



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING



DOCTOR OF NURSING PRACTICE & POST-GRADUATE APRN
CERTIFICATE PROGRAMS
STUDENT, PRECEPTOR, & FACULTY MANUAL FOR
NEONATAL NURSE PRACTITIONER (NNP)

Academic Year 2025-2026

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The NNP Concentration of the DNP Program

Welcome to the Neonatal Nurse Practitioner (NNP) Concentration of the Doctor of Nursing Practice (DNP) Program. This is one of nine different advanced nursing practice concentrations preparing students for careers at the highest level of clinical practice. The College of Nursing admitted its first nurse practitioner students in the summer of 1973. The NNP Concentration began in the 1980s. In 1999, the College started the clinical doctoral program and transitioned the advanced practice master's programs to the DNP shortly after.

This program prepares NNP graduates with specialized knowledge and skills to provide care for the neonatal population, including preterm (<37 weeks) and term neonates, infants, and toddlers through 2 years of age. Coursework and supervised clinical experiences assist students in developing expertise in health promotion and assessing, diagnosing, and managing acute and chronic illnesses in children across healthcare settings.

Health promotion and development, family support, interprofessional collaborations, and evidence-based practice are emphasized throughout the program. Graduates are eligible to take the national certification examination for Neonatal Nurse Practitioners. In addition, graduates are expected to develop policies and practice models that promote evidence-based care for neonates and their families.

Legal Agreement Requirements

Several documents are required to be executed by the University of Tennessee before the beginning of any student clinical experience. Some of these are rather complex and can take from weeks to months to complete.

Site Approval

Each clinical site must have a current and valid contract between the clinical organization and the University of Tennessee Health Science Center. This agreement specifies the responsibilities of each organization and provides legal protections for both. All currently approved sites are listed in Project-Concert, but some may be difficult to find as the organization's name may have changed since the initial approval. The Clinical Coordinator can assist in identifying the approved site.

The DNP NNP concentration adopted the *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* published by the National Association of Neonatal Nurses (NANN). Per this statement:

- Clinical sites should provide the student with ample opportunities to meet learning objectives, demonstrate competencies, and have educational experiences outlined by their program.
- Clinical sites should ensure that direct onsite supervision and consultation are available from the preceptor.
- Clinical sites should be congruent with the expected student learning objectives and competencies as outlined per program course or semester goals.
- Clinical sites should provide the student with support to practice to the full scope of practice under the supervision of a fully licensed neonatal professional

Clinical Instruction Requirements

The *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs*, published by the National Association of Neonatal Nurses (NANN) affirm:

- The clinical component of the NNP curriculum must include a minimum of 750 direct patient care hours in delivery rooms, newborn nurseries, pediatric ICUs (PICUs), and Level II, III, and IV NICUs. Patient care hours with a primary care focus on the neonate up to 2 years of age may occur in pediatric offices, developmental clinics, and follow-up clinics, and may be included in the 750 patient care hours.
- At minimum, 600 direct care patient hours must be dedicated to the care of critically ill newborns and/or infants. The majority of these hours must be in a Level III and/or Level IV NICU. However, precepted clock hours spent caring for newborns and/or infants with cardiovascular diseases or who are postsurgical in the PICU or Cardiac Intensive Care Unit (CICU) may be included in the minimum 600 patient care hours.
- Telehealth and global health experiences involving neonates and infants up to 2 years of age may be included in the minimum 750 hours.
- Observational and simulation laboratory hours *may not* be included in the minimum 750 hours.

See

https://nann.org/uploads/About/PositionPDFS/NNP_Curriculum_Guidelines_and_Education_Compentencies_042523_Final.pdf

Note: The requirement for 600 precepted hours of clinical instruction is required for certification as a NNP through the National Certification Corporation (NCC). See [NCC Core NP Examination Registration Catalog](#).

Preparation for Clinical Experiences

CPR Certification:

Students are responsible for maintaining current CPR certification, including NRP and PALS.

- Should the certification expire when the student is in the program, students have the professional responsibility to recertify to remain current.
 - **Clinical experiences are not permitted unless CPR (including NRP and PALS)**

certification is current. The dates of coverage for certification are to be entered into Verified Credentials and into ProjectConcert.

Criminal Background Check:

All students undergo a required criminal background check before beginning the program and annually. Any changes are required to be reported immediately by students as a condition of remaining in the program.

Drug Screening:

Students undergo a required urine drug screen before beginning the program and annually. Also, drug screens may be required for cause, random screenings, or clinical agency requests.

Immunizations:

The University requires that students complete a list of immunizations and TB skin testing before engaging in any patient care. University Health Services maintain these data in Verified Credentials. In addition, you will receive extensive communication about immunizations and how to track them. Some clinical agencies may have additional requirements for immunization, but students will be informed of these requirements.

- At this time, COVID-19 vaccination is not required, but vaccination is strongly recommended. Students and employees can request an exemption to any vaccination requirement, but it is up to the clinical site to allow waivers for COVID-19 vaccinations. See [UTHSC Vaccination Requirements](#).

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Introduction to the DNP NNP Concentration

Welcome to the Doctor of Nursing Practice (DNP) Neonatal Nurse Practitioner (NNP) concentration at the University of Tennessee Health Science Center (UTHSC). Neonatal is one of nine different advanced nursing practice concentrations preparing students for careers at the highest level of clinical practice. The faculty is excited to work with you to assist you in gaining the knowledge, skills, and abilities you need to become a confident, competent, and safe entry-level NNP.

Purpose of the Manual

The purpose of this manual is to acquaint students, faculty, and preceptors to some of the elements composing the clinical education of DNP NNP students. Occasionally, there are program changes that take place over the school year. Faculty will keep you apprised of any changes via email, the official method of communication for UTHSC. Please contact faculty if you have any questions not answered by this guide.

DNP NNP Concentration

Philosophy

The DNP NNP concentration adopts the *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* published by the National Association of Neonatal Nurses (NANN). See

https://nann.org/uploads/About/PositionPDFS/NNP_Curriculum_Guidelines_and_Education_Compencies_042523_Final.pdf

This and other documents guide the faculty in educating NNPs at the doctoral level who are prepared to provide excellent care and who will serve as leaders in the community and healthcare setting. As educators of advanced practice providers and future leaders, we are deeply committed to ensuring that our students are advocates for improving care for individuals and families. We believe that the educational process facilitates continuing personal and professional growth and engages the student in the learning process through active participation.

The UTHSC DNP NNP program is committed to enrolling qualified students who pursue cultural competence. As adult learners, we acknowledge that students enter the program with existing skills and knowledge. We believe education should cultivate creativity and passion to foster one's own commitment to caring for vulnerable populations with an emphasis on individuals and families in diverse, rural, and underserved populations. Our graduates will practice in effective and ethical ways, providing care that relies on sensitivity as well as critical, logical, and analytical thinking that affirms the power and strength of individuals, respecting the dignity of every person.

