

SOUTHERN ADVENTIST UNIVERSITY

SCHOOL OF NURSING



NURSE PRACTITIONER STUDENT

CLINICAL HANDBOOK

2009-2010

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INTRODUCTION & PURPOSE

Nurse practitioner (NP) students are required to complete a number of hours of clinical practice in their area of focus in order to complete the NP program and develop competency in the advanced practice role. Obtaining and retaining clinical sites with qualified and willing preceptors is challenging. It takes a combined student and faculty effort to accomplish this. The purpose of this document is to provide NP students with guidelines for setting up clinical experiences, communicating with faculty and preceptors, and completing practicum experiences.

GENERAL GUIDELINES

Appearance

Students are expected to dress professionally in the clinical environment. Typically NP students wear business or business casual type street clothes and a white lab jacket during clinical practicum. Lab jackets are of individual choice and style, but should look professional. There are some practice settings where scrubs or professional dress without a lab coat may be more appropriate.

SAU student identification should be worn during practice in student roles. Picture ID tags are available from Diane Proffitt, secretary/graduate enrollment counselor in the School of Nursing (SON).

In keeping with the University dress code, students should limit jewelry worn during on-campus classroom learning & clinical practice to a wedding band or other medically necessary identification. Ear rings, visible hardware from piercings, decorative bracelets & rings are not to be worn in the classroom or during clinical practice. Rings with stones or patterns which promote transmission of pathogens are also unacceptable in the clinical environment.

Student documentation & signature in client records

Students are expected to document client care in accordance with the policies & procedures of a given clinical facility. There may be occasional instances where the student is not allowed to document care, though is allowed to freely participate in all other aspects of NP-level practice. These situations should be discussed with the SON faculty in charge of the clinical practicum, as documentation involvement is considered important to the learning process.

Documentation should in all circumstances be professional, clearly legible, and must accurately reflect the assessment and care provided during the student-client encounter. Integrity of documentation is of utmost importance. Violations of integrity are grounds for dismissal of the NP student from the MSN program.

Students may sign their name with RN initials following, and should note their student NP status with the following: SAU NPS.

CLINICAL PRACTICUM GUIDELINES

It is imperative that each student understand and comply with the guidelines for arranging, scheduling, completing, and following up on each practicum experience. Detailed instructions are found in this section of the handbook. A summary in a checklist type of format is found in Appendix C.

Arranging clinical practicum experiences

Prerequisites. Students are responsible for arranging their own clinical rotations for each practicum. Prior to beginning practicum experiences, each student must have on file evidence of compliance with current RN licensure, criminal background check, current immunization requirements, drug screening, and current BLS certification. Documentation of compliance with the Joint Commission Hospital requirements and updates is also necessary. Students lacking such documentation may NOT participate in clinical activities or receive credit for such.

Requests. Students must submit a written request by way of the scheduling system in Typhon and have initial approval from the faculty assigned to the practicum course or from the graduate clinical coordinator to pursue placement and scheduling at a given location. The faculty or coordinator must assure that there is a current contract or agreement between the SON and the provider(s) or agency where the student desires clinical placement.

Contracts. In the event that a student wishes to practice at a site where the SON has no current clinical contract or agreement for student practice, a contract or agreement may be initiated with faculty or clinical coordinator approval. Sample contracts may be faxed by the SON or hand carried by the student to the clinical site for initial review and editing. If the provider is agreeable, a formal contract with official signatures, in duplicate, is issued. The provider signs both copies, retains one copy, and returns the other copy to the SON. *This process **must** be complete before the student may schedule clinical practice at the location.*

Scheduling clinical practicum experiences

Following initial approval of the student's practicum plans/location by the faculty or coordinator, the student may work out a schedule for practice at the approved location. This schedule must be submitted to the course faculty & graduate clinical coordinator by documentation on the E-Class calendar. Modification of the schedule should also be submitted to the faculty & graduate clinical coordinator and documented on the E-Class calendar.

