College of Professional Studies Department of Nursing

# **Preceptor Handbook**

## **Master of Science in Nursing Program**

Specializations: Family Nurse Practitioner Psychiatric Mental Health Nurse Practitioner Nursing Administration Nursing Informatics

# **Post-Graduate APRN Certificate Program**

Specializations: Family Nurse Practitioner Psychiatric Mental Health Nurse Practitioner

Preceptorship Team 3390 Harbor Blvd Costa Mesa, CA 92626 MSNPreceptorship@nu.edu



College of Professional Studies – Department of Nursing **Preceptor Handbook - MSN/Post-Graduate APRN Program** FNP / PMHNP / NI / NA Specialization

### **Dear Preceptors,**

Thank you very much for serving as preceptor and contributing to the education of National University's MSN and Post Graduate APRN Nurse Practitioner students. We greatly appreciate the time and energy you spend with our students, and recognize that you make a significant difference in preparing outstanding advanced practice nurses. We prepared this Preceptor Handbook for you to use as a reference guide for your role, and the roles of the faculty member and student. It serves as the basis for a signed agreement between you, the Department of Nursing, and the student.



### ENCLOSED IN THIS PACKET YOU WILL FIND:

- Program of Study Overview
- Preceptorship Placement Procedure
- Preceptor Evaluation & Honorarium Procedure
- > Preceptor Required Documents
- Preceptor Evaluation of Student
- > Role & Responsibilities Preceptor, Faculty and Student
- > Helpful tips for precepting students

For our records, we ask that you complete the Preceptor Required Documents and return these documents to us as soon as possible

to initiate the Preceptor Agreement prior to precepting student.

Again, thank you for your vital contribution to the clinical education of our students and future Advanced Practice Nurses. You will find our contact information below. Please do not hesitate to contact us with any questions or concerns.

Kind regards,

### **Department of Nursing**

Preceptorship Team 3390 Harbor Blvd Costa Mesa, CA 92626 MSNPreceptorship@nu.edu Pedro E. Morante DNP, PMHNP-BC, FNP-BC Program Director, FNP/PMHNP PMorante@nu.edu Amelia Buenvenida MSN, FNP-C, RN Program Lead, FNP ABuenvenida@nu.edu Khadija Hamisi DNP, PMHNP-BC, RN Program Lead, PMHNP KHamisi@nu.edu

College of Professional Studies – Department of Nursing

## **Overview of Program of Study**

### **MSN/Post-Graduate**

**FNP** Specialization

### MSN Core Courses – Applied to MSN Program only:

NSG 600 – Advanced Practice Nursing NSG 606 – Health Policy and Finance NSG 607 – NSG 620 – Theory in Advanced Practice NSG 622 – QI and Project Management NSG 623 – NSG 680 – Diversity Issues in APN NSG 698 – FHNP Capstone

NSG 607 – EBP for Advanced Practice NSG 623 – Biomedical Statistics

### Preparation Courses:

NSG 681 – Advanced Physical Assessment NSG 641 – Advanced Pharmacology I NSG 682 – Advanced Pathophysiology

- Only MSN-PMHNP and MSN-FNP students are required to take MSN core courses.
- Post Graduate FNP and Post Graduate PMHNP Certificate students can waive preparation courses if qualified.

### **FNP Specialization courses:**

FNP 683A – Primary Care of Adult & Aged FNP 684A – Primary Care of Women & Children FNP 685A – FNP Residency FNP 683B – Primary Care of Adult & Aged Practicum FNP 684B – Primary Care of Women & Children Practicum FNP 685B – FNP Residency Practicum

### FNP 683B – 12 week – 180 hours

Application of theoretical knowledge in supervised clinical settings in the practice of caring for the adult and aged. The role of the family nurse practitioner in health promotion and disease prevention is emphasized. FNP683A and FNP683B must be taken concurrently and both completed satisfactorily to progress.

1. Demonstrate the content knowledge and psychomotor skills needed to conduct a thorough patient history and physical examination

2. Differentiate abnormal from normal physical examination findings and cluster same into patterns of significant positive and negative data.

 Delineate differential diagnosis lists upon collection of patient data, including the history, physical examination, and diagnostic tests.
 Outline culturally-appropriate patient management plans incorporating lifestyle modification, pharmacotherapeutics, and referrals as indicated.

5. Describe therapeutic management plans for common acute and chronic illnesses of adults and the aged that are widely endorsed by professional organizations in America.
6. Utilize research methods and evolving information systems' technologies in the delivery of primary health care.

### FNP 684B – 12 week – 180 hours

This clinical course allows the opportunity to apply theoretical knowledge in supervised clinical settings in the practice of caring for women and children. The role of the Family Nurse Practitioner in health promotion and disease prevention is emphasized. NSG 684A and 684B must be taken concurrently and both completed satisfactorily to progress. 1. Apply knowledge and skills specific to the care of women and children within a family context when making clinical judgments. 2. Identify the role of the advanced practice nurse caring for women and children within a family context.

3. Integrate teaching/learning strategies in the delivery of care to support advanced practice nursing of women and children within the family.

4. Utilize advanced leadership and consultant principles in the delivery of primary obstetric, gynecologic, and pediatric care.

5. Apply professional standards of advanced practice nursing in caring for children and adolescents.

### FNP 685B - 12 week - 240 hours

Concentrated residency experience in which the student will critically and accurately assess, plan intervene and evaluate nursing experiences related to the care of individuals, aggregates, and nursing systems. FNP 685A and FNP 685B must be taken concurrently and both completed satisfactorily to progress.

1. Formulate treatment modalities derived from current and emerging areas of knowledge for advanced nursing practice.

2. Evaluate research findings to support best practices in advanced practice nursing and health systems.

3. Select decision support systems to solve clinical problems for individuals, aggregates, and/or systems.

4. Develop advanced leadership skills to mobilize interdisciplinary teams to solve highly complex clinical problems.

5. Develop expertise to inform health policy and leadership in establishing clinical excellence and creating new models of health care delivery.

6. Assess the health outcomes of individuals, aggregates, and systems.

7. Synthesize knowledge of cultural diversity and global perspectives in delivering health care and in critiquing nursing systems.

8. Examine the utilization of tele-communication technologies and information systems in the delivery and documentation of PC services.

