



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER®

COLLEGE OF NURSING



**DOCTOR OF NURSING PRACTICE & POST-GRADUATE
APRN CERTIFICATE PROGRAMS**

**STUDENT/PRECEPTOR MANUAL FOR
PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER**

2025-2026

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TO: Psychiatric-Mental Health Nurse Practitioner (PMH) Students, Preceptors, and Clinical Faculty

FROM: Pat Jones-Purdy, DNP, APRN, PMHNP-BC
PMH Concentration Coordinator

The University of Tennessee Health Science Center College of Nursing (UTHSC CON) Preceptor Guide contains documents establishing the Student-Preceptor-College relationship for a specified period of time. This relationship offers students the opportunity to practice their newly acquired skills under the guidance of expert professionals. Every student is responsible for collaborating with the clinical faculty to create the best possible clinical experience by negotiating an agreement that aligns with the course requirements. The student must initiate the agreement through discussion with the preceptor and consultation with the Course Coordinator/Clinical Faculty.

The Student-Preceptor-Faculty Agreement must be signed **BEFORE** clinical experiences can start. Generally, the student should plan to complete clinical course requirements concurrently with the associated didactic course. Concurrently means that students should not plan to complete all of their clinical hours in a block of time, either at the beginning or end of the term. Rather, the clinical hours should be distributed equally throughout the term so that content covered in the didactic course is practiced concurrently in the laboratory setting. Students should not wait until the middle or end of the semester to begin their clinical hours unless they have received prior approval from their instructors. Students must discuss alternative arrangements with their clinical faculty if they are unable to start their clinical course at the beginning of the term.

The UTHSC CON Preceptor Guide is constantly under review. The content contained in this version should be used for students enrolled in any graduate clinical course during the time period covered by the Guide.

Clinical Preceptors/Supervision Guidelines

To: Doctor of Nursing Practice Psychiatric Mental Health Clinical Preceptors and Students
From: Pat Purdy-Jones, DNP, APRN, PMHNP-BC, PMH Concentration Coordinator
Department of Advanced Practice & Doctoral Studies

It is the intent of this document to provide information and structure to the important practice of supervision/precepting in the education and training of Advanced Practice Registered Nurses-Psychiatric Mental Health (APRN-PMH). The discipline of nursing has a strong history of clinical precepting of students in clinical settings. The APRN-PMH student will also receive supervision in a clinical setting from a non-nursing professional in the other core mental health disciplines: psychiatry, psychology, or social work. Although supervision has been a part of the clinical experience for all counseling and therapy disciplines, systematic efforts to standardize this aspect of the student's educational process have only recently emerged. For the purpose of this document and keeping with the language of the mental health disciplines, precepting will be referred to as supervision.

Students in our program will be eligible to sit for a specific certification exam through the American Nurses Credentialing Center once all course outcomes are met and degrees obtained. The description: The Psychiatric Mental Health Nurse Practitioner (PMHNP) is a registered nurse prepared in a graduate-level psychiatric & mental health nurse practitioner program to diagnose and manage psychiatric & mental health disorders across the lifespan. This program prepares the PMHNP in medication management, psychotherapeutic interventions, participation in and use of research, development and implementation of health policy, leadership, education, case management, and consultation.

In addition, our graduate students are eligible for certification as psychiatric clinical nurse specialists, another advanced practice role in nursing. Clinical experiences facilitate learning these roles. Two functions that pertain to the supervisory process follow:

Clinical Supervision/Consultation- This is an educative and consultation process that is experienced as a student. Students are the consultees, and the preceptor and faculty members are the supervisors or consultants. Through your clinical experiences in this function, you will be qualified to provide clinical supervision to other mental health providers. A few factors that are used in clinical supervision are knowledge of human behavior and symptomatology and understanding of the variation of human behavior of which pathology is expressed.

Consultation/Liaison- Although this function is broader than the therapist role, it is the other function that is applicable to the supervisory process. The standards describe this function as ranging from mental health promotion to illness rehabilitation. The student is to consult with the preceptor and/or faculty with a focus on the emotional, spiritual, developmental cognitive and behavioral responses of patients who seek help through counseling/therapy.

We will define supervision, recommend some strategies for supervision, and define the areas of responsibility for the APRN-PMH clinical doctorate graduate student, the supervisor, the agency, and the College of Nursing Psychiatric Mental Health nursing faculty. There has been a notable increase in attention to this area of practice in books and journal articles over the past decade. Fair

and ethical dilemmas in supervision have demanded such attention. We strive to formalize a process that for most of us as therapist/graduate students was very informal and would not meet today's supervision standards.

Although there are many definitions of clinical supervision, the following captures the broad nature of this process. Supervision is a distinct professional activity in which education and training aimed at developing science-informed practice are facilitated through a collaborative interpersonal process. It involves observation, evaluation, feedback, the facilitation of supervisee self-assessment, and the acquisition of knowledge and skills by instruction, modeling, and mutual problem solving. In addition, by building on the recognition of the strengths and talents of the supervisee, supervision encourages self-efficacy. Supervision ensures that clinical consultation is conducted in a competent way ethical standards, legal prescriptions, and professional practices are used to promote and protect the welfare of the client, profession and society at large. (Falender & Shafranske, 2004)

These guidelines are meant to facilitate communication in supervision between the student, supervisor and faculty; please forward concerns and comments. Ultimately, they serve to protect the needs of current and future clients who seek our care.

PMH Faculty

Pat Jones-Purdy, DNP, APRN, PMHNP-BC,
Assistant Professor, PMH Concentration Coordinator

Office phone number.....901-448-2195
Email addresspjonespu@uthsc.edu

Arabella Bruce, DNP, PMHNP-BC, FNP-BC
Assistant Professor

Office phone.....901-448-TBD
Email.....amitch21@uthsc.edu

JaQuay Brister, DNP, APRN, PMHNP-BC
Assistant Professor

Office phone.....901-448-TBD
Email.....mvj231@uthsc.edu

DNP Program Administration

Charleen McNeill, PhD, RN
Professor/Executive Associate Dean of Academic Affairs

Office phone number..... (901) 448-1320
Email address.....cmcneil8@uthsc.edu

Bobby Bellflower, DNSc, NNP-BC, FAANP, FNAP, FAAN
Professor and Assistant Dean of Graduate Programs

Office phone number..... (901) 448-4153
Cell phone..... (901) 921-7621
E-mail address bbellflo@uthsc.edu

DNP Program Staff

Brandi Asbill, BSN, RN
Clinical Coordinator DNP Program

Office phone number..... (901) 448-9509
E-mail address.....rgeorg13@uthsc.edu

Trimika Bowdre, PhD, MPH
DNP Program Coordinator

Office phone number (901) 448-6099
E-mail address..... tbowdre@uthsc.edu

General Expectations for PMHNP Students

Note: The information below is a summary of the student's responsibilities. The DNP and Post-Graduate APRN Certificate Handbook is the official reference for students regarding clinical requirements and contains additional important information.

