



Advanced Nursing Practice &
Advanced Practice Nursing
Precepted Practicum Handbook
AY 2025-2026

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(Compliance, health documents, background clearances)

The School of Nursing

Statement of Faculty Review

This Handbook is reviewed prior to the start of each academic year. Changes are made in the Handbook at the discretion of the program faculty. Students are expected to comply with the guidelines in the Handbook that is for the current academic year. Just in time changes will be made in the electronic version, please consult the e-version for the most up-to-date information.

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.

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. Graduate students have access to a variety of *online* library resources and services.

Nursing laboratories provide undergraduate and graduate students with a location to transfer knowledge from theory to practice and graduate students an environment to practice advanced health assessment skills. The school offers undergraduate, graduate, and post-graduate certificate nursing programs.

The school is fully accredited by the Commission on Collegiate Nursing Education (CCNE) and committed to quality scholarship, 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 populations. Grounded in the arts, sciences, and humanities, the School of Nursing, as an integral part of the University of Connecticut is committed to providing

nursing education at the undergraduate, master's, doctoral, post-graduate certificate, and continuing education levels. The programs are dynamic and respond to changing health care needs.

Mission Statement

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

Philosophy

The philosophy of the School of Nursing is directed by six guiding principles, **PRAXIS**. All students are held responsible to and accountable for this pledge; adherence is expected, violations are adjudicated.

Professionalism in behavior, presentation, and conduct.

Respectful of the richness and diversity of others and of self.

Accountability for my actions.

eXcellence in scholarship, practice, teaching and service.

Integrity, inquisitiveness, and innovation.

Service to the profession and the community.

Purpose

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

Graduate students select a graduate track specific to their career goals.

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 advanced practice registered nurse (APRN) role and population focus.

Advanced practice nursing graduate students may choose from multiple population options:

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

Graduate students who select a focus in an advanced nursing role are educationally prepared to serve as leaders and change agents within the complex healthcare environment. Didactic coursework and practicum experiences prepare the graduate to apply for track-specific national certification examinations prepared by an approved national organization.

Advanced nursing practice graduate students may choose from two foci options:

- [Nursing Administration & Leadership](#)
- [Nurse Educator](#)

Upon completion of the MS degree course of study, the graduate will have met the following MS Program 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 system-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).

Precepted Learning Experiences Faculty

- The Practicum Faculty varies by semester. They are full-time or adjunct faculty who lead the practicum course. The clinical practicum faculty responsibilities include review/grading student documentation, mentoring and evaluating student skill development, communicating with preceptors, and performing practicum site visits. They report student-related issues or concerns to the respective specialty Graduate Track Director.
- The practicum faculty name and contact information is sent to each preceptor at the start of the semester.

Questions and comments should be directed to the practicum faculty members. If a preceptor is unsure who the assigned practicum faculty is or cannot reach the practicum faculty member, the Graduate Track Directors (see list above) can assist.

Graduate nurse education (overview)

The curriculum for the graduate nursing program includes three components. These areas are foundational to advanced nursing and advanced practice nursing roles, not the resulting degree (MS or DNP). Plans of study for each specialty are provided in Appendix A.

The UConn SON implements the three areas of:

1. Graduate Nursing Core – Foundational curriculum content for all MS students regardless of functional focus.
2. Role Core – Content specific to the role in the provision of direct healthcare at the advanced level.
3. Functional Area Content – Didactic and 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 NP Specialty (AGACNP)

Role Core Courses

- NURS 5562 Advanced Health Assessment and Diagnostic Reasoning
- NURS 5060 Advanced Pathophysiology: Concepts for Advanced Nursing Practice Across the Lifespan
- NURS 5590 Advanced Pharmacodynamics and Implications for Nursing Actions AGAC Population

Functional Area Content Courses

- 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 Acute Care Practice II
- NURS 5569 AGNP Acute Care Clinical **Practicum II**
- NURS 5570 Complex and Comorbid Health Problems in AGNP Acute Care Practice III
- NURS 5579 AGNP Acute Care Clinical **Practicum III**

Primary Care (AGPC*) & Family NP Specialties (FNP)

*AGPC-NP – is not currently an active graduate track.

Role 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 Courses – (specific to AGPCNP & FNP)
- NURS 5400 Evidence-Based Practice for Health Promotion, Preventions and Common Health Problems I
- NURS 5405 Evidence-Based Practice for Common and Chronic Health Problems II
- NURS 5409 APN Clinical **Practicum I**
- 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- ONLY) Management of Childbearing Women and children

Neonatal NP Specialty

Role Core Courses

- 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 Courses

- 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**

Nursing Administration and Leadership (NAL) Specialty

Role Core Course

- NURS 5262 Advanced Integrative Clinical Concepts: Pathophysiology, Pharmacology and Health Assessment

