

University of Tennessee Health Science Center
College of Nursing
Preceptor Guide for Forensic Clinical Courses
1st Edition for 2008

Forensic Nursing Option



THE UNIVERSITY of
TENNESSEE **UT**
College of Nursing



**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING
Forensic Nursing DNP Option**

TABLE OF CONTENTS

Letter to Students, Preceptors, and Clinical Faculty.....	3
General Expectations for MSN/DNP Program Students	4
Clinical Faculty Position Description	8
Clinical Preceptor Position Description.....	10
Clinical Preceptor Responsibilities	13
Clinical Preceptor Benefits	30
FORMS:.....	31
Preceptor Information	32
Student-Preceptor-Faculty Agreement	37
Confirmation of Student-Preceptor-Faculty Agreement to Clinical Preceptorship.....	39
Forensic DNP Clinical Log	40
Forensic DNP Preceptor Clinical Evaluation of Student	41
Forensic DNP Student Evaluation of Clinical Preceptor	47
Forensic DNP Student Evaluation of Clinical Site.....	48
Forensic DNP Clinical Faculty Evaluation of Preceptor	49
Forensic DNP Clinical Faculty Evaluation of Clinical Site.....	50
Forensic DNP Clinical Faculty Supervision Form	51
Appendices.....	52
Professional Liability Coverage	
Exposure to Bloodborne Pathogens	
Mastering the Preceptor Role: Challenges of Clinical Teaching	



May 31, 2008

TO: Graduate Students, Preceptors, and Clinical Faculty
FROM: Option Coordinators & Faculty of the UT Health Science Center
College of Nursing

The University of Tennessee Health Science Center College of Nursing (UTHSC CON) Preceptor Guide contains documents that establish the Student-Preceptor-College relationship for a specified period of time. This relationship provides students with an opportunity to practice their newly acquired skills under the guidance of expert professionals. It is every student's responsibility to work with the clinical faculty to create the best clinical experience by negotiating the agreement that matches the course requirements. The student must initiate the agreement through discussion with the preceptor and consultation with the Course Coordinator/Clinical Faculty. The Student-Preceptor-Faculty Agreement (pages 34-36) must be signed **BEFORE** clinical experiences can start. Generally, the student should plan to complete clinical course requirements concurrently with the associated didactic course. Concurrently means that students should not wait to complete all of their clinical hours in a block of time at the end of the semester. Rather, the clinical hours should be distributed equally throughout the semester so that the content covered in the didactic course is practiced concurrently in the laboratory setting. Students should not wait until the middle or end of the semester to begin their clinical hours unless they have received approval to do so from their instructors. Students must discuss alternative arrangements with their clinical instructors if they cannot start their lab course at the beginning of the semester.

The UTHSC CON Preceptor Guide is constantly under review. The content contained in this version should be used for students enrolled in any graduate clinical course for the Summer 2008 through Spring 2009 semesters. In addition to the preceptor agreement, all students should return to their Clinical Faculty the Preceptor Contact Information and Curriculum Vitae forms included in this document with verification of the preceptor's current license or credentials generally available on the web from the appropriate state Board of Nursing.

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING**

General Expectations for MSN/DNP Students

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

Student Responsibilities for Clinical Laboratory Experiences

Select Preceptor

The MSN/DNP courses are offered in a structure that promotes the development of specialized knowledge and skill set starting with the application of basic principles and skills and moving to the application of complex principles and skills in the delivery of healthcare. Preceptors should be selected on the basis of their qualifications to support student achievement of course objectives.

1. Review course outcomes.
It is the responsibility of the student to provide the preceptor with any student-specific clinical objectives that have been identified for the clinical practicum. The student should also provide the preceptor a copy of the course objectives, evaluation criteria and Preceptor Agreement.
2. Review preceptor qualifications, including verification of preceptor credentials.
3. Verify appropriateness of clinical site with Clinical Instructor
Each student should complete required documents essential to establishing the formal preceptor, student, UTHSC CON relationship and submit to these documents to the clinical instructor. The clinical instructor must approve the preceptor arrangement before students begin their clinical hours. The clinical instructor has final authority over the appropriateness of a clinical site and preceptor arrangement.
4. Interview Preceptor as indicated.
Some preceptors require that the student seeking a placement interview with them. Students should use this opportunity to demonstrate their commitment to their coursework, knowledge of the patient-provider relationship and ethical responsibilities (confidentiality), and willingness to adapt their schedule to the preceptor's practice. The purpose of the interview is to:
 - a. Provide the preceptor with an understanding of the level, ability, and personality of the student.

- b. Enable the preceptor to assess if the student would be a “good fit” for the clinical site and the population it serves.