Expectations for DNP Students

The general expectations for students in the College of Nursing are contained in the UTHSC Bulletin and *CenterScope* located at: <http://catalog.uthsc.edu/>. This document focuses on specific guidelines and issues for the clinical aspects of the AG-ACNP concentration.

AG-ACNP students work with several faculty, staff, and preceptors as a part of their clinical education. 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.

With the assistance of the Clinical Coordinator, your faculty will identify and assign your clinical site and preceptor. All clinical sites and preceptors must be approved, and proper documents must be executed between them, the university, and the faculty before you begin to see patients at the site.

Clinical Placement Process

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

The clinical experience onboarding process consists of the following steps:

1. Students must upload immunization records, physical exam forms, annual background checks, and drug screens to Verified Credentials. Please use the links below for guidance on setting up your Verified Credentials account and to access the appropriate tracking codes. The Certification of Physical Exam Form is also linked for your convenience.
 - [UTHSC Student Immunization Requirements](#)
 - [Instructions for setting up a QualifiedFirst \(QF\)/Verified Credentials \(VC\) account](#)
 - [Link to QF/VC codes and website](#)
 - [Certification of Physical Exam Form](#)
2. Project Concert is the software platform used by the college for tracking all clinical placements. You are required to upload all clinical placement documentation to Project Concert before clinical approval.

URL - <https://secure.projectconcert.com/uthsc/direct>

The following items are required for all clinical placements:

- **Nursing License:** Upload a copy of your nursing license into the **Documents** section of your student account. A copy must always remain on file, and your license must be verified for clinical approval.
 - **Contact Information Tab:** Ensure your contact details are accurate and up-to-date.
 - **Certifications:** Upload current certifications (e.g., BLS, ACLS, PALS, NRP, Fetal Monitoring) to Project Concert. *BLS is required for all concentrations.*
 - **Health Insurance Coverage:** Upload proof of current health insurance. Some clinical sites require this for onboarding or in case of an audit.
 - **Photo:** Upload a photo of yourself to Project Concert.
 - **Copy of Driver's License:** a copy of the front and back is required.
3. The faculty will identify clinical sites and preceptors. Again, you may be asked to assist with identifying appropriate clinical sites and preceptors outside of the Memphis Metropolitan area.
 4. Faculty will confirm whether a current contract is on file. If no contract is found, the DNP Clinical Coordinator will instruct the student to complete the DNP Required Information Form to initiate the contract process.
 5. If you have a specific request for a clinical site or preceptor, we would be happy to consider it. To proceed, follow the process below:
 - Submit the preceptor's CV, license, and board certifications to your faculty and the DNP Clinical Coordinator.
 - The DNP Clinical Coordinator will verify whether a contract is on file.
 - If no contract exists, you must complete and submit the DNP Required
 - Information Contract Form to the DNP Clinical Coordinator. This process can take up to 6 to 12 months, so please plan accordingly.
 6. If a current contract exists and the preceptor agrees to precept the student, faculty will notify the DNP Clinical Coordinator to begin the student onboarding process at the assigned facility.
 - Every clinical site has a unique onboarding process.
 - Many of our clinical sites (both inpatient and outpatient) require onboarding through a placement system.
 - You are responsible for completing student-specific onboarding, and the Clinical Placement Coordinator will complete the remainder.
 - **Please adhere to all deadlines for timely placements.** Contact the DNP Clinical Coordinator regarding questions related to deadlines.
- Once all requirements are completed and the clinical site approves your placement, they will notify the DNP Clinical Coordinator through an automated system. This process may take up to 8 weeks or longer.
 - a. The DNP Clinical Coordinator will update your clinical placement status in Project Concert, triggering an automated e-mail to the faculty, student, and preceptor
 - b. You will receive an email from both the DNP Clinical Coordinator and your course faculty. You are not cleared for clinicals until you have received **both emails**. Beginning clinicals without both written clearances may violate site contracts.

7. Once you are at your clinical site, notify the DNP Clinical Coordinator, your faculty, or the Assistant Dean of Graduate Programs if you encounter issues.
 - a. **Do not** contact the clinical site/facility placement coordinator directly. Direct contact from the student to the clinical site/facility may jeopardize our contract.
 - b. We will coordinate with the facility to resolve any issues.

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

Student Responsibilities for Clinical Experiences

As the student, you are responsible for the following at the beginning of your clinical rotation.

- Review course outcomes.
 - Your faculty will communicate with the preceptor about what is expected for the course. You are responsible for understanding what you are to learn and how your learning progresses throughout the course.
- Once you have been assigned to your clinical site, you should contact the preceptors. Some preceptors prefer to interview you before agreeing to work with you, while others do not. If you have an interview, you should use it to your advantage.
- Discuss with the preceptor your learner 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 CV.
- During your experience, address any concerns or questions regarding the clinical site or preceptor to the faculty as soon as possible to enable timely remediation.

Scheduling of Clinical Experiences

- Clinical experience hours are scheduled at the convenience and availability of the preceptor.
 - Please don't expect preceptors to conform to a schedule that meets your employment or personal needs.
 - You and the preceptor must agree on the days and times you will be in the clinical agency before beginning.
- Your schedule must be entered in Project Concert under the Scheduling tab before the start of your rotation with the provider. This can be modified if needed during the semester if your schedule changes.

[Student Schedule PDF Instructions](#)

[Student Schedule Video Instructions](#)

[Student Video Instructions](#)

Schedule a time to review course evaluations with the preceptor to review your performance and receive feedback. Professional Behavior

- You are a representative of the UTHSC College of Nursing; present yourself professionally.
- Demonstrate respect for preceptors, faculty, staff, patients, and their families.