2

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College of Professional Studies – Department of Nursing

**Overview of Program of Study** 

**MSN/Post-Graduate Program** 

**PMHNP** Specialization

### MSN Core Courses – Applied to MSN Program only:

NSG 600 – Advanced Practice Nursing NSG 606 – Health Policy and Finance NSG 607 – EBP for Advanced Practice NSG 622 – QI and Project Management NSG 623 – Biomedical Statistics NSG 680 – Diversity Issues in APN NSG 697 – PMHNP Capstone

#### **Preparation Courses:**

NSG 681 – Advanced Physical Assessment NSG 641 – Advanced Pharmacology I NSG 682 – Advanced Pathophysiology

- Only MSN-PMHNP and MSN-FNP students are required to take MSN core courses.
- Post Graduate FNP and Post Graduate PMHNP Certificate students can waive preparation courses if qualified.

MNP 696A – Adults/Aging Adults Practicum

MNP 696B - Children/Adolescents MH Practicum

MNP 688B – Introduction to Psychotherapy Practicum

#### **PMHNP Specialization courses:**

MNP 694 – Adults/Aging Adults MH Care MNP 687 – Children/Adolescents MH Care MNP 688A – Introduction to Psychotherapy

MNP 696A – 12 week – 240 hours

Facilitate practicum experience of the PMHNP student with adults/aging adults in mental health care settings. Accurately assess, plan, intervene, and evaluate the care of adults/aging adults with mental illness. Perform the advance practice role of manager, clinician, educator, researcher, and consultant in the provision of mental health services. Grading is S/U only.

1. Demonstrates an advanced level of nursing practice in conducting assessments, case formulation, differential diagnosis, arriving at diagnoses which leads to competent and effective treatment for adults/aging adults with mental disorders

2. Explain the utilization of advanced independent nursing interventions when managing individuals with stable and/or enduring behavioral health states

3. Formulate treatment plans with the interdisciplinary health care team in the management of clients with acute and enduring mental health problems

4. Illustrate professional development by initiating strategies for interdisciplinary team functioning confronting professional, ethical, legal and political issues

5. Use evidence-based research materials to evaluate outcomes and effectiveness of care

### MNP 696B - 12 week - 180 hours

Facilitate Practicum experience of the PMHNP student with children/ adolescents in mental health care settings. Accurately assess, plan, intervene, and evaluate the care of children/adolescents with developmental, behavioral or psychiatric disorder. Perform the advance practice role of manager, clinician, educator, researcher, and consultant in the provision of mental health services. 1. Demonstrates an advanced level of nursing practice in conducting assessments, case formulation, and differential diagnosis, arriving at diagnoses which leads to competent and effective treatment for children/adolescents behavioral health problems or mental illness 2. Evaluate relevant resources to assist children/adolescents with developmental disorder or mental illness

3. Implement evidence-based screening and management of common developmental disorder or mental illness of children/ adolescents

4. Formulate treatment plans with the interdisciplinary health care team in the management of clients with acute and enduring mental health problems or developmental disorder

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5. Use evidence-based research materials to evaluate outcomes and effectiveness of care

#### MNP 688B - 12 week - 90 hours

Learner applies theories and principles of psychotherapy learned in NSG688A. Assesses motivation and readiness for treatment. Applies various theories of behavior patterns, belief systems, therapeutic relationship strategies based on evidence to reduce emotional stress, facilitate cognitive and behavior change, and foster growth. NSG688A and NSG688B are taken concurrently. Grading is S/U only.

1. Illustrate learning and teaching principles in the design, implementation and evaluation of health education programs for groups and families in a variety of settings.

2. Integrate theory, evidence, clinical judgment, research, and interprofessional perspectives using translational processes to improve advanced behavioral health nursing practice and associated health outcomes for patient aggregates.

3. Use information and communication technologies, resources, and principles of learning to teach patients and others with behavioral health issues.

 Create professional boundaries to preserve the integrity of the psychotherapeutic process.
 Employ principles of self- efficacy empowerment and other self-management

theories in promoting relationship

# <u>National University</u>

College of Professional Studies – Department of Nursing

# **Overview of Program of Study - MSN**

NI Specialization NA Specialization

### MSN Core Courses:

NSG 600 – Advanced Practice Nursing NSG 620 – Theory in Advanced Practice NSG 606 – Health Policy and Finance NSG 622 – QI and Project Management NSG 607 – EBP for Advanced Practice NSG 623 – Biomedical Statistics

### NI Specialization courses:

HTM 552 – EHR Meaningful Use HTM 660 – System Management and Planning HTM 520 – Health Information Exchange HTM 680 – Health Informatics Case Study HTM 692 – Health Informatics Capstone

### HTM 692 - 8 week - 200 hours

Two-month capstone project focused on a relevant problem in health informatics theory or practice. Planning and completion of either a data-based research project or other scholarship or creative activity. Grading is by H, S, or U only. Course is eligible for an "IP" grade.

#### NA Specialization courses:

HCA 600 – US Healthcare System HCA 620 – Health Organization Management HCA 624 – Healthcare Planning & Marketing HCA 670 – Healthcare Leadership HCA 692 – Healthcare Capstone

### HCA 692 – 8 week – 200 hours

Two-month capstone project focused on a relevant problem in healthcare administration theory or practice. Planning and completion of either a data-based research project or a scholarly and creative activity related to healthcare administration. College of Professional Studies – Department of Nursing

# **Preceptor Placement Procedure**

### Step 1

Student identifies a qualified Preceptor and submits Preceptor Placement Request form to MSNPreceptorship@nu.

### Step 2

Preceptor returns documents to student or MSNPreceptorship@nu.edu:

1. Complete Preceptor Data Form or CV/Resume

2. Copy or government issued ID

2. Complete and sign W-9 if prefers to receive honorarium

# Step 3

Student and precepor sign Preceptor Agreement electronically

### Step 4

Student provides Preceptor Handbook, Course Syllabus, and plans for preceptored experience with Preceptor

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## National University College of Professional Studies – Department of Nursing

# **Preceptor Qualifications**

The preceptor guides the student into the real world of advanced practice specialization and serves as a supportive coach, mentor, teacher, and role model allowing the student to try on new knowledge and skills, gain confidence in their application in the specialty setting and receive validation.

### The Preceptor will:

Preceptors for FNP students must have an advanced degree in nursing (master's or doctoral degree), licensed and hold certification as a FNP, or be licensed to practice as a physician (MD or DO). Preceptors for NA & NI students must have an advanced degree in nursing (master's or doctoral degree) and experienced in healthcare administration or a healthcare/nurse informatics field.

Preceptors for PMHNP students must have an advanced degree in nursing (master's or doctoral degree), licensed and hold certification as a PMHNP or physician licensed to practice in psychiatry (MD or DO). In addition, preceptors for MNP 688B Intro to Psychotherapy Practicum course can be a psychologist, Licensed Marriage Family Therapist (LMFT), Licensed Clinical Professional Counselor (LCPC) or a Licensed Clinical Social Worker (LCSW). These professionals must be licensed and work under supervisions of Board Certified PMHNPs or phycisian licensed to practice in psychiatry.