Purpose Statement

The purpose of the UTHSC DNP NNP concentration is to:

- Prepare safe, competent neonatal nurse practitioners who provide optimal health care and who are eligible for certification by the National Certification Corporation (NCC), and whose knowledge and skills prepare the graduate for inter- and intradisciplinary practice at the level of The Core Competencies of Neonatal Nurse Practitioners as defined by the National Organization of Nurse Practitioner Faculties (NONPF). See [NONPF Population-Focused Nurse Practitioners Competencies](#)
- Prepare effective NNPs capable of improving practice through sound clinical judgment, scholarship, research, formulation of health care policy, and provision of health care across the continuum. NNPs provide primary, acute, chronic, and critical care to neonates and infants to age 2.
- Establish a theoretical base for sound clinical judgment, clinical reasoning, and scholarly activities.
- Articulate recognition of the role of public policy in formulating and developing the NNP profession and health care services for neonates and infants to age 2 on local, state, regional and national levels.

Outcomes

Upon completion of the NNP educational program, graduates will have the knowledge and skills to:

- Examine factors that predispose the embryo and fetus to disruptions in gestation and evaluate the influence of gestational or postmenstrual age on the development and manifestation of primary, acute, chronic, and critical disease states of neonates and infants to age 2.
- Determine the necessary assessment and diagnostic data to use in diagnostic reasoning and the formation of differential diagnoses.
- Develop, prioritize, and evaluate an evidence-based plan of care for neonates and infants to age 2 that is culturally appropriate, family-centered, and incorporates pharmacologic management when necessary.
- Collaborate with intra- and interprofessional teams in the clinical setting, especially focused on system improvements to decrease the incidence of adverse events.

DNP NNP Students

The Interplay of Work, Life, & School

Your learning needs are our priority, and the needs of each student will be considered on an individual level. To ensure that you have a variety of learning opportunities, you may be expected to travel to and outside of the Memphis area for one or more of your clinical rotations. You will

need reliable transportation during the program, especially for your clinical experiences.

If at any point you are unable to balance your school and life demands, there are several options available. Students are encouraged to notify their academic advisor and concentration coordinator as soon as possible.

Advisors

Your advisor serves as a link to the larger program and the College of Nursing. Faculty members work together to assist you in your academic progress. If you are struggling in a course or need guidance on the program, you may contact your advisor, the course instructor of record (IOR), or the Learning Navigator. To best meet your needs, please schedule an appointment with your advisor and inform them of the reason for your visit. This will allow them to prepare and allot enough time for the meeting. See the course syllabus for directions about emails from students to course faculty and/or advisors.

Student Concerns

Our goal is to provide you with an excellent NNP education. If you are struggling in a course or have a problem that needs resolution, please speak with us. We have resources to assist you and will respectfully develop a plan to meet your needs. The Office of Student Success also provides a host of student support services.

Expectations for DNP NNP Students

The general expectations for students in the College of Nursing are contained in the [UTHSC College of Nursing Doctor of Nursing Practice Program Student Handbook](#). This document focuses on specific clinical aspects of the DNP program.

DNP NNP students work with several faculty, staff, and preceptors as a part of their clinical education. Therefore, several official documents must be executed before beginning any clinic assignment. You will need to know which documents must be completed, by whom, and when.

Your faculty, with the assistance of the Clinical Coordinator, has the final responsibility to identify and assign your clinical site and preceptor. Student participation in the selection process is possible, particularly when there is a desire for a specific experience and/or the student lives in an area without current participating preceptors. All clinical sites and preceptors are required to be approved, and proper documents executed between them and the university prior to you beginning to see patients at the site.

Student Responsibilities for Clinical Experiences

Clinical Placement Process

For most students, the faculty will assign you to a clinical site and preceptor. For students outside the mid-south area, the faculty may ask for your help in identifying an appropriate clinical site and preceptor in your area.

1. Clinical site and preceptor identified by faculty.
2. Faculty check ProjectConcert to ensure we have a current contract. If it is not in ProjectConcert, the faculty will request that the Clinical Placement Coordinator verify the presence of a current contract.
3. The faculty contacts the preceptor to discuss if they can take a student for the specific semester.
4. If you have a specific request for a clinical site and preceptor, we are happy to consider it.
 - a. You must send in the CV, license, and certification of the preceptor to the Faculty and the Clinical Placement Coordinator.
 - b. The Clinical Placement Coordinator will verify the presence of a current contract.
 - c. If there is no current contract with the facility, it may take 6 to 12 months to establish one.
5. If we have a current contract and the preceptor agrees, the faculty will notify the Clinical Placement Coordinator, who will start the onboarding process for each student (We have a written process for notifying the Clinical Placement Coordinator).
 - a. Every clinical site has a different onboarding process.
 - b. Methodist and Regional One (inpatient and outpatient) require that you complete an onboarding process through TCPS (Total Clinical Placement System). TCPS consists of specific onboarding documents, documentation of immunizations, BLS, PALS, ACLS, NRP, etc., and processes specific to each clinical site. Each site has multiple and different requirements. The student must complete their specific requirements, and the Clinical Placement Coordinator will complete the remainder.
 - c. Other clinical sites use different systems or their in-house onboarding system. Each one is different.
 - d. While this is a lot of work for students and the Clinical Placement Coordinator, there is no other way.
6. When all requirements are met and the clinical site approves your placement, they will notify the Clinical Placement Coordinator via an automated system. This process may take from 1-6 weeks (sometimes longer).
 - a. The Clinical Placement Coordinator will notify the student and faculty that all requirements are complete and that they must have an email from the faculty stating they can start clinical rotations.
 - b. **Students must have two emails to start the clinical rotation:**
 - i. **An email from the Clinical Placement Coordinator stating that they are cleared from the clinical site and the college**
 - ii. **An email from the Faculty stating that the student may start clinical.**
 - iii. If a student does not have both emails, they are not cleared for clinical and **may be out of compliance with our clinical site contracts.**

7. Once in the clinical site, please notify the Clinical Placement Coordinator, faculty, or the Program Director if there are problems, such as your badge not working.
 - a. **Please do not call or email the facility's clinical placement coordinator.**
 - b. **If you do not hear back within 48 hours from your initial email to the Clinical Placement Coordinator, faculty, or Program Director, please email or call/text again with the problem.**
 - c. We will contact the facility and work with them to resolve the issue.
 - d. Please remember that many of our community partners have 100s of students to place (some have 1000s) and that you will have to wait your turn.
 - e. Demonstrating patience and professionalism is an important part of your education.

We are grateful to our community partners for providing UTHSC students with numerous opportunities to gain clinical experiences and expertise. Without our relationships and contracts with the community partners, you would not have access to world-class experiences!

Review clinical course outcomes. You are responsible for understanding what you are to learn and how your learning progresses throughout the course.

Learn something about the preceptor to acknowledge the preceptor's background and broaden your educational experience.

Verify the appropriate attire, location, time, and necessary credentials before the first day of clinical work at the agency.

- Discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and communication with other disciplines.
- Please clarify the preceptor's preferred method of notification in the event of late arrival or absence.

Some preceptors prefer to interview you before agreeing to work with you. If you are asked to interview, you should use the interview to your advantage.

- Provide the preceptor with an understanding of your level, ability, and personality.
- Enable the preceptor to assess if you will be a "good fit" for the clinical site and the population it serves. You can put your best foot forward by being prepared with a curriculum vitae (CV) or résumé.