All scheduling of practicum time **must** comply with the SON policies regarding Sabbath observance (see SON Graduate Handbook). *Students are, under no circumstances, to be practicing in a clinical site without authorization from the course faculty & graduate clinical coordinator and documentation of their approved/scheduled clinical.* Students who practice without such authorization or documentation are subject to advisement, and may not receive credit for the unauthorized clinical practice. Repeated violations in this area are likely to result in the student being dismissed from the MSN program.

Recommended sites for clinical practicum experiences

Students may utilize a variety of sites for clinical practicum experiences. Sites should be chosen that give the student broad clinical experience and application of theory, that foster development of the acute care, adult or family practice roles, and provide the most ideal base for practice and for success on the NP certification examination. Students are discouraged from attempting to specialize during the time they are a student. Specialty practice sites may be utilized to enhance learning in various areas.

Practice sites in other states may be utilized as long as the student meets requirements for practice as a NP student in that state. States that are part of the multi-state licensure compact are the best options. Students desiring clinical practice in the state of Georgia must have a current Georgia license.

Recommended clinical hours

First semester recommendations

ACNP

Area	Hours
Urgent/emergent care, internal medicine, health department clinics (broad general adult practice)	180 (minimum)
Long-term care; gerontology	60 (recommended)
Total	240 (minimum)

ANP

Area	Hours
Family practice, urgent/emergent care, walk-in clinic, internal medicine, health department clinics (broad general practice)	180 (minimum)
Women's health	30 (recommended)
Elective - specialty area(s) of choice	30
Total	240 (minimum)

FNP

Area	Hours
Family practice, urgent/emergent care, walk-in clinic, internal medicine, health department clinics (broad general practice)	180 (minimum)
Women's health	30 (recommended)
Elective - specialty area(s) of choice	30
Pediatrics	60 (minimum)
Total	300 (minimum)

Second semester recommendations

ACNP

Area	Hours
Acute care (Emergency department, hospitalist, med-surg, step-down, and critical/intensive care units)	260 (minimum)
Elective - specialty area(s) of choice	40
Total	300 (minimum)

ANP

Area	Hours
Family practice, urgent/emergent care, walk-in clinic, internal medicine, health department clinics (broad general practice)	120 (minimum)
Women's health	30 (recommended)
Gerontology	30 (recommended)
Electives - specialty area(s) of choice	60
Total	240 (minimum)

FNP

Area	Hours
Family practice, urgent/emergent care, walk-in clinic, internal medicine, health department clinics (broad general practice)	120 (minimum)
Women's health	30 (recommended)
Gerontology	30 (recommended)
Electives - specialty area(s) of choice	60
Pediatrics	60 (minimum)
Total	300 (minimum)

Specialty areas typically include, but are not limited to, the following: Asthma, allergy, immunology; pulmonology; dermatology; orthopedics; cardiology; nephrology; GI services; endocrinology; rheumatology; oncology; hematology; neurology; pain management; otolaryngology/ENT, etc.

Preceptors

Preceptors must hold a current advanced practice license. Documentation of preceptor credentials is a necessary part of the NP student clinical document portfolio.

It is necessary that the preceptor have a willingness to teach, guide, role-model, mentor, and evaluate. The preceptor must have authority to allow student access to patients and their records, and be willing to allow progressive autonomy in clinical decision making. Typically preceptors include nurse practitioners and physicians. Physician Assistant preceptors may also be used.

In the circumstance where a student finds that a preceptor does not foster learning in ways that meet their individual needs, the student should address this with the preceptor and attempt to mutually create a more positive learning environment. Practicum faculty and/or the graduate clinical coordinator should be notified of the situation and kept apprized of progress. Faculty may meet with the preceptor and student and provide precepting resources in an attempt to facilitate precepting success. If the precepting situation continues to not meet student learning needs or faculty approval, the student should make other clinical arrangements.

Appendix A contains valuable preceptor information. Students should plan to share this information with each preceptor prior to beginning clinical activities to assure accurate communication and complete understanding of roles, relationships, and expectations. Clinicians who have previously precepted for Southern NP students may not need the information, but the student should assure that there are no questions regarding roles and responsibilities.