- You should express your appreciation to your preceptors for their assistance.
- Please arrive at least 15-20 minutes before the designated start time.
- You should come to the clinical setting prepared to fully engage in patient care.
- Avoid unnecessary distractions, such as cellphones and computers not used for clinical purposes.
- Be inquisitive and ask questions.
- Do not do your homework for other courses during your clinical experience.

Professional Dress

- You should be professionally dressed and wear your UTHSC Student ID.
- Please refer to the [DNP Handbook for additional guidance on professional attire.](#)

Preparation for Clinical Experiences

- Please be prepared, including credentials, attire, location, and timing, before the first day at the clinical agency.
- As part of preparing for your clinical experience, feel free to bring electronic clinical resources that may aid you in clinical care.
- Complete any readings or other learning assignments provided by your preceptor prior to your clinical experience.
- Discuss questions about computer access, the procedure for preceptor cosigning documents, including your time logs, eating and parking arrangements, and communication with other disciplines.
- Please clarify the preferred method to notify the preceptor in the event of late arrival or absence. Learn something about the preceptor to acknowledge the preceptor's background and broaden your educational experience before beginning your experience.
- Fatigue Issues: Students are expected to arrive at clinical sites well-rested and fit for duty, as fatigue and sleep deprivation can significantly impair clinical performance and patient safety. Students should not report for a day clinical shift following an overnight work shift and should aim for at least 7–8 hours of sleep per night. Prioritizing adequate rest is crucial for maintaining personal well-being, fulfilling professional responsibilities, and ensuring safe patient care.

Attendance

- Attendance at negotiated times and days with the preceptor is required.
- 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.
- Make every effort to notify your faculty and preceptors of late arrivals or absences as early as

possible.

- 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- [Inclement Weather or Emergency Response](#)
 - Unapproved absences for assigned clinical experiences are a violation of professional behavior and may result in disciplinary action.

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](#)

Expectations of Preceptors

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 important role:

- Orient to the preceptor role each semester through the review and acknowledgement of the updated Student-Preceptor-Faculty manual.
- Recommend completing the free Preceptor Training in CE Now
- 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 and regular communication with the clinical faculty or program coordinator regarding student progress and 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. Please refer back to the DNP Handbook for additional information. [DNP Handbook](#)
- Mentor and serve as a role model for the student.
- Demonstrate the direct use of accepted clinical guidelines and standards of care.

Student 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 on a regular basis, as required by faculty.
- Provide student evaluations using the appropriate Clinical Performance Evaluation forms.
- The student will release the appropriate evaluations via Project Concert at Mid-Term and/or at the end of the semester.
- Understand the legal liability of the preceptor's role.

Preceptors' Expectations of Students

- 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.

Preceptors' Expectation of 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 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.

Preceptors Who Wish to Be Appointed Volunteer Faculty

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.

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

- Curriculum vitae or resume
- Copy of current license
- Two (2) letters of recommendation from individuals who can speak about your professional qualifications
- Authorize a background check

Preceptors who wish to be recommended as Volunteer Faculty should notify a faculty member who will facilitate this process. Volunteer faculty are also eligible for:

- Access to the UTHSC Library, including online journals, articles, etc. (including UptoDate)
- Free evening and weekend UTHSC campus parking

- Discounted fees at the UTHSC Dental Clinic

Expectations of Faculty Prior to Clinical Placement

Before 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 appropriateness of 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 effective 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 TB skin tests 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.

Mentor and Role Model for Students

Mentoring and role modeling are important in the socialization process of students. Observing the preceptor's interactions with other professionals, staff, and patients will enable the student to assume more readily the new role.

The Core competencies are reflected in the 7 domains identified by NONPF:

- Management of patient health/ illness status
- The nurse-patient relationship
- The teaching-coaching function
- Professional role
- Managing and negotiating health care delivery systems
- Monitoring and ensuring the quality of health care practices
- Cultural competence

In facilitating the student's learning experience, the preceptor organizes clinical learning within a time-constrained environment. The preceptor communicates with the office staff about the scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with a minimal disruption of the office routine.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the role. Immediate timely and constructive feedback, whenever possible, enhances this learning process.

Teach

Preceptors are responsible for helping students to refine skills related to patient care within the context of a caring relationship. In all areas of teaching, the preceptor is reminded of the importance of letting the student practice newly learned skills and build confidence in his/her abilities. Preceptors can gain confidence in the student's abilities through observation, listening to case presentations, and reviewing their documentation as well as listening to feedback provided by patients and other clinical personnel. Student self-confidence is enhanced by preceptor feedback clarifying and reinforcing how the student is meeting learning goals and objectives.

Honing Assessment Skills

Assessment includes cognitive and psychomotor components. The student needs to abstract and apply the sciences while using the psychomotor physical assessment skills in learning clinical decision making. The preceptor is an invaluable resource for evaluating the student's progress towards achieving greater expertise in problem-solving and clinical decision making.

The preceptor's initial role often involves assessing the student's level of knowledge of the underlying basis for assessment. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor

evaluates a) the student's psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and d) the proposed management plan.

Guiding students in gathering reliable assessment data involves observing the student while eliciting a history and performing a physical exam, followed by validating the assessment. The student presents findings to the preceptor, who evaluates the student's interpretation of the assessment data. Incorrect information is corrected by discussion and re-examining the patient as appropriate. Providing positive feedback reinforces students' skills and confidence in successful clinical learning. Students need time to practice their skills and test out their abilities to gain confidence. Obtaining a patient's permission is always requested prior to a student beginning the encounter. The patient should be assured that the preceptor will also see them following the student's interview and exam.

Students should identify their individual learning needs in the area of assessment and welcome the preceptor's critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique or interpretation of patient assessment data. Often refining an incorrect psychomotor skill/technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. Comparison of assessment data with findings from previously encountered patients can often reinforce or clarify the interpretation of the assessment. Interpretation of laboratory data is an assessment skill requiring the student to abstract from the sciences and identify links to the patient's history, presenting complaint, and physical exam.

The following are examples of effective teaching strategies for the preceptor:

- Demonstrate correct methods to the student with a return demonstration by the student.
- Validate or clarify interpretation of assessment data.
- Refer the student to resources such as physical assessment texts or video tapes for the purpose of reviewing and clarifying the physical assessment content in which the student is weak.
- Set aside time at the end of each clinical session to review the student's overall performance. Offer direction for future learning, adding a progressive dimension to the teaching/learning experience.
- Perform additional self-assessments and critiques through tape recordings of standardized patient history taking with student colleagues.
- Practice in the college skills lab with or without faculty supervision.