Have at least 1-year experience in the field or specialty.

> Possess a thorough knowledge of the specific clinical or practicum site/agency.

Have an interest in working with Master or Post-Graduate Certificate students. Provide constructive feedback and assistance to the students. Be willing to devote their time to assist student meeting their specialty objectives.

Meet with faculty and the student at agreed upon times for feedback and evaluation.

Must not be student's relative, family member, significant other, personal friend, or direct supervisor.

College of Professional Studies – Department of Nursing

# Preceptor Evaluation and Honorarium Procedure

### **Beginning & Throughout Rotation**

Preceptor responds to email/phone call from faculty for introduction & frequent check-in of student's performance

### **Mid-rotation**

Preceptor responds to email/phone call from faculty for Midterm Evaluation of Student Performance

### **End of Rotation**

Preceptor responds to email/phone call from faculty for Final Evaluation of Student Performance

### 4-6 Weeks After Completion of Rotation

Preceptor receives honorarium issued to individual/Business as indicated on Preceptor Agreemen and W-9

### **Important Tips for Honorarium:**

### If Business box on the Preceptor Agreement is checked:

honorarium will be issued to Site Business Name and mailed to Site Address. W-9 should have Site Name for entity, Site Address for Address, and Site EIN under the PART 1 (TIN) section.

### Individual box on the Preceptor Agreement is checked:

honorarium will be issued to Individual Business or Individual. If SSN is provide and "Individual/Sole Proprietor" box is checked on W-9, check will be issued to Individual Name. If EIN is provided on W-9, check will be issued to Business Name listed on W-9.

If the preceptor works at their own business and that business is listed as the "Site" then either Individual or Business can be checked on Preceptor Agreement and honorarium will be issued according to how the W-9 is completed.

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# National University College of Professional Studies – Department of Nursing

**Preceptor Required Documents** 

### PRECEPTOR PLACEMENT REQUEST FORM

(please type responses)

| Student Information  |
|--|
| Name:  |
| Program Start Date:<br>Preferred Practicum Site Zip Codes:   |
| RN License Issued by State/s:  |
| Preceptor and Site Information   |
| Preceptor Name:  |
| License Type: Number: Expiration:  |
| Board Certification: Expiration:   |
| Preceptor Email:   |
| Preceptor Phone Number:  |
| Site Name:   |
| Site Address:  |
| Site Contact phone number:   |
| Site Contact Email:  |
| Prefer Preceptor Honorarium: Yes No  |
| Courses  |
| FNP 683B - Adult/Aging       FNP 684B - Women Health       FNP684B - Pediatrics         FNP 685B - Residency       MNP 696A - Adults/Aging       MNP 696B - Child/Adolescent         MNP 688B - Psychotherapy       MSN-Nursing Administration       MSN-Nursing Informatics |

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8

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National University College of Professional Studies – Department of Nursing

# **Preceptor Required Documents**

### PRECEPTOR DATA (Submit CV in lieu of this Form)

### **SECTION 1: PERSONAL INFORMATION**

| Full Name:             | Date:                     |    |                    |  |  |  |  |
|------------------------|---------------------------|----|--------------------|--|--|--|--|
| Phone number:          | Email:                    |    |                    |  |  |  |  |
| Current Position:      | Years/Months in Position: |    |                    |  |  |  |  |
| Clinical Site Name:    |                           |    |                    |  |  |  |  |
| Clinical Site Address: |                           |    |                    |  |  |  |  |
| City:                  |                           |    | e:                 |  |  |  |  |
| SEC                    | <b>FION 2: EDUCATION</b>  |    |                    |  |  |  |  |
| Education Program      | Degree                    |    | Graduation Date    |  |  |  |  |
|                        |                           |    |                    |  |  |  |  |
|                        |                           |    |                    |  |  |  |  |
| Other Training         | Degree(                   | s) | Graduation Date(s) |  |  |  |  |
|                        |                           |    |                    |  |  |  |  |
|                        |                           |    |                    |  |  |  |  |
|                        |                           |    |                    |  |  |  |  |

### SECTION II. WORK EXPERIENCE

| Practice | From-to Date |
|----------|--------------|
|          |              |
|          |              |
|          |              |
|          |              |

### **SECTION III. LICENSURE**

|                    |                                    | ItB            |                 |
|--------------------|------------------------------------|----------------|-----------------|
| State of Licensure | Licensure Type (MD, NP, LCSW, MFT) | License Number | Expiration Date |
|                    |                                    |                |                 |
|                    |                                    |                |                 |
|                    |                                    |                |                 |

### SECTION IV. CURRENT SPECIALTY CERTIFICATION

| Name of Certification | Certifying Agency | Valid Through |
|-----------------------|-------------------|---------------|
|                       |                   |               |
|                       |                   |               |

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College of Professional Studies – Department of Nursing