Faculty & Clinical Coordinator Roles

Each practicum is taught by a qualified faculty member. This faculty member is ultimately responsible for the practicum objectives, student experiences, evaluation, and grade assignment. This faculty is available for student consultation, clinical supervision, and evaluation activities. See Appendix A.

Additionally the MSN program has a Graduate Clinical Coordinator. The role of this individual is to facilitate development of a pool of clinical sites and preceptors where NP students may obtain high quality practicum experience. The clinical coordinator assists with evaluation of student initial written requests for practicum placement and with obtaining/processing contracts when needed. The clinical coordinator is primarily responsible for scheduling & site coordination. The coordinator may also assist in monitoring student clinical experiences and clinical logs, making site visits, and conducting student clinical evaluations.

Practicum requirements

Each practicum has a course syllabus that outlines in detail, the course requirements. Syllabi are available at the E-Class site for each practicum. It is the responsibility of the student to be informed of the objectives and requirements for their practicum experience.

Record of Clinical Activities

All students will keep a record of their clinical activities. The primary means for recording clinical activities is through use of the electronic student clinical tracking system offered by Typhon group (web site is: southern.typhongroup.net). Students may access the program once enrolled in clinical NP courses. The first course in which the data base is typically used is a Primary Care Practicum. During this course, each student will receive log-on & password information. Students may enter records via desktop computer or PDA. Both Palm & Windows operating systems are available for hand-held devices. Students are responsible for notifying the course faculty regarding their preference, as PDA access has to be specifically & individually authorized.

It is expected that all patient encounters will be logged in the Typhon database. Data should be entered either at the point of contact (PDA version) or as soon as possible after clinical to ensure most accurate & complete data entry. Student evaluation is linked to this process.

Students are additionally responsible for maintaining a written/paper signature log that verifies their clinical hours at a given location. A record of time spent in specialty areas is to be maintained throughout the program practicum experiences.

Clinical Evaluations

Evaluation is an important part of professional growth. Formal written evaluation is required upon completion of time with a preceptor or after approximately 80 clinical hours with a preceptor. The evaluation should be done using the Preceptor/Faculty Evaluation Form located in Appendix B. The preceptor should be provided with both the form and an official business reply envelope for direct mailing to the School of Nursing Faculty in charge of the practicum. Additionally, the NP student should seek regular informal feedback regarding his or her clinical performance.

Student self-evaluation must be completed monthly. This self-evaluation should reflect thoughtful assessment of personal strengths, weakness, and goals for the next month.

Preceptor evaluation of student should be completed monthly (generally every 80 hours), and at completion of a clinical rotation. Preceptor evaluation of short term or primarily observational experiences is not necessary.

Student evaluation of preceptor/clinical site should be completed at the time of final departure from a clinical site.

Faculty evaluation of student performance must be completed at least one time per semester. A faculty visit should be arranged well in advance of the end of the course. The student should arrange a visit once they are comfortable and well established at a site, and provide ample opportunity for scheduling of the visit.

Forms for these purposes are found in Appendix B. *It is the responsibility of the student to submit a portfolio of these documents monthly (approximately every 80 hours) to the practicum faculty for evaluation and feedback, as specified in individual practicum syllabi. Failure to do so will have a negative impact on the practicum grade and may result in student floundering clinically and having to complete additional clinical hours as a result.*

Clinical hours

Student clinical hours are based on time in contact with patients or in patient-care-related activities. It is expected that students will maximize the time for professional involvement in patient care activities that foster development of NP advanced practice decision-making skills. Hours may include discussion of individual patient cases with the preceptor and documentation of patient care in the patient's record.

Students may NOT count driving time to or from clinical sites as clinical time. Lunch breaks that are free from patient care activities are also not to be included in clinical time. Additionally, it is expected that the majority of clinical time be spent with the student active in patient care. Prolonged observational experiences in which a preceptor fails to allow students reasonable and progressive involvement in patient care may be counted only as authorized by the faculty preceptor or graduate clinical coordinator.