Functional Area Content Courses

- NURS 5229 Nursing Leadership Application **Practicum**
- NURS 5230 Healthcare Finance for Nurse Leaders
- NURS 5235 Healthcare Quality Improvement, Outcomes Management, Assessment and Planning for the Nurse Leader
- NURS 5239 Healthcare Quality Improvement Outcomes Management, Assessment and Planning for the Nurse Leader **Practicum**
- NURS 5240 Nursing Leadership Foundation
- NURS 5245 Nursing Leadership Application
- NURS 5249 **MS Capstone**
- NURS 5865 Impacting Health Care through Information Systems and Patient Care Technology

Nurse Educator (NE) Specialty

Role Core Courses

- NURS 5262 Advanced Integrative Clinical Concepts: Pathophysiology, Pharmacology and Health Assessment

Functional Area Content Courses

- NURS 5235 Healthcare Quality Improvement, Outcomes Management, Assessment and Planning for the Nurse Leader
- NURS 5239 Healthcare Quality Improvement Outcomes Management, Assessment and Planning for the Nurse Leader Practicum
- NURS 5250 Advanced Theory and Practice in Nursing Education I: Curriculum Design and Program Evaluation
- NURS 5259 Advanced Theory and Practice in Nursing Education I: Curriculum Design and Program Evaluation **Practicum**
- NURS 5260 Advanced Theory and Practice in Nursing Education II: Assessment and Evaluation Strategies
- NURS 5269 Advanced Theory and Practice in Nursing Education II: Assessment and Evaluation Strategies **Practicum**
- NURS 5270 Advanced Theory and Practice in Nursing Education III: Learning Principles and Instructional Methods for the Adult Learner
- NURS 5279 Advanced Theory and Practice in Nursing Education III: Learning Principles and Instructional Methods for the Adult Learner **Practicum**
- NURS 5865 Impacting Health Care through Information Systems and Patient Care Technology

Precepted Learning Practicums

The advanced practice nursing (APN) practicums are comprised of immersion precepted learning 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 populations. 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 normal and high-risk families and infants and critically ill high-risk neonates and their families.

The purpose of the nurse practitioner precepted learning practicums is to:

- Integrate the 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

The advanced nursing practice (ANP) practicums are comprised of immersion precepted learning experiences to engage the graduate student in quality and varied clinical experiences. The settings of these experiences vary by specialty track. The Nursing Administration & Leadership experiences occur in either inpatient and/or outpatient healthcare settings. The Nurse Educator experiences occur in inpatient, outpatient, and/or academic settings.

The purpose of the ANP precepted learning practicums is to:

- Integrate students into their specialty role in a mentored and nurturing practice environment
- Allow for application of theory to practice and integration of evidence-based practice
- Develop and demonstrate necessary graduate and specialty-specific competencies

Preceptor and practicum site selection

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

Students are encouraged to network and identify new preceptors and practicum sites. Except where prohibited by state regulation or healthcare organizations (i.e. Hartford Healthcare, Generations), students may self-identify a qualified healthcare provider known to them that is not a current SON credentialed preceptor. The student completes the [Student Placement Table](#) which initiates the placement approval process. The student completes the table, along with their preceptor's credentialing materials, notifying the Graduate Track Director by email for review and approval (Appendix B). The Graduate Track Director then notifies the MS Program Coordinator and the Office of Clinical Placement Coordination (OCPC) that the [Student Placement Table](#) has been updated (Appendix C).

- “Cold Calling” as a means of identifying preceptors is not encouraged. Many clinical sites and some states have restrictions or guidelines concerning the identification of preceptors.
- Clinical sites such as **Community Health Center, Inc., (CHC, Inc), Generations, Hartford Healthcare & Hartford Healthcare Medical Group** require coordination of preceptors/placement be initiated by the GTD and their respective placement representative.
- Students may not do clinical hours in the setting where they or a family member work. Students may not have close friends or family members as a preceptor.

Contractual Site Agreements

Prior to the start of any precepted learning 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 MS-Program Coordinator coordinates with the Office of Clinical Placement Coordination (OCPC) to facilitate all site contractual agreements and notifies the GTD of the status of the site contractual agreements at the start of each semester. Students may not begin any precepted learning experience until all onboarding is completed and site agreements executed.

Preceptor Qualifications

The NTF and NCSBN require that all preceptors meet certain requirements. Verification of the preceptor requirements is completed upon approval and assignment by the track director following for credentialing of preceptors with the SON. This includes submission from the preceptor verification of:

- **Certification:** Nurse Practitioner preceptors must be certified by a nationally recognized certifier (i.e. 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. Although not required, certification in the chosen specialty is preferred for preceptors of nurse leader and nurse educator students.
- **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).

APRN Preceptors are licensed clinicians that will supervise, mentor, and educate the APRN student in the 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. "(National Council State Boards of Nursing [NCSBN], 2021; National Task Force [NTF], 2022).

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 \(2023\)](#). **NNP** students and preceptors are referred to this document for the specific guidelines and requirements.

NAL & NE Preceptors are licensed clinicians that will supervise, mentor, and educate the ANP student in a range of clinical experiences needed to meet the program objectives. Preceptors must be licensed to practice in the state in which the clinical experience will occur, have a master's degree in nursing, and ideally function in either the nurse leader or nurse educator role.