As students progress and gain confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in assessment. Students need to be apprised of the expectation for evidence of progressive learning and mastery of content and psychomotor skills, recognizing they are learners. They should anticipate progressing along the continuum from novice to proficient. Student resistance to accepting preceptor evaluations and suggestions and failure to demonstrate progressive learning should be reflected in the formative and summative evaluation of the student's performance and communicated to the student's faculty member in a timely manner.

Integration & application of the sciences

All stages of the patient care encounter require that the student be able to integrate and apply knowledge from the nursing, social, and health related sciences to the assessment and management plan. Development of a nurse-patient relationship draws on the strengths of the student's communication, interpersonal skills, and experience as a professional nurse.

Application of the nursing and social sciences is important in establishing and promoting the nurse-patient relationship. An example is the student's understanding of cultural differences and their impact on establishing a nurse-patient relationship. Using examples of nursing, scientific, and social theories and exemplars of related research is an important aspect of teaching students about evidenced based practice.

The student is to draw on applied scientific knowledge and interpersonal skills to effectively elicit and interpret subjective and objective data obtained through the history, physical, and diagnostics. Interpretation of data, formulation of a diagnosis, and development of a plan of care provide opportunities for students to integrate patient encounters and apply scientific knowledge. The corresponding learning objective focuses on the student's ability to analyze the data obtained and provide a rationale for the differential diagnosis and management plan. A strategy to stimulate critical thinking is to have the student present the patient case to the preceptor and provide scientific or theory-based rationale for problem solving. In addition, at the end of the clinical day, the student should research and reflect on patient related topics encountered that day. Time should be taken to record encounters in a clinical log and review them as necessary with faculty and other students in seminar. This strategy will enable students to gain confidence in and reinforce their knowledge base.

Preceptors who have knowledge about the structure and content of the curriculum, as well as the student's level of development within the program, are better able to anticipate learning experiences that draw on the course content and application of course content. It is an expectation the student be responsible for the application of course-based knowledge. Preceptors are encouraged to ask students to explain the physiological theory behind disease processes and management when encountering patients with specific clinical problems, e.g. Diabetes Type II, COPD, etc.

Clinical Decision Making

The clinical decision-making process reflects student ability to use critical thinking skills. Critical thinking is defined as the intellectually disciplined process of conceptualizing, analyzing, synthesizing, evaluating and applying information gathered from, or generated by, observation, experience, reflection, reasoning or communication. The student should come to know and understand the process of clinical decision making used by the expert preceptor as a method of learning clinical reasoning.

As an expert clinical practitioner, the preceptor has mastered a variety of heuristics or rules that contribute to the process of clinical decision making. Teaching the student how to use heuristics is an important process in developing clinical proficiency. Students should be asked to:

- Reflect and describe the process of identifying a specific diagnosis or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule.
- Use accepted guidelines and standards of care.
- Critically analyze the guideline/standard of care and determine how it should be

implemented or adapted to the individual patient scenario.

- Reflect on previous client encounters and compare and contrast components of the assessment. The student should be able to respond cogently to the following questions:
 1. How might this case be similar or different?
 2. What epidemiological principles or clinical research are known that might guide cost-effective or evidence-based care? Use clinical scenarios to elicit the integration of the sciences with the patient data. For example,
 - a. Would or would it not be appropriate to prescribe penicillin to a patient with exudative tonsillitis and swollen anterior cervical glands?
 - b. How does the presence of pharyngeal GABH in the past medical history influence your decision?
 - c. How might the presence of streptococcal pharyngitis in other family members influence your decision?
 - d. Should only penicillin-based antibiotics be used to treat positive throat cultures?
 - e. How accurate or reliable are rapid strep tests? What does a negative rapid strep test mean?

Similar teaching strategies can be applied to patients with other clinical problems and symptoms, e.g. hypertension, urinary tract symptoms, chest pain, and symptoms of confusion in elders, to name a few. The process of teaching clinical decision-making guides the student in learning heuristics the preceptor may use in clinical practice. In essence, teaching clinical reasoning teaches students the process of learning to apply knowledge in practice.

Mastery of Documentation

Preceptors can serve as excellent role models for students as they learn to master documentation. Accurate and complete documentation of pertinent information is essential to provide quality health care, while fulfilling legal and reimbursement requirements.

The clinical practicum provides students with the opportunity to master documentation of real-life patients in their health records. In “learning by doing,” the preceptor mentors the student in refining the patient’s history, exam; decision making; and level of service provided. The preceptor should review the history and physical prior to the student’s entry on the patient’s health record. Most preceptors request the student write the note on a separate piece of paper for the review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined the student’s documentation has progressed to a level requiring little or no correction, the student is usually permitted to enter directly into the health record. Preceptors must sign all students’ notes whether hand-written, dictated, or electronic.

The mastery of documentation includes:

- Clear written communication. Communication is the use of words and behaviors to construct, send, and interpret messages. Early in the curriculum faculty have opportunities to teach students the legal tenets for accurate documentation. Assessing student documentation should be an ongoing process, taking place throughout the student’s program of study.
- Familiarity with acceptable formats for documenting encounters, detailing the comprehensive history and physical, chronic illness, and episodic complaint.

- Use of only accepted medical abbreviations and anatomical terms, and descriptors. Prior to beginning the first clinical practicum the student should have a sound knowledge of both the normal and variations of normal physical assessment findings and their appropriate descriptors.
- The recording of only pertinent findings (both negatives and positives) from the history and physical exam is expected.
- Reading the notes of the preceptor and other health care providers. The patient's health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student's clinical experience. As students review the notes documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation.
- Note-taking while in the room with the patient. The notes can then be organized into a rough draft including all of the components of the patient's comprehensive, chronic care, or episodic illness history and physical. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization.
- Identification of subjective and objective data. Early in the process of learning to document data in the history and physical, (H&P) students often make errors in documenting subjective and objective data. A typical example will occur when the student documents the characteristics of a surgical scar in the physical exam, then notes the patient's comment regarding the etiology of the scar. In this example, clarification must be made that the etiology (surgery) of the scar is subjective data and should be recorded in the history. Faculty should frequently review samples of students' documentation of histories and physicals. Feedback provides a valuable tool in enabling the student to master the documentation process.
- Avoidance of check-off lists for documentation. Students need to learn the process of documentation reflecting accurate use of acceptable descriptors and serving as a legal record of what occurred in the encounter with the patient.
- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may be dependent upon the practice setting. Documenting preferences should be communicated to the student early in the clinical orientation and time allowed for students to learn and adapt to agency format.

