self-evaluation of the personal clinical learning goals
  - o The student will provide evidence of continuous self-evaluation of attainment

of personal clinical learning goals and meeting course objectives as indicated in the course syllabi.
  - o This process is implemented at the start of the semester and then evaluated at mid & end of semester with the preceptor and the clinical practicum faculty.
  - o The student should communicate with the preceptor and clinical practicum faculty immediately if any problems arise during the clinical practicum.

Preceptor Expectations

- Submit the required documents for credentialing in the SON to MS Program Coordinator.
- Complete the preceptor orientation presentation.
- Review the SON course and program objectives.
- Communicate or meet with the assigned student prior to the start of the APN Practicum to confirm hours/days the student will be with the preceptor.
- Identify any vacations or out of office dates of the preceptor for that semester and discuss alternative plans.
- Review with the student any issues specific to the agency/population served.
- Review with the student the expectations on requesting supervision/guidance, length of time in patient encounters, and expected documentation.
- Review with student identified clinical objectives at the start, middle, and end of the APN Practicum experience.
- Review with the student the procedures for ill calls and organization safety/emergency policies.
- Communicate with the clinical practicum faculty about any concerns with the student's clinical performance or unprofessional behaviors.

Clinical Practicum Faculty Expectations

- Contact each of the preceptors
  - o At the beginning of the semester to establish contact information.
  - o Mid semester to confirm **VIRTUAL** site visits to be completed by the 9th week of the semester and to check preceptor availability for the subsequent semester.
  - o End of semester for final evaluation.
  - o The clinical practicum faculty are encouraged to communicate with the preceptors more frequently. The recommendation would be to reach out to the preceptors every two or three weeks.
- Review the personal semester clinical goals for each of the assigned students – advise/monitor as needed
- Follow/review/grade the weekly clinical documentation (Core Elms & SOAP/progress notes) on a weekly basis.
- Make at least one (1) VIRTUAL site visits per student; completing all by semester week 9. Complete additional VIRTUAL site visits as needed.
- Coordinate meetings with students during the semester to address issues and the final meeting for clinical document review at the end of the semester.
- Documenting in Core Elms & communicate the dates of the VIRTUAL site visits & report on yes/no available on each of the preceptors of assigned students.
- Review all end-of-semester documentation using the end-of-semester checklist during a one-on-one meeting with the student; submit documents to the respective Graduate Track

Director.

- Enter grades into PeopleSoft once all elements of the course have been met by the identified grades' due date.

V. Outcome guides and measures: *AACN Essentials/APRN Core Competencies/Evaluations*

"The Essentials: Core Competencies for Professional Nursing Education provides a framework for preparing individuals as members of the discipline of nursing, reflecting expectations across the trajectory of nursing education and applied experience. In this document competencies for professional nursing practice are made explicit. These Essentials introduce 10 domains that represent the essence of professional nursing practice and the expected competencies for each domain (see page 26). The domains and competencies exemplify the uniqueness of nursing as a profession and reflect the diversity of practice settings yet share common language that is understandable across healthcare professions and by employers, learners, faculty, and the public. The competencies accompanying each domain are designed to be applicable across four spheres of care (disease prevention/promotion of health and wellbeing, chronic disease care, regenerative or restorative care, and hospice/palliative/supportive care), across the lifespan, and with diverse patient populations. While the domains and competencies are identical for both entry and advanced levels of education, the sub-competencies build from entry into professional nursing practice to advanced levels of knowledge and practice. The intent is that any curricular model should lead to the ability of the learner to achieve the competencies."
   (See Appendix G for the link to the PDF)

Nurse Practitioner Competencies

Core Common APRN Doctoral Competencies
In early 2018, the AACN Board of Directors approved the final competency document [Common Advanced Practice Registered Nurse Doctoral-Level Competencies](#) *These resulted from the* development of a common taxonomy for competencies for the doctoral-prepared APRN.

2022 Nurse Practitioner Role Core Competencies
The 2022 [Nurse Practitioner Role Core Competencies](#) are essential behaviors for all NP required for entry into practice. These are assessed of each student prior to completion of their respective NP program as a benchmark for readiness for practice.