### **Preceptor Required Documents**

| Form<br>Rev. November 2017)<br>Department of the Treasury<br>Internal Revenue Service   | Request fo<br>Identification Numb<br>Go to www.irs.gov/FormW9 for ins   |  |   |   |   | re  | ive Fo<br>quest<br>and to                | er. D                                 | o no                 |
|---|---|--|---|---|---|---|--|---------------------------------------|----------------------|
| 1 Name (as shown of   | on your Income tax return). Name is required on this line; d  | io not leave this line blank.  |   |   |   | _   |  |                                       |                      |
| 2 Business name/di  | sregarded entity name, if different from above  |  |   |   |   |   |  |                                       |                      |
| ci     3 Check appropriation       bit     following seven bit       ci     5       ci     Individual/sole       single-member  | proprietor or C Corporation S Corporation   | _  | x only or   |   | 4 Exem<br>certain (<br>instructi<br>Exempt                          | entities<br>lons on                             | , not In<br>page 3                       | dividual<br>():                       |                      |
| Note: Check the LLC if the LLC another LLC the  | company. Enter the tax classification (C=C corporation, S<br>he appropriate box in the line above for the tax classification<br>is classified as a single-member LLC that is disregarded fr<br>at is <b>not</b> disregarded from the owner for U.S. Federal tax p<br>from the owner should check the appropriate box for the t  | on of the single-member own<br>rom the owner unless the ow<br>purposes. Otherwise, a single  | ner. Do n<br>vner of th<br>e-membe                      | e LLC Is  |   | any)  |  | -                                     |                      |
| Other (see Inst   |   |  |   |   | Applies to  |   |  | d outside I                           | fie U.S              |
| 6 Address (number,  | street, and apt. or suite no.) See Instructions.  |  | Hequeste  | r's name  | and addre   | ess (opt  | ional)                                   |                                       |                      |
| 6 City, state, and Zi   | P code  |  |   |   |   |   |  |                                       |                      |
| 7 List account number   | cer(s) here (optional)  | I  |   |   |   |   |  |                                       |                      |
|   |   |  |   |   |   |   |  |                                       |                      |
| Part I Taxpay   | er Identification Number (TIN)  |  |   |   |   |   |  |                                       |                      |
|   | ropriate box. The TIN provided must match the nar<br>individuals, this is generally your social security nur  |  | <u> </u>  | Social se   | curity nur  | mber  |  |                                       | _                    |
| esident alien, sole propri<br>ntities, it is your employ  | ietor, or disregarded entity, see the instructions for<br>er identification number (EIN). If you do not have a  | Part I, later. For other   | a   |   | -   |   | -  |                                       |                      |
| IN, later.  |   |  | _   | )ľ  | r Idaniilla   |   | umbar                                    |                                       |                      |
|   | more than one name, see the instructions for line 1<br>uester for guidelines on whose number to enter.  | . Also see What Name ar  | nd L  | Employe   | ridentifica   | auon n  | umber                                    |                                       | $\dashv$             |
|   | 5   |  |   |   | -   |   |  |                                       |                      |
| Part II Certific  | ation   |  |   |   |   |   |  |                                       |                      |
| nder penalties of perjur  |   |  |   |   |   |   |  |                                       |                      |
|   | this form is my correct taxpayer identification num   |  |   | to be is  |   |   |  |                                       |                      |
| I am not subject to bac<br>Service (IRS) that I am  | ckup withholding because: (a) I am exempt from ba<br>subject to backup withholding as a result of a failu<br>ackup withholding; and   | ckup withholding, or (b) I   | have no   | ot been i   |   |   | otified                                  | me un                                 | atia                 |
| I am not subject to bad<br>Service (IRS) that I am<br>no longer subject to ba   | ckup withholding because: (a) I am exempt from ba<br>subject to backup withholding as a result of a failu   | ckup withholding, or (b) I   | have no   | ot been i   |   |   | otified                                  | me un                                 | atia                 |
| <ol> <li>I am not subject to bac<br/>Service (IRS) that I am<br/>no longer subject to ba<br/>I am a U.S. citizen or o</li> <li>The FATCA code(s) en</li> </ol>  | ckup withholding because: (a) I am exempt from ba<br>subject to backup withholding as a result of a failur<br>ackup withholding; and<br>ther U.S. person (defined below); and<br>tered on this form (if any) indicating that I am exem  | ckup withholding, or (b) I<br>re to report all interest or<br>pt from FATCA reporting  | have no<br>dividen                                      | ot been i<br>ds, or (c<br>ect.                                    | ) the IRS   | has n   |  |                                       |                      |
| 1.1 am not subject to bac<br>Service (IRS) that 1 am<br>no longer subject to ba<br>1.1 am a U.S. citizen or o<br>1. The FATCA code(s) en<br>Certification instructions<br>ou have failed to report a<br>cquisition or abandonme   | ckup withholding because: (a) I am exempt from ba<br>subject to backup withholding as a result of a failu<br>ackup withholding; and<br>ther U.S. person (defined below); and  | ckup withholding, or (b) I<br>re to report all interest or<br>opt from FATCA reporting<br>votified by the IRS that you<br>state transactions, item 2 d<br>ions to an individual retirer                              | is corre<br>dividen<br>are curr<br>does not<br>ment arr | ot been i<br>ds, or (c<br>ect.<br>apply. F<br>angemer             | ) the IRS<br>bject to bi<br>or mortga<br>it (IRA), ai               | has n<br>ackup<br>ige inte<br>nd gen            | withho<br>erest p<br>erally,             | lding b<br>aid,<br>payme              | eca.                 |
| . I am not subject to bad<br>Service (IRS) that I am<br>no longer subject to ba<br>. I am a U.S. citizen or o<br>. The FATCA code(s) en<br>certification instructions<br>ou have failed to report a<br>cquisition or abandonme<br>ther than interest and div<br>Sign Stanature of | skup withholding because: (a) I am exempt from ba<br>subject to backup withholding as a result of a failur<br>ackup withholding; and<br>ther U.S. person (defined below); and<br>tered on this form (if any) indicating that I am exem<br>. You must cross out item 2 above if you have been n<br>I interest and dividends on your tax return. For real es<br>nt of secured property, cancellation of debt, contribut   | ckup withholding, or (b) I<br>re to report all interest or<br>opt from FATCA reporting<br>notified by the IRS that you<br>state transactions, item 2 d<br>ions to an individual retirer<br>but you must provide your | is corre<br>dividen<br>are curr<br>does not<br>ment arr | ot been i<br>ds, or (c<br>ect.<br>apply. F<br>angemer             | ) the IRS<br>bject to bi<br>or mortga<br>it (IRA), ai               | has n<br>ackup<br>ige inte<br>nd gen            | withho<br>erest p<br>erally,             | lding b<br>aid,<br>payme              | eca.                 |
| I am not subject to bac<br>Service (IRS) that I am<br>no longer subject to bac<br>I am a U.S. citizen or of<br>The FATCA code(s) en<br>Certification instructions<br>ou have failed to report a<br>coquisition or abandonme<br>ther than interest and div<br>Sign Signature of    | ckup withholding because: (a) I am exempt from ba<br>subject to backup withholding as a result of a failur<br>ackup withholding; and<br>ther U.S. person (defined below); and<br>tered on this form (if any) indicating that I am exem<br>. You must cross out item 2 above if you have been n<br>I interest and dividends on your tax return. For real es<br>n tof secured property, cancellation of debt, contribut<br>idends, you are not required to sign the certification, to | ckup withholding, or (b) I<br>re to report all interest or<br>opt from FATCA reporting<br>notified by the IRS that you<br>state transactions, item 2 d<br>ions to an individual retirer<br>but you must provide your | is correct<br>are curr<br>does not<br>correct<br>ate ►  | ot been i<br>ds, or (c<br>ect.<br>apply. F<br>angemer<br>TIN. See | ) the IRS<br>bject to be<br>or mortga<br>it (IRA), au<br>the instru | has n<br>ackup<br>age inte<br>nd gen<br>uctions | withho<br>erest p<br>erally,<br>a for Pa | lding b<br>aid,<br>payme<br>rt II, la | ecal<br>ents<br>ter. |

related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

 Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)

Form 1099-S (proceeds from real estate transactions)

· Form 1099-K (merchant card and third party network transactions)

 Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)