The *2023 Curriculum Guidelines and Education Competencies for Neonatal Nurse Practitioner Programs* published by NANN lists the following responsibilities of NNP students:

- Discuss specific clinical outcomes, schedules, and general guidelines with the preceptor and faculty prior to the clinical rotation.
- Adhere to the standards and scope of professional practice.
- Communicate with the preceptor and faculty on clinical progress and learning needs.

- Demonstrate independent learning, diagnostic and clinical reasoning skills, and the use of available resources.
- Maintain and submit a log of clinical skills and activities via ProjectConcert.
- Complete self-evaluations and evaluations of preceptor and clinical site as required.

Additionally, students are expected to:

- Provide the clinical site with the necessary documentation regarding licensure, health data, liability insurance, and educational information (curriculum vitae or résumé).
- Observe the policies of the clinical site.
- Successfully complete the Neonatal Resuscitation Program and/or Pediatric Advanced Life Support (PALS) prior to beginning the clinical preceptorship. Certification maintenance is required for the duration of the program.

Social Media Usage

The UTHSC Social Media Guidelines apply to students, faculty, and staff. They are intended to ensure that social media and social networking technologies are used in a professional and responsible manner. Please refer to the UTHSC Social Media Guidelines for additional information: [Social Media Guidelines](#)

Social Media Guidelines

- Students, faculty, and staff should conduct themselves in a professional, respectful, and civil manner when using any form of social media.
- Any situation involving named or pictured individuals acting in a UTHSC capacity on social media requires their expressed written permission.
- If you identify yourself as a UTHSC faculty, student, or staff in any online forum and/or use a UTHSC email address, you must make it clear that you are not speaking for UTHSC. Any content posted to a website outside of UTHSC that has something to do with your UTHSC affiliation, or any other subjects associated with UTHSC, must be accompanied by a disclaimer such as, "The postings on this site are my own opinions and do not represent the views or opinions of UTHSC."
- The use of any UTHSC Logo or protected images requires written permission.
- The use of verbally abusive, disrespectful, or aggressive language or content communicated via email or used when posting to public forums of any kind by faculty, staff, or students **may result in disciplinary action, up to and/or including dismissal.**

NOTE for NNP students:

Social networking pages such as Facebook, Twitter, TikTok, etc. are to be used for social communication only. Students or professionals who post comments related to their professions or educational programs not only jeopardize their potential employment, but they leave themselves open to possible HIPAA violations, as well as legal scrutiny.

It is inappropriate for students to post anything about preceptors, clinical sites, or clinical experiences; posts related to busy shifts, unusual clinical conditions or findings, exhaustion, difficult deliveries or resuscitations, etc. may be used in legal deliberations and should never be

posted. **Students who do this may face dismissal from the UTHSC DNP NNP program.**

Liability Insurance

As a UTHSC CON student, you are covered under UTHSC's malpractice insurance as long as you are within your clinical site and functioning as outlined in your program and course outcomes.

You may not take extra clinical time over break to get additional experiences unless you are still completing a clinical course. Do not go to a clinical site to see patients without being enrolled in a clinical course. If you need additional experiences in order to meet clinical outcomes, you, your faculty, and preceptor will discuss supplementary clinical time.

- If you are working or volunteering outside of your clinical assignment, you CANNOT represent yourself as performing such clinical or volunteer work as a UTHSC DNP student.

Scheduling Clinical Experiences

Clinical sites must be approved by the UTHSC faculty in accordance with the policies and procedures of the CON before a student can begin any clinical rotation. **The Concentration Coordinator must approve all clinical experiences before a student may start clinical rotations! You must have an email from the Concentration Coordinator stating you are approved to start clinical rotations!**

- Clinical practicum experiences are scheduled at the convenience and availability of the preceptor(s).
- Please do not expect preceptors to conform to a schedule that meets your employment or personal needs.
- You and the preceptor need to agree on the days and times you will be in the clinical agency before beginning. Unless otherwise stated in the syllabus, you are expected to begin the clinical experience when the course starts and complete it before the course ends.
- Schedule a time with the preceptor to review your evaluation and receive feedback.

Enter the start and end dates, along with the days of the week for the entire time you will be at the clinical site in the ProjectConcert scheduling module. This can be modified if needed during the semester if your schedule changes.

[Student Schedule PDF Instructions](#)

[Student Schedule Video Instructions](#)

[Student Video Instructions](#)

Absence from Class/Clinical

- Attendance at negotiated times and days with the preceptor is required. Unapproved

absences for assigned clinical experiences are a violation of professional behavior and may result in disciplinary action.

- Immediately notify the preceptor and faculty if you are not able to attend a scheduled day.
- You will need to present a plan to make up missed experiences and have this approved by the faculty and preceptor. Notify faculty immediately if you are running into problems attaining the required number of clinical hours.
- Documentation in ProjectConcert is another requirement. The faculty will monitor this to help assure you are meeting the required minimum expectations. Clinical hours must be logged into ProjectConcert as indicated in the syllabus for each course. Ensure that you log hours that accurately reflect the time spent in the clinical setting. Commuting time is not acceptable. Refer to your course faculty for guidance on counting breaks in your clinical hours.
- Falsification of clinical hours is considered a violation of the Honor Code. Please refer back to the DNP Handbook. [DNP Handbook](#)
 - It is the student's responsibility to immediately notify faculty if there are any challenges in meeting required clinical hours. Prompt communication is crucial to ensure timely support and effective planning.
- If absent from clinical, it is the student's responsibility to negotiate with the preceptor for a time to make up missed hours.
- Please adhere to the inclement weather policy as deemed necessary-
- Unapproved absences for assigned clinical experiences are a violation of professional behavior and may result in disciplinary action.
- The inclement weather policy can be found at [Inclement Weather / Administrative Closing | Emergency Preparedness | Campus Safety | UTHSC](#)
- If inclement weather occurs, UTHSC students, faculty and staff may stay informed about the campus' status via updates from one of the following:
 - The Health Science Center Homepage;
 - UTHSC Alert notifications sent via phone, text, and email; or
 - Local television and radio stations.

Personal Emergencies

The faculty acknowledges that true life emergencies do exist that may prevent attendance and will work with students in these situations as they occur.

NOTE: True-life emergencies do NOT include:

- Scheduling work or vacation during class or clinical times
- Non-emergent medical or dental appointment
- Being fatigued due to your own actions
- Planning "special" events that interfere with class or clinical (family trips, parties, football games, etc....)

If students have an emergency, you are required to notify the course faculty by phone (text or call) and send an email.

Professional Dress and Behavior

As a representative of UTHSC College of Nursing, you must present yourself professionally.

