



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING



DOCTOR OF NURSING PRACTICE PROGRAM
STUDENT/PRECEPTOR MANUAL FOR
PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER
2022-2023

Table of Contents

Letter to Students, Preceptors, and Clinical Faculty.....	4
Clinical Preceptors/Supervision Guidelines	5
PMH Faculty	7
General Expectations for DNP Students.....	8
Student Responsibilities for Clinical Experiences	8
Select Preceptor and Clinical Site.....	8
Clinical Student-Preceptor Agreement	9
Scheduling of Clinical Hours.....	9
Plan for Clinical Course Completion.....	10
Professional Dress and Behavior	10
Preparation for Clinical Rotation	10
Attendance	11
Position Description: Clinical Faculty for DNP	12
Qualifications	12
Job Description	12
Role Responsibilities	12
Throughout Course	13
Position Description: Clinical Preceptor.....	14
Qualifications.....	14
Job Description	14
Role Responsibilities	15
Conditions of Student-Preceptor- UTHSC CON Education Partnership.....	15
Preceptor Responsibilities: Detailed Description	17
Volunteer Faculty.....	17
Mentor and Role Model for Students.....	17
Teach.....	17
Honing Assessment Skills.....	18
Integration & application of the sciences.....	19
Clinical Decision Making	20
Mastery of Documentation.....	21
Honing Interpersonal Skills	22
Patient Education	24
Navigation of the Organizational System.....	25

Integrating the role of the NP as a member of the interdisciplinary/interprofessional health care team	25
Collaborate with Faculty on Problem/Conflict Management	26
Understand the Legal Liability while Precepting Students.....	26
Liability Insurance	27
Evaluation of Students	27
Outstanding Undergraduate and Graduate Preceptor Awards	28
Preceptor Resources.....	28
UTHSC CON Forms.....	29
Student-Preceptor-Faculty Agreement.....	1
Confirmation of Student-Preceptor- Faculty Agreement to Clinical Preceptorship.....	3
DNP Contract/Preceptor Information Form.....	4
Faculty Evaluation of Clinical Site and Preceptor	8
Student Evaluation of Clinical Site and Preceptor.....	9
Student Clinical Performance Evaluation.....	10



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

FROM: Jacqueline Sharp, 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 provides students with an opportunity to practice their newly acquired skills under the guidance of expert professionals. Every student is responsible for working with the clinical faculty to create the best clinical experience by negotiating the agreement matching 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 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 approval to do so from their instructors. Students must discuss alternative arrangements with their clinical faculty if they cannot 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: Jacqueline Sharp, 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 of all counseling/therapy disciplines, only recently have there been systematic efforts to standardize this part of the student's educational process. 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 certain 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 management of 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.

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General Expectations for DNP Students

Note: The information below is a summary of the responsibilities of the student. The DNP Handbook is the official reference for students regarding clinical requirements and contains additional important information.

The student is responsible for working with the clinical faculty or course coordinator to negotiate an agreement with a qualified clinical site and preceptor. Prior to clinical placement, the responsible faculty will determine appropriateness of clinical site and preceptor. The clinical site should provide students with opportunities allowing students to demonstrate satisfactory completion of course objectives and progression in their development as nurses with advanced educational preparation. Successful performance is achieved through the student-preceptor-clinical faculty relationship in which each member of this educational team contributes to the student's learning experience. Students must be actively involved in arranging, maintaining, and terminating the preceptor-student relationship over a course term.

Student Responsibilities for Clinical Experiences

Select Preceptor and Clinical Site

DNP courses are offered in a structure promoting development of specialized knowledge and skill sets starting with the application of basic principles and skills and moving to the application of complex principles and skills in the delivery of healthcare. Preceptors are selected on the basis of their qualifications to support student achievement of course objectives and are assigned by or in consultation with course faculty.

1. Review course outcomes.

It is the responsibility of the student to provide the preceptor with any student-specific clinical objectives identified for the clinical practicum. The student should also provide the preceptor a copy of the course objectives, evaluation criteria and Preceptor Agreement.