Practicum Expectations

The following requirements must be met:

- **AGACNP, AGPCNP, FNP:** Each APN Practicum requires 240 hours for a total required 720 clinical hours for the program of study.
- **NNP:** APN Practicum I requires 160 hours and APN Practicum II & III each require 240 hours for a total of 640 clinical hours for the program of study.
- **NAL and NE** Each ANP Practicum is 80-240 hours for a total minimum required 500 clinical hours for the program of study.
- The student is responsible for contacting the preceptor prior to the start of the semester to:
 - Complete or fulfill site-specific requirements (Orientation, ID, parking), provide professional documentation (e.g. licensure, resume, proof of immunizations, CPR certifications etc.)
 - Establish the schedule of clinical days with that preceptor for the semester.
- Receive verification from the MS Program Coordinator to start each semester of the APN & ANP Practicums
 - Notification of clearance includes – meeting all SON clinical requirements, site requirements, and verification of valid site agreement.
 - Practicum experience cannot begin until the official start of the semester AND the student has been notified *that all clearances have been met*.
- Clinical hours must be spread throughout each semester.
 - Hours may begin the first day of the semester.
 - Hours may not be front-loaded and must be scheduled weekly throughout the semester.
 - Hours may not be carried over from one semester to the next.
- Clinical hours may occur on any day of the week and any time within a 24-hour period (i.e. 24/7 coverage) following the preceptor's schedule.
 - Clinical experiences must support the student's population focus.

AGPCNP & FNP students

- AGPCNP & FNP students will have most 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 no set minimum number of hours per area of experience (pediatric, primary care, or geriatric care); the student is expected to monitor their encounter logs and negotiate their patient encounters to assure they are gaining experience within their population foci.

Acute Care Adult-Gero NP (AGACNP) students

- AGACNP students will have most 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 (but not limited to) cardiology, nephrology, pulmonary, and hematology.
- AGACNP specialty experiences will be evaluated and assigned at the discretion of the GTD.
- There is not a set minimum number of hours per area of experience, but the student is expected to monitor their encounter logs to assure they are gaining experience within their population foci.

Specialty NP rotations

- 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.*
- After review of previous clinical experiences, the GTD will determine the number of hours that may be spent in a specialty rotation on an individual basis.
- AGPCNP students usually may be considered for a specialty rotation in the last two clinical practicum semesters.
- FNP students may be considered for a specialty rotation only in the final semester, which is not to exceed 60 hours (approximately seven (7) clinical days).

Patient encounters (NP students)

- The number of patients a student will be able to see per day/shift depends 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.
 - Using shared decision making, the preceptor and student should select patient encounters that will support meeting the student's 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 for 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 Patient Encounter Thresholds

ACPCNP and FNP Student Experiences

- PRIMARY CARE PROVISION
- The target minimum number of patients per 8-hour clinical day the student should be seeing is:
 - First clinical semester: 4 per day to start and increase to 6-7 patients per 8-hour clinical day by mid-semester (Max 8 per day at end of semester)
 - Second clinical semester: 6 – 9 patients per 8-hour clinical day, increasing to a max of 9 per day by mid-semester.
 - Third clinical semester: 8 – 12 patients per 8-hour clinical day, increasing to a max of 12 per day by mid-semester.
- The number of patient encounters per day will vary depending on the complexity of the care. Students should discuss this with their clinical faculty and preceptor(s) at the beginning of the semester.
- Patient encounter logs must be congruent with the number of hours logged per day.
 - Example: In an ambulatory clinic setting, a log of only 2 or 3 patient encounters would not support logging an 8-hour 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 than the projections given above.
- The target number of patients per clinical day should be 1-2 in a critical care setting, 2-4 in less acute settings and four (4) or more if a consult service.

Practicum team and responsibilities of members

Student Expectations

- *Starting and completing the Precepted Learning Experience Practicum*
 - Students will be knowledgeable about their state Nurse Practice Act and legal scope of practice in the role as student and for their specific population foci.
 - (See <http://www.nursingworld.org/statelawandregulation>)
 - Students must always act in a professional manner. The guiding principles of *PRAXIS* (**P**rofessionalism, **R**espect, **A**ccountability **eX**cellence, **I**ntegrity and **S**ervice) must be evident in all student activities. 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 (onboarding/clearance). 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, FNP, NAL and NE students enter the selected scheduled dates into the web-based tracking software (CoreElms) at the start of the semester.
 - The student must keep this schedule current, updating it with any changes during the semester.
 - Students may contact and meet with the preceptor before the semester starts.
 - Students should obtain contact information from the preceptor for use in case of a delay in getting to the clinical or a need to be absent.