ALWAYS ensure your UTHSC identification badge is visible on your upper body

- In an observation clinic
 - Dress professionally. No jeans, shorts, mini-skirts or capri pants. No revealing clothing, i.e., bare midriff or back, spaghetti straps, visible cleavage.
 - Remove all visible piercing jewelry (i.e., nose, eyebrow, lip, etc.) other than one modest earring in each ear. Ear gauges must be removed, and plugs placed in the hole. Any visible tattoos must be covered.
 - A short lab coat with the UTHSC patch on the left upper arm is appropriate unless the preceptor requests otherwise.
- When in the NICU
 - wear the provided scrubs, clean, unwrinkled, and in good repair
 - A short lab coat with the UTHSC patch on the left upper arm is appropriate, but may not be allowed in the unit or at the bedside (check with the preceptor).
 - Remove all rings and watches. These should be left at home and not brought to the clinical site.
 - Remove all visible piercing jewelry (i.e., nose, eyebrow, lip, etc.) other than one modest earring in each ear. Ear gauges must be removed, and plugs placed in the hole.
- In all settings
 - Hair must be up and pulled back so it cannot touch patients.
 - Fingernails should be clipped to a short length, and only clear or nude nail polish is permissible. Gel, acrylic, and false nails are not allowed.
 - Refrain from wearing perfumes or strong scents.

ALWAYS Be respectful of preceptors, faculty, staff, patients and their families, and consultants.

- Express your appreciation to your preceptor(s) for their assistance. They are volunteers supporting your education goals.

Clinical Professional Conduct & Reminders

The following are expectations and professional standards for behavior that NNP students are held accountable for:

- Respect others' space and quiet time (*i.e., no talking on cell phones while in clinical areas*)
- Maintain a professional appearance and demeanor when in the clinical setting
- Accountability for preparation
- Constructive verbal and non-verbal behavior
- Caring for others in an empathetic manner
- Honest, open, appropriately assertive communication

- Confidentiality of all patient information (*e.g. use initials or pseudonyms when discussing cases*)
- Teamwork and helping behavior with colleagues
- Honesty and integrity
- Personal and professional ethics
- Respect all individuals' differences (*i.e., culture, ethnicity, religion, work experience, gender, age, sexual orientation, etc.*)
- Respect for patient, student, and preceptor privacy and confidentiality
- Ask questions – you are here to learn.
- Use alternate resources to find answers to clinical questions (*i.e. online books, other references*). Sources may offer varying information.
 - You may show preceptors the information available on [UTHSC Library DNP Neonatal Nurse Practitioner](#). Encourage preceptors to apply for volunteer faculty status in order to obtain unrestricted access to the site.
- Keep in mind that NNPs may have different ways of teaching the same thing clinically. Open and professional communication will help both students and preceptors know when the teaching style is working and when it isn't.

Office Politics

Be sensitive to the office politics where you are placed. You may hear privileged information from your preceptors or staff and this information should be treated as confidential.

You may encounter families, staff, preceptors, and other people in your clinical site with different life views than your own. Respect for all students, patients, families, preceptors, staff, and faculty is expected.

If you are approached in a manner that makes you feel uncomfortable, please discuss this with your course faculty and concentration coordinator immediately. Your safety is paramount.

Clinical Supervision

Preceptors should adjust their level of supervision to the level of the student's development. The preceptor can refer to the UTHSC preceptor training course or obtain guidance from the Concentration Coordinator for help in this area. Preceptors will receive a one-page form with specific information about the course outcomes and your level in the DNP NNP program.

The National Association of Neonatal Nurses (NANN) *2023 Education Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* stipulate the following:

- Preceptors for the NICU must have their Master of Science degree or doctoral degree in nursing (MS, MSN, or higher) **and** be nationally certified as an NNP (NNP-BC).
 - Preceptors also may be physicians who are board-certified in neonatology (or seeking board certification).
- NNP preceptors must have a *minimum* of 1 year full-time equivalent experience in the NNP role **and** have a minimum of 1-year full-time equivalent employment at the clinical site.

- The preceptor-to-student ratio should be such that individual learning and evaluation are optimized. Therefore, the preceptor-to-student ratio should not exceed 1:2.

If you find any of these items to be of concern during your clinical experiences, please notify the Concentration Coordinator immediately to discuss the problems.

The 2023 *Educational Standards and Curriculum Guidelines for Neonatal Nurse Practitioner Programs* published by NANN lists the following responsibilities of NNP preceptors for students:

- Meet with the student prior to the preceptorship to discuss clinical objectives, schedules, and general guidelines. The preceptor should inform the student of any institutional orientation requirements. These should be completed prior to the beginning of the clinical experience.
- Assign an initial caseload of patients. Expansion of the caseload will depend on the evaluation of the student's readiness, knowledge, and skill level.
- Permit the student to perform all the required management activities for assigned patients under appropriate supervision.
- Provide direct supervision when the student is involved in patient care, review, and provide feedback and constructive suggestions on the student's documentation for improvement.
- Meet with the student on an ongoing basis to discuss specific learning objectives and experiences. These meetings should focus on patient management and documentation, successful completion of procedures, comprehension of pathophysiology and management, interaction with staff and family, and role transition. Plans should be made for future learning experiences to meet the student's evolving learning needs. This information must be communicated to the NNP faculty promptly throughout the clinical preceptorship.
- Evaluate the student. The preceptor must communicate with the student and the faculty member or program director. This should include written evaluation(s) of the student's performance furnished at specified intervals and upon completion of the preceptorship.
- Contact the program director or appropriate faculty member in a timely fashion with concerns or questions regarding the preceptor's ability to fulfill responsibilities or if there are problems concerning the student's performance.

Clinical Safety

OSHA Compliance

Students MUST adhere to all OSHA requirements throughout their clinical experiences. The student must use appropriate contact precautions with each patient encounter, even if the site or preceptor does not follow OSHA guidelines. This includes:

- Wearing closed-toe shoes in all clinical settings.
- Using gloves for all contact with bodily fluids.
- Using protective garments, such as gloves, a protective gown, and a face mask as needed in the labor and birth setting.
- Being aware of the location and trajectory of all needles at all times. Always use a needle

holder while suturing.
These standards are for the protection of the patient and the student.

Snow & Extreme Weather

Night travel to and from clinical sites may be required. Please use your judgment in inclement weather. Personal safety should be a priority. There are many weather websites to consult prior to leaving. If inclement weather prohibits travel on a scheduled clinical time or day, you are expected to notify your preceptor and course faculty as soon as possible. If inclement weather occurs, UTHSC students, faculty, and staff may stay informed about the campus' status via updates from one of the following:

- The Health Science Center Homepage;
- UTHSC Alert notifications sent via phone, text, and email; or
- Local television and radio stations.

UTHSC offices will be considered open unless the announcement specifically says all offices will be closed.

If an area is evacuated for a natural disaster or emergency, please do what is best for your safety. Notify your course faculty of your location and plan once you are safe. [Inclement Weather or Emergency Response](#)

Use of ProjectConcert to Track Experiences

The Project Concert system is used to provide online tools specifically designed to record and maintain student and clinical data. Each student has an account.