2. Verify appropriateness of clinical site with Clinical Faculty.

Each student should complete required documents essential to establishing the formal preceptor, student, UTHSC CON relationship and submit to these documents to the clinical faculty. The clinical faculty must approve the preceptor arrangement before students begin their clinical hours. The clinical faculty in conjunction with the DNP Director has final authority over the appropriateness of a clinical site and preceptor arrangement.

3. Review preceptor qualifications, including verification of preceptor credentials.

The preceptor must be approved prior to the student beginning the clinical rotation. A copy of a recent CV/resume and license/certification information is required for the preceptor to be approved by the DNP Director. The student should submit the preceptor information to the Clinical Faculty using the Required Contract/Preceptor Information Form. The student can obtain the required items for approval or provide

- the UTHSC CON with preceptor contact information to reach out for the required information.
4. Ensure there is a valid contract between The University of Tennessee Health Science Center and the clinical site.
All clinical sites must have a duly executed contract with the University of Tennessee Health Science Center prior to starting clinical experiences at the site. Students are responsible for providing contact information on the Required Contract/ Preceptor Information Form for the college to facilitate the contracting process. Ideally, this information should be submitted to Clinical Faculty and the DNP Clinical Coordinator a minimum of three months in advance of the expected clinical start date.
 5. Interview or meet with Preceptor, as indicated.
Some preceptors require interviews for the student seeking a placement. Students should use this opportunity to demonstrate their commitment to their coursework, knowledge of the patient-provider relationship and ethical responsibilities (confidentiality), and willingness to adapt their schedule to the preceptor's practice. The purpose of the interview is to:
 - a. Provide the preceptor with an understanding of the level, ability, and personality of the student.
 - b. Enable the preceptor to assess if the student would be a "good fit" for the clinical site and the population it serves. Students can put their best foot forward by being prepared with a CV or portfolio describing their professional accomplishments.

Clinical Student-Preceptor Agreement

Preceptor agreements specify a relationship between the student and preceptor for a specific time period. In addition to the specified time period, student, preceptor, and faculty need to agree on the activities and outcomes of the clinical learning experience. The preceptor agreement must be signed by the clinical faculty, student, and preceptor. This agreement is to be uploaded in ProjectConcert prior to beginning the clinical rotation. A copy of this form can be found in in the Blackboard Course and in the Appendix of this document (page 1-3 under forms).

Scheduling of Clinical Hours

Clinical practicum hours are to be scheduled at the convenience and availability of the preceptor. Students are not to ask preceptors to conform to a schedule that meets their personal and employment needs. The student's personal and work schedules are expected to accommodate participation in the required number of clinical hours prescribed by the clinical course. Students and preceptors need to agree on the days and times that the student will be in the clinical agency prior to beginning the practicum experience. *Unless otherwise stated in the syllabus, students are expected to begin the clinical experience when the course starts to ensure adequate time to complete assignments.*

Plan for Clinical Course Completion

Once students have discussed scheduling with the preceptor, they are to complete a plan for clinical course completion. This will outline expected start and end dates of the rotation, days of the week the student will be in clinical, and any other important information. This document is to be uploaded in ProjectConcert prior to beginning the clinical rotation.

Professional Dress and Behavior

1. Students are representatives of UTHSC College of Nursing and must present themselves as ambassadors of this program and nursing professionals. They are expected to be respectful to preceptors, faculty, staff, patients, and their families.
2. Students should be professionally dressed and wear an ID badge that identifies them as a UTHSC College of Nursing graduate student. Short lab coats, with the UTHSC patch on left upper arm, are to be worn at all times in the clinical area unless the preceptor feels this is a deterrent to care. The appropriate use of uniforms or lab coats should be determined through the preceptor/student interview. Students are expected to conform to the dress of the clinical site and OSHA standards for clinical attire where the coursework is completed.
3. Students should individually express their appreciation to their preceptors for their dedication, mentoring, and teaching at the end of the clinical experience.

