

Research College of Nursing
Family Nurse Practitioner Program
Preceptor Packet
(rev. May 2011)

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Research College of Nursing FNP Program Information

Research College of Nursing is a small fully-accredited private college specializing in quality nursing education since 1905. The College celebrated its centennial in 2005. Currently the college offers both an undergraduate Bachelors of Science in Nursing (BSN) and Master of Science in Nursing (MSN) degree. Research College began offering a Master of Science in Nursing degree in 1997. The MSN program offers three graduate tracks: Family Nurse Practitioner, Executive Nurse Track and Nurse Educator Track. The Family Nurse Practitioner track prepares graduates for an advanced practice role as a health care provider in a variety of settings.

The following faculty are responsible for family nurse practitioner clinical courses. Each faculty is academically prepared and credentialed in the area they teach and meet requirements needed for graduate nursing programs to be fully accredited. Further information about faculty or the program can be found at www.researchcollege.edu.

Faculty Information

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Family Nurse Practitioner Program Faculty



Information about the Graduate Clinical Experience

Preceptor Qualifications:

1. Must hold a current license to practice in the state where the practicum site is located.
2. Nurse Practitioner preceptors should hold a Master of Science in Nursing from an NLNAC or CCNE accredited institution and have a minimum of 1 year of clinical experience.
3. Nurse Practitioners who are not Master's prepared, but are certified by ANCC or AANP and have a minimum of 2-5 years may also be considered.
4. Physician preceptors should hold a medical or osteopathic degree from an accredited program and be board certified in his or her specialty area.
5. It is discouraged to use a Physician's Assistant for preceptorships. However, a PA may be considered if he or she is Master's prepared, certified by a nationally recognized certifying body and has a minimum of 2-5 years clinical experience in the area of preceptorship.
6. The Student's immediate supervisor at his or her place of employment may not serve as the student's preceptor.

FNP Practicum Requirements:

The total number of hours required in any clinical site may vary according to the individual preceptor agreement and the type of experience required. The student will inform the preceptor about the expected number of hours required for the course in which he or she is enrolled.

Below is a list of the FNP Practicum course requirements:

1. Each student must complete 660 total clinical hours to graduate.
2. Primary Care Practicum I is 180 hours, Primary Care Practicum II is 180 hours and Independent Care Practicum is 300 hours.
3. The Pediatric component (60 hours) is usually done during the Independent Care Practicum.
4. The Women's Health component (60 hours) is usually done during Primary Care II. The Women's Health experience should include, but is not limited to, prenatal and post-partum care.
5. It is anticipated that the student would see a minimum of one patient per hour on most days depending on the complexity of the patient.
6. The preceptor should oversee, be involved and visit with every patient that the student encounters.

7. Any preceptorship time that takes place outside of the primary agency that the preceptor and clinical contract specifies must be observational only and approved by the clinical faculty.
8. Students may complete specialty clinical hours with a specialist or preceptor. The number of hours will be determined by the faculty on an individual basis after taking into account previous clinical experience. This is to ensure a well rounded clinical experience. The maximum time allowed will be 120 hours total overall for all practicum's. This site should be approved by the Clinical Faculty member prior to the experience. Radiology and Dermatology are recommended specialties to set up clinical time.
9. For any preceptorship students must complete the paperwork for a site and preceptor contract.
10. For any preceptor that you work with for more than 30 hours, you must complete a clinical evaluation and the preceptor must complete a Preceptor Agreement.
11. Students will complete clinical logs and submit them to the supervising Clinical Faculty member.

Student Performance/Competency Evaluation

At the end of the clinical experience a written evaluation is completed by each preceptor using the Clinical Evaluation form. This form is essential for educational and evaluation processes. Preceptors are encouraged to discuss the evaluation with the student prior to mailing the completed form to the FNP Program, Research College of Nursing, 2525 East Meyer Blvd, Kansas City, MO 64132. Preceptors are expected to intervene directly and immediately should the student provide unsafe or inappropriate care in the clinical agency. Faculty are to be notified by phone of any such occurrence through the college at 816-995-2800.