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

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

Neonatal NP Competencies

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

Competency Based Evaluations

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

The **NNP student evaluations** use those tools developed by the National Association of Neonatal Nurses (2002). The evaluation tool is "… based on work of Patricia Benner (1984) as modified for NNP by Buus-Frank (1996). The tool is designed to evaluate the NNP student at the conclusion of the educational program. The competencies listed in the tool reflect content NNP programs must include to adequately prepare graduates for the job market. While an individual student may receive a score of "unsatisfactory" for some of the competencies, the majority of students should perform at the novice level if the appropriate content is provided in the NNP curriculum." (NANN, 2002, pg. 5) (Appendices G & H)

Preceptor Perspective

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

VI. Building an effective learning environment:

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

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

VII. Planning for the practicum:

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

VIII. Setting up the practicum:

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

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

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

IX.   Adult Learners in the clinical setting:

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

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

X.   Clinical supervision:

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

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

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

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

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

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

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

Model problem solving: This is a form of case-based learning and often referred to as the "think aloud" method. In model problem-solving the preceptor demonstrates clinical problem-solving by verbally reporting their clinical reasoning during various aspects of an encounter. For example: The preceptor verbally reviews their differential diagnoses making the "case" for each diagnosis. Another example would be when the preceptor verbally provides clinical reasoning for diagnostic and treatment decisions. This method is especially useful when the case is too complex for the level of learner or when the preceptor may need consultation. This is a form of passive learning, although a later discussion/review of the case can increase student participation.

One-Minute Preceptor: This method of teaching is student and patient-centered, using questioning to determine the needs of both student and patient. Preceptors can assess the student's critical thinking, clinical reasoning, and knowledge base with a few questions. This method also provides immediate feedback. The one-minute preceptor has five micro-skills:

1. Get commitment
2. Probe for supporting evidence
3. Teach general rules
4. Reinforce what is right
5. Correct mistakes

This method of teaching has been studied and found to be more effective and efficient than traditional teaching methods. Additionally, the one-minute preceptor improves student engagement and critical thinking skills.

Review this You Tube video to learn more about the One-minute preceptor https://youtu.be/eRBdfXRj5N0

See the full article for more information. Neher, J. & Stevens, N. (2003). The one-minute preceptor: Shaping the teaching conversation. Family Medicine, 35(6). 391-393.

The One-Minute Preceptor

After student presents patient presentation in brief/concise manner:

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

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

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

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

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

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

SNAPPS: This method is student centered active learning and is best for 2nd and 3rd semester students. See article and video referenced below.

SNAPPS

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

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

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

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

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

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

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

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

See a video demonstration of SNAPPS at https://youtu.be/BPNOdPKUFDE

Common teaching problem:

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

Tips for Clinical Teaching

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

XII. Assessments:

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

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

There are two types of feedback, constructive/corrective and reinforcing/positive.

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

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

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

BENEFITS OF FEEDBACK

> Provides direction for improvement

> Boosts confidence

> Increases motivation to learn

> > (Clynes & Rafferty, 2008)

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

XIII. Time Management Strategies

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

XIV. The Challenging Student

Occasionally you may have a student that is not progressing in the practicum as expected or is challenging in other ways. It will be helpful to identify any concerns as early as possible in the relationship. **Students not performing at expected levels often have limited insight or lack of personal awareness and need feedback as soon as identified**. This may be enough to resolve an issue. Preceptors should determine any underlying issues that may be delaying the student's progression (student illness, anxiety, family stressors, language barriers/cultural barriers, etc.). Notify faculty as soon as possible if you have any concerns regarding your student. Early communication with faculty and the student will prevent problems from escalating. Address any concerns of unsafe practice

immediately with the student and faculty.

See common learning barriers that may be the underlying issue in a challenging student.