Preparation for Clinical Rotation

The clinical rotation extends the learning environment of the classroom to integrate theoretical concepts with clinical practice. Students should prepare for the clinical practicum by reviewing learning objectives and by reading course texts and professional journals, and using other audiovisual and electronic learning aids.

The preceptor may recommend materials and topics for review prior to the first clinical day. The student should review the common clinical problems relevant to the clinical site population. Follow-up reading of current reference material following the clinical day provides the student with the opportunity to increase the breadth of scientific and clinical knowledge from that gained in the clinical arena.

Guidelines for preparation include:

1. Students are expected to have full knowledge of entrance requirements for clinical, including credentials, dress, location, timing, etc., before scheduling the first clinical day at the clinical agency.
2. Students are responsible for their own health-related and other professional requirements, such as immunizations and current CPR certification, to fulfill the clinical requirements on the first day. In accordance with UTHSC College of Nursing and agency policies, students without health clearance should not enter the clinical setting.
3. Documentation of Criminal Background checks completion should be in CON files. If a clinical site requests a copy of the complete background check, the student will be required to provide this information to the site.
4. On the first clinical day, discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and the communication

with other disciplines. Students should clarify the preferred method to notify the preceptor in the event of a late arrival or absence.

5. Learn something about the preceptor, when possible, in order to acknowledge the preceptor's background and broaden the student's educational experience.

Attendance

Performance of clinical hours at the negotiated times and days with the preceptor is required. Careful attention to attend clinical on the days which the preceptor can accommodate the student is important. Students are responsible to monitor the number of hours completed via ProjectConcert, and complete the required number of hours for the term. The student is responsible for adjusting his/her personal and employment commitments to complete the required number of clinical hours. If the student is not able to complete the required clinical hours for the term, s/he cannot expect the preceptor to continue the precepting relationship. Extension of the clinical period with the preceptor cannot be assumed but is granted only by agreement with the preceptor and UTHSC College of Nursing faculty. Exceptions related to unexpected illness of the student/family and or preceptor should be discussed with course faculty and the parties involved.

When the student cannot attend clinical on a scheduled clinical day, the student must immediately notify the preceptor and clinical faculty. The student should obtain a telephone number by the first day of clinical experiences and discuss the procedure of notifying the preceptor and faculty for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day, is unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course faculty as per the course guidelines. The student should then present the faculty with a plan to complete the necessary clinical time.

Failure to notify the preceptor and clinical faculty of an absence from clinical is treated as a "no call/no show" and is a violation of professional behavior. This situation may result in dismissal from the program.

Use of ProjectConcert to Track Experiences

The PMHNP concentration uses the ProjectConcert system to record and maintain student and clinical data. Each student has a specific account assigned to them.

- Students must enter their schedule for clinical attendance in the scheduling module in ProjectConcert for each semester (we must know where every student is attending clinical every time).
- Clinical encounters must be documented in ProjectConcert.
- Students upload and maintain current RN licensure and CPR certification.
- Students may also upload required clinical forms or complete other clinical assignments.
- Faculty review ProjectConcert to assure students are on track with a variety of experiences and progress toward completion of the experience on time.
- No patient names are ever entered into Medtrax.
- Approved preceptors and clinical sites are maintained in ProjectConcert.

Position Description: Clinical Faculty for DNP

Qualifications

1. Hold a current, valid license to practice as a registered nurse in the State of Tennessee or reside in any party state and hold a current, valid registered nurse license in that state;
2. Hold a minimum of a master's degree in nursing or the equivalent thereof as determined by the Board of Nursing;
3. Possess qualifications through academic preparation/certification/licensure, as appropriate, to teach the subject assigned and meet the standards for faculty appointment by the governing institution;
4. Verify clinical practice experience at the advanced practice nursing level of at least two years. If a faculty member has less than two years advanced practice nursing experience, the faculty member must be responsible to a qualified faculty member; and
5. Maintain clinical practice within the advanced role and specialty;
6. Maintain an appropriate current unencumbered license when required for role;
7. Maintain an appropriate national certification.