- Students must track clinical time and log patient encounters.
- Students should upload required clinical forms and complete clinical assignments, such as SOAP Notes and clinical evaluations.
- Faculty will review ProjectConcert weekly to ensure students are on track.
- Approved preceptors and clinical sites are maintained in ProjectConcert.
- Links to ProjectConcert Instructional Resources are below:
 - [Clinical Experience Hours and Patient Logs Tutorial](#)
 - [Creating Clinical Experience Hours and Patient Logs PDF](#)
 - [Updating Existing Clinical Experience Entries](#)

Student-Preceptor-Faculty Relationship

Expectations of the Clinical Preceptor:

As a preceptor for DNP students, you play a critical role in shaping the clinical and professional development of future nursing leaders. We greatly appreciate your time, expertise, and

mentorship. Below are the expectations for those serving in this critical role:

- Orient to the preceptor role each semester through the review and acknowledgement of the updated Student-Preceptor-Faculty manual.
- Consider completing the free Preceptor Training in CE Now
 - https://cenow.uthsc.edu/preceptor_training_apn
- Sign the Student-Preceptor-Faculty agreement.
- E-mail the DNP Clinical Coordinator about any required documents you may need to be a preceptor or volunteer faculty member.
- Maintain open, regular communication with the clinical faculty or program coordinator regarding student progress or concerns. Notify faculty promptly if any issues arise with the student's performance, professionalism, or attendance.
- Provide appropriate supervision, mentorship, and guidance during clinical hours based on the learner's level and ability.
- Offer learning experiences that align with the course outcomes.
- Foster an environment of mutual respect and evidence-based practice.
- Facilitate the development of students' interpersonal and professional skills during their interactions with both patients and colleagues.
- Demonstrate professionalism and uphold ethical standards during interactions with patients, families, colleagues, and fellow professionals.
- Provide ongoing, constructive feedback to the student regarding performance.
- Complete final evaluations and/or a site visit in collaboration with the student and faculty (if applicable).
- Approve clinical hours in Project Concert in a timely manner (if applicable).
- Student logs must accurately reflect the actual time spent in the clinical setting. **Time spent commuting should not be included.** The course faculty can provide guidance on counting breaks in approved clinical hours. Falsification of clinical hours is considered an Honor Code violation.
- Mentor and serve as a role model for the student.
- Demonstrate the direct use of accepted clinical guidelines and standards of care.

Students' Expectations of Preceptors

- Address any concerns or questions about student performance to faculty as soon as possible to enable timely remediation.
- Immediately report to the faculty any student behavior that threatens the patient's safety or poses a risk to the clinical site.
- Communicate with the appropriate providers about assigning patients and specific procedures to enhance learning with minimal disruption in the clinical setting
- Review student clinical hours in ProjectConcert regularly, as required by faculty.
- Provide student evaluations using the appropriate Clinical Performance Evaluation forms.
- The student will submit the appropriate evaluations via Project Concert at the mid-term and/or at the end of the semester.
- Understand the legal liability of the preceptor's role

Preceptors Can Expect Students To:

- As part of their clinical education, DNP students are expected to demonstrate increasing levels of independence, professionalism, and critical thinking each semester. Below is a summary of what preceptors can reasonably expect from DNP students during their clinical rotations:
- Establish contact with the preceptor at the beginning of the semester to establish a mutually convenient clinical schedule and begin discussions about expectations, course objectives, and student goals (if applicable).
- Notify preceptors and faculty of absences or concerns promptly.
- Come prepared with necessary materials, having reviewed relevant patient information or clinical content ahead of time.
- Consistently demonstrate respectful communication and professional behavior.
- Seek learning opportunities and ask thoughtful questions.
- Show motivation to develop clinical and leadership skills.
- Reflect on clinical experiences and use feedback to improve.
- Communicate clearly with preceptors, staff, patients, and other team members.
- Track and document clinical hours and patient encounters, as required by the program.
- Adhere to HIPAA and institutional privacy/confidentiality policies.
- Accept and apply constructive feedback.
- Dress appropriately for the site and behave professionally at all times.

Preceptors Can Expect Faculty To:

Faculty play an essential role in supporting both DNP students and their preceptors during clinical experiences. Preceptors can expect the following from faculty:

- Offer clear guidance on the student's clinical objectives, expected competencies, and required clinical hours.
- Ensure that preceptors have access to relevant course materials, evaluation forms, Project Concert, and contact information for both students and faculty.
- Serve as a liaison between the student and preceptor if challenges arise and provide coaching or intervention when student performance concerns are identified.
- Review and provide feedback on student clinical logs, assignments, and evaluations.
- Conduct site visits in person or virtually to observe student performance when appropriate.
- Provide course description, clinical outcomes, learner level, and specific clinical hours required at each clinical site.
- Provide information about the program.
- Provide methods to contact a faculty member.
- Address any issues that may impact student progression in clinical coursework promptly.

- Guide the preceptor in the student evaluation process if needed.
- Provide feedback to preceptors on their performance, if the preceptor desires feedback.

Expectations of UTHSC DNP NNP Faculty:

Faculty play an essential role in supporting both DNP students and their preceptors during clinical experiences. Preceptors can expect the following from faculty:

- Offer clear guidance on the student's clinical objectives, expected competencies, and required clinical hours.
- Ensure that preceptors have access to relevant course materials, evaluation forms, Project Concert, and contact information for both students and faculty.
- Serve as a liaison between the student and preceptor if challenges arise and provide coaching or intervention when student performance concerns are identified.
- Review and provide feedback on student clinical logs, assignments, and evaluations.
- Conduct site visits in person or virtually to observe student performance when appropriate.
- Provide course description, clinical outcomes, learner level, and specific clinical hours required at each clinical site.
- Provide information about the program.
- Provide methods to contact the faculty member.
- Address any issues that may impact student progression in clinical coursework promptly.
- Guide the preceptor in the student evaluation process if needed.

Preceptors Who Wish to be Appointed Volunteer Faculty

The College of Nursing appoints all preceptors as a preceptor or volunteer faculty before accepting any students. This appointment provides recognition of the responsibilities of the preceptor and offers legal protections as well. All approved preceptors are listed in ProjectConcert.

The University of Tennessee values the significant contributions made by individuals who generously offer their time and expertise to support the University of Tennessee Health Science Center, College of Nursing, without expectation of compensation. In alignment with the Tennessee Claims Commission Act of 1984, the Tennessee legislature acknowledged the importance of safeguarding volunteers from legal liability while they engage in service on behalf of the university. Registered volunteers (formal preceptors and volunteer faculty) benefit from civil immunity under this Act; however, it is important to note that they do not receive coverage under Workers' Compensation. We warmly encourage preceptors to consider

the opportunity to become Volunteer Faculty within the College of Nursing.

Preceptors who wish to be recommended as volunteer faculty should notify a faculty member who will facilitate this process.

Requirements for Volunteer Faculty

The following information is required to be submitted and approved as Volunteer Faculty:

- Curriculum vitae or résumé
- Copy of current license
- Two letters of recommendation from individuals who can speak about your professional qualifications
- Permit a background check

Benefits of Volunteer Faculty Status

Volunteer faculty are eligible for:

- Access to the UTHSC Library, including online journals, books, and databases (e.g., Up-to-Date)
- Free evening and weekend UTHSC campus parking; and
- Discounted fees at the UTHSC Dental Clinic.