Clinical progression

MSN students are allowed to enroll part-time or full-time. Those who are enrolled as full-time students are expected to complete **all** clinical hours for a specific Primary Care Practicum course within the framework of the semester. Failure to complete all hours will result in an “Incomplete” or failing grade depending on the student circumstances. In extenuating circumstances such as catastrophic illness or family situation, an “In Progress” grade may be assigned. In all situations, the student may be prevented from registering for the next semester practicum course and possibly the next semester NP didactic course until all hours from the first practicum are completed.

Part-time students may make arrangements with the clinical faculty to extend the time for completion of their clinical hours to *a maximum of two semesters*. A minimum of one half of the required clinical hours must be completed in the first semester for which the student is registered in the practicum. Failure to meet this requirement will result in the student not being allowed to progress to the next NP didactic or practicum course. At the end of the first semester of registration, if the student has completed half or more of the required practicum hours, and is receiving satisfactory clinical evaluations, the student will receive an “In Progress” grade. Failure to have half of the practicum hours done will result in an “Incomplete” or failing grade, depending on student circumstances. Failure to complete the clinical hours by the end of a second semester will generally result in a failing grade for the clinical.

Students who receive an in-progress or incomplete grade for any practicum course must register for NRS 579 Practicum Continuation. This course facilitates tracking of student progress and assures student access to campus and E-Class resources.

Honesty and Integrity

In keeping with University & SON policies (see handbooks), it is expected that all clinical activities & documentation reflect honesty & integrity. Failure to meet these expectations may result in disciplinary actions ranging from failure of a clinical practicum to dismissal from the NP program.

Overall practicum requirements

Students are expected to meet all course objectives and to complete the minimum number of hours required for their program. Additionally it is expected that students will see sufficient numbers of patients during their clinical experiences. Students who consistently see less than one patient per hour during their program may be advised to complete more clinical hours to enhance their experience. Students who see excessive numbers of patients where it is apparent that there is little time for learning are also subject to advisement and potential modification of their practicum.

Appendix A

Preceptor Information

SOUTHERN ADVENTIST UNIVERSITY
SCHOOL OF NURSING
GRADUATE PROGRAM

PRECEPTOR ROLES INFORMATION

The following information delineates roles of student, faculty and preceptor for clinical experiences in the graduate program.

Student Role:

The student will:

1. Select preceptor and appropriate clinical site, with MSN clinical coordinator approval, for clinical objectives.
2. Discuss clinical objectives with preceptor prior to beginning clinical practice & provide preceptor with evaluation forms and mailing envelopes for student evaluations.
3. Document clinical site/preceptor information and submit to School of Nursing graduate program coordinator.
4. Work with selected preceptor and with faculty liaison in planning and completing clinical experiences.
5. Meet clinical objectives in collaboration with the preceptor.
6. Document clinical activities & progress are outlined in *NP Student Handbook* and in course syllabus.
7. Seek feedback regarding personal performance from preceptor and faculty.
8. Complete regular self-evaluations of clinical performance during preceptorship.
9. Evaluate the clinical experience, preceptor, and agency/site at completion of preceptorship.

Faculty Role:

The faculty will:

1. Facilitate site contract and preceptor agreement.
2. Provide materials to students for the purpose of orienting the preceptor to:
 - a. philosophy of Southern Adventist University School of Nursing
 - b. curricula structure
 - c. student, faculty, and preceptor roles
 - d. course and clinical objectives
3. Consult with student regarding overall professional goals and clinical objectives.
4. Counsel with each student regarding his/her progress to enhance maximum productivity and learning in the clinical setting.
5. Initiate visits with preceptors to get feedback on student progress and to plan for future learning experiences.
6. Keep anecdotal notes from preceptor and student conferences, and of critical incidents and areas needing improvement.
7. Prepare a written evaluation of student performance at the end of the course with the aid of the preceptor.
8. Conduct an individual evaluation with student to discuss performance and fulfillment of professional and clinical objectives for the course.
9. Foster reciprocal relationships among nursing faculty, preceptors, and agencies.