- Students will negotiate goals/objectives each semester with the assigned preceptor(s) and clinical practicum faculty.
- Students 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 as complete and all site agreements have been verified as current.
 - Please review the clinical clearance documentation checklist for those verifications that the student must submit. (Appendix C)
 - Students may not begin their clinical hours until they receive this notification.
- Clinical hours must be spread throughout each semester.
 - Students unable to complete the required clinical hours for the associated 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 prior to the start of the subsequent semester.
 - The student must complete the [Incomplete Course Agreement](#) form, located on the Graduate School website, and submit it to the clinical faculty and respective Grad Track Director for approval.
 - In the final APN and ANP Practicum, the final grade must be entered by the Registrar-identified grade due date to be eligible for the May degree conferral date.
- 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 communication(s) with the preceptor and clinical practicum faculty. This may be email, text, phone call.
 - These are elements of professional comportment as addressed in the SON PRAXIS.
- *Documentation for the Precepted Learning Experience Practicum*
 - Patient encounters (**AGACNP, AGPCNP, & FNP students**)
 - *Documentation must be complete within the week the encounter occurred.*
 - 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).
 - Students must include all the required documentation elements as identified in the Core Elms Student User Guide (see attachment within HuskyCT).
 - This includes if the participation level was any portion of the following: history, physical examination, development/implementation of the plan of care.

- 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.
- Field notes (NAL & NE students)
- *Documentation must be complete within the week clinical hours occurred.*
 - Students must record activities in accordance with the provided rubric.
 - Clinical practicum faculty will review the documentation and provide feedback to students on a weekly basis.
- Completed clinical hours (**AGACNP, AGPCNP, FNP & NNP students**)
 - *Documentation must be complete within the week the encounter occurred.*
 - Students are responsible for logging all clinical hours *on the day they occur*.
 - Clinical hours are those spent in direct patient care (see glossary of terms). *Lunch time, in-service/grand rounds, or course related documentation are not clinical time.*
 - *Documented clinical hours must be congruent with the number of patient encounters logged.*
 - CoreElms Reports on clinical hours are submitted to the clinical practicum faculty member at mid & end of semester.
 - Submit all required clinical documents and review with the assigned clinical practicum faculty in a virtual synchronous meeting at the completion of the APN Practicum. Typically, this is during the final week of the APN Practicum in the semester.
 - See Appendix D for the End of Semester Documentation Checklist.
 - Both the student and assigned clinical faculty must sign the attestation that all materials are correct and have been submitted.
- Completed clinical hours (NAL & NE students)
 - Documentation must be complete within the week the clinical hours occurred.
 - Students are responsible for logging on clinical hours on the day they occur.
 - Preceptors are responsible for verifying the reported clinical hours.
- Participate in site visit
 - Each semester the student will coordinate a date with one of their preceptors and the clinical practicum faculty member when the clinical practicum faculty member will perform a site visit. IN more cases, sites visits will be **VIRTUAL**. Some states require **in-person** faculty site visits which will be coordinated by the GTD. Students in multiple sites during a given APN Practicum may not always be visited at every site.
 - All site visits are to be completed by week 9 of the semester.

- Additional site visits may be scheduled at the discretion of the clinical practicum faculty member.

Evaluation Process

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

Students will access the respective evaluation within 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 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 include:
 - Student evaluation of self
 - Student evaluation of preceptor
 - Student evaluation of site
 - Preceptor evaluation of student performance
 - If there is 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 member in evaluating the student’s performance.

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

Practicum Experience Reports- AGACNP, AGPCNP, & FNP students

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

- Mid-semester submissions 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
- End-of-semester submissions 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 personal clinical practicum learning goals at the start and mid-semester. The personal clinical practicum learning goals will be dynamic, and the student will need to adjust as they meet identified learning needs and new needs emerge.

The student and preceptor should use shared decision making to negotiate the clinical day by identifying patient encounters that will allow the student to work towards fulfilling their personal clinical practicum learning goals. Not all clinical settings will allow for the 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 their personal clinical practicum learning goals for the subsequent semester.

- Generic Example (AGACNP, AGPCNP, FNP):
 - Student identified clinical practicum learning goal: Gain experience diagnosing and treating various respiratory diagnoses.

- Student would seek opportunities to choose those patients presenting with respiratory complaints in both episodic and chronic ongoing management encounters.
 - The student would review the preceptor's schedule for the day and select 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 practicum learning goals
 - The student will provide evidence of continuous self-evaluation of attainment of personal clinical practicum learning goals and meeting course objectives as indicated in the course syllabi.
 - This process is implemented at the start of the semester and then evaluated at mid & end of semester with the preceptor and the clinical practicum faculty.
 - The student should communicate with the preceptor and clinical practicum faculty member immediately if any problems arise during the clinical practicum.

Preceptor Expectations

- Submit the required documents for credentialing in the SON to the MS Program Coordinator.
- Complete the preceptor orientation presentation.
- Review the SON course and program objectives.
- Communicate or meet with the assigned student before the APN Practicum starts to confirm hours/days the student will be with the preceptor.
- Identify any vacations or out-of-off 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 the student the student's identified practicum 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 member about any concerns with the student's clinical performance or unprofessional behaviors.