Common Learning Barriers

Inadequate knowledge

Lack of preparation, review, or study time Fatigue (work, life, school balance issues)

Disorganization

English as a second language

Poor time management Poor attitude

Poor matching of learning/teaching styles

Differing expectations (between preceptor/student) for the practicum

Decreased self-confidence

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Appendix A: Plans of Study

Adult Gerontology Acute Care Nurse Practitioner (AGACNP)

PLAN OF FULL-TIME STUDY

Semester I Fall

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

Semester II Spring

NURS 5070	Advanced Pharmacodynamics and Implications for Nursing Actions	3 Credits
NURS 5030	Nursing Research for Evidence-based Practice	3 Credits
NURS 5562	Advanced Health Assessment for the Nurse Practitioner Role: AGACNP Population Focus	3 Credits

Semester III Summer

NURS 5550	Common and Chronic Health Problems in AGNP Practice I: Population specific AGACNP	3 Credits
NURS 5559	AGNP Acute Care Clinical Practicum I	3 Credits
NURS 5500	Advanced Diagnosis for APN Practice	3 Credits

Semester IV Fall

NURS 5560	Complex and Comorbid Health Problems in AGNP Acute Care Practice II: Populations Specific AGACNP	3 Credits
NURS 5169	AGNP Acute Care Clinical Practicum II	3 Credits
NURS 5035	Evidence-Based Practice to Advance Clinical Scholarship	3 Credits

Semester V Spring

NURS 5570	Complex and Comorbid Health Problems in AGNP Acute Care Practice III: Population Specific AGACNP	3 Credits
NURS 5579	AGNP Acute Care Clinical Practicum III	3 Credits
NURS 5870	Health Policy and Populations-based Advocacy for the Scholarship of Application	<u>3 Credits</u>

Total 45 credits

Adult Gerontology Primary Care Nurse Practitioner (AGPCNP)

PLAN OF FULL-TIME STUDY

Semester I Summer

NURS 5020	Statistical Methods in Health Sciences Research	3 Credits
NURS 5060	Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan	3 Credits

Semester II Fall

NURS 5062	Advanced Health Assessment Across the Lifespan	3 Credits
NURS 5012	Nursing Science and Patterns of Knowing	3 Credits
NURS 5470	Advanced Pharmacology for Advanced Nursing Practice Primary Care Focus	3 Credits
NURS 5030	Nursing Research for Clinical Scholarship	3 Credits

Semester III Spring

NURS 5400	Evidence-based Practice for Health Promotion, Prevention, and Common Health Problems I: Population Specific AGPCNP & FNP	3 Credits
NURS 5405	Evidence-based Practice for Common and Chronic Health Problems II: Population Specific AGPCNP & FNP	3 Credits
NURS 5409	Primary Care NP Clinical Practicum I	3 Credits
NURS 5035	Evidence-based Practice to Advance Clinical Scholarship	3 Credits

Semester IV Fall

NURS 5410	Evidence-based Practice for Common & Comorbid Health Problems III: Population Specific AGPCNP & FNP	3 Credits
NURS 5419	Adult-Gerontology Primary Care NP Clinical Practicum II	3 Credits

Semester V Spring

NURS 5420	Evidence-based Practice for Complex & Comorbid Health Problems IV: Population Specific AGPCNP & FNP	3 Credits
NURS 5429	Adult-Gerontology Primary Care NP Clinical Practicum III	3 Credits
NURS 5870	Health Policy and Populations-based Advocacy for The Scholarship of Application	3 Credits **45 Credits**

Family Nurse Practitioner Program

PLAN OF FULL-TIME STUDY

Semester 1 Summer

NURS 5020	Statistical Methods in Health Sciences Research	3 Credits
NURS 5060	Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan	3 Credits

Semester II Fall

NURS 5012	Nursing Science and Patterns of Knowing	3 Credits
NURS 5030	Nursing Research for Evidence Based Practice	3 Credits
NURS 5062	Advanced Health Assessment	3 Credits
NURS 5470	Advanced Pharmacology for ANP PC Focus	3 Credits

Semester III Spring

NURS 5035	Evidence-Based Practice to Advance Clinical Scholarship	3 Credits
NURS 5400	Evidence-based Practice for Health Promotion, Prevention and Common Health Problems I: Population Specific	3 Credits
NURS 5405	Evidence-based Practice for Common and Chronic Health Problems II: Population Specific	3 Credits
NURS 5409	APN Clinical Practicum I	3 Credits

Semester IV Summer

NURS 5430	Management of Childbearing Women and Children	3 Credits

Semester V Fall

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

Semester V Spring

NURS 5420	Evidence-based Practice for Complex & Comorbid Health Problems IV: Population Specific	3 Credits
NURS 5449	FNP Primary Care Clinical Practicum III	3 Credits
		48 Credits