· Form 1099-C (canceled debt)

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Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X

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Form W-9 (Rev. 11-2017)

College of Professional Studies – Department of Nursing

### **Student Midterm Evaluation**

### EVALUATION IS SENT VIA EMAIL ELECTRONICALLY FROM TYPHON GROUP NOTIFICATION Preceptor Midterm Evaluation of Student Performance

| 1. | <u>Student Name</u> : | Enter a response |                |   |
|----|-----------------------|------------------|----------------|---|
| 2. | <u>Course</u> :       | Select           |                | Ŧ |
| 3. | Number of Hours C     | ompleted:        | Enter a number |   |

#### 4. Instruction:

Please let us know how the student is meeting the expectations overall:

|  | Meets or exceeds<br>expectations | Marginally meets<br>expectations | Does not meet<br>expectations | Not Applicable |
|--|----------------------------------|----------------------------------|-------------------------------|----------------|
| Professional behaviors (e.g.<br>Dress code, attendance and<br>reliability) | 0                                | 0                                | 0                             | 0              |
| Quality of work  | 0                                | 0                                | 0                             | 0              |
| Teamwork   | 0                                | 0                                | 0                             | 0              |
| Meeting course objectives  | 0                                | 0                                | 0                             | 0              |

### 5. Please list the student's strengths:

| Enter a respons |
|-----------------|
|-----------------|

### 6. Please list the areas where the student needs to improve:

Enter a response

### 7. List any goals you and the student have discussed:

Enter a response

| Faculty/Preceptor Signature   | Student Signature   |
|-------------------------------|---------------------|
| Date:                         | Date:               |
| Faculty/Preceptor print name: | Student print name: |

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College of Professional Studies – Department of Nursing

# **Student Final Evaluation – FNP & PMHNP**

### Preceptor Final Evaluation of Student Performance FNP/PMHNP Specialization

- 1. Course:
- 2. Number of Hours Completed:
- **3.** Instruction: Please indicate the listed behaviors that you observed from student: Note:

For FNP 683B/MNP 696A: Students must achieve a minimum of "Minimal guidance needed" on all applicable objectives in the final clinical evaluation prepared by the faculty in order to pass the course.

For FNP 684B/MNP 696B: Students must achieve a minimum of "Fairly consistent in meeting competencies" on all applicable objectives in the final clinical evaluation prepared by the faculty in order to pass the course.

For FNP 685B/MNP 688B: Students must achieve a minimum of "Consistently & self-directed in meeting competencies" on all applicable objectives in the final clinical evaluation prepared by the faculty in order to pass the course

|   | Consistently &<br>Self-directed     | Fairly<br>Consistent | Minimal<br>Guidance<br>Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not<br>Applicable |
|---|-------------------------------------|----------------------|-------------------------------|------------------------------------|-------------------------------------|-------------------|
| Functions as an independent student practitioner.   | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |
| Demonstrates accountability for professional<br>practice.   | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |
| Manages previously diagnosed and undiagnosed<br>patients with various spectrum of health care<br>services.          | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |
| Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |
| Employs screening and diagnostic strategies in the development of diagnoses.  | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |
|   | Consistently<br>& Self-<br>directed | Fairly<br>Consistent | Minimal<br>Guidance<br>Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not<br>Applicable |
| Prescribes medications within the scope of practice.  | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |
| Incorporates the patient's cultural and spiritual<br>preferences, values, and beliefs into health care.             | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |
|   | Consistently &<br>Self-directed     | Fairly Consistent    | Minimal<br>Guidance Needed    | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable    |
| Preserves the patient's control over decision<br>making by negotiating a mutually acceptable plan<br>of care.       | 0                                   | 0                    | 0                             | 0                                  | 0                                   | 0                 |

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|  | Consistently &<br>Self-directed | Fairly Consistent | Minimal<br>Guidance Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable |
|--|---------------------------------|-------------------|----------------------------|------------------------------------|-------------------------------------|----------------|
| Advocates for improved access, quality, and cost effective health care.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Communicates practice knowledge effectively both orally and in writing.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Uses best available evidence to continuously<br>improve quality of clinical practice.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
|  | Consistently &<br>Self-directed | Fairly Consistent | Minimal<br>Guidance Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable |
| Verbalizes relationships among access, cost, quality,<br>and safety and their influence on health care.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Evaluates how organizational structure, care<br>processes, financing, marketing and policy<br>decisions impact quality of health care.                                   | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
|  | Consistently &<br>Self-directed | Fairly Consistent | Minimal<br>Guidance Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable |
| Anticipates variations in practice and is proactive in<br>implementing interventions to ensure quality.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Generates knowledge from clinical practice to<br>improve practice and patient outcomes.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Disseminates evidence from inquiry to diverse<br>audiences using multiple modalities.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Translates research and other forms of knowledge to improve practice processes and outcomes.   | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Leads and fosters collaboration with multiple<br>stakeholders (e.g., patients, community,<br>integrated health care teams, and policy makers)<br>to improve health care. | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |

|  | Consistently &<br>Self-directed | Fairly Consistent | Minimal<br>Guidance Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable |
|--|---------------------------------|-------------------|----------------------------|------------------------------------|-------------------------------------|----------------|
| Analyzes clinical guidelines for individualized<br>application into practice.                                  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Integrates appropriate technologies for knowledge management to improve health care.                           | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
|  | Consistently &<br>Self-directed | Fairly Consistent | Minimal<br>Guidance Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable |
| Assesses the patient's and caregiver's educational<br>needs to provide effective, personalized health<br>care. | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Coaches the patient and caregiver for positive behavioral change.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Demonstrates information literacy skills in<br>complex decision making.  | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Advocates for ethical policies that promote access, equity, quality, and cost.                                 | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Analyzes the implications of health policy across disciplines.   | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |

13

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| Collaborates in planning for transitions across the continuum of care   | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
|---|---------------------------------|-------------------|----------------------------|------------------------------------|-------------------------------------|----------------|
|   | Consistently &<br>Self-directed | Fairly Consistent | Minimal<br>Guidance Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable |
| Integrates ethical principles in decision making.   | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Applies ethically sound solutions to complex<br>issues related to individuals, populations, and<br>systems of care. | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
|   | Consistently &<br>Self-directed | Fairly Consistent | Minimal<br>Guidance Needed | Considerable<br>Guidance<br>Needed | Consistently<br>Needing<br>Guidance | Not Applicable |
| Applies knowledge of organizational practices and<br>complex systems to improve health care delivery.               | 0                               | 0                 | 0                          | 0                                  | 0                                   | 0              |
| Evaluates the impact of health care delivery on   |                                 |                   |                            |                                    |                                     |                |

### Please list the student's strengths:

Enter a response

Please list the areas where the student needs to improve:

Enter a response

List any goals you and the student have discussed:

Enter a response

| Faculty/Preceptor Signature   | Student Signature   |
|-------------------------------|---------------------|
| Date:                         | Date:               |
| Faculty/Preceptor print name: | Student print name: |

Adapted from NONPF-Population-Focused Competencies Task Force. (2013). Population-Focused Nurse Practitioner Competencies.