Practicum Faculty Expectations

- Contact each of the preceptors
 - At the beginning of the semester to establish contact information.
 - Mid semester to confirm **VIRTUAL/in-person** site visits to be completed by semester week 9 and to check preceptor availability for the subsequent semester.
 - End of semester for final evaluation.
 - The clinical practicum faculty are encouraged to communicate with the preceptors a minimum of every 2-3 weeks across the semester.
 - Review the personal semester clinical practicum goals for each of the assigned students – advise/monitor as needed
 - Follow/review/grade on a weekly basis the weekly practicum documentation (CoreElms & SOAP/progress notes).
 - Make at least one (1) VIRTUAL site visit 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 practicum document review at the end of the semester.
 - Document in CoreElms & communicate the dates of the VIRTUAL site visits; report on yes/no availability for each preceptor.
 - 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 by the identified due date once all elements of the course have been met.

Outcome guides and measures:

[AACN 2021 Essentials](#) (Active Link)

“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.”

Nurse Practitioner Competencies ([active links below](#))

[Common Advanced Practice Registered Nurse Doctoral-Level Competencies 2017](#)

In 2017, the AACN Board of Directors approved the final competency document. *These resulted from the development of a common taxonomy for competencies for the doctoral-prepared APRN.*

[Competency Implementation Guide for Nurse Practitioner Faculty \(2024\)](#)

The Competency Implementation Guide for Nurse Practitioner (NP) Faculty expands on the Nurse Practitioner Role Core Competencies. It builds a Backward Design Framework for implementing competency-based education and assessment. It provides Domain observable and measurable behaviors for the NP Competencies, suggested assessment modalities, and learning resources. The Preamble provides an essential table, Educational Preparation of NP Populations by Age and Severity, and defines the education scope of the NP population.

[Nurse Practitioner Role Core Competencies](#), (2022).

These competencies are for entry to practice for all nurse practitioners regardless of population tied upon graduation and are necessary for NPs to meet the complex challenges of translating rapidly expanding knowledge into practice and function in a changing health care environment.

[National Association of Neonatal Nurse Practitioners, Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs \(2023\)](#)

“The National Association of Neonatal Nurses (NANN) and the National Association of Neonatal Nurse Practitioners (NANNP) believe it is imperative that neonatal content experts define NNP competencies, and the systems of education and training required to obtain them.” (NANNP, 2023, p. 4).

[Standards for Quality Nurse Practitioner Education, 6th Ed.](#) (2022).

The National Task Force (NTF) for Quality Nurse Practitioner Education is committed to cultivating and upholding high standards in nurse practitioner (NP) education through collaborative revisions and the publication of the 6th Edition (2022) of the Standards for Quality Nurse Practitioner Education. These standards are a compass for ensuring program excellence and continuous improvement through quality assessment, maintenance, and planning.

Competency-Based Evaluations

The **AGACNP, AGPCNP and FNP** student evaluations are based on the AACN & NONPF identified entry to practice competencies (Appendix F). The expectations for level of performance of these competencies build with each semester, that is, novice level is expected during the first APN Practicum. They build to competent in APN Practicum II and then to proficient in APN Practicum III.

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)

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 their SON faculty member with any questions or concerns during the practicum experiences.

A. 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 worksheet to assist in planning. (Appendix H)

1. Evaluate space availability for students to review charts, document, and conference as needed
2. Determine if your site population and activities align with the course objectives
3. Consider the amount of time you can devote to a student

B. Reflect on your own clinical strengths and those of colleagues at your site.

C. Planning for the practicum

1. Planning for learning is vital for a successful experience. Planning will add structure and context for both the student and preceptor.
2. 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)
3. Plan learning activities according to learning objectives of the specific practicum, the student's goals, and your patient population
4. Consult with faculty for any guidance you need to align clinical activities with practicum objectives
5. 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.

D. Setting up the practicum

Prior to the first day, it is 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/CV prior to this discussion. The discussion may include the following:

1. Introduce the student to team members and staff.
2. Your background, patient population, usual teaching styles, special interests, and challenges you face in the clinical setting,
3. The student's professional background, interests, experiences, and learning objectives,
4. The days and times for the clinical experience, along with any known interference in your schedule, e.g., meetings, vacations, conferences, etc.

5. Orient student to the site including bathrooms, lunchroom, and where to store personal belongings,
6. Allow student to “shadow” for a maximum of 1-2 days,
7. “Huddle” with student at the beginning of each session to review appropriate patients for the day.

E. Adult Learners in the clinical setting

Adult learners are diverse individuals with unique goals and responsibilities that must be balanced throughout the program. Educator Malcolm Knowles (1990) identified principles of adult learning that should be considered when working with adult students. 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 in linking prior knowledge to new learning.
4. Adults are relevancy oriented. They need to understand 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 versus just listening. These activities include evaluating patients, documenting, discussing, and decision-making. Problem-based learning is often very effective for adults.
6. Adult learners like to feel respected. Incorporating a collegial relationship and recognizing their valuable knowledge base in the clinical setting can achieve this.

F. Clinical supervision of student

Students are expected to develop their knowledge, skills, and attitudes 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 guidelines for supervision levels.

APN Practicum I: Students are in the beginning stages of knowledge development and role transition as NPs. They 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: By the end of this practicum, students' skill sets should be proficient. They should require minimal direction and supervision in performing all role functions of the advanced practice nurse.

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

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

Review this YouTube 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.