Clinical Preceptor Agreement

Preceptor agreements specify a relationship between the student and preceptor for a specific time period. A curriculum vita need not be completed each semester by the preceptor if the student has a copy of a current curriculum vita from a previous agreement. It is the student’s responsibility to verify that the curriculum vita on file accurately represents the preceptor’s work experience and education. If it is not accurate, the student should ask the preceptor to update their curriculum vita. The preceptor agreement must be signed by the clinical faculty, student, and preceptor.

1. Complete and submit the University of Tennessee Health Science Center (UTHSC) College of Nursing required documents by the date assigned.
2. Clearly write the name, address, telephone, fax and e-mail address of the clinical instructor as information to share with the preceptor.
3. Clearly write the name, address, telephone, fax and e-mail address of the preceptor. Preceptors must meet established criteria in accordance with the position description included in this Preceptor Guide. Once an individual has agreed to precept the student, the student will verify that the individual’s credentials are current and valid. A copy of the data will be attached to the Preceptor Agreement and submitted for retention in the UTHSC College of Nursing Preceptor files. Students in the Admin/Public Health specialty areas of study may have preceptors who do not hold a professional license. They will not submit verification of credentials unless the preceptor holds a professional credential.
4. The student will provide documentation to clinical instructors and preceptors that all current health forms, immunizations, CPR, and background check information is on file at the UT Health Science Center.

Scheduling of Clinical Hours

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

Professional Dress and Behavior

1. Students are representatives of UTHSC College of Nursing and must present themselves as ambassadors of this program. They are expected to be respectful to preceptors, faculty, staff, patients, and their families.
2. Students should be professionally dressed and wear an ID badge that identifies them as a UTHSC College of Nursing graduate student. The appropriate use of uniforms or lab coats should be determined through the preceptor/student interview. Students are expected to conform to the dress of the clinical site where the coursework is completed.
3. Students should individually express their appreciation to their preceptors for their dedication, mentoring, and teaching at the end of the preceptor experience.

Preparation for Clinical Practicum

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

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

Guidelines for preparation include:

1. Students are expected to have full knowledge of entrance requirements for clinical, including credentials, dress, location, timing, etc., before scheduling the first clinical day at the clinical agency.
2. Students are responsible for their own health and other requirements, such as current CPR certification and immunizations, in order to fulfill the clinical requirements on the first day. In accordance with UTHSC College of Nursing and agency policies, students without health clearance should not enter the clinical setting.
3. Documentation that Criminal Background checks have been completed should be in CON files.
4. On the first clinical day, discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and the communication with other disciplines.
5. Learn something about the preceptor, when possible, in order to acknowledge the preceptor's background and broaden the student's educational experience.

Attendance

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

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

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING
Position Description**

Title: Clinical Faculty for MSN/DNP

Qualifications

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

Job Description

Supports preceptors in guiding students in the application of knowledge to practice, facilitating student autonomy in a specific role for nurses with advanced preparation, and promoting self-confidence that leads to clinical or administrative competency (Hayes & Harrell, 1994). Insures students have access to learning experiences and resources essential to meet expected learning outcomes. Represents the educational and professional values of UTHSC College of Nursing to students and preceptors. Has the overall responsibility for monitoring and evaluating the clinical learning experience.

Role Responsibilities

At the onset of the clinical rotation:

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

Throughout Course:

1. Mentor and is a role model for graduate students;
2. Work with the student and preceptor to identifies and discuss the learner's needs in order to meet the course objectives;
3. Use appropriate teaching methods to help the student negotiate the clinical experiences so that the student meets personal learning objectives and has confidence to experiment with newly learned skills;
4. Monitor use of accepted guidelines and standards of care;
5. Support student in his/her refinement of interpersonal skills that promote effective communication with patients and colleagues;
6. Alert student to focus on problematic areas early in the practicum with preceptor, thereby providing each student an opportunity to refine interpersonal skills by the time the clinical practicum is completed;
7. Communicate with preceptor regularly to monitor student's progress in course;
8. Evaluate whether the learner's objectives have been achieved through direct observation and preceptor feedback;
9. Provide the learner with feedback;
10. Demonstrate attitudes and qualities consistent with the ethics of the health professions, including:
 - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
 - Respect for the student's faculty, curriculum, and program
11. Implement academic and professional standards set forth in the UTHSC CON Student Handbook;
12. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation;