Prior to the start of a clinical placement, faculty are expected to:

- **Verify alignment between the clinical site, preceptor, and student to ensure an appropriate and effective clinical learning experience.**
- Ensure students have met all clinical clearance requirements.
- Verify that students are prepared for the clinical experience.
- Provide syllabi or clinical handbooks to support understanding of expectations to preceptors.
- Recommend completion of the free Preceptor Training in CE Now, which offers 1 hour of CEU. https://cenow.uthsc.edu/preceptor_training_apn
- Review documentation and time-log requirements with students.
- Assist in setting realistic goals for the clinical experience in collaboration with the student and preceptor.
- Verify the appropriateness of the clinical site and contractual agreements.
- Orient new preceptors to the preceptor role and the College of Nursing educational expectations.
- Review preceptor responsibilities with continuing preceptors related to the course and learner level.
- Prepare students for clinical experience, including faculty-specific communication requirements.
- Validate student qualifications for clinical practice.
- Understand the legal liability of the preceptor's role.

Throughout Course:

Expectations of Faculty Throughout the Clinical Course:

- Maintain regular communication with both students and preceptors to monitor progress, address emerging concerns, and develop firsthand knowledge of the clinical site through in-person or virtual visits.
- Respond promptly to emails or calls from students, preceptors, or clinical site representatives.
- Review student-submitted clinical logs and documentation to ensure accurate tracking of hours and activities via Project Concert.
- Ensure students are progressing toward required competencies and completion of required hours under program standards.
- Perform at least one evaluation check-in (virtual or in-person), including observation and/or feedback from the preceptor per semester.
- Evaluate the clinical learning environment and address any concerns or barriers that may impact student learning.
- Use program-specific evaluation tools to assess student performance in collaboration with the preceptor.
- Work with the student and preceptor to ensure the learning outcomes are met.
- **Support students in developing and enhancing practical communication skills.**
- Encourage students to identify and address areas of difficulty early, allowing time to improve skills before the practicum concludes.
- Evaluate students through direct observation as needed and preceptor feedback using proper forms.

Legal Agreement Requirements

The University of Tennessee Health Science Center must execute several documents before the start of any student's clinical experience. Some of these are rather complex and can take from weeks to months to complete.

Site Approval

Each clinical site must have a current and valid contract between the clinical organization and UTHSC. This agreement outlines the responsibilities of each organization and provides legal protections for both parties. All currently approved sites are listed in Project Concert, but some may be difficult to locate, as the organization's name may have changed since initial approval. The DNP Clinical Coordinator can assist in identifying approved sites.

Preceptor/Volunteer Faculty

All preceptors are required to be appointed by the College of Nursing as a preceptor or Volunteer Faculty before accepting any students. This appointment acknowledges the responsibilities of the preceptor and provides legal protection as well. All approved preceptors are listed in ProjectConcert.

CPR Certification

Students are responsible for maintaining current certification in CPR. The certification may expire when the student is in the program, but students must recertify to remain current. The dates of coverage for certification are listed in Verified Credentials under each student's account and are in ProjectConcert.

Criminal Background Check

All students undergo a required criminal background check upon program entry and annually thereafter. Any changes must be reported immediately by students as a condition of remaining in the program.

Drug Screening

DNP students undergo a required urine drug screen upon program entry and annually thereafter. Additionally, drug screens may be required for cause, as part of random screenings, or in accordance with clinical agency requirements.

Immunizations

The university requires that students complete a list of immunizations and undergo a TB skin test before engaging in any patient care. The University Health Service maintains these data via Verified Credentials. Some clinical agencies may have additional immunization requirements, but students will be informed of these requirements before the specific clinical experience.

Faculty, Course, & Program Feedback

At the end of each course, students are invited to evaluate the faculty and the course via a confidential online evaluation. Each evaluation is a series of standard questions with space for written comments at the end. We value your feedback on courses and use it to continually improve the classes and offerings. We need to know what enhanced your learning and what

activities and lectures did not work for you. The evaluations are confidential.

As you are preparing to finish the NNP program we will ask you to evaluate the curriculum. We occasionally contact graduates to survey them on the effectiveness of the program in preparing them for clinical practice. Your feedback will help shape the future of UTHSC CON neonatal nurse practitioner education. We value your comments and suggestions.



Appendices

1. **DNP NNP Student, Preceptor & Faculty Agreement**
2. **Observational / Minimal Hands-On Experience Clinical Grading Rubric**
3. **NNP Student Evaluation Tool (Please complete in ProjectConcert)**
4. **NNP Student Evaluation of the Clinical Site and Preceptor (Please complete in ProjectConcert)**

UNIVERSITY OF TENNESSEE HEALTH SCIENCE
CENTER COLLEGE OF NURSING
Student-Preceptor-Faculty Agreement

Course _____ Semester/Year: _____

Anticipated Graduation: _____ Instructor of Record _____

The preceptor agreement permits nursing students of the College of Nursing, University of Tennessee Health Science Center (UTHSC) to participate in a student preceptorship in your facility, _____ Conditions of this program are as follows:
(Clinical Site Name)

The Affiliation period will be _____ to _____.

The student, _____, will be under the supervision of _____, acting as preceptor.

(Preceptor Name)

Clinical Faculty _____, of the College of Nursing, serves as the liaison with your facility for the above course(s).

Preceptor Responsibilities:

Orient to the preceptor role each semester through the review and acknowledgement of the updated Student-Preceptor-Faculty manual.

1. Function as a role model in clinical settings.
2. Facilitate learning activities for no more than two students per day.
3. Orient the student(s) to the clinical agency.
4. Collaborate with faculty to review the student's progress toward meeting clinical learning outcomes.
5. Provide constructive feedback to students regarding clinical performance.
6. Contact the faculty if assistance is needed or if any problem with student performance occurs.
7. Coordinate with faculty and the student to ensure appropriate supervision plans are in place in the event of the preceptor's absence.
8. Give feedback to the nursing program regarding clinical experience for students and suggestions for program development.

Nursing Program/Faculty Responsibilities:

1. Ensure that preceptors and students meet all clinical requirements.
2. Ensure that there are current written agreements that delineate the functions and responsibilities of the clinical preceptor, the associated agency, and the nursing program.
3. Ensure that clinical experiences occur only after the student has demonstrated the ability to provide care to patients safely.
4. Orient both the student and the preceptor to the clinical experience.
5. Provide the preceptor with an orientation to the nursing program's philosophy, curriculum, course content, and clinical objectives.
6. Review student expectations, skill levels, performance guidelines, procedures the

- student is permitted to perform, and methods for evaluating student performance.
7. Faculty will assume overall responsibility for teaching and evaluating the student, including assigning the course grade.
 8. Work collaboratively with the preceptor and the agency to determine the student's learning needs and appropriate assignments.
 9. Monitor and evaluate the learning experience regularly with the clinical preceptor and the students.
 10. Have a faculty member readily available for consultation when students are in the clinical area.
 11. Receive feedback from the preceptor regarding student performance.
 12. Provide verification of precepted clinical hours for our students.

Agency Responsibilities:

1. Retain ultimate responsibility for the care of patients.
2. Retain responsibility for the preceptor's salary, benefits, and liability.
3. Respectful, safe working environment

Student Responsibilities:

1. Maintain open communication with the preceptor and faculty.
2. Maintain accountability for their own learning activities.
3. Be prepared for each clinical experience.
4. Be accountable for their actions while in the clinical setting.
5. Ensure supervision from their preceptor when performing procedures.
6. Contact faculty by telephone or e-mail if assistance is necessary.
7. Respect the confidential nature of all information obtained during the clinical experience.
8. Wear appropriate professional attire and university name tags when at the clinical site.
9. Always maintain professional behavior during the clinical experience.