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

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

Common teaching problem:

- Lack of clear objectives/expectations

- Focusing on fact recall instead of developing problem-solving skills
- Directing teaching at the wrong level, usually too high
- Passive observation instead of active learning
- Lack of supervision and feedback
- Minimal time for reflection and discussion (Spencer, 2003) Tips for Clinical Teaching
- Learning is evolutionary
- A variety of learning experiences improves interest
- “Scaffold” learning by linking prior knowledge to new knowledge
- Assist the student in exploring their own values and attitudes
- Homework may be assigned by preceptors i.e. review articles/guidelines/research
- Participation, recall, repetition, and reinforcement improve learning
- Directed/focused teaching points, feedback, and student assignments are effective in learning
- Don’t be afraid to admit you don’t know something. Demonstrate how you use resources as needed

G. 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. You do need to gather more details regarding her fatigue, so you have an accurate differential diagnosis list to work from. Keep using OLD CARTS when collecting your HPI, that will help you. Great work on documenting all of the past medical history accurately, she has a lot! “

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

Preceptors may find it helpful to obtain feedback from students regarding their teaching styles. This feedback may guide them in continuing or improving their 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 student evaluations. These competencies are not individual to the School of Nursing, they reflect the nationally identified entry to practice competencies (Appendix F). Evaluations are a more formal process that examine 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. Providing feedback and using open communication throughout the semester is ideal so there are no surprises during the evaluation (Appendix F & G).

H. 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 the 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.

I. The Challenging Student

Occasionally, you may have a student who is not progressing in the practicum as expected or is challenging in other ways. Identifying any concerns as early as possible in the relationship will be helpful. **Students not performing at expected levels often have limited insight or lack of personal awareness and need feedback as soon as it is identified.** This may be enough to resolve an issue. Preceptors should determine any underlying problems they can identify. Notify faculty if you have any concerns regarding your student as soon as possible. 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.

Trust your judgment even if you are unable to identify exact issues. Consult faculty to assist you in problem identification and site visits 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.

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

GLOSSARY

Terms as defined by National Task Force:

Criteria for Evaluation of Nurse Practitioner Programs, 2022, p. 19-22.

Advanced Nursing Education Competencies: Foundational core competencies deemed essential for all students who pursue a graduate degree in nursing regardless of specialty or functional focus (AACN, 2021).

Advanced Practice Registered Nursing (APRN) 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)

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 Experiences: Health care delivered by NPs to individuals, families, and groups.

Clinical Hours: Those hours in which direct clinical care is provided to individuals and families in one of the six 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.

Competence: Array of abilities, such as knowledge, skills, and attitudes (KSA), across multiple domains or aspects of performance in a certain context. Statements about competence require descriptive qualifiers to define the relevant abilities, context, and stage of training. Competence is multidimensional and dynamic, changing with time, experience, and setting. (Frank JR, Snell LS, Cate OT, et al. Competency-based medical education: Theory to practice. Med Teach. 2010; 32:638-645.)

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: Formal agreement between an education program/institution and a clinical agency that legally protects, as appropriate, the clinical site, the education program, and students during educational experiences.

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

Curriculum: All planned educational experiences that facilitate achievement of expected student outcomes. Nursing curricula include clinical practice experiences.

Curriculum Evaluation: 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 assure accuracy and relevancy of learning experiences.

Direct Patient Care Clinical Hours: Hours/time in which direct clinical care is provided to individuals, families, and groups in one (1) of the six (6) population focused areas of NP practice and in primary care or acute care as appropriate. (See definition of “population focus.”)

Dual Track Program: A graduate education program 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. The program prepares graduates to meet education eligibility requirements to sit for two national NP certification examinations.

NP Track: NP courses leading to a degree or certificate for a specific population focus as defined in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (2008). The six current population foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/individual across the lifespan, neonatal, women’s health/gender related, and psychiatric-mental health across the lifespan.

NP Program Outcomes: Measurable student outcomes, faculty outcomes, and other outcomes identified by the program, generating data on program effectiveness used to foster ongoing continuous quality program improvement (CCNE, 2018). Nursing Education Unit: Administrative segment (e.g., college, school, division, or department of nursing) within an academic setting in which one or more nursing programs are conducted.

Population Focus/Foci: One of the six broad areas of practice delineated in the Consensus Model for APRN Regulation: Licensure, Accreditation, Certification & Education (2008) for which national

competencies exist and build on NP role competencies. The NP 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 this document, it refers to providing care to individuals within a specific population. The six population foci are adult-gerontology (primary care or acute care), pediatrics (primary care or acute care), family/individual across the lifespan, neonatal, women’s health/gender related, and psychiatric-mental health across the lifespan.

Preceptor: A qualified clinician [health care professional] who collaborates with faculty to facilitate and supervise NP student clinical learning experiences in a faculty approved clinical setting. The preceptor meets eligibility criteria set by the faculty. Program Outcomes: Measurable outcomes that include student outcomes, faculty outcomes, and other outcomes identified by the program, and generate data on program effectiveness used to foster ongoing program continuous quality improvement.

Simulation: A technique that creates a situation or environment 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.