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING
Position Description**

Title: Clinical Preceptor

Qualifications

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

Job Description

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

Role Responsibilities

1. Mentors and is a role model for graduate students
2. Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student, and/or UTHSC College of Nursing faculty.
3. Identifies and discusses the learner's needs in order to meet the course objectives;
4. Assesses the nature of particular clinical encounters that will enable the student to meet his/her learning objectives at varying levels of the specialty curriculum.
5. Utilizes appropriate teaching methods to help the student meet his/her learning objectives and allows each student to experiment with newly learned skills that will build confidence in his/her abilities
6. Directs use of accepted guidelines and standards of care.
7. Demonstrates and supports the critical analysis of guidelines/standards of care and determines how they should be implemented or adapted to unique clinical situations.
8. Supports student in his/her refinement of interpersonal skills that promote effective communication with patients and colleagues.
9. Alerts students to focus on problematic areas early in the practicum, thereby providing each student an opportunity to refine interpersonal skills by the time the clinical practicum is completed.
10. Evaluates whether the learner's objectives have been achieved.

11. Provides the learner with feedback.
12. Demonstrates attitudes and qualities consistent with the ethics of the health professions, including
 - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
 - Respect for the student's faculty, curriculum, and program.
13. Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.

Conditions of Student-Preceptor-UTHSC CON Educational Partnership

Preceptor Activities

1. Implement academic and professional standards set forth in the UTHSC College of Nursing Student Handbook (Centerscope). Available at www.utmem.edu/centerscope
2. Immediately report to the clinical instructor any student behaviors that influence threaten the safety of the patient or place the clinical site at risk.
3. Monitor and report student performance according to course criteria.
4. Notify clinical faculty when student is at risk for failing or when minimally acceptable performance is demonstrated consistently by student.
5. Supervise students in the clinical setting. If the preceptor is managing a caseload of patients, the ratio of students to preceptors should not exceed one student per preceptor during a clinical experience. If the preceptor is not managing patients, the ratio cannot exceed two students per preceptor during a clinical experience.
6. Communicates with the office staff or institutional departments about the scheduling of patients, the availability of exam room space, and specific procedures that would enhance learning with a minimal disruption of the office routine for students in providing clinical care to patients.
7. Communicates with the administrators of departments that will provide resources or administrative experiences to students involved in leadership roles.
8. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation.
9. Understand the legal liability of the preceptor role.

Preceptors Can Expect Students To

1. Meet with preceptor to clarify course objectives and focus of clinical activities.
2. Assist preceptor to complete required documents associated with preceptor role.
3. Verify preceptor's credentials that indicate preceptor is eligible for teaching role.
4. Generate a clinical schedule with the preceptor consistent with the preceptor's availability/schedule.
5. Before clinical time begins, negotiate a procedure for contacting the preceptor in case of absence
6. Notify preceptors at the beginning of the clinical day if they will be absent for a scheduled clinical day, due to illness or emergency

7. Negotiate a policy with the preceptor policy for making up time, when possible any clinical absences.
8. Dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA).
9. Adhere to clinical site dress code when specified.
10. Wear student identification badges not work employee badges.

Preceptors can expect clinical faculty to:

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

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

Preceptor Responsibilities

Mentor and be a Role Model for Students

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

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

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

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

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

Teach

Preceptors are responsible for helping students to refine skills related to patient care within the context of a caring relationship (Ferguson, 1996). In all areas of teaching, the preceptor is reminded of the importance of letting the student experiment with newly learned skills and build confidence in his/her abilities. Preceptors can gain confidence in the student's abilities through observation, listening to case presentations, and reviewing their documentation as well as listening to feedback provided by patients and other clinical personnel. Student self-confidence is enhanced by preceptor feedback that reinforces that the student is meeting learning goals and objectives. An excellent Web-based resource is the 2000 preceptor manual developed by Lipsky, Mochan, & Plumb that provides practical recommendations for precepting (<http://www.collmed.psu.edu/preceptor/ManpageNew.htm>).

Honing Assessment Skills

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

The preceptor's initial role often involves assessing the student's level of knowledge of the underlying basis for assessment. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates a) the student's psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and d) the proposed management plan.

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

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

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

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

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

Integration & application of the sciences

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

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

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

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

Clinical Decision Making

The clinical decision making process reflects the students' ability to use critical thinking skills. Critical thinking is defined as the intellectually disciplined process of conceptualizing, analyzing, synthesizing, evaluating and applying information gathered from, or generated by, observation, experience, reflection, reasoning or communication (U Mass Boston, College of Nursing, 1995). The student should come to know and understand the process of clinical decision making used by the expert preceptor as a method of learning clinical reasoning.