Modified by work retrieved September 26, 2007 from University of Southern Indiana,
College of Nursing and Health Professions Web site:
<http://health.usi.edu/handbook/nursing/graduate/clinical.asp>



Clinical Roles and Responsibilities

ROLES AND RESPONSIBILITIES OF THE PRECEPTOR

The preceptor works directly with graduate nursing students and closely with Faculty to facilitate the student's clinical experience and achievement of clinical objectives.

Specifically, the preceptor will:

1. Precept the student on a one-to-one clinical basis.
2. Participate in student instruction while serving as an expert, role model, and consultant during clinical experience.
3. Provide student orientation to the facility and introduction to staff.
4. Provide space and room facilities as needed for the student's clinical experience.
5. Provide the student with clinical experiences to meet the course and clinical requirements, objectives, and specific educational expectations.
6. Critique the student's clinical performance including clinical skills and knowledge.
7. Evaluate the student's clinical competency via communication with student, preceptor, and faculty.
8. Notify the graduate faculty immediately of any problems arising from the student's performance.
9. Provide feedback to the student about performance and progress on an ongoing basis.
10. Facilitate student experiences through evaluation of clinical experience, participation in quality management of clinical experience, and identification of new learning experiences.

ROLES AND RESPONSIBILITIES OF THE GRADUATE NURSING STUDENT

The student, in consultation with the preceptor and faculty, should progress through the five stages of role performance from dependence to independence in providing care to clients. It is essential that the student experience success in knowing when to treat independently, when to consult, and when to refer.

Specifically the student will:

1. Understand and practice within the scope of advanced nursing practice as regulated by the Nurse Practice Act in the state where clinical experiences will be completed.
2. Communicate with the preceptor/agency prior to starting clinical experience about the need to provide professional documentation (e.g. licensure, resume, proof of immunizations and CPR certification). Students are covered under the Research College of Nursing Professional Liability insurance policy.
3. Negotiate goals/objectives for fulfilling the clinical requirements with the preceptor.
4. Provide learning outcomes that meet goals and objectives to the preceptor as indicated in the course syllabi.
5. Maintain a collegial and professional relationship with preceptor and faculty.
6. Provide evidence of self-evaluation of clinical performance and the attainment of learning objectives to clinical faculty.
7. Assume responsibility for individual learning needs through assessment of own strengths and limitations.
8. Report to preceptor and faculty immediately if unable to meet clinical experience commitment.
9. Communicate to the preceptor and faculty immediately about any problems that may arise during the clinical experience.
10. Participate in the clinical evaluation process via communication with preceptor and faculty.

ROLES AND RESPONSIBILITIES OF THE CLINICAL FACULTY

The faculty, in collaboration with the preceptor, will arrange clinical experiences to optimize the student's personal and professional development.

Specifically, the faculty will:

1. Identify clinical educational requirements and objectives with the preceptor and student.
2. Orient students and preceptors to the respective roles and responsibilities.
3. Assess the adequacy of space and appropriateness of clients within the preceptor environment to insure adequate student learning experiences and meeting learning objectives.

4. Ensure that appropriate agreements are signed with agencies and preceptors.
5. Respond to problems and concerns of preceptors and students.
6. Communicate periodically with preceptor and student about progress in meeting goals and devise new strategies for attaining goals if needed.
7. Evaluate the student's clinical competency and meeting of clinical learning objectives through scheduled communication with preceptor and in consideration of the written preceptor evaluation.
8. Schedule site visits as needed.
9. Evaluate the student's clinical competency via communication with student, preceptor, faculty, and through site visits as indicated.
10. Facilitate the student-preceptor-faculty relationship through continual constructive feedback.

**Modified by work retrieved September 26, 2007 from University of Southern Indiana,
College of Nursing and Health Professions Web site:
<http://health.usi.edu/handbook/nursing/graduate/clinical.asp>**

STATEMENT OF AGREEMENT

I, _____, agree to serve as a preceptor for a Graduate Student from Research College of Nursing. I understand that I will be responsible for the supervision and evaluation of the student. In addition, a Research College of Nursing Graduate Faculty Member will be available for assisting with the student experience and will be responsible for the grading of the student. The scheduling of this experience will be negotiated prior to the beginning of each academic session.