If a student demonstrates a weakness in his/her documentation and does not demonstrate progress, it is important to communicate concerns to a faculty member during the clinical rotation site visit (or prior to this visit if cause for alarm). Communication of student deficits can be addressed collaboratively by the preceptor, the student, and the faculty member in a positive manner.

Specific to each agency will be the method and forms used for documentation. Agencies will identify the data required for different levels of care and third party reimbursement. The preceptor is an invaluable asset in enabling the student to learn the process of integrating data required for reimbursement in their development of patient care records. The preceptor reviews the student's documentation for accuracy and completeness, and cosigns the note as a validation of agreement with the student documentation.

The documentation required for fulfillment of reimbursement criteria for different levels of care

is covered in the NP curriculum. Students who lack this knowledge should be directed to resources in the clinical arena that will provide the substantive content to assist the student in learning this content area.

Honing Interpersonal Skills

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns.

Situations arise within the clinical area providing students with opportunities to hone their interpersonal skills:

- Student dialogue with patients concerning the reason for the visit, formulating a plan of care, and teaching patients and family members about necessary care;
- When collaborating with colleagues in the clinical setting;
- Preceptor observation and feedback;
- Self-reflection and documentation of encounters in a log or diary;
- Feedback from patients and colleagues;
- Inappropriate interpersonal communications should be brought to the attention of the student as soon as possible after their occurrence.

Mature students will soon recognize the importance of fine tuning their interpersonal skills to become successful practitioners. Inappropriate interpersonal communications should be brought to the attention of the student as soon as possible after their occurrence.

Basic interpersonal skills students should demonstrate include

- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question.
- Eliciting a history in an unhurried manner before beginning an exam.
- Soliciting the patient's opinions, concerns about their condition, and how they would like to participate in their plan of care.
- Verifying with the patient your understanding of their complaint, treatment plan, or opinion by rephrasing their description, and seeing validation, clarification, or elaboration, as needed.
- Showing empathy: genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems.
- Providing the patient with medically necessary information in a sensitive manner with attention to the impact the information may have on the patient's lifestyle, financial resources, or self-care ability.
- Providing culturally congruent care while being sensitive to the patient's ethnicity, traditions, and beliefs.

Negative interpersonal skills that merit student reflection and refinement

- Failing to introduce oneself or your colleague.
- Proceeding in a hurried manner.
- Failing to communicate an understanding of the patient's past medical history.

- Failing to ask the patient's permission to have another provider come in the room.
- Showing disagreement with patients, colleagues or showing lack of understanding or being critical of another's culture, sexual preferences, social habits, or lifestyle.
- Showing disagreement with patients, colleagues or showing lack of understanding or being critical of another's culture, sexual preferences, social habits, or lifestyle.
- Asking closed-ended questions about medical conditions, treatments, and lifestyle without attention to the patient's understanding or opinion.
- Failing to speak clearly or in simple language understood by the patient or dependent care provider.
- Lack of sensitivity to patient confidentiality and privacy issues.
- Failing to demonstrate patience and understanding towards a patient's culture, age, or other life circumstances.
- Failure to wash hands prior to the physical exam.
- Discussing confidential information about the patient with others who are not involved in caring for the patient.

It is important that students be notified of any weakness in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to reduce and refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their faculty for counseling and suggested learning methods. Faculty may provide the student with resources such as reading assignments, review of videos that demonstrate the use of interpersonal skills, or role-playing techniques with colleagues to increase awareness of effective techniques in interpersonal communication.

Patient Education

Students are expected to:

- Integrate patient education in all aspects of care. Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, as well as issues surrounding health maintenance and episodic self-care.
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan appropriate to the learning needs of the patient and/or family members.
- Take into consideration timing and level of patient education, identifying “teachable moments” as opportunities for patient and family learning.
- Determine the patient’s or family members’ ability to understand both verbal and written instructions in English and their own language.
- Document the patient education plan in the record and reinforce it with subsequent providers, whenever possible.
- Discuss the educational plan with the preceptor
- Be aware of resources that the agency has for educating patients such as a nutritionist, diabetic educator, or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interdisciplinary/interprofessional health care team can provide resources and links in the community to best meet the patient’s cultural and age-related characteristics for learning.

Most students find this aspect of care enjoyable. It also provides an opportunity for the preceptor to reinforce their skills in patient education and emphasize its importance in the role of providing direct care to patients as a NP.

Navigation of the Organizational System

Students need to learn how to navigate the health care system to fully function in their role. They can be guided through the organizational system during initial contacts with the interagency referral process and with processes related to managed care, home care, securing durable medical goods, and prescriptions.

As students progress through their NP program, they should demonstrate providing comprehensive care including interdisciplinary/interprofessional collaboration with other health care professionals. An agency policy and procedure manual should be available for students to consult as a resource to clarify issues with policy and legal implications. For example, a request for permission to drive is a common occurrence, and many agencies have liability issues with an impact on both the practitioner and patient. A student sees Mr. Smith, for example, who presents to clinic two months post coronary artery bypass surgery with the request that the NP sign a form indicating he can resume driving and is medically cleared to drive. This is a common scenario. Students should know how to maneuver the organizational structure to problem solve in a manner congruent with the agency/institution's policy and meet the patient's needs within these policies.

Students should be encouraged to be advocates for patients in all matters related to providing comprehensive care. Students' self confidence in decision making can be enhanced by providing feedback on their ability to successfully achieve patient care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces the student's development of NP role behaviors fostering quality health care practices, especially those likely to be implemented in future practice situations. A reference guide for commonly used community resources should be available to the student. Students demonstrate creativity in practice when they initiate referrals and team conferences and seek financial and social supports for patients/families which may not be readily available from the patient's primary source of care.

Integrating the role of the NP as a member of the interdisciplinary/interprofessional health care team

This skill is perhaps the most challenging for the preceptor to teach. Students can learn these skills by observing the preceptor in practice or through post conference discussion of difficult situations encountered during the clinical day.