Preceptor Role:

1. Meet with the student to determine appropriateness of site and preceptorship for meeting student's professional and clinical objectives.
2. Review clinical objectives with the student.
3. Interpret the role of the student to the personnel in the clinical area.
4. Work collaboratively with the student to enable him/her to meet clinical objectives.
5. Act as a resource person for student questions and learning.
6. Foster and promote student mastery of current nursing practice related to clinical objectives.
7. Assist the student to actively participate in learning experiences related to clinical objectives.
8. Allow the student to assume direct care of selected clients, realizing the ultimate responsibility for the client's care remains with the preceptor.
9. Provide ongoing feedback to student regarding his/her performance.
10. Participate in written evaluation of student performance for precepted clinical practice of greater than 8 - 10 hours.

SOUTHERN ADVENTIST UNIVERSITY
School of Nursing - Graduate Program
PRECEPTOR MSN PROGRAM INFORMATION SHEET

Mission Statement

The mission of the School of Nursing at Southern Adventist University is to provide a Christian learning environment that values academic excellence and fosters personal and professional growth to meet the diverse needs of individuals, families, and communities.

The School of Nursing graduate program is designed to provide opportunities for advanced practice and upward mobility within health care. The purpose of the graduate program is to provide an SDA Christian graduate nursing education for individuals who desire to serve the Seventh-day Adventist world church and local communities in advanced nursing roles.

Philosophy

God created each person with physical, psychological, development, sociocultural and spiritual components integrated into perfect wholeness. Sin resulted in changes which adversely affect each individual's health and environment.

Nursing involves interaction with client systems and their environment(s) to assist in retaining, attaining and maintaining their highest level of wellness. Nursing education empowers the student to provide caring service, following the example of Christ

Nurse practitioner program outcomes:

Acute Care – Prepare graduates who	Adult – Prepare graduates who	Family – Prepare graduates who
Provide primary care for adults and families experiencing complex acute, critical, and chronic health problems.	Provide advanced nursing care for adults, families, and communities	Provide advanced nursing care for infants, children, adolescents, adults, families, and communities
Integrate theoretical knowledge as a guide for advanced practice.	Integrate theoretical knowledge as a guide for advanced nursing	Integrate theoretical knowledge as a guide for advanced nursing
Promote wholistic Christ-centered care for adults and families experiencing complex acute, critical, and chronic health problems.	Promote wholistic Christ-centered care for adults, families, and communities	Promote wholistic Christ-centered care for infants, children, adolescents, adults, families, and communities
Contribute to nursing knowledge through active involvement in research.	Contribute to nursing knowledge through active involvement in research	Contribute to nursing knowledge through active involvement in research
Influence health care policy and the future direction of nursing.	Influence health care policy and the future direction of nursing	Influence health care policy and the future direction of nursing

Typical NP program curriculum and sequence

Fall 1			Winter 1		
Theory 2 Health Promotion 3 Adv. Pathophysiology 3 Adv. Assessment 4 (60)			Health Policy 2 Research 4 Adv. Pharmacology 3 Family & Community Systems 3		
Fall 2			Winter 2		
ACNP	ANP	FNP	ACNP	ANP	FNP
Research Seminar 1 PCA 3 PCA I practicum 4 (240) ACCS 4 (60)	Research Seminar 1 PCA 3 PCA I practicum 4 (240)	Research Seminar 1 PCA 3 PCF I practicum 5 (300) PCC 3	ACRD 3 ACNP practicum 5 (300) Project or Thesis 3 or 4	PCRD 3 PCA II practicum 4 (240) Project or Thesis 3 or 4	PCRD 3 PCF II practicum 5 (300) Project or Thesis 3 or 4