14

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College of Professional Studies – Department of Nursing

### **Student Final Evaluation – NI**

### Faculty, Preceptor, and Student Evaluation of the MSN-NI Student Performance

| Student Name:          | Preceptor Name:                                     |                                    | Faculty Name:   |       |
|------------------------|---|------------------------------------|---|-------|
| Practicum/Clinic Name: | Evaluation Type:<br>Preceptor<br>Faculty<br>Student | # of Precepted<br>Hours Completed: | <b>Course:</b><br>HTM 692: Health<br>Informatics Capstone | Date: |

#### Instructions:

Please indicate the degree of guidance needed by the student to meet the expected standards and core competency behaviors established by the American Nurses Association (ANA) for Nursing Informatics. ANA (2015). Nursing Informatics: Scope and Standards of Practice (2<sup>nd</sup>. Ed.). Silver Spring, MD. ISBN-13: 978-1-55810-579-9. These standards and core competencies have been adapted for the purposes of measuring our MSN-NI student behaviors during their preceptorship and practicum experience.

|    | Standard/Core Competency Area for MSN-NI Student Performance                          | 0=Not observed/Applicable<br>1= Below Average<br>2= Average<br>3= Above Average<br>4 = Exceptional |
|----|---|--|
| 1. | Standard 1: Assessment & Core Competencies. The informatics nurse collects            |  |
|    | comprehensive data, information, and emerging evidence pertinent to the situation     |  |
| 2. | Standard 2: Diagnosis, Problems, and Issues Identification & Core Competencies. The   |  |
|    | informatics nurse analyzes assessment data to identify diagnoses, problems, issues,   |  |
|    | and opportunities for improvement   |  |
| 3. | Standard 3: Outcomes Identification & Core Competencies. The informatics nurse        |  |
|    | identifies expected outcomes for a plan individualized to the healthcare consumer or  |  |
|    | the situation.  |  |
| 4. | Standard 4: Planning & Core Competencies: The informatics nurse develops a plan       |  |
|    | that prescribes strategies, alternatives, and recommendations to attain expected      |  |
|    | outcomes  |  |
| 5. | Standard 5: Implementation & Core Competencies: The informatics nurse                 |  |
|    | implements the identified plan.   |  |
|    | Standard 5a. Coordination of Activities. The informatics nurse coordinates planned    |  |
|    | activities  |  |
|    | Standard 5b: Health Teaching and Health Promotion. The informatics nurse employs      |  |
|    | informatics solutions and strategies for education and teaching to promote health and |  |
|    | a safe environment.   |  |
|    | Standard 5c: Consultation, The informatics nurse promotes consultation to influence   |  |
|    | the identified plan, enhance the abilities of others, and effect change.              |  |
| 6. | Standard 6: Evaluation. The informatics nurse evaluates progress toward attainment    |  |
|    | of outcomes.  |  |
| 7. | Standard 7: Ethics. The informatics nurse practices ethically.:                       |  |
| 8. | Standard 8: Education. The informatics nurse attains knowledge and competence that    |  |
|    | reflect current nursing and informatics practice.:                                    |  |

| Standard/Core Competency Area for MSN-NI Student Performance  | 0=Not observed/Applicable<br>1= Below Average<br>2= Average<br>3= Above Average<br>4 = Exceptional |
|---|--|
| 9. Standard 9: Evidence-Based Practice and Research. The informatics nurse integrates               |  |
| evidence and research findings into practice.   |  |
| <b>10. Standard 10: Quality of Practice.</b> The informatics nurse contributes to quality and       |  |
| effectiveness of nursing and informatics practice.  |  |
| <b>11. Standard 11: Communication:</b> The informatics nurse communicates effectively in a          |  |
| variety of formats in all areas of practice.  |  |
| 12. Standard 12: Leadership. The informatics nurse demonstrates leadership in the                   |  |
| professional practice setting and the profession.   |  |
| <b>13. Standard 13: Collaboration.</b> The informatics nurse collaborates with the healthcare       |  |
| consumer, family, and others in the conduct of nursing and informatics practice.:                   |  |
| 14. Standard 14: Professional Practice Evaluation. The informatics nurse evaluates his or           |  |
| her own nursing practice in relation to professional practice standards and guidelines,             |  |
| relevant statutes, rules, and regulations.:   |  |
| <ul> <li>Engages in self-evaluation of practice on a regular basis, identifying areas of</li> </ul> |  |
| strength as well as areas in which professional growth would be beneficial.                         |  |
| 15. Standard 15: Resource Utilization: The informatics nurse employs appropriate                    |  |
| resources to plan and implement informatics and associated services that are safe,                  |  |
| effective, and fiscally responsible.  |  |
| 16. Standard 16: Environmental Health. The informatics nurse supports practice in a safe            |  |
| and healthy environment.  |  |

### Summary of student's strengths (attach separate sheet if necessary):

### Areas for development/improvement (attach separate sheet if desired):

| Faculty/Preceptor signature   | Student signature  |
|-------------------------------|--|
|                               | Affirms student has been appraised of the results of this eval |
| Faculty/Preceptor print name: |  |
| Date:                         |  |

#### References

ANA. (2015). Scope and Standards of Practice: Nursing Informatics (2<sup>nd</sup> ed.), Silver Spring, MD.: ANA

# **Student Final Evaluation – NA**

### Faculty, Preceptor, and Student Evaluation of the MSN-NA Student Performance

| Student Name:          | Preceptor Name:                                     |                                    | Faculty Name:   |       |
|------------------------|---|------------------------------------|---|-------|
| Practicum/Clinic Name: | Evaluation Type:<br>Preceptor<br>Faculty<br>Student | # of Precepted<br>Hours Completed: | <b>Course:</b><br>HCA 692: Healthcare<br>Administration<br>Capstone | Date: |

#### Instructions:

Please indicate the degree of guidance needed by the student to meet the expected standards and core competency behaviors established by the American Nurses Association (ANA) for Nursing Administration. ANA (2016). Nursing Administration: Scope and Standards of Practice (2nd. ed.), Silver Springs, MD: ANA. ISBN-13: 978-1-55810-643-7. These standards and core competencies have been adapted for the purposes of measuring our MSN-NA student behaviors during their preceptorship and practicum experience.