Job Description

Supports preceptors in guiding students in the application of knowledge to practice, facilitating student autonomy in a specific role for nurses with advanced preparation, and promoting self-confidence leading to clinical or administrative competency. Ensures students have access to learning experiences and resources essential to meet expected learning outcomes. Represents the educational and professional values of UTHSC College of Nursing to students and preceptors. Assumes overall responsibility for monitoring and evaluating the clinical learning experience.

Role Responsibilities

At the onset of the clinical rotation:

1. Verify appropriateness of clinical site and contractual agreements;
2. Orient new preceptors to the preceptor role and UTHSC CON educational expectations
3. Review preceptor responsibilities with continuing preceptors related to course and level of student;
4. Prepare student for clinical experience through an orientation to policies and procedures, prerequisites for clinical rotation and faculty specific communication requirements;
5. Validate student qualifications (clinical requirements) for clinical practice, as well as prerequisite coursework.
6. Inform students in writing the goals and requirements of each course, the nature of the course content and the methods of evaluation to be employed.
7. Understand the legal liability of the preceptor role.

Throughout Course:

1. Mentor and act as a role model for graduate students;
2. Work with the student and preceptor to identify and discuss methods for the learner's needs to meet the course objectives;
3. Use appropriate teaching methods to help the student negotiate the clinical experiences to meet personal learning objectives and gain confidence to develop newly learned skills in a controlled environment;

4. Monitor use of accepted guidelines and standards of care;
5. Support student in his/her refinement of interpersonal skills promoting effective communication with patients and colleagues;
6. Alert student to focus on problematic areas early in the practicum with preceptor, thereby providing each student an opportunity to refine interpersonal skills by the time the clinical practicum is completed;
7. Communicate with preceptor regularly to monitor student's progress in course;
8. Evaluate whether the learner's objectives have been achieved through direct observation and preceptor feedback;
9. Provide the learner with feedback;
10. Demonstrate attitudes and qualities consistent with the ethics of the health professions, including:
 - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
 - Respect for the student's faculty, curriculum, and program
11. Implement academic and professional standards set forth in the UTHSC CON Student Handbook;
12. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation.
13. Communicate with preceptor regularly to monitor student's progress in course;
14. Evaluate whether the learner's objectives have been achieved through direct observation and preceptor feedback;
15. Provide the learner with feedback;
16. Demonstrate attitudes and qualities consistent with the ethics of the health professions, including:
 - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
 - Respect for the student's faculty, curriculum, and program
17. Implement academic and professional standards set forth in the UTHSC CON Student Handbook;
18. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation.

Position Description: Clinical Preceptor

Qualifications-Preceptors

1. Expertise in clinical practice derived from practical and theoretical preparation with a minimum of one year's experience in the role.
2. Administrative or management expertise derived from practical and theoretical preparation for individuals in administrative positions.
3. Authorization to practice as an advanced practice nurse in the state or currently licensed as a health care professional or otherwise qualified to provide supervision and teaching in clinical settings appropriate for advanced nursing practice.
4. Appropriate current unencumbered license, when required for role.
5. State approval or recognition to practice in a specialty area.
6. Professional certification, if appropriate.
7. Preferably, an earned graduate degree or its equivalent in a specialty area of practice.

Job Description--Preceptors

Guides students in the application of knowledge to practice facilitates student autonomy in a specific role for nurses with advanced preparation, and promotes self-confidence that leads to advanced clinical competency.