Other methods include:

- Demonstrate collaborative management with other health care providers. This is an important method of teaching the student how to respect the knowledge and expertise of other disciplines/professions, and thereby earning respect for the NP's unique contribution to the health care team.
- Collaborate in the management of patients by providing role functions particular to the role of the NP
- Initiate team conferences to include all members of the health care team discussing and

developing a plan of care for a patient and/or family. Team discussion include questions of domestic violence, failed office appointments, end of life decisions, or patients' complex co-morbid illnesses and difficult social situations.

- Encourage students to present difficult and challenging cases to physicians or other NPs who are specialists in a particular area. Examples may include the cardiologist, oncologist, endocrinology NP, and/or certified nurse midwife.
- Facilitate the NP visibility as a member of the interdisciplinary/interprofessional team by portraying the image of the preceptor as a skilled clinical expert and valuable collaborative partner.
- Encourage students to take ownership for their diagnosis(es) and plans of care and be accountable to follow through with learning the results of laboratory tests, x-rays, and patient referrals/follow-ups.
- Encourage students to be creative and contribute to the smooth operation of the clinical setting. Students may contribute ideas to enhance the efficiency of operations. Their contributions support the visibility of their role and enhance their self-confidence as valuable contributors to the health care team. Students may choose to develop teaching materials or present teaching conferences to patients and/or their families to complement available resources in the clinical setting.

Communication with the Faculty

Preceptor and faculty member communication is encouraged and appreciated. Preceptors will be provided the best methods and times to reach the faculty member. Faculty phone numbers and e-mail addresses will be provided for easy access. Time will be scheduled during faculty site visits to allow time for the preceptor and faculty to discuss any concerns related to the student's performance or questions about the program or the role of the preceptor. Any preceptor/student conflicts with potential for an adverse effect on the clinical experience should be brought to faculty attention and discussed with the preceptor as soon as possible. Faculty will make an effort to maintain open lines of communication with the preceptor throughout the clinical experience.

Collaborate with Faculty on Problem/Conflict Management

Preceptors should collaborate with faculty when a conflict or problem related to the student is identified. Procedure for the management of a problem/conflict. Any problems related to the faculty role in the preceptorship experience should also be discussed between the faculty member and the preceptor. If the faculty and preceptor are unable to resolve their differences, a clear mechanism for further pursuit of the resolution should be referred to the DNP Program Director and be made clear in the preceptorship agreement or other appropriate document.

Understand the Legal Liability while Precepting Students

Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor would remain the primary care provider, be responsible for decisions related to patient care, and will continue to provide follow-up care.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis (es) and management plans with students prior to the discharge of the patient. Review by the preceptor must be

documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary that the preceptor co-signs all records in which the student has provided documentation. Third-party payers, government, and insurance companies cannot reimburse for care provided by the student.

Liability Insurance

Preceptors assume the same liability for their patients as other practitioners in clinical practice and also bear the additional responsibility of closely supervising the student.

Evaluation of Students

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation guidelines so that the expectations and responsibilities of both the preceptor and the student are congruent. The preceptor should provide both formative and summative evaluation. The summative student clinical evaluation form provided by the UTHSC CON should also be reviewed with the student at this time. Meeting with the student at the beginning of the clinical practicum also enables the student and preceptor to discuss the course and the student's clinical objectives. A student-preceptor-faculty agreement can be developed in which the student and preceptor discuss learning experiences to facilitate the student's successful achievement of the clinical and course objectives.

Two types of evaluation: Formative and summative evaluations

Formative evaluation is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas identified as weak and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and can be documented in anecdotal notes for the final evaluation.

Summative evaluation is the assessment of the student's performance at the end of the clinical practicum. The summative evaluation describes the student's performance, development, and improvement at the conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students often are not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student's knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations illustrating the comments written on the evaluation form are important to learning. Written comments are particularly valuable if the student needs remediation in a specific competency area, if the student is for any reason reviewed by the Progressions Committee, or if faculty members are asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the faculty by the deadline and method indicated. The student's self-evaluation also is important to incorporate during the preceptor/student evaluation discussions. Summative and formative evaluations provide the preceptor with the tools to identify and discuss

deficiencies that may warrant clinical failure. It is strongly recommended to inform faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process.

Preceptors should document anecdotal notes useful to develop the mid-semester and/or end of semester evaluation. Student strengths, as well as weaknesses, should be documented. In the event a student's behavior is unprofessional, or the student places the patient in danger (e.g. including medical errors), an anecdotal note should document the event and the course faculty must be contacted at the time the concern is identified. The course faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Faculty from the nursing program will provide preceptors with the appropriate evaluation tools before the start of the semester. The evaluation tools should be reviewed and clarified, and examples should be used to demonstrate different levels of student's abilities as reflected in their written evaluation. The preceptor should seek clarification about the evaluation process with the faculty member.

Outstanding Undergraduate and Graduate Preceptor Awards

Each year the College of Nursing acknowledges preceptors who make outstanding contributions to the clinical education of students. Preceptors are nominated by faculty and supported by individual students who have been taught by the outstanding clinical preceptor. The Award which consists of a plaque and \$100.00 is presented at the Awards Luncheon during Alumni Day activities.

Preceptor Resources

We have resources available ranging from articles to videos. We plan on having a portal on the website for preceptors and will notify you as soon as it is available. Please email Dr. Jones-Purdy at pjonespu@uthsc.edu or Dr. Bellflower at bbellflo@uthsc.edu

UTHSC CON Forms

Students are responsible for ensuring all evaluations are completed at the end of a course. The title of each form should assist students in determining who completes which form.

- The *Student-Preceptor-Faculty Agreement* is to be filled out and read by all parties concerned prior to beginning a preceptorship. The form is the student's responsibility. If the student has more than one preceptor, a form must be completed for each preceptor.
- The *Confirmation of Student-Preceptor-Faculty Agreement to Clinical Preceptorship* is to be filled out and signed by all parties concerned prior to beginning a preceptorship. It is the student's responsibility to complete the form and obtain the proper signatures. If the student has more than one preceptor, a form must be completed for each preceptor. The form is located on pages 1-3 under UTHSC CON Forms.
- The *DNP Contract/Preceptor Information Form* should be filled out for **new clinical practice sites**. It is located under UTHSC CON Forms.
- The *Faculty Evaluation of Clinical Site and Preceptor* form will be completed **by the clinical faculty** and is located under UTHSC CON Forms.
- The *Student Evaluation of Clinical Site and Preceptor* form will be completed **by the student** each semester. It is located under UTHSC CON Forms.
- The *Student Clinical Performance Evaluation* will be **completed by the preceptor** for every student each semester after each rotation. The form is the student's responsibility and is located under the UTHSC CON Forms pages.