Neonatal Clinical Nurse Specialist or Nurse Practitioner

PLAN OF FULL-TIME STUDY

Semester I Fall

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

Semester II Spring

NURS 5020	Statistical Methods in Nursing	3 Credits
NURS 5370	Advanced Principles of Pharmacology and Management: Neonatal Population-focus	3 Credits
NURS 5362	Advanced Health Assessment for the Nurse Practitioner Role: Neonatal Population-focus	3 Credits
NURS 5365	Advanced Neonatal Nursing Theory I	3 Credits

Semester III Summer

NURS 5369	Advanced Neonatal Nursing Practicum I	2 Credits
NURS 5030	Nursing Research for Clinical Scholarship	3 Credits
NURS 5035	Evidence-based Practice to Advance Clinical Scholarship	3 Credits

Semester IV Fall

NURS 5375	Advanced Neonatal Nursing Theory II	3 Credits
NURS 5379	Advanced Neonatal Nursing Practicum II	3 Credits

Semester V Spring

NURS 5870	Health Policy and Populations-based Advocacy for The Scholarship of Application	3 Credits
NURS 5385	Advanced Neonatal Nursing Theory III	3 Credits
NURS 5389	Advanced Neonatal Nursing Practicum III	3 Credits
		44 Credits

Appendix B
Practicum Placement Process

Identification

- STUDENTS:
- Complete **Preceptor Info Form (active link in green)**
  - Request credentially documents from each preceptor
    - DOCUMENTS: Resume, professional licensure, and if NP/PA, a copy of national certification.
- Complete **PLACEMENT TABLE (active link in green)**
- Forward the documents above to the respective Graduate Track Director & MS Program Coordinator (MS-PC) in an email.
- AGPC and FNP students may indicate wanting to be considered for specific CT-based community partners, at **APPLICATION POSSIBLE COMMUNITY PARTNERS (active link in green).**
  - *Students are not to independently contact preceptors at Community Health Center, Inc, Generations or Hartford* Healthcare.

Approval

- Graduate Track Director reviews the site and preceptor information/credentialling materials
  - Reviews submissions for completeness; Forms missing information are returned to the student.
  - If all required information is provided, determines if proposed will provide appropriate experiences for student's required practicum.
- GTD notifies student, copying MS-PC , in an email of approved or not approved preceptor/site.
- MS Program Coordinator verifies if an educational site agreement (contract) is in place with the identified site.
  - If no or a soon to expire educational site agreement is in place, MS-PC completes the Office of Clinical Placement Coordination (OCPC) online educational site agreement request form.
  - MS-PC communicates the status of the educational site agreement to the appropriate Graduate Track Director.
- MS Program Coordinator adds preceptor and site information into Core ELMS.
  - Uploads credentialling documents into Core ELMS to respective preceptor files.

Implementation

- MS -PC assures student/preceptor/site information is upload to the graduate track placement table within Master's Placement Tables folder on OneDrive.
  - Collating the information as it becomes available across the three practicums.
- MS -PC verifies with agency the student(s) attending and which semester to occur.
  - Complete any site required placement request.
  - Sends student name, email and program of study to agency placement coordinator.
- MS -PC identifies site specific requirements and communicates these to the student.
- MS-PC sends orientation information via an email to all preceptors, copying the respective Graduate Track Director, no later than one week prior to the start of the students' experience(s)

Clearance & Start

- Student(s) complete all clinical compliance elements and uploads all required documents to American Data Bank (ADB) Complio.
- Student(s) are evaluated by OCPC on if compliant with all elements by the identified deadlines prior to the start of the semester in which the experience is to occur.
- MS-PC notifies all students/ Graduate Track Director, once the student is "cleared to start" experience.
  - Students MAY NOT start the experience until this clearance email is received.
- Student(s) to reach out to each identified preceptor to establish their schedule with the preceptor and to complete any site specific requirements prior to the start of the semester in which the experience is to occur.