Simulation National Best Practices and/or Standards: Recommendations incorporating what is currently known based on research and/or expert opinion. Simulation best practices provide learners with a curriculum and learning objectives that scaffolds learning and expectation to support the attainment of NP competencies. Best practices include faculty development and faculty oversight with briefing and debriefing. National guidelines include those developed by the International Nursing Association for Clinical Simulation and Learning (<https://www.inacsl.org/healthcare-simulation-standards>, 2021) and the Society for Simulation in Healthcare (<https://www.ssih.org>, 2021).

School of Nursing Defined:

Competency Assessment and Skills Session (CASS) 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. These occur just prior to the first clinical practicum to assess competency and readiness for clinical and at the end of the program to assess competency and readiness for NP practice. Otherwise known as Time 1 (TA) CASS and Time 2 (T2) CASS.

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	3
	Credits	
	Practice Across the Lifespan	
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 5590	Advanced Pharmacodynamics and Implications for Nursing	3 Credits
	Actions Adult Gerontology Acute Care Population	
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

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: 3 Credits
Population Specific AGPCNP & FNP

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: 3 Credits
Population Specific AGPCNP & FNP

NURS 5429 Adult-Gerontology Primary Care NP Clinical Practicum III 3 Credits

NURS 5870 Health Policy and Population-based Advocacy for the
Scholarship of Application 3 Credits

Total 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
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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	<u>3 Credits</u>
		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

Nurse Educator
PLAN OF FULL-TIME STUDY

Semester I Fall

NURS 5012	Nursing Science and Patterns of Knowing in Advanced Nursing Practice	3 Credits
NURS 5020	Statistical Methods for Clinical Scholarship	3 Credits
NURS 5262	Advanced Integrative Clinical Concepts: Pathophysiology, Pharmacology, and Health Assessment	4 Credits

Semester II Spring

NURS 5030	Nursing Research in Advanced Practice	3 Credits
NURS 5035	Evidence-Based Practice to Advance Clinical Scholarship	3 Credits
NURS 5235	Healthcare Quality Improvement, Outcomes Management, Assessment and Planning for the Nurse Leader	3 Credits
NURS 5239	Healthcare Quality Improvement, Outcomes Management, Assessment and Planning for the Nurse Leader Practicum	2 Credits

Semester III Summer

NURS 5250	Advanced Theory and Practice in Nursing Education I: Curriculum Design and Program Evaluation	3 Credits
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Nursing Administration and Leadership Track

PLAN OF FULL-TIME STUDY

Semester I Fall

NURS 5240	Nursing Leadership Foundations	3 Credits
NURS 5262	Advanced Integrative Clinical Concepts: Pathophysiology, Pharmacology, and Health Assessment	4 Credits
NURS 5020	Statistical Methods for Clinical Scholarship	3 Credits

Semester II Spring

NURS 5030	Nursing Research in Advanced Practice	3 Credits
NURS 5012	Nursing Science and Patterns of Knowing in Advanced Nursing Practice	3 Credits
NURS 5235	Healthcare Quality Improvement, Outcomes Management, Assessment and Planning for the Nurse Leader	3 Credits
NURS 5239	Healthcare Quality Improvement, Outcomes Management, Assessment and Planning for the Nurse Leader Practicum	2 Credits

Semester III Fall

NURS 5865	Impacting Health Care through Information Systems and Patient Care Technology	3 Credits
NURS 5035	Evidence-Based Practice to Advance Clinical Scholarship	3 Credits

NURS 5245	Nursing Leadership Application	2
Credits		

NURS 5229	Nursing Leadership Application Practicum	1 Credit
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Semester IV Spring