Preceptor

Date

Faculty Approval

Date

Nancy O. DeBasio, Dean

Date

Please mail or fax this completed form to Sherry Owen, Administrative Assistant, at 816-995-2817, along with a copy of your CV, license and malpractice insurance information. When this information has been received, an institutional contract will be sent to your office if one is not already in place.



Research College Of Nursing Family Nurse Practitioner Program Student Checklist for Preceptor

- ___ Graduate Student Guide (Keep for your reference)
- ___ Preceptor Packet (Give this to your preceptor)
 - * Program Information
 - * Clinical Roles and Responsibilities
 - * Information on the Graduate Clinical Experience
 - * Evaluation Form (to be turned in at end of clinical rotation by preceptor)
 - * Tips for Preceptor References
 - * Preceptor Agreement

The following need to be turned in with the preceptor agreement before you can begin clinical hours:

- ___ Copy of Preceptors CV
- ___ Copy of Preceptor's National Certification
- ___ Copy of Preceptor's Malpractice Insurance
- ___ Copy of Preceptor's License

After you have obtained the signed preceptor agreement with all of the required items please mail, fax or, hand deliver to:

Sherry Owen
Research College of Nursing
2525 E Meyer Blvd
Kansas City, MO 64132
Fax 816-995-2817

TIPS FOR EFFECTIVE PRECEPTING

1. Identify some clear learning outcomes (goals or expectations) that will come from
 - a. The graduate nursing program that ‘sends’ the learners
 - b. The strengths of your practice and community
 - c. The student’s profile and previous clinical experience
 - d. Prior to learners arrival, notify office staff and colleagues
 - e. Inform patients/clients
 - f. Identify patient/clients learner can work with over time
 - g. Be specific when sending learner to patient/client. This saves teaching time.

2. Obtain a profile of the graduate student before or as soon as he/she joins your practice
 - a. Invest time in initial conference with the student
 - b. Provide overview of expectations
 - c. Identify student’s interests and prior experience

3. Explain evaluation
 - a. Have scheduled progress sessions at midpoint and end of preceptorship.

4. A short orientation for the graduate student is helpful. Topics to consider are:
 - a. Attendance
 - b. Appearance
 - c. Office policies and procedures
 - d. Allocated office space if available
 - e. Responsibilities on rounds
 - f. Patient/client characteristics
 - g. Laboratory guidelines if applicable
 - h. Library and references
 - i. Introduce learner to staff and colleagues

5. Review schedule in advance with learner; highlight patients/clients most beneficial for learners.

6. Review student questions daily on scheduled basis.

The One Minute Preceptor: Five Skills for Teaching Advanced Practice Nurses

Most clinical teaching takes place in the context of busy clinical practice where time is at a premium. Microskills enable teachers to effectively assess, instruct, and give feedback more efficiently. This one minute handout defines and provides examples to practice specific preceptor skills including:

- Get a commitment
- Probe for supporting evidence
- Teach general rules
- Reinforce what was right
- Correct mistakes

Microskill 1: Get a Commitment

Situation: After presenting the facts of a case to you, the student either stops to wait for your response or asks your guidance on how to proceed.

Goal: Student should be presenting plan to you based upon the data.

Action: Ask the student how he/she interpreted the data is the first step in diagnosing their learning needs. Without adequate information on the learner's knowledge, teaching might be misdirected and unhelpful.

Examples:

“What do you think is going on with the patient?”

“What would you like to accomplish in this visit?”

“Why do you think the patient has been non-compliant?”

Microskill 2: Probe for Supporting Evidence

Situation: When discussing a case, the student has committed him/herself on the problem presented and looks to you to either confirm the opinion or suggest an alternative.

Goal: Before offering your opinion, ask the student for the **evidence that she/he feels supports her/his opinion**. A corollary approach is to ask what other choices were considered and what evidence supported or refuted those alternatives.

Action: Asking them to reveal their thought processes allows you both to find out what they know and to identify where there are gaps

Examples:

“What were the major findings that led to your conclusion?”

“What else did you consider? What kept you from that choice?”

“What are the key features of this case?”