|          | Standard/Core Competency Area for MSN-NA Student Performance  | 0=Not observed/Applicable<br>1= Below Average<br>2= Average<br>3= Above Average<br>4 = Exceptional |
|----------|---|--|
| 1.       | Standard 1: Assessment & Core Competencies: The nurse administrator collects  |  |
|          | pertinent data and information relative to the situation, issue, problem, or trend.   |  |
| Ζ.       | <b>Standard 2</b> : <b>Identification &amp; Core Competencies:</b> The nurse administrator analyzes the assessment data to identify problems, issues, and trends.   |  |
| 2        | Standard 3: Outcomes Identification & Core Competencies: The nurse  |  |
|          | administrator identifies expected outcomes for a plan tailored to the system, organization, or population problem, issue, or trend.   |  |
| 4.       | Standard 4: Planning & Core Competencies: The nurse administrator develops a  |  |
|          | plan that defines, articulates, and establishes strategies and alternatives to attain   |  |
|          | expected, measureable outcomes.   |  |
| 5.       | Standard 5: Implementation & Core Competencies: The nurse administrator   |  |
|          | implements the identified plan.   |  |
| 6.       | Standard 5A: Coordination & Core Competencies: The nurse administrator  |  |
| <b>_</b> | coordinates implementation of the plan and associated processes.  |  |
| /.       | <b>Standard 5B: Promotion of &amp; Core Competencies:</b> The nurse administrator establishes strategies to promote health, education, and a safe environment.  |  |
| 8.       | <b>Standard 6: Evaluation &amp; Core Competencies:</b> The nurse administrator evaluates progress toward the attainment of goals and outcomes.  |  |
| 9.       | Standard 7: Ethics & Core Competencies: The nurse administrator practices ethically.  |  |
|          | <ul> <li>Standard 8: Culturally Congruent Practice &amp; Core Competencies: The nurse administrator practices in a safe manner that is congruent with cultural diversity and inclusion principles.</li> <li>Standard 9: Communication &amp; Core Competencies: The nurse administrator</li> </ul> |  |
|          | communicates effectively in all areas of practice.  |  |

-----[ 17 ]--

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| Standard/Core Competency Area for MSN-NA Student Performance                         | 0=Not observed/Applicable<br>1= Below Average<br>2= Average<br>3= Above Average<br>4 = Exceptional |
|--|--|
| 12. Standard 10: Collaboration & Core Competencies: The nurse administrator          |  |
| collaborates with healthcare consumers, colleagues, community leaders, and           |  |
| other stakeholders to advance nursing practice and healthcare transformation.        |  |
| 13. Standard 11: Leadership & Core Competencies: The nurse administrator leads       |  |
| within the professional practice setting, profession, healthcare industry, and       |  |
| society.   |  |
| 14. Standard 12: Education & Core Competencies: The nurse administrator attains      |  |
| knowledge and competence that reflects current nursing practice and promotes         |  |
| futuristic thinking.   |  |
| 15. Standard 13: Evidence-Based Practice, Research & Core Competencies: The nurse    |  |
| administrator integrates evidence and research findings into practice.               |  |
| 16. Standard 14: Quality of Practice & Core Competencies: The nurse administrator    |  |
| contributes to quality nursing practice.   |  |
| 17. Standard 15: Professional Practice Evaluation: & Core Competencies: The nurse    |  |
| administrator evaluates one's own and others' nursing practice.                      |  |
| 18. Standard 16: Resource Utilization & Core Competencies: The nurse administrator   |  |
| utilizes appropriate resources to plan, allocate, provide, and sustain evidence-     |  |
| based, high-quality nursing services that are person-, population-, or community-    |  |
| centered, culturally appropriate, safe, timely, effective, and fiscally responsible. |  |
| 19. Standard 17: Environmental Health & Core Competencies: The nurse                 |  |
| administrator practices in an environmentally safe and healthy manner.               |  |

Summary of student's strengths (attach separate sheet if necessary):

Areas for further development/improvement (attach separate sheet if desired):

| Faculty/Preceptor Signature | Student Signature  |
|-----------------------------|--|
|                             | Affirms student has been appraised of the results of this eval |
| Print name:                 |  |
| Date:                       |  |

### Reference:

ANA (2016). Nursing Administration: Scope and Standards of Practice (2<sup>nd</sup> ed) Silver Springs, MD: ANA

-----[ 18 ]------

# National University College of Professional Studies – Department of Nursing

# Practicum Hours Log – NI & NA

### **Practicum Hours Log**

| Specialty (Please Check):    | MSN-NA  | □ MSN-NI                                   |  |
|------------------------------|---------|--|--|
|                              |         |  |  |
| Student Name:                |         |  |  |
| Primary Preceptor Name:      |         |  |  |
|                              |         |  |  |
| Additional Preceptor Names:  |         |  |  |
| Practicum Site Names and Loo | cation: |  |  |
| Faculty Name:                |         |  |  |
| Faculty Contact Information: |         |  |  |
| Date Practicum Started:      |         | Date Practicum Ended (200 Hours Required): |  |

DATE **PRACTICUM RELATED ACTIVITIES** LENGTH STUDENT PRECEPTOR FACULTY (Descriptions) **IN HOURS** INITIALS INITIALS INITIALS

College of Professional Studies – Department of Nursing

# **Roles & Responsibilities**

### **Preceptor Responsibilities and Expectations**

Preceptors serve as mentors, coaches, and role models for Nursing Administration, Nursing Informatics and Nurse Practitioner students. Preceptors are provided with the evaluation tools before the start of the practicum rotation. Specific preceptor responsibilities and expectations include:

- Maintain a current and unencumbered license to practice as advanced practice registered nurse (APRN) or medical doctor/psychiatrist (MD). Maintain certification in a population focused area (APRN) and/or administrative or informatics specialty if applicable.
- Provide a learning environment, facility and/or space appropriate to facilitate student learning; facilitate student experiences and interactions with a variety of clients, and interprofessional team members, to meet the course objectives; complete the student orientation to the facility before or during the first practicum week.
- 3. Identify and discuss what the student learning needs to meet the course and/or practicum objectives. Conduct a review of the student learning objectives to ensure the objectives will be met in the clinical practice, administrative, or informatics setting.
- Inform the student, faculty and Academic Program Director with any problem or concern that might prevent student from accomplishing the negotiated and required objectives.
- 5. Identify opportunities for improvement early in the practicum, thereby providing time to achieve objectives by the time the practicum rotation is completed.
- 6. Provides continuous and constructive feedback to both the student and the faculty member verbally and/or in writing whenever practical.
- 7. Use appropriate teaching methods to help the student meet the learning objectives.
- 8. Provide opportunities for the student to practice newly learned skills that build confidence.
- Demonstrate and support the critical analysis of guidelines/standards of care and determines how they should be implemented or adapted to unique clinical, administrative, or informatics situations.
- 10. Be available to meet with faculty as necessary to discuss student's performances.
- Complete student's midterm and final clinical evaluation and review with faculty. Provide student feedbacks including strengths, limitations, and areas to strengthen.
- 12. Verify the student's clinical hours on the evaluation form.
- 13. Complete Preceptor Information Form or supply a Curriculum Vitae prior to the student beginning the clinical experience.