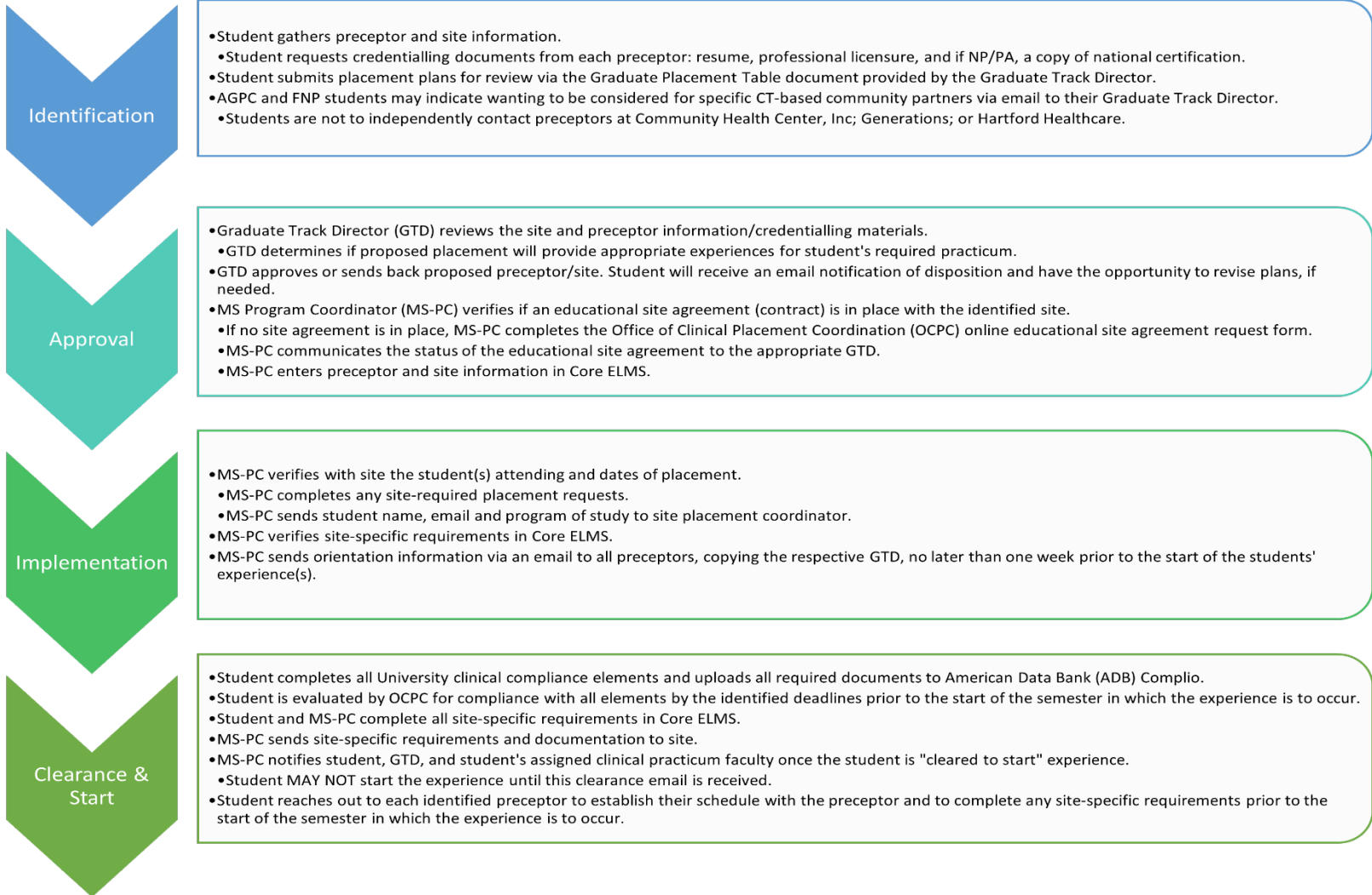
NURS 5230	Healthcare Finance for Nurse Leaders	3 Credits
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NURS 5870	Health Policy & Populations-based Advocacy for The Scholarship of Application	3 Credits
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NURS 5249	MS Capstone	<u>3 Credits</u>
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39 Credits

Appendix B Practicum Placement Process



Appendix C: Clinical Compliance

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 D: End of Semester Checklist

Student Name: _____ Clinical Faculty

Name: _____

Course: 54 _____

Directions: The student reviews that the information has been accurately completed and submits all information to their *assigned clinical faculty in person at end of semester*. The student then prints and signs this **End of Semester Checklist** and submits it to their clinical faculty. The clinical faculty reviews all the documentation has been completed and is at the acceptable level of performance. The clinical faculty will then sign this document and 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#4 _____

ATTESTATIONS as all elements are accurate and complete:

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 E: Standards and Competencies

Provided as Active Links.

AACN 2021 Essentials

Common Advanced Practice Registered Nurse Doctoral-Level Competencies 2017

Competency Implementation Guide for Nurse Practitioner Faculty (2024)

Nurse Practitioner Role Core Competencies, (2022).

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

National Council State Boards of Nursing (NCSBN) Model Rules, 2021

May be viewed in full at: <https://www.ncsbn.org/papers/ncsbn-model-rules>

Standards for Quality Nurse Practitioner Education, 6th Ed. (2022)

Appendix F: Evaluations

The University of Connecticut, School of Nursing

Clinical Performance Evaluation of Student*

(NURS 5409 £, 5419 £, 5429 £, 5439 £, 5449 £, 5559 £, 5569 £, 5579 £)

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).					
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”

Scoring Requirements for the Clinical Evaluation Tool:

Any categories of POOR indicate a need for a remediation plan.

APN I: All items at least a novice or above, no poor categories

APN II: At LEAST 38 (83%) at competent (3) or above, no poor categories

APN III: At LEAST 38 (83%) at proficient (4) or above, no poor categories

*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
<i>History</i>		
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
<i>Plan of Care</i>		
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:		
<i>Evaluation of Plan of Care</i>		
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:		
<i>Diagnostic and Therapeutic Techniques/Procedures</i>		
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
<i>Patient Management</i>		
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:		
<i>The Family Unit</i>		
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:		

<i>Interpersonal Relationships</i>		
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		
<i>Patient Management</i>		
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
<i>Self-Evaluation</i>		
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
<i>Assesses, provides stabilization, and gathers data to obtain accurate etiology, diagnoses, and treatment for newborns/infants with:</i>		
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
<i>Clinical Skills</i>		
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

Appendix G: NNP Worksheet

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 (These experiences would not count as direct patient care)
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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