Microskill 3: Teach General Rules

Situation: You have ascertained that you know something about the case which the student needs or wants to know.

Goal: Provide general rules, concepts or considerations, and target them to the student's level of understanding. A generalizable teaching point can be phrased as: “When this happens, do this...”

Action: Instruction is both more memorable and more transferable if it is offered as a general rule, guiding principle or a metaphor.

Example:

“Patients with UTI usually experience pain with urination, increased frequency and urgency, and they may have hematuria. The urinalysis should show bacteria and wbc's, and may also have some rbc's.”

Microskill 4: Tell Them What They Did Right

Situation: The student has handled a situation in a very effective manner.

Preceptor: Take the first opportunity to comment on the specific good work and the effect it had.

Rationale: Skills in the student that are not well established need to be reinforced.

Examples

“You didn’t jump into working up her complaint of abdominal pain, but kept open until the patient revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first.”

“Obviously you considered the patient’s finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving his compliance.”

Microskill 5: Correct Mistakes

Situation: The student’s work has demonstrated mistakes either as omissions, distortions, or misunderstandings.

Goal: As soon after the mistake as possible, find an appropriate time and place to discuss what was wrong and how to avoid or correct the error in the future. Allow the student a chance to critique his/her performance first.

Rationale: Mistakes left unattended have a good chance of being repeated.

Examples:

“Let’s talk about this last patient. Were you satisfied with your assessment and decision? I would have thought about the possibility of a UTI.”

CLINICAL PERFORMANCE OBSERVATION TOOL

STUDENT: _____ SITE: _____

EVALUATOR: _____ POSITION: PRECEPTOR, FACULTY CLINICAL ADVISOR

(Circle One)

SEMESTER: _____ DATE OF EVALUATION: _____

COURSE NAME & NUMBER: _____

This checklist is to be utilized in evaluation of students in their clinical practice throughout the program. It is designed to highlight the two pieces of information that are of the greatest use of the student and the program 1) areas in which the student is progressing well; 2) areas in which the student requires substantial work. It is expected that the student will achieve basic skill level in the areas of Interviewing/History Taking and Physical Examination by the beginning of Primary Care Practicum I. Progress should then be made from the beginning of Primary Care I Practicum thru Independent Primary Care Practicum. This tool is designed to measure the students progress through the three semesters of clinicals before their Independent Clinical Practicum (NU 7450). It is hoped that over the course of the program the student will progress from basic skill level to intermediate or possibly to high skill level. Please assess the skill level of this student by checking the appropriate box to the right of the items below. If you feel your observation of/contact with the student is inadequate to form a judgment, check the first column. Other observations or recommendations about the student's progress may be addressed in the "Comments" section. Thank you for your assistance.

Scale Instructions:

1 point: Below expected skill level: consistently requires substantial assistance/supervision to perform tasks adequately.

2 points: Basic skill level: performs tasks with basic skill and moderate amount of assistance/supervision. Basic skill level implies an assessment (a grade of B or better) that is relevant to the clinical data being presented by the client.

3 points: Intermediate skill level: performs tasks with skill and is able to interpret findings with minimal assistance/supervision.

4 points: High skill level: performs tasks with proficiency and skill, interprets findings and information with good judgment, and using very minimal assistance/supervision. (Student would be safe to function in a setting with consultation available.)

		Not observed/NA	1	2	3	4
I.	I. <u>INTEVIEWING/HISTORY TAKING</u>					
	A. Establishes good rapport with client					
	B. Interviews client skillfully					
	C. Accurately and completely:					
	1. Identifies chief complaint					
	2. Identifies present problems					
	3. Performs sx analysis of each present problem					
	4. Obtains past history					
	5. Obtains family history					
	6. Does review of system					

7. Obtains personal profile					
Comments:					

	Not observed/NA	1	2	3	4
II. <u>PHYSICAL EXAMINATION/LABORATORY SKILLS</u>					
A. A. Performs complete physical examination as Historical information/situation dictates					
B. B. Recognizes range of N & manifestations of abnormal findings					
C. C. Judiciously orders/performs lab & other diagnostic tests					
Comments:					