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College of Professional Studies – Department of Nursing

**Roles & Responsibilities** 

### **Faculty Responsibilities and Expectations**

- 1. The Faculty is responsible for ensuring the student's learning experiences and quality of the practicum sites by making webinar Zoom/email/phone calls periodically as needed (initial, midterm, and/or final) to discuss practicum requirements, evaluation forms that need to be completed by all (preceptor, student, and faculty) and the shared expectations and goals/outcomes with all concerned (preceptor/site coordinator, student, and faculty).
- 2. The same type of communication is made at the end of the practicum for evaluation purposes and to obtain feedback to improve the practicum and preceptorship experience. Additional communications may be made at Midterm and during the practicum experience where the preceptor, faculty and the student have the opportunity to discuss progress being made, and to discuss/negotiate any additional experiences or changes in the experience to enhance, strengthen and provide the learning activities needed by the student to develop into an advanced practice role.
- 3. The Faculty serves as an ongoing resource for both the preceptors/site coordinator and student to facilitate problem-solving and/or additional negotiation if needed to modify the practicum experience.
- 4. The Faculty is responsible for maintaining communication with the student and preceptor during the practicum and ensures that all final evaluation forms are completed.
- 5. The Faculty ensures that the preceptor and the student receive an electronic copy of the preceptor handbook, and solicits feedback from them on any suggested revisions that need to be made or clarified.

College of Professional Studies – Department of Nursing

# **Roles and Responsibilities**

### **Student Responsibilities and Expectations**

- 1. Identify course learning objectives and the focus of clinical, administrative, and/or informatics learning activities.
- 2. Assist preceptor to complete required documents associated with the practicum experience.
- 3. Generate a clinical or practicum schedule consistent with their preceptor's time constraints and schedule.
- 4. Negotiate a procedure to contact their preceptor in case of absence before the clinical or practicum time begins.
- 5. Collect and enter patient encounter data and practicum hours weekly as specified.
- 6. Demonstrate increasing competencies and progressive independence in clinical knowledge and skills.
- 7. Take on the role of nurse practitioner or Advanced Practice Nurse under the supervision of the preceptor. Incorporate evidence-based practice guidelines and follow site policies.
- 8. Complete clinical preceptor and clinical site evaluations at the end of the practicum rotation.
- Provide a courtesy copy of emailed correspondence on pertinent issues that involve the Department of Nursing.
- 10. Notify the preceptor prior to the start of the practicum day if they become sick or have an emergency.
- 11. Dress appropriately and behave in a professional manner at all times. Adhere to site dress code when specified.
- 12. Wear National University identification badges and lab coat for proper identification if interacting with patients if applicable.
- 13. Take the initiative and actively participate in your own learning process
- 14. Negotiate a written schedule with the preceptor and/or faculty member to make up time for absences and share with the faculty.
- 15. Develop and send a personal thank you letter to the preceptor at the end of the practicum.

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College of Professional Studies – Department of Nursing

# **Preceptor Teaching Tips**

### > Avoid using the same teaching-learning approach for all students.

Students learn in many ways. Some are visual, oral or written learners, some concrete and some abstract, and others are multidimensional. Recognize that your style of learning may be very different from the student's.

### > Spend some time to know your student.

Find out your student's talents, prior experiences, and learning needs. This information helps you know how to best guide the student. Knowing the student's current knowledge base and readiness to learn helps both of you know how

much work you have ahead of you.

### Create a positive and safe learning environment.

Students are more likely to take risks in a safe environment. Admitting what one doesn't know or making a wrong decision is an uncomfortable feeling for anyone. Allow students the opportunity to learn from their mistakes.



# Give frequent feedback along the way, not just at the end.

Students need to have information about their

behavior and performance as they are learning. Focus on the performance, not the person. Involve the learner in the self-evaluation process.

### Share your passion.

If the teacher has passion for the works he/she does, the student is likely to emulate it. You are teaching by example at all time. Students learn as much from observing your behavior and communication of caring as they do from listening.

### Repeat the important points.

State the most important points more than once and in various ways. The first time something is stated it is heard and will be recognized, but it takes repetition and application for learning to occur.

### Ask questions.

Learning requires exploring the unknown and considering ideas from a different

perspective. The preceptor guides the student to seek a deeper understanding. Ask students questions that encourage them to demonstrate the thinking process that led to the right answer.

Talk through your decision-making process. Share the process you go through in making decisions. Problem-solving skills can be learned. Point out the factors in the clinical situation that guided your thinking.

### You don't have to be perfect.

Acknowledging that you don't know something shows you are still learning. The student expects you to know the answers to most questions, but does not expect you to be perfect.

### Sometimes "less is more."

Making one or two teaching points in a case may be better than trying to have the learner focus in on all possible learning points.

### Break larger tasks into step-by-step skills. Give feedback on the performance of each step of the process. Give rationale during demonstration. Allow active practice and repetition.



# PROGRESSION OF A NURSE PRACTITIONER STUDENT

Benchmarks for Practicum rotation with NP Students in a practicum rotation of 12 weeks in length.

- First 10-20 hours: Observation of preceptor and patient interactions:
  - Preceptor style and patient interaction.
  - Preceptor method of evaluating patient information (history & physical).
  - Discuss differential diagnoses and treatment.
  - Observe patient flow in the office.
  - Observe charting methods.
- Next 10-20 hours: Preceptor observes Student gathering patient information
  - Student offers list of differential diagnoses and proposes treatment plan.
  - Preceptor refines plan and offers rationale. Student documents in patient chart if policy permitting.

### Remainder of clinical time:

- Student will independently (unobserved) perform history and physical exams, if policy permitting and per preceptor agreement
- Student will reports findings and proposed treatment plan. Preceptor and student finalizes visit with patient.
- At the end of the session, recap the student actions and address any areas of concern.

Thank you for serving as Preceptor to National University student. We appreciate your commitment to provide a meaningful practice-based learning experience to our students. We hope that you find mentoring students a rewarding experience, both personally and professionally.