Appendix C

Information needed for preceptorships request

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

Student's name: _____

Student's address _____

Phone number: _____ Email address: _____

PRACTICE & PRECEPTOR INFO:

Name of Practice: _____

Owner of Practice_____

Practice Contact Person Phone: _____Email: _____

Preceptor's first name: _____ Last name: _____

Credentials: MD__ PA__ ANP__ AGPCNP__ ACNP__ AGACNP__ CNM___ FNP__

Certifier: AACN_____ANCC: _____AANP-CB_____

Street Address: _____ Suite #: _____

City/town: _____ State: Zip code: _____

Preceptor's telephone number: _____ REQUIRED Email address: _____

Preceptor's preferred method of Contact from Faculty: _____

Dates of preceptorship: _____ Semester (Please circle): Spring   Fall

Number of hours per week or total for site: _____Days & times at Site: _____

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

Which NP specialty track you are in (Please circle): AG Acute   AGPC   Family

The practicum course name: _____ Course number: _____

Faculty overseeing your preceptorship (Graduate Track Director): _____

Contact Person for Contracts: (ex. Office Manager)

Name: _____ Tel. #: _____Title: _____

E-mail: Signatory Name (if known): _____

Signatory Title (if known): _____

Once complete please return via email to your respective Graduate Track Director,
Kaylea.medina@uconn.edu AND MS-Programs-Coordinator@uconn.edu

Appendix D
Student Clinical Cohort: AY XX-XX(January 20XX – May 20XX)
Clinical Placements XXNP Program
The Table below should be completed and emailed *as an attachment in Word ONLY t*o respective Graduate Track Director

1. **Name:**   2. State of Residence:

Student Contact Info: Address: Phone:	Spring 20XX NURS 5409 3 credits = 240 hours	Fall 20XX NURS 5439 3 credits = 240 hours	Spring 20XX NURS 5449 3 credits = 240 hours
#1 Name and mailing address of institution (please be very specific)			
Preceptor name and credentials: Days/week			
Preceptor contact information	Email: Phone number:	Email: Phone number:	Email: Phone number:
Name and credentials of affiliation contract person:			
Affiliation contract person contact information:	Email: Phone number:	Email: Phone number:	Email: Phone number:
#2 Name and mailing address of institution (please be very specific)			
Preceptor name and credentials: Days/week			
Preceptor contact information	Email: Phone number:	Email: Phone number:	Email: Phone number:
Name and credentials of affiliation contract person:			
Affiliation contract person contact information:	Email: Phone number:	Email: Phone number:	Email: Phone number:

Appendix E

Please see the Compliance Information for Clinical & Field Students for the list of Pre-Clinical Requirements.
These must all be in compliance and updated as needed to meet the requirements
prior to the start of EACH semester,

Appendix F

Student Name:_____**Clinical Faculty Name:**_____

Course: 54____

Directions: The student reviews that the information has been accurately completed and submits all information to their *assigned clinical faculty in person at end of semester*. The student then prints and signs this **End of Semester Checklist** and submits it to their clinical faculty. The clinical faculty reviews all the documentation has been completed and is at the acceptable level of performance. The clinical faculty will then sign this document and forward all these documents to the respective Graduate Track Director. These will be added to the student's SON file.

Required documents in order listed:

Hours Tracking Reports **by APN Practicum**　　　　　　□

Hours **per preceptor report**　　　　　　　　　　　□ #1; □ #2; □ #3; □ #4.

Field Encounters Report (**full semester**)　　　　　　□

Evaluations:

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

　　　　Preceptor #1 Name: _____ □ _____ Hrs.

　　　　Preceptor #2 Name: _____ □ _____ Hrs.

　　　　Preceptor #3 Name: _____ □ _____ Hrs.

　　　　Preceptor #4 Name: _____ □ _____ Hrs.

　　　　Student evaluation of self (one for the full semester)　　　　　　　□

Student evaluation of **EACH** site/preceptor

　　　　Site #1 Name: _____ □ Preceptor#1 _____□

　　　　Site #2 Name: _____ □ Preceptor#2 _____□

　　　　Site #3 Name: _____ □ Preceptor#3 _____□

　　　　Site #4 Name: _____ □ Preceptor#3 _____□

Signature of student @ review with Clinical Faculty: _____Date: _____

(e-signatures are accepted)

Signature of Clinical faculty @ review with student: _____Date: _____

(e-signatures are accepted)

Appendix G

The Essentials: Core Competencies for Professional Nursing Education
April, 6, 2021
may be viewed in full at
https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf

Appendix H
Competencies

Common APRN Core Competencies may be viewed in their entirety at:
https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/np_competencies_&_ntf_standards/common_advanced_practice_reg.pdf

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

Family/Across the Lifespan, Neonatal, Pediatric Acute Care, Pediatric Primary Care, Psychiatric-Mental Health and Women's Health/Gender-Related (2013)at:
http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/Competencies/CompilationPopFocusComps2013.pdf
and

Adult-Gerontology Acute Care and Primary Care NP Competencies (2016)
http://c.ymcdn.com/sites/www.nonpf.org/resource/resmgr/competencies/NP_Adult_Geri_competencies_4.pdf

National Association of Neonatal Nurse Practitioners, **Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs (2023)**

https://nann.org/uploads/About/PositionPDFS/1.4.8_Education%20Standards%20and%20Curriculum%20Guidelines%20for%20Neonatal%20Nurse%20Practitioner%20Programs.pdf

Appendix I
Resources for program competency-based evaluations

2022 Standards for Quality Nurse Practitioner Education 6th Edition

May be viewed in full at:

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/ntfstandards/ntfs_final.pdf

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

May be viewed in full at https://www.ncsbn.org/14_Model_Rules_0914.pdf

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

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

The University of Connecticut, School of Nursing
Clinical Performance Evaluation of Student*
(NURS 5409 ☐, 5419 ☐, 5429 ☐, 5439 ☐, 5449 ☐, 5169 ☐, 5179 ☐)
Mid-term ☐   Final ☐   Self ☐   Preceptor ☐

Student Name_____ Clinical Site _____

Rating	Skill level	Definition
1	Poor	Significant gaps exist in gathering patient information, interpreting findings, and ability to generate even simple plans. Consistently requires substantial assistance/supervision to perform task adequately and is not demonstrating growth towards independence. Skill techniques are commonly incorrect. Communication is inaccurate and/or unclear. Does not demonstrate the ability to apply didactic content to the clinical setting. Does not understand practice parameters and/or there are concerns for unsafe practice.
2	Novice	There is a good attempt, but gaps exist in gathering patient information, interpreting findings, and ability to generate a plan. A significant amount of assistance/supervision is needed, but student is moving toward independence. Skills demonstrate technique that is mostly correct but tentative and may need some correction. Communication is accurate but requires a lot of prompting from the preceptor and is disjointed or missing information. Beginning to incorporate didactic knowledge and has little clinical experience from which to build or may know didactic content but has not had the opportunity to apply.
3	Competent	Performs clinical duties with skill and able to gather patient information, interpret findings, and generate a simple plan accurately most of the time. Requires some assistance/supervision. Skills demonstrate correct technique but may be slow or uneven. Communication is accurate but is disjointed or not succinct. Demonstrates ability to incorporate didactic knowledge and previous clinical experience.
4	Proficient	Performs clinical duties with proficiency and skill. Gathers patient information, interprets data, and generates a plan with consistently accurate judgment. Needs limited assistance/supervision. Psychomotor skills are smooth and sure. Communication is accurate, clear, and succinct. Demonstrates clear ability to build on didactic knowledge and previous clinical experience.
0	Not Observed	There was not an opportunity to observe or verbally challenge the student with this competency. (If > 4 competencies are not observed, the seminar faculty member must assess the site and make a plan in conjunction with the student to meet all competencies.)

Scientific Foundation

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
1. Applies appropriate theories from nursing and related disciplines to provide quality care to population focus.					
2. Accesses literature from nursing and related disciplines using critical, efficient, and effective search strategies to answer clinical questions.					
3. Exhibits comprehensive knowledge of best evidence related to practice and incorporates clinical expertise when developing list of appropriate differential diagnoses.					
4. Discusses pathophysiology and course of disease related to the differential diagnoses.					
5. Uses critical thinking in the performance of appropriate evidence-based diagnostic work-up for differential diagnoses.					
6. Applies psychosocial concepts related to the health and illness continuum.					