Role Responsibilities-Preceptors

1. Mentors and acts as a role model for graduate students
2. Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student, and/or UTHSC College of Nursing faculty.
3. Identifies and discusses the learner's needs to meet the course objectives;
4. Assesses the nature of particular clinical encounters to enable the student to meet his/her learning objectives at varying levels of the specialty curriculum.
5. Utilizes appropriate teaching methods to help the student meet his/her learning objectives and allows each student to practice newly learned skills to build confidence in his/her abilities
6. Directs use of accepted guidelines and standards of care.
7. Demonstrates and supports the critical analysis of guidelines/standards of care and determines how they should be implemented or adapted to unique clinical situations.
8. Supports student in his/her refinement of interpersonal skills promoting effective communication with patients and colleagues.
9. Alerts students to focus on problematic areas early in the practicum, thereby providing each student an opportunity to refine clinical and interpersonal skills by the time the clinical practicum is completed.
10. Evaluates whether the learner's objectives have been achieved.
11. Provides the learner with feedback.
12. Demonstrates attitudes and qualities consistent with the ethics of the health professions, including
 - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
 - Respect for the student's faculty, curriculum, and program.
13. Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.

Conditions of Student-Preceptor- UTHSC CON Education Partnership

Preceptor Activities

1. Implement academic and professional standards set forth in the UTHSC College of Nursing Student Handbook (CenterScope). Available at www.uthsc.edu/centerscope
2. Immediately report to the clinical faculty any student behaviors threatening the safety of the patient or placing the clinical site at risk.
3. Monitor and report student performance, according to course criteria.
4. Notify clinical faculty when student is at risk for failing or when minimally acceptable performance is demonstrated consistently by student.
5. Supervise students in the clinical setting. If the preceptor is managing a caseload of patients, the ratio of students to preceptors should not exceed one student per preceptor during a clinical experience. If the preceptor is not managing patients, the ratio cannot exceed two students per preceptor during a clinical experience.
6. Communicate with the office staff or institutional departments about the scheduling of patients, the availability of exam room space, and specific procedures to enhance learning

with a minimal disruption of the office routine while allowing students to provide clinical care to patients.

7. Communicate with the administrators of departments who will provide resources or administrative experiences to students involved in leadership roles.
8. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation.
9. Understand the legal liability of the preceptor role.

Preceptors Can Expect Students To:

1. Meet with preceptor to clarify course objectives and focus of clinical activities.
2. Assist preceptor to complete required documents associated with preceptor role.
3. Verify preceptor's credentials indicating preceptor is eligible for teaching role.
4. Generate a clinical schedule with the preceptor consistent with the preceptor's availability/schedule.
5. Negotiate a procedure for contacting the preceptor in case of absence, prior to the beginning of clinical experiences.
6. Notify preceptors at the beginning of the clinical day if they will be absent for a scheduled clinical day, due to illness or emergency
7. Negotiate a policy with the preceptor for making up time missed and any clinical absences.
8. Dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA).
9. Adhere to clinical site dress code when specified.
10. Wear student identification badges, not work employee badges.

Preceptors Can Expect Clinical Faculty To:

1. Provide course description, clinical outcomes, and the number of clinical hours required for the term of the clinical practicum.
2. Clarify UTHSC CON rules regarding preceptors and preceptor-student arrangements.
3. Provide information about a DNP specialty program.
4. Provide information about the best times and manner to reach the faculty member and phone numbers and e-mail addresses for key faculty members.
5. Consult on student or partnership problems affecting student progression in clinical coursework.
6. Collaborate on creating appropriate clinical experiences preparing students for success as entry-level nurses in advanced practice roles.
7. Guide preceptor in the student evaluation process.
8. Provide feedback on their performance as preceptors.
9. Formally recognize the preceptors' role in the education partnership through a variety of mechanisms.

Faculty will be readily available to Clinical Preceptors and students during clinical learning experiences. The faculty member has the overall responsibility for monitoring and evaluating the learning experience.

Preceptor Responsibilities: Detailed Description

Volunteer Faculty

The University of Tennessee recognizes the valuable contributions of those persons giving freely of their time and talents for the benefit of the University without compensation. These persons are "VOLUNTEERS" in every sense of the word. The State legislature in the enactment of the Tennessee Claims Commission Act of 1984 recognized the need for protection of volunteers from legal actions while performing their service on behalf of the University. As such, the volunteers who are registered with the University receive the same civil immunity from liability, as does an employee of the University under the Act. Volunteers under the Claims Commission Act are not covered for Worker's Compensation.