Signatures on the following page confirm that the above conditions reflect your understanding of an agreement to this affiliation correctly.

**Confirmation of Student-Preceptor-Faculty Faculty
Agreement to Clinical Preceptorship**

University of Tennessee Student

(Print)

(Sign)

(Date)

Preceptor/Clinical Agency

(Print)

(Sign)

(Date)

Site Name: _____

Site Address: _____

City, State, Zip _____

Location Phone # _____

University of Tennessee Health Science Center College of Nursing Clinical Faculty

(Name Printed)

(Sign)

(Date)

(Email)

(Phone Number)



Observational / Minimal Hand-On Experience Clinical Grading Rubric –

Please indicate the level of the student's performance within the dimensions listed during the clinical experience.

| Dimension | Beginning (1) | Developing (2) | Accomplished (3) | Exemplary (4) |
|---|--|---|---|---|
| Focused Observation | Confused by the clinical situation and the amount/ type of data, observation is not organized, and essential data are missed. | Attempts to monitor a variety of subjective and objective data but are overwhelmed; focuses on the most apparent data, missing some vital information | Regularly observes/ monitors both subjective and objective; most useful information is noticed, may miss the subtlest signs | Focuses observation appropriately; regularly observes and monitors both subjective and objective data to uncover helpful information |
| Information Seeking | Is ineffective in seeking information; has difficulty interacting with the client and family; fails to collect important subjective data | Makes limited efforts to seek additional information from the client/family; often seems to pursue unrelated information | Actively seeks subjective information about the client's situation from the client and family to support planning interventions. | Assertively seeks information thru a careful collection of valid subjective data from observing the client and from interacting with the client and family |
| Prioritizing data | Has difficulty focusing and appears not to know which data are most important to the diagnosis. | Makes an effort to prioritize data and focus on the most important, but also attends to less relevant/useful data | In general, focuses on the essential data and seeks further relevant information, but also may try to attend to less pertinent data | Focuses on the most relevant and important data helpful in explaining the client's condition |
| Making Senses of Data | Has difficulty making sense of data even in simple or familiar or everyday situations; requiring assistance both in diagnosing the problem and in developing an intervention | Can compare the client's data patterns with those known and develop intervention plans in simple or everyday situations; however, has difficulty with moderately difficult situations; appropriately requires advice or assistance. | In most situations, interprets the client's data patterns and compares with known patterns to develop an intervention plan and accompanying rationale; appropriately seeks the guidance of a more experienced nurse | When facing Complex or confusing data, can (1) note and make sense of patterns in the client's data, (2) compare these with known patterns, and (3) develop plans for interventions that can be justified in terms of their likelihood of success |
| Clear Communication with Interdisciplinary team (IDT) | Has difficulty communicating w/ IDT members; directions are unclear or contradictory | Shows some communication ability with IDT only partly successful; displays caring but not competence | Communicates well with IDT members in most situations; explains and gives clear directions to; could be more effective in establishing rapport | Communicates effectively with IDT members; directs and involves team members, explaining and giving directions; checks for understanding |
| Self-Analysis and Commitment to Improvement | Prompted evaluations are brief, cursory, not used to improve performance; Appears uninterested in improving | Even when prompted, briefly verbalizes the most obvious evaluations; has difficulty imagining choices; Demonstrates | Evaluates personal clinical performance; Demonstrates a desire to improve: reflects on and evaluates experiences; identifies | Independently analyzes personal performance; Demonstrates commitment to ongoing improvement: reflects on |

| | | | | |
|--|---|--|------------------------------|---|
| | performance or unable to do so; rarely reflective | awareness of the need for improvement, and makes some effort | strengths and weaknesses; | and critically evaluates nursing experiences |
|--|---|--|------------------------------|---|

Comments:

Student Signature

Date

Preceptor Signature

Date

Faculty Signature

Date



NNP STUDENT EVALUATION TOOL

Student name: _____ Course number: _____

Clinical Site: _____

Term/ Year: _____

DIRECTIONS: Please evaluate the NNP student on each competency according to the following key:

1 - almost never

2 - rarely

3- sometimes

4 - usually

5 - almost always

| Domain 1: Patient Care- Designs, delivers, manages, and evaluates comprehensive patient care. ¹ | |
|--|---|
| 1. Initiates and performs the measures necessary according to established clinical guidelines to resuscitate and stabilize a compromised patient ^{2,4} | <div style="text-align: center;"> 1 2 3 4 5 </div> <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 2. Uses available technology to elicit and document a health history that includes pertinent maternal medical, antepartum, intrapartum, and newborn history ^{2,3} | <div style="text-align: center;"> 1 2 3 4 5 </div> <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 3. Uses advanced assessment skills to perform a complete systems-focused examination that includes physical, behavioral, and developmental assessments, distinguishing between normal and abnormal findings ² | <div style="text-align: center;"> 1 2 3 4 5 </div> <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 4. Demonstrates critical thinking and diagnostic reasoning skills in clinical decision making by relating assessment findings to underlying pathology or physiologic changes ^{2,3,4} | <div style="text-align: center;"> 1 2 3 4 5 </div> <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 4. Develops a differential diagnosis based on history, diagnostic and laboratory test results, and assessment data ^{2,3,4} | <div style="text-align: center;"> 1 2 3 4 5 </div> <input type="checkbox"/> n/a, insufficient experience for evaluation |

| | | | | | | |
|---|---|---|---|---|---|--|
| 6. Establishes appropriate priorities of care ^{2,3,4} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 7. Selects and interprets diagnostic tests and procedures ^{3,4} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 8. Initiates and performs diagnostic and therapeutic procedures according to established guidelines or protocols and current standards ^{2,3} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 9. Develops and presents an individualized, comprehensive, multidisciplinary database including history, diagnostic tests, and physical, behavioral, and developmental assessments that incorporate cultural and ethnic variation. ^{2,3,4} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 10. Plans, implements, and evaluates principles of neonatal pharmacological therapies within clinical practice ^{2,3,4} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 11. Applies principles of pain management to care ² | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 12. Evaluates outcomes of interventions using accepted outcome criteria and revises plans according to patient outcomes ^{2,3,4} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 13. Documents and presents the database, impression, and plan of care ^{3,4} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 14. Supports and implements developmentally appropriate care ² | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 15. Performs routine diagnostic and therapeutic procedures considered essential for NNP practice according to national, professional, and facility guidelines and protocols ^{2,4} | 1 | 2 | 3 | 4 | 5 | <input type="checkbox"/> n/a, insufficient experience for evaluation |
| 16. Provides anticipatory guidance and education to care providers regarding age-related development, physical and social needs, and strategies for health development and maintenance ^{2,3,4} | 1 | 2 | 3 | 4 | 5 | |

☐ n/a, insufficient experience for evaluation

17. Collaborates with the family and multidisciplinary health care team in discharge planning and ongoing management of infants in the primary care setting⁴

1 2 3 4 5

☐ n/a, insufficient experience for evaluation

Domain 2: Knowledge of Practice- Synthesizes established and evolving scientific knowledge from diverse sources and contributes to the generation, translation, and dissemination of health care knowledge and practices.¹