Practice Inquiry, Practice and Quality: History

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
7. Accurately obtains and documents age-appropriate health histories for problem focused/comprehensive presentations in a manner that respects diverse groups and incorporates patient values and preferences.					
8. Performs a complete or focused evaluation of the ROS as indicated by the differential diagnoses being considered.					
9. Modifies approach to history techniques to meet the differences in age, gender, and cultural factors.					
10. Demonstrates cultural humility and respect for diversity when evaluating health promotion/self-care activities of patient/family and in development of plan for promoting health maintenance.					
11. Demonstrates appropriate developmental assessment for patient population (family = across lifespan; adult-gero = adolescence through frail elder).					

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
12. Age-appropriate risk assessments performed as indicated.					
13. Communicates effectively when exchanging information and establishing collaborative relationships with patients from various cultural and socioeconomic backgrounds, including difficult and complex situations .					

Practice Inquiry, Practice and Quality: Physical Exam

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
14. Accurately performs appropriate episodic or comprehensive physical examination.					
15. Performs physical examination supported by the subjective data and differential diagnoses being considered (collects pertinent positive/negative elements).					
16. Distinguishes between normal findings and signs of pathology in the physical exam findings.					
17. Conducts physical exam techniques that display consideration to infection control, safety, and cultural factors.					

Practice Inquiry, Practice and Quality: Assessment

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
18. Differential diagnoses are appropriate for presenting complaint and findings from subjective and objective data.					
19. Problem list for patient is accurate and supported by patient data.					
20. Appropriately identifies health risk behaviors and environmental health risks specific for the patient.					
21. Appropriately identifies "red flags" requiring urgent or emergency care, referral, or consultation.					
22. Competently and efficiently gathers and interprets patient subjective and objective data to make appropriate diagnosis(es) in patients with numerous and complex problems.					

Practice Inquiry, Practice and Quality: Plan

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
23. Applies individual and population health knowledge to formulate comprehensive plans of care.					
24. Selects diagnostic tests and screening procedures appropriate for condition and age.					
25. Identifies appropriate pharmacological & non-pharmacologic interventions.					
26. Identifies appropriate health promotion/maintenance education, counseling, and anticipatory guidance.					
27. Analyzes data from a variety of evidence-based nursing and related field sources including practice guidelines and recommendations for the approach to patient care.					
28. Demonstrates awareness of need for cost-effective and relevant diagnostic work-up and management.					
29. Includes appropriate follow-up/consultation/referral in the plan of care.					
30. Engages the patient, family/caregivers in a collaborative approach to address relevant resources, access, information, and support with attention to health literacy.					
31. Translates scientific and technical information appropriately for patients.					

Ethics

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
32. Applies clear moral and ethical principles in complex situations.					
33. Protects patient confidentiality and integrates ethical principles in decision making.					
34. Engages in advocacy efforts to address health disparities, social justice, and equity to improve healthcare outcomes.					

Professional Role & Leadership

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
35. Consistently demonstrates appropriate leadership, trustworthiness, and self- assurance in professional and personal behaviors.					
36. Patient visits are completed within expected timeframe, with increasing competency in time management.					
37. Communications, both oral and written reflect professional practice standards (i.e., report/handoffs, healthcare notes, consults, patient education).					
38. Maintains an environment of shared values and mutual respect.					
39. Assumes personal responsibility and accountability for accuracy of history, physical assessment, plan of care, treatment outcomes and follow-up.					
40. Promotes self-improvement through seeking constructive feedback, self-reflection, and identifying an action plan for improvement.					
41. Displays full accountability for professional behaviors and performs within accepted legal and ethical standards.					

Policy, Safety & Systems

	1 Poor	2 Novice	3 Competent	4 Proficient	0 Not Observed
42. Appropriately uses technology, which considers confidentiality, when exchanging information and establishing collaborative relationships with healthcare team members and patients/families/caregivers.					
43. Discusses ways to minimize adverse patient outcomes.					
44. Evaluates access, care processes, health care structure, and cost when developing the plan of care.					
45. Participates as a team member to promote and model effective use of technology and standardized practice that support safety and quality.					

Student strengths and overall comments:

Areas where student may improve or needs remediation:

Preceptor Name:_____
Hours completed in this rotation:_____
         _____ of competencies "not observed"

*Evaluation form developed based upon American Association of Colleges of Nursing 2017 Common Doctoral Level APRN Competencies (**https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Common-APRN-Doctoral-Competencies.pdf**) and 2021 Nursing Essentials (**https://www.aacnnursing.org/Portals/42/AcademicNursing/pdf/Essentials-2021.pdf**).