The term "volunteer faculty" means those persons who are not employees of the University who provide service to the University in an approved program that are listed and reported to the Division of Claims Administration, State of Tennessee.

To become a **Volunteer Faculty**, the preceptor must submit the required information including CV, license, 2 letters of recommendation from a peer or colleague, and permit a background check. This is no longer a requirement; however, preceptors who are interested in becoming Volunteer Faculty may contact Rachel George, DNP Clinical Coordinator at rgeorg13@uthsc.edu or 901.448.2810 for further information. After becoming a Volunteer Faculty member academic rank (non-tenure) commensurate with University guidelines will be assigned. In addition the following benefits are available to Volunteer Faculty:

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

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 a 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 have the added liability 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. Sharp at jsharp25@uthsc.edu or Dr. Bellflower at bbellflo@uthsc.edu

UTHSC CON Forms

Students are responsible for insuring all evaluations are completed at the end of a course. The title of each form should assist students to determine 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 page 1-3 under UTHSC CON Forms.
- The *DNP Contract/Preceptor Information Form* should be filled out for new clinical practice sites. It is located on pages 4-7 under UTHSC CON Forms.
- The *Faculty Evaluation of Clinical Site and Preceptor* form will be completed by **the clinical faculty** and is located on page 8 under UTHSC CON Forms.
- The *Student Evaluation of Clinical Site and Preceptor* form will be completed by **the student** each semester. It is located on page 9 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 10-12.



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

Course # _____ Semester/Year: _____

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 _____, _____ hours.

The student, _____, will be under the supervision of _____, acting as preceptor.
(Preceptor Name)

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

Preceptor Responsibilities:

1. Participate in a preceptor orientation.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students per day.
4. Orient the student(s) to the clinical agency.
5. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
6. Provide feedback to the student regarding clinical performance.
7. Contact the faculty if assistance is needed or if any problem with student performance occurs.
8. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
9. Give feedback to the nursing program regarding clinical experience for student and suggestions for program development.

Nursing Program/Faculty Responsibilities:

1. Ensure that preceptors meet qualifications.
2. Ensure that there are current written agreements which delineate the functions and responsibilities of the clinical preceptor and associated agency and nursing program.

3. Ensure that clinical experiences using preceptors occur only after the student has received basic theory and clinical experiences necessary to safely provide care to clients (within course or curriculum).
4. Orient both the student and the preceptor to the clinical experience.
5. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discuss student expectations, skills' performance, student guidelines for performance of procedures, and methods of evaluation.
6. Assume overall responsibility for teaching and evaluation of the student, including assignment of course grade.
7. Assure student compliance with standards on immunization, screening, HIPAA compliance, OSHA standards, CPR, criminal background check as needed and current liability insurance coverage.
8. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
9. Make appropriate student assignments with the preceptor.
10. Communicate assignments and other essential information to the preceptors.
11. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
12. Monitor student's progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
13. Be readily available, e.g., telephone or e-mail for consultation when students are in the clinical area.
14. Receive feedback from the preceptor regarding student performance.
15. Provide recognition to the preceptor for participation as a preceptor.

Agency Responsibilities:

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.

Student Responsibilities:

1. Verify clinician/administrators eligibility to function as preceptor.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own learning activities.
4. Prepare for each clinical experience.
5. Be accountable for own nursing actions while in the clinical setting.
6. Arrange for preceptor's supervision when performing procedures.
7. Contact faculty by telephone, pager or e-mail if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during clinical experience.
9. Wear appropriate professional attire and university name tags when in the clinical site.

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

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

Site Name: _____

Site Address: _____

City, State, Zip _____

Location Phone # _____

University of Tennessee Student

(Print) _____ (Sign) _____ (Date) _____

Preceptor/Clinical Agency

(Print) _____ (Sign) _____ (Date) _____

(Print) _____ (Sign) _____ (Date) _____



DNP Contract/Preceptor 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

WHNP

CNM

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 _____

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 Time 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:

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Signature of Faculty: _____

Signature of Preceptor: _____

Signature of Student: _____

Date: _____