	Not observed/NA	1	2	3	4
III. <u>ASSESSMENT</u>					
A. A. Differentiates relevant from irrelevant diagnostic level which data supports					
B. B. Formulates assessment at highest diagnostic level which data supports					
C. C. Produces accurate, prioritized risk/health maintenance-needs list					
D. Produces accurate, complete problem list					
Comments:					

	Not observed/NA	1	2	3	4
IV. <u>IV. PLAN (RELATIVE TO EACH IDENTIFIED PROBLEM)</u>					
A. A. Plans further diagnostic studies Judiciously					
B. Plans appropriate non-pharmacologic Strategy					
C. Plans appropriate pharmacologic Strategy					
D. Provides accurate and appropriate educational counseling for current health problems.					

E. Plans appropriate follow-up/referral/consultation					
Comments:					

	Not observed/NA	1	2	3	4
V. <u>VERBAL PATIENT PRESENTATION/ PROBLEM</u>					
A. Presents patients clearly/succinctly					
B. Records data accurately in POR format					
Comments:					

	Not observed/NA	1	2	3	4
VI. <u>GENERAL</u>					
A. Applies current theoretical knowledge to Clinical					
B. Assumes responsibility appropriate to Current knowledge/skill level; appropriate To limits of this practice					
C. Involves client in clinical process; e.g., Problem identification, goal setting, plan.					
D. Takes patient's family situation into Consideration in planning care					
E. Seeks assistance appropriately					
F. Communicates clinical goals/objectives to preceptor/clinical advisor					
G. Retains composure under stress					
H. Recognizes and seeks to remediate weak area					
I. Facilitates appropriate professional Relationships with office staff					

and other					
Comments:					

TOTAL POSSIBLE POINTS ON THIS FORM: 128
TOTAL POINTS EXCLUDING NOT OBSERVED ITEMS: 128-_____ = _____
NUMBER OF POINTS STUDENT RECEIVED: _____
PERCENT: _____ PASS/FAIL****

PRIMARY CARE I PRACTICUM: PASSING SCORE IS 70% OR GREATER
PRIMARY CARE 2 PRACTICUM: PASSING SCORE IS 75% OR GREATER
INDEP PRIM CARE PRACTICUM: PASSING SCORE IS 80% OR GREATER

Strengths:

Areas of Improvement:

VII. DESCRIBE CONTACT(S) YOU' VE HAD WITH THIS STUDENT THIS SEMESTER UPON WHICH THIS EVALUATION IS BASED

-
-
-
-
-
-
-
-
-

Final Recommendations:

-

Graduate Program

**PRECEPTOR/AGENCY EVALUATION OF
RCN GRADUATE STUDENTS' CLINICAL EXPERIENCE**

Thank you for providing a clinical experience for our graduate students. We are interested in your evaluation of our students and faculty, and ask you to complete the following questionnaire and return it in the enclosed envelope.

Directions: Please indicate the extent to which you agree with the following statement for each topic listed below, by circling your answer.

Student(s) precepted is/are in the

NED Option _____

FNP Option _____

ENP Option _____

KEY:				
Strongly Disagree	Disagree	Slightly Agree	Agree	Strongly Agree
1	2	3	4	5

- | | | | | | |
|--|----------|----------|----------|----------|----------|
| 1. Students evaluation tools provided to preceptors were adequate to address student progress. | 1 | 2 | 3 | 4 | 5 |
| 2. Students collaborated well with the preceptor. | 1 | 2 | 3 | 4 | 5 |
| 3. Students followed standards of care. | 1 | 2 | 3 | 4 | 5 |
| 4. Faculty consulted adequately with the preceptor. | 1 | 2 | 3 | 4 | 5 |
| 5. Faculty provided adequate information about the graduate program option prior to the clinical experience. | 1 | 2 | 3 | 4 | 5 |
| 6. Faculty provided information prior to a specific practicum course, regarding the expected level of student performance. | 1 | 2 | 3 | 4 | 5 |

We welcome any additional comments:

Thank you!

**Benchmark clarified in October, 2002 FGA
4 on a 5 point scale**

FGA approved May 15, 2000
Updated October, 2002