EVALUATION OF NNP STUDENT

Student: _____   Facility: _____

Preceptor: _____   Dates of Preceptorship: _____

Dates of Evaluation: _____

DIRECTIONS:

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

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

Score as follows:

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

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

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

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

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

5. Clarifies patient problems and therapies and participates in informal teaching with staff	0 1 2 3 4 5	0 1 2 3 4 5
6. Participates in formal teaching	0 1 2 3 4 5	0 1 2 3 4 5
7. Accepts suggestions and guidance from preceptor and multidisciplinary team members	0 1 2 3 4 5	0 1 2 3 4 5
Comments		

Patient Management		
1. Records problem lists, comprehensive daily notes, and discharge summaries	0 1 2 3 4 5	0 1 2 3 4 5
2. Writes and communicates orders accurately	0 1 2 3 4 5	0 1 2 3 4 5
3. Completes patient summaries when going off service and/or when transferring patients to a new service	0 1 2 3 4 5	0 1 2 3 4 5
4. Identifies problems beyond her/his scope knowledge and/or role and consults preceptor or neonatologist.	0 1 2 3 4 5	0 1 2 3 4 5
5. Establishes appropriate priorities in providing care for the assigned caseload of patients.	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		

DATABASE	Student's Evaluation	Preceptor's Evaluation
Self-Evaluation		
1. Participates in the systematic review of patient records, protocols, and treatment plans to determine effectiveness in meeting established standards of care	0 1 2 3 4 5	0 1 2 3 4 5
2. Participates in self-evaluation	0 1 2 3 4 5	0 1 2 3 4 5
3. Participates in the development, review and evaluation of neonatal nurse practitioner practice protocols	0 1 2 3 4 5	0 1 2 3 4 5
4. Identifies learning needs, goals, and objectives and periodically re-evaluates them	0 1 2 3 4 5	0 1 2 3 4 5
Comments		

PART II: Patient Problem Management and Skills

	Student's Evaluation	Preceptor's Evaluation
Assesses, provides stabilization, and gathers data to obtain accurate etiology, diagnoses, and treatment for newborns/infants with:		
1. Respiratory distress	0 1 2 3 4 5	0 1 2 3 4 5
2. Cardiovascular abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
3. Neurologic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
4. Hematologic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
5. Suspected infection	0 1 2 3 4 5	0 1 2 3 4 5
6. Renal and GU abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
7. Gastrointestinal disorders	0 1 2 3 4 5	0 1 2 3 4 5
8. Dysmorphology	0 1 2 3 4 5	0 1 2 3 4 5
9. Metabolic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
10. Orthopedic abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
11. Integumentary/skin disorders	0 1 2 3 4 5	0 1 2 3 4 5
12. Fluid and electrolyte abnormalities	0 1 2 3 4 5	0 1 2 3 4 5
13. Enteral and parenteral nutrition needs	0 1 2 3 4 5	0 1 2 3 4 5
Comments:		

	Student's Evaluation	Preceptor's Evaluation
Clinical Skills		
1. Maintains sterile or aseptic technique appropriately	0 1 2 3 4 5	0 1 2 3 4 5
2. Seeks supervision appropriately	0 1 2 3 4 5	0 1 2 3 4 5
3. Attends deliveries and provides assessment and care accurately and effectively	0 1 2 3 4 5	0 1 2 3 4 5
4. Demonstrates comprehensive knowledge of resuscitation	0 1 2 3 4 5	0 1 2 3 4 5
5. Resuscitate depress neonates in delivery room	0 1 2 3 4 5	0 1 2 3 4 5
6. Demonstrates knowledge and skill in providing emergency resuscitation in the NICU	0 1 2 3 4 5	0 1 2 3 4 5

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

EVALUATION

Preceptor comments, suggestion

_____

_____

_____

Student comments, suggestions

_____

_____

_____

_____   _____

Signature of Preceptor   Signature of Student

Worksheet: What Learning Experiences Do You Have To Offer?
Use this worksheet to pre-plan and share with nurse practitioner students completing practicums at your site.

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

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