18. Identifies potential areas for nursing research, quality improvement, or evidence-based practice^{3,4}.

1 2 3 4 5

☐ n/a, insufficient experience for evaluation

19. Applies current scientific knowledge to initiate change and improve care for newborns/infants and their families.⁴

1 2 3 4 5

☐ n/a, insufficient experience for evaluation

Domain 3: Practice-Based Learning & Improvement- Demonstrates the ability to investigate and evaluate one's care of patients, appraise and assimilate emerging scientific evidence, and continuously improve patient care based on constant self-evaluation and life-long learning.¹

20. Demonstrates accountability for the quality of health care and patient safety for the patient^{2,3,4}

1 2 3 4 5

☐ n/a, insufficient experience for evaluation

21. Advocates for health care access and parity for infants and families^{3,4}

1 2 3 4 5

☐ n/a, insufficient experience for evaluation

22. Participates in self-and peer-evaluation to improve the quality of care provided to infants and families⁴

1 2 3 4 5

☐ n/a, insufficient experience for evaluation

Domain 4: Interpersonal and Communication Skills- Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, the public, and health professionals; and promote therapeutic relationships with patients across a broad range of cultural and socioeconomic backgrounds¹

23. Documents complete and concise communication with family members regarding the infant's health care status and needs^{3,4}

1 2 3 4 5

☐ n/a, insufficient experience for evaluation

| | | | | | |
|---|---|---|---|---|---|
| | | | | | |
| 24. Recognizes and respects the effects of psychosocial, cultural, and spiritual variables that may affect health care ³ | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |
| 25. Assesses the educational needs of the family, including coping skills and resources, and develops an appropriate plan of care. ³ | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |
| 26. Competency: Provides anticipatory guidance to patients and families regarding age-related development, physical and social needs, and strategies for health development and maintenance. ³ | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |
| Domain 5: Professionalism- Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.¹ | | | | | |
| 27. Articulates knowledge of public health policies affecting the advanced practice nursing care of infants, newborns, and their families. ^{3,4} | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |
| 28. Incorporates professional and legal standards of care into practice, including creation and evaluation of neonatal nurse practitioner protocols ^{3,4} | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |
| 29. Participates in the ethical decision-making process in collaboration with families and other health care professionals ^{3,4} | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |
| Domain 6: Systems-Based Practice- Demonstrates organizational and systems leadership to improve healthcare outcomes. ¹ | | | | | |
| 30. Participates in the systematic review of patient records, protocols, current guidelines, treatment plans, and outcomes to determine the effectiveness in meeting established standards of care ³ | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |
| 31. Participates as a member of an interdisciplinary team in the continuous quality improvement process for the care of infants and families ^{2,4} | | | | | |
| | 1 | 2 | 3 | 4 | 5 |
| <input type="checkbox"/> n/a, insufficient experience for evaluation | | | | | |

| | | | | | |
|---|--|--|--|--|--|
| | | | | | |
| Domain 7: Interprofessional Collaboration- Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.¹ | | | | | |
| 32. Establishes a collaborative relationship with family and other health care colleagues ^{3,4} | | | | | |
| <div style="text-align: right;"> 1 2 3 4 5 <input type="checkbox"/> n/a, insufficient experience for evaluation </div> | | | | | |
| 33. Consults with and refers to other healthcare providers and/or community resources based on patient and family needs ^{2,3,4} | | | | | |
| <div style="text-align: right;"> 1 2 3 4 5 <input type="checkbox"/> n/a, insufficient experience for evaluation </div> | | | | | |
| Domain 8: Personal and Professional Development- Demonstrates the qualities required to sustain lifelong personal and professional growth¹ | | | | | |
| 34. Operationalizes the role of the neonatal nurse practitioner to the family, other healthcare professionals, and the community ^{3,4} | | | | | |
| <div style="text-align: right;"> 1 2 3 4 5 <input type="checkbox"/> n/a, insufficient experience for evaluation </div> | | | | | |
| 35.Competency: Precepts, mentors, and supports other nurses and students of nursing in achieving excellence in nursing practice ² | | | | | |
| <div style="text-align: right;"> 1 2 3 4 5 <input type="checkbox"/> n/a, insufficient experience for evaluation </div> | | | | | |
| 36.Competency: Participates in self-evaluation, professional organizations, and/or continuing education activities to improve the care provided to infants and families. ^{2,4} | | | | | |
| <div style="text-align: right;"> 1 2 3 4 5 <input type="checkbox"/> n/a, insufficient experience for evaluation </div> | | | | | |

Comments:

Student Signature

Date

Preceptor Signature

Date

Faculty Signature

Date

References:

1. Common Advanced Practice Registered Nurse Doctoral-Level Competencies. Published online October 2017. Accessed May 8, 2020. <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/common-aprn-doctoral-competite.pdf>
2. Greene C, Bodin MB, LoSasso D, et al. Competencies & Orientation Toolkit for Neonatal Nurse Practitioners, 2nd Edition. Published online 2014. Accessed May 7, 2020. <http://apps.nann.org/store/product-details?productId=9876350>
3. UTHSC CON Generic Eval for all Concentrations. Published October 2018.

4. NNP Student Evaluation Tool. Published online 2020 2019. Accessed May 8, 2020. <https://www.uthsc.edu/nursing/dnp/documents/nnp-student-faculty-preceptor-manual.pdf>

Neonatal Nurse Practitioner Student Evaluation of Clinical Site and Preceptor

Student name: _____ Course number: _____

Clinical Site: _____

Term/ Year: _____

1 – almost never 2 – rarely 3- sometimes 4 – usually 5 – almost always

| INVOLVEMENT/RECEPTIVITY/COMPETENCE | 1 | 2 | 3 | 4 | 5 |
|---|----------|----------|----------|----------|----------|
| 01. Respects students as an essential individual in the healthcare team. | | | | | |
| 02. Assists students when problem arises | | | | | |
| 03. Allows adequate time to accomplish a task | | | | | |
| 04. Involves student in formulating plan and decision making | | | | | |
| 05. Remains calm, poised in clinical situation | | | | | |
| 06. Relates didactic knowledge to clinical practice | | | | | |
| TEACHING PRACTICES | 1 | 2 | 3 | 4 | 5 |
| 07. Demonstrates flexibility to improve learning | | | | | |
| 08. Assists student in identifying problems | | | | | |
| 09. Demonstrates new procedures | | | | | |
| 10. Leads student through decision making rather than giving own impressions. | | | | | |
| 11. Encourages questions and discussions regarding alternative management. | | | | | |
| 12. Allows appropriate documentation. | | | | | |
| 13. Considers student's limits according to the level of experience. | | | | | |
| 14. Encourages the student to assume increasing responsibility during clinical rotation. | | | | | |
| 15. Student evaluations are objective and shared with students in a positive, confidential manner | | | | | |
| CLINICAL SITE | 1 | 2 | 3 | 4 | 5 |
| 01. Do clinical experiences correlate with course outcomes? | | | | | |
| 02. Do students have adequate (census, acuity) learning experiences? | | | | | |
| 03. Do students have adequate role models/preceptors? | | | | | |
| 04. Are staff receptive to students? | | | | | |

COMMENTS:

Student Signature

Date