- numbers in parentheses indicate clock hours of clinical practicum
- PCA = Primary Care of Adults; PCF = Primary Care of Families; PCC = Primary Care of Children; PCRD = Primary Care Role Development; ACCS= Acute Care Concepts and Skills; ACRD = Acute Care Role Development; ACNP = Acute Care Nurse Practitioner

Appendix B

Forms (used in all practicum courses)

Site/Preceptor Information (Form 3)

Portfolio Monthly Checklist

Student Practice/Signature Log

Preceptor/Faculty Evaluation of Student

Student Self-Evaluation of Clinical Progress

Student Evaluation of Preceptor/Site

Certification Renewal Category 5: Preceptor Documentation

Preceptor Agreement Form

Clinical Sites/Preceptors*

Form # 3

Name and Address of Site:

Type of Site (rural clinic, private practice, public health)	Characteristics of Clients (gender, age, ethnicity)	Experiences Available

Name and Credentials of Preceptor(s) at each site	Practice Specialty	Certification <i>Specify: Certifying body, # (as appropriate), & exp date</i>	Years of Practice in Specialty Area	Previously Precepted NP students (Y/N)	State Licensure/ Approval/ Recognition** <i>Specify: # & exp. date</i>
1.					
2.					
3.					
4.					
5.					

* Separate form should be completed for each clinical site used.

** Copy on file as allowed.

**Primary Care Practicum
Portfolio
Monthly checklist**

Student name _____

Course _____

Month _____

Item	Completed/ up to date	Faculty Comments
Form 3 Preceptor Data		
Signature Log		
Typhon – patient log *		
Typhon – time log *		
Typhon – case studies *		
Eclass calendar (date, time, site, preceptor)*		
Evaluation: Self		
Evaluation: Preceptor of student		
Evaluation: Site/preceptor by student		
Evaluation: Faculty of student		
Preceptor credit form		

* these items will be reviewed by professor on-line; no print out necessary

Student comments:

Additional faculty comments:

SOUTHERN ADVENTIST UNIVERSITY
School of Nursing - Graduate Program
Preceptor/Faculty Evaluation of Student

Student _____ Course _____

Preceptor/Faculty _____ Site _____

Directions: Rate the student you have precepted on each of the following items. Circle the number after each statement that most nearly expresses your view. Preceptor evaluations are done after every 80 hours of student practice or at completion of a rotation at a particular site; faculty evaluation are completed at least once per semester.

Rating Scale:

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/ Not Observed			
4	3	2	1	NA/NO			
1. The student obtains a comprehensive and problem-focused health history based on presenting symptoms, age, and developmental stage.			4	3	2	1	NA/NO
2. The student performs comprehensive and problem-focused physical exams based on presenting symptoms, history, age, and developmental stage.			4	3	2	1	NA/NO
3. The student is able to analyze and interpret history, physical exam findings, and diagnostic information to develop appropriate differential diagnoses .			4	3	2	1	NA/NO
4. The student employs appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, acceptability, adherence, and efficacy.			4	3	2	1	NA/NO
5. Pharmacotherapeutic modalities are utilized with consideration of efficacy, safety, & cost with client education implemented regarding drug regimen, drug side effects, and interactions.			4	3	2	1	NA/NO
6. The student delivers health promotion & disease prevention services based on age, developmental stage, family history, and ethnicity.			4	3	2	1	NA/NO
7. The student initiates consultation and referral services when the problem exceeds his/her expertise or the nurse practitioner scope of practice.			4	3	2	1	NA/NO
8. The student establishes effective nurse practitioner-patient/family relationships by creating an environment of rapport & mutual trust.			4	3	2	1	NA/NO
9. The student effectively protects client confidentiality and privacy .			4	3	2	1	NA/NO
10. The student uses client interaction times to assess client/family need for teaching based on age and developmental stage, client education & understanding, and health & illness issues.			4	3	2	1	NA/NO
11. The student provides on-going health advice, instruction, counseling, and encouragement to clients based on needs assessment, mutual goal-setting, & evidenced-based rationale.			4	3	2	1	NA/NO
12. The student utilizes appropriate information resources to support decision-making and high quality client care.			4	3	2	1	NA/NO
13. The student practices with regard to an understanding of health care delivery systems & reimbursement, practice resources & policies, and legal & ethical frameworks.			4	3	2	1	NA/NO
14. The student interprets own professional strengths through preceptor, faculty, and colleague feedback, and participates in related quality improvement.			4	3	2	1	NA/NO
15. The student demonstrates cultural & spiritual competence by respecting the value and dignity of individuals, without regard to age, gender, religion, socioeconomic status, sexual orientation, and ethnicity.			4	3	2	1	NA/NO