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
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)

PMHNP Preceptor/Site Information Form

Date of Submission

Student Information (Required)

Student Name

Email Address

Student Phone Number

Please indicate the semester/year and course this

request is for: Semester/Year

Course

Focus of Rotation (choose all that apply):

☐ Family Practice
Health

☐ Women's

☐ Pediatric

☐ Neonatal

☐ Hospitalist

☐ ER

☐ Intensivist/ICU
E/M

☐ Psychiatric

☐ Psychiatric Therapy

☐ Other

Clinical Site Information **(Required)**

Name of Clinical Site

This must be the legal name of the clinic. Failure to provide the legal name will slow down a contract.

Name of Parent Agency (if site is owned or managed by a parent company)

Address

City

State Zip Code

Phone Number

Fax Number

Is this a NHSC Site (National Health Services Corps)?

☐ Yes

☐ No

Is this a HPSA Site (Health Professional Shortage Area)?

☐ Yes

☐ No

Is this a MAU/P Site (Medically Underserved Area/Population)?

☐ Yes

☐ No

Person Responsible for Contract Management at the Site or Parent Agency

Email Address

Phone Number

Fax Number

Preceptor Information (Required)

Preceptor Name

Phone Number

Email Address

Years of Experience

☐ DNP

☐ MSN

☐ MD

☐ DO

☐ PA

☐ LCSW

☐ Other

License Type, State, Number

Certification Type

☐ FNP

☐ ANP

☐ AG-ACNP

☐ ACNP

☐ NNP

☐ PNP

☐ PMHNP

☐☐

☐ Other

Certifying
Body

☐ AANP

☐ ANCC

☐ PNB

☐ NCC

☐ Other

Client Information (Required)

Type/Demographics of Patients seen at this site:

Common Diagnosis/Disease Processes seen at this site:

Notes/Additional Information

Concentration Specific

Faculty Evaluation of Clinical Site and Preceptor

Student: _____ Preceptor _____

Name of Course _____ Date of Evaluation _____

Clinical Site _____ Year/Term _____

Directions: Mark the rating that best represents the evaluation of the site and preceptor.

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

INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situations					
6. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. 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 level of experience.					
14. Encourages 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
16. Clinical experiences correlate with course outcomes					
17. Students have adequate (census/acuity) learning experiences					
18. Students have adequate role models/preceptors					
19. Staff are receptive to students					

COMMENTS: _____

Recommend for continued use? **YES** **NO** _____

Concentration Specific

Student Evaluation of Clinical Site and Preceptor

Student: _____ Preceptor: _____

Name of Course: _____ Date of Evaluation: _____

Clinical Site: _____ Year/Term: _____

Directions: Mark the rating that best represents the evaluation of the site and preceptor.

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

INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situations					
6. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. 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 level of experience.					
14. Encourages 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
16. Clinical experiences correlate with course outcomes					
17. Students have adequate (census/acuity) learning experiences					
18. Students have adequate role models/preceptors					
19. Staff are receptive to students					

COMMENTS: _____

Recommend for continued use? YES NO _____

University of Tennessee Health Science Center
College of Nursing
Clinical Performance Assessment Form: Student

Course Title/#: _____ Year: _____ Term: ☐FA ☐SP ☐SU
Student's Name: _____ Date of Visit: _____
Faculty Reporting: _____ Preceptor's Name: _____
Site/Location: _____
☐On-Site ☐Phone ☐Video ☐Email Clinical Hours Completed: _____
In Attendance: ☐Faculty ☐Preceptor ☐Student ☐Other: _____
Week 7-8 ☐ Week 15-16 ☐

Skill Acquisition: Please check one box in the level for student skills

Level 1: The student demonstrates expectations of an incoming student.	
Level 2: The student is advancing and demonstrates additional course expectations.	
Level 3: The student continues to advance and consistently demonstrates additional expectations, including the majority of course targeted expectations.	
Level 4: The student has advanced so that he/she now consistently demonstrates the course targeted expectations	
Level 5: The student has advanced beyond performance targets set and is demonstrating goals of an Advanced Practice Registered Nurse	

Always=100%	Expectations	Always Meets (5pts)	Most Time Meets (4 pts)	Occasionally Meets (3 pts)	Does Not Meet (0 pts)
Most=75%					
Occasionally=50%					
Patient Care					
1. History taking is complete, accurate, relevant, and efficient, with flexibility appropriate to clinical setting and workload demands					
2. Engages patients/family members; develops and sustains therapeutic relationships					
3. Selects laboratory and diagnostic tests appropriate to the clinical presentation; knows indications for ordering diagnostic studies that are targeted to the patient's presentation, including symptom specific screens/scales					
4. Recognizes the significance of abnormal findings in routine diagnostic and diagnostic test, including symptom specific screens/scales					
5. Develops diagnoses and differential diagnoses; avoids irrelevant/unlikely diagnoses					
6. Identifies the influence of psychosocial factors and medical/neurological illness on personality					

7. Reviews individualized treatment plans with preceptor; contributes to modifying techniques and flexibly applies practice guidelines to fit patient needs				
8. Offers suggestions to integrate multiple modalities and providers in a comprehensive treatment approach				
9. Practices cost- effective, high-value care				
10. Assesses patient safety, including suicidal and homicidal ideation, and considers the potential for trauma, abuse, aggression, and high-risk behaviors				
11. Chooses appropriately selected evidence-based medications with appropriate management of side effects and provides patient teaching				
12. Demonstrates sufficient knowledge to identify and treat most psychiatric conditions through the life span, to weigh risk/protective factors of danger to self/others and to include psychiatric manifestations				
13. Demonstrates an understanding of psychotropic selection based on current practice guidelines or treatment algorithms for common psychiatric disorders and knowledge of pharmacokinetics/ pharmacodynamics				
Professionalism				
14. Employs patient-centered principles of care; routinely uses self-help, community resources, social networks, rehabilitation referrals, and recovery programs in patient care				
15. Demonstrates adherence to ethical principles				
16. Sensitive to diverse populations and demonstrates cultural competency				
Interpersonal and Communication Skills				
17. Demonstrates appropriate, efficient, concise and pertinent written/verbal communication, with patients and collaborative health care providers				
18. Demonstrates discretion and judgment in electronic communication and in the inclusion of sensitive patient material in the medical record				
19. Independently improves clinical practice through use of evidence-based information; routinely conducts relevant reviews of evidence when delivering patient care, reads and applies with discrimination; uses information technologies to support decision making				
Psychotherapy				
20. Evaluates need for appropriate/supportive psychotherapy				
Column Totals				
Total Points= Clinical Performance Grade				