Overall performance grade: (circle one)

A A- B+ B B- C+ C C- D+ D D- F

Comments: (use back of sheet):

Preceptor/Faculty Signature _____ Date _____

SOUTHERN ADVENTIST UNIVERSITY
School of Nursing
Graduate Program
Student Self-Evaluation of Clinical Progress

Student _____ Course _____

Directions: Rate your progress on each of the following items. Circle the number after each statement that most nearly expresses your view. Evaluations are done monthly or after every 80 hours of practice.

Rating Scale:

Strongly Agree	Agree	Disagree	Strongly Disagree	Not Applicable/ Not Observed			
4	3	2	1	NA/NO			
1. I obtain a comprehensive and problem-focused health history based on presenting symptoms, age, developmental stage.			4	3	2	1	NA/NO
2. I perform a comprehensive and problem-focused physical exam based on presenting symptoms, history, age, and developmental stage.			4	3	2	1	NA/NO
3. I am able to analyze and interpret history, physical exam findings, and diagnostic information to develop appropriate differential diagnoses .			4	3	2	1	NA/NO
4. I employ appropriate diagnostic and therapeutic interventions and regimens with attention to safety, cost, invasiveness, acceptability, adherence, and efficacy.			4	3	2	1	NA/NO
5. I utilize pharmacotherapeutic modalities with consideration of efficacy, safety, & cost with client education implemented regarding drug regimen, drug side effects, and interactions.			4	3	2	1	NA/NO
6. I deliver health promotion & disease prevention services based on age, developmental stage, family history, and ethnicity.			4	3	2	1	NA/NO
7. I initiate consultation and referral services when the problem exceeds my expertise or the nurse practitioner scope of practice.			4	3	2	1	NA/NO
8. I establish effective nurse practitioner-patient/family relationships by creating an environment of rapport & mutual trust.			4	3	2	1	NA/NO
9. I effectively protect client confidentiality and privacy .			4	3	2	1	NA/NO
10. I use client interaction times to assess client/family need for teaching based on age and developmental stage, client education & understanding, and health & illness issues.			4	3	2	1	NA/NO
11. I provide on-going health advice, instruction, counseling, and encouragement to clients based on needs assessment, mutual goal-setting, & evidenced-based rationale.			4	3	2	1	NA/NO
12. I utilize appropriate information resources to support decision-making and high quality client care.			4	3	2	1	NA/NO
13. I practice with regard to an understanding of health care delivery systems & reimbursement, practice resources & policies, and legal & ethical frameworks .			4	3	2	1	NA/NO
14. I interpret my own professional strengths through preceptor, faculty, and colleague feedback, and participate in related quality improvement.			4	3	2	1	NA/NO
15. I demonstrate cultural & spiritual competence by respecting the value and dignity of individuals, without regard to age, gender, religion, socioeconomic status, sexual orientation, and ethnicity.			4	3	2	1	NA/NO

Comments -- required: (use back of sheet):

Student Signature _____ Date _____

SOUTHERN ADVENTIST UNIVERSITY
SCHOOL OF NURSING
Graduate Program

Student Evaluation of Preceptor/Site

Nursing Course _____ Preceptor _____

Site _____ Date _____

Directions: At the completion of a clinical rotation, please rate your primary preceptor on each item. Circle the number after each statement that most nearly expresses your view.