Grading Scale: 92 – 100 (A); 83 – 91 (B); 75 – 82 (C); 70 – 74 (D); 0 – 69 (F)

Student Strengths:	Areas for development/improvement:

Student Recommendations and Follow-Up:

- ☐ A. Student is demonstrating delivery of care appropriate to course level standards. No specific recommendations made.
- ☐ B Student encouraged to continue utilization of texts/online resources to improve knowledge and competence.
- ☐ C. Preceptor given contact information and encouraged to contact faculty with any identified issues/opportunities for improvement.
- ☐ D. Remedial plans developed to improve knowledge and competence in the delivery of care (attach additional pages as needed).

Evaluations will be conducted on week 7/8 and week 15/16

***** Students who receive a check mark in the areas of B, C, and D of student recommendations and expectation of occasionally meets and does not meet will develop a remediation plan to address areas of needed improvement and submit to instructor by the end of clinical week after evaluation. Remediation template will be located in BB.***

*****These areas must be satisfied by week 15/16.***

Signature of Faculty: _____

Signature of Preceptor: _____

Signature of Student: _____

University of Tennessee Health Science
 Center College of Nursing
Individual, Group, Family Therapy
Clinical Performance Evaluation Form

Course Title/#: _____ Year: _____ Term: ☐FA ☐SP ☐SU
 Student's Name: _____ Date of Visit: _____
 Faculty Reporting: _____ Preceptor's Name: _____
 Site/Location: _____

☐ On-Site ☐ Phone ☐ Video ☐ Email
 In Attendance: ☐ Faculty ☐ Preceptor ☐ Student ☐ Other: _____

Week 7-8: ☐ Week 9-15 ☐

Skill Acquisition: Please check box for the level for student skills

Level 1: The student demonstrates expectations of an incoming student.	
Level 2: The student is advancing and demonstrates additional course expectations.	
Level 3: The student continues to advance and consistently demonstrates additional expectations, including the majority of course targeted expectations.	
Level 4: The student has advanced so that he/she now consistently demonstrates the course targeted expectations	
Level 5: The student has advanced beyond performance targets set and is demonstrating goals of an Advanced Practice Registered Nurse	

Always=100%	Expectations	Always Meets (5pts)	Most Meets (4 pts)	Occasionally Meets (3 pts)	Does Not Meet (0 pts)
Most=75%					
Occasionally=50%					
Patient Care					
1.	Reviews patient intake history for completeness, accuracy, relevancy of information.				
2.	Discusses specific screens/scales related to symptoms/presentation and recognizes significance of results				
3.	Evaluates diagnoses and differential diagnoses				
4.	Identifies/discuss the influence of psychosocial factors and medical/neurological illness on personality				
5.	Evaluates multiple modalities and providers in a comprehensive treatment approach				
6.	Assesses patient safety, including suicidal and homicidal ideation, and considers the potential for trauma, abuse, aggression, and high-risk behaviors				
7.	Demonstrates sufficient knowledge to identify most psychiatric conditions through the life span, to weigh risk/protective factors of danger to self/others and to include psychiatric manifestations				
8.	Evaluates appropriateness of patient medications as related to diagnosis				
Professionalism					
9.	Employs patient-centered principles of care; routinely uses self-help, community resources, social networks, rehabilitation referrals, and recovery programs in patient care				
10.	Demonstrates adherence to ethical principles				
11.	Sensitive to diverse populations and demonstrates cultural competency				
Interpersonal and Communication Skills					
12.	Demonstrates appropriate, efficient, concise and pertinent written/verbal communication, with patients and collaborative health care providers				
13.	Demonstrates discretion and judgment in electronic communication and in the inclusion of sensitive patient material in the medical record				

14. Contributes to improvement of clinical practice through use of evidence-based information; routinely conducts relevant reviews of evidence when delivering patient care, reads and applies with discrimination; uses information technologies to support decision making				
Psychotherapy				
15. Participates in the counseling relationship by displaying positive regard, respect, warmth, non-judgmental attitude, empathy, authenticity,				

and congruence; adequately explores/reflects patient/client's expression of affect, content or meaning				
16. Demonstrates/Verbalizes /Observes knowledge of the use of a range of counseling skills including open ended questions, summarization, clarification/participates when possible				
17. Participates/observes/verbalizes knowledge and ability to maintain structure, focus, and direction of the interview, proceeding through defined stages, and is able to end session effectively (<i>this may be met with preceptor asking questions</i>)				
18. Demonstrates/Verbalizes the capacity to formulate a clear understanding of the problem integrating cultural, historical, developmental and contextual elements to design a counseling plan to work with the client				
19. Adequately demonstrates ability for self-reflection; can articulate how one's own struggles can influence the counseling relationship; adequately demonstrates ability to understand how own values and ethnocentric biases can impede the counseling process				
20. Demonstrates adequate preparation, engaged in therapy sessions, responds positively to feedback, seeks supervision as needed				
Column Totals				
Total Points= Clinical Performance Grade				
Grading Scale: 92 – 100 (A); 83 – 91 (B); 75 – 82 (C); 70 – 74 (D); 0 – 69 (F)				

Student Strengths:	Areas for development/improvement:

Student Recommendations and Follow-Up:

- ☐ A. Student is demonstrating delivery of care appropriate to course level standards. No specific recommendations made.
- ☐ B Student encouraged to continue utilization of texts/online resources to improve knowledge and competence.
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**** Students who receive a check mark in the areas of B, C, and D of student recommendations and expectation of occasionally meets and does not meet will develop a remediation plan to address areas of needed improvement and submit to instructor by the end of clinical week after evaluation. Remediation template will be located in BB.**

Signature of Faculty: _____

Signature of Preceptor: _____

Signature of Student: _____

Date: _____