Rating Scale:

Strongly Agree	Agree	Disagree	Strongly Disagree
4	3	2	1

1. The preceptor was approachable.	4	3	2	1
2. The preceptor was available when needed.	4	3	2	1
3. The preceptor assisted me in meeting clinical objectives	4	3	2	1
4. The preceptor displayed current nursing knowledge in the field being precepted.	4	3	2	1
5. The preceptor displayed current nursing skills in the field being precepted.	4	3	2	1
6. The preceptor provided feedback regarding my performance.	4	3	2	1
7. Preceptor feedback facilitated my professional growth.	4	3	2	1
8. The preceptor role-modeled professionalism.	4	3	2	1
9. I would recommend the use of this preceptor for other students.	4	3	2	1
10. The site/facility was conducive to my learning.	4	3	2	1
11. Practice at this site reflects evidence-based standards of care.	4	3	2	1

Comments:

Student Signature _____ Date _____

Preceptor/site Final check: *(circle things that you have done)*

Thank-you note Thank you gift Preceptor credit form needed & complete

ANCC Certification Renewal

Certification Renewal Category 5: Preceptorship Documentation

Please do NOT submit this page with your renewal application. Keep this form with your records in case of audit.

INSTRUCTIONS

Category 5 Preceptorship: Complete a minimum of 120 hours of direct clinical supervision to nursing students in your certification specialty. CNSs and NPs must precept advanced practice nurses (CNS or NP) to fulfill this category. Keep this form with your records. You will need to submit it if you are selected for audit.

Section 1 Candidate Information: (Completed by the candidate)

Social Security Number _____ Last Name _____ First Name _____ MI _____

Certification Specialty _____

Section 2: (Completed by faculty coordinating the preceptorship)

1. The individual named above has completed _____ hours of preceptorship for

Name of the educational institution and program (e.g. University of xxx, School of Nursing)

2. The dates for the preceptorship were _____ to _____

3. This preceptorship was conducted with students in a

- Clinical Nurse Specialist program Undergraduate nursing program
- Nurse Practitioner program Baccalaureate nursing program
- Other graduate nursing programs (specify) _____

4. The specialty area or focus of this preceptorship was _____

5. The preceptorship was held in _____
Name of the hospital/institution/facility

Holly Gadd PhD, FNP-BC, MSN Program Coordinator or Bonnie Freeland DNP(c), FNP-BC, MSN Clinical Coordinator

Faculty coordinator name, credentials, and title (Please print)
Southern Adventist University

Educational Institution

MSN Program

Program name

PO Box 370 Collegedale, TN 37315

Institution address

423-236-2940

Telephone number

Faculty Signature

Date

I hereby attest that the information provided on this form is true, accurate, and complete. I understand that providing false, inaccurate, or incomplete information may result in denial of certification or other adverse action.

Notes: Please return this form to the candidate.

Appendix C

How to arrange and manage clinical placement: A checklist for students and faculty

- ✓ Student submits request for site/placement via Typhon
- ✓ Clinical coordinator checks request, preceptor/site information on Typhon
- ✓ Clinical Coordinator at SAU approves student request (hopefully)
- ✓ Student contacts site/office manager/preceptor
- ✓ Site/office manager/preceptor makes verbal agreement to student request
- ✓ Student sets up dates and times for clinical
- ✓ Student confirms dates with clinical coordinator
- ✓ Student meets with preceptor first time to discuss objectives, roles, evaluation procedures, etc
- ✓ Student logs site, preceptor, dates, and times on Eclass site
- ✓ Student completes clinical per SAU guidelines and clinical coordinator, preceptor, and student agreement, unless a change needs to be made, at which time all parties must be aware of schedule change
- ✓ Student submits monthly clinical portfolio for faculty evaluation of progress
- ✓ Student arranges for faculty visit at least once per semester
- ✓ Student completes evaluation of site & preceptor upon completion of clinical
- ✓ Student gives preceptor/site a personal or institutional thank you note/gift
- ✓ Student assists NP preceptor in getting documentation of precepting if preceptor desires/needs (ANCC Certification Renewal Category 5: Preceptor Documentation)