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

- Reflect and describe the process of identifying a specific diagnosis or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule.
- Use accepted guidelines and standards of care.
- Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario.
- Reflect on previous client encounters and compare and contrast components of the assessment that are similar. The student should be able to respond cogently to the following questions:
 1. How might this case be similar or different?
 2. What epidemiological principles or clinical research is known that might guide cost-effective or evidence-based care? Use clinical scenarios to elicit the integration of the sciences with the patient data. For example,
 - a. Would or would it not be appropriate to prescribe penicillin to a patient with exudative tonsillitis and swollen anterior cervical glands?
 - b. How does the presence of pharyngeal GABH in the past medical history influence your decision?
 - c. How might the presence of streptococcal pharyngitis in other family members influence your decision?
 - d. Should only penicillin-based antibiotics be used to treat only positive throat cultures?
 - e. How accurate or reliable are rapid strep tests? What does a negative rapid strep test mean?

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

Mastery of Documentation

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

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

The mastery of documentation includes:

- Clear written communication. Communication is the use of words and behaviors to construct, send, and interpret messages. Early in the curriculum faculty have opportunities to teach students the legal tenets for accurate documentation. Assessing student documentation should be an ongoing process that takes place throughout the student's program of study.
- Familiarity with acceptable formats for documenting encounters detailing the comprehensive history and physical, chronic illness, and episodic complaint.
- Use of only accepted medical abbreviations and anatomical terms, and descriptors. Prior to beginning the first clinical practicum the student should have a sound knowledge of both the normal and variations of normal physical assessment findings and their appropriate descriptors.
- The recording of only pertinent findings (both negatives and positives) from the history and physical exam should be recorded.
- Reading the notes of the preceptor and other health care providers. The patient’s health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student’s clinical experience. As students review the notes that are documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation.
- Note-taking while in the room with the patient. The notes can then be organized into a rough draft that includes all of the components of the patient’s comprehensive, chronic care, or episodic illness history and physical. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization.
- Identification of subjective and objective data. Early in the process of learning to document data in the history and physical, (H&P) students often make errors in documenting subjective and objective data. A typical example will occur when the student documents the characteristics of a surgical scar in the physical exam, and then notes the patient’s comment regarding the etiology of the scar. In this example, clarification must be made that the etiology (surgery) of the scar is subjective data and should be recorded in the history. Faculty should frequently review samples of students’ documentation of histories and physicals. Feedback provides a valuable tool in enabling the student to master the documentation process.

- Avoidance of check-off lists for documentation. Students need to learn the process of documentation that reflects accurate use of acceptable descriptors and serves as a legal record of what occurred in the encounter with the patient.
- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may be dependent upon the practice setting. Documenting preferences should be communicated to the student early in the clinical orientation and time allowed for students to learn and adapt to agency format.

If a student demonstrates a weakness in his/her documentation and does not demonstrate progress, it is important to communicate concerns to a faculty member during the clinical rotation site visit. Communication of student deficits can be jointly addressed by the preceptor, the student, and the faculty member in a positive manner.

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

The documentation required for fulfillment of reimbursement criteria for different levels of care should be covered in the NP curriculum. Students who lack this knowledge should be directed to resources in the clinical arena that will provide the substantive content to assist the student in learning this content area.

Honing Interpersonal Skills

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns. Situations arise within the clinical area that provides students with opportunities to hone their interpersonal skills:

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

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

Basic interpersonal skills that students should demonstrate include

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

Negative interpersonal skills that merit student reflection and refinement

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

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

Patient Education

Students are expected to:

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

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

Navigation of the Organizational System

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

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

Students should be encouraged to advocate for patients in all matters related to providing comprehensive care. Students’ self confidence in decision making can be enhanced by providing

feedback on their ability to successfully achieve patient care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces the student's development of NP role behaviors that foster quality health care practices, and will be implemented in future practice situations. A reference guide for commonly used community resources should be available to the student. Students demonstrate creativity in practice when they initiate referrals and team conferences and seek financial and social supports for patients/families that may not be readily available from the patient's primary source of care.

Integrating the role of the NP as a member of the interdisciplinary health care team and health care provider.

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

Other methods include:

- Demonstrate collaborative management with other health care providers. This is an important way of teaching the student how to respect the knowledge and expertise of other disciplines, and thereby earning respect for the NP's unique contribution to the health care team.
- Collaborate in the management of patients by providing role functions that are particular to the role of the NP
- Initiate team conferences where all members of the health care team discuss and develop a plan of care for a patient or family. Team discussion may be in response to questions of domestic violence, failed office appointments, end of life decisions, or patients' complex co-morbid illnesses and difficult social situations.
- Encourage students to present difficult and challenging cases to physicians or other NPs who are specialists in a particular area. Examples may include the cardiologist, oncologist, endocrinology NP, or certified nurse midwife.
- Facilitate the NP visibility as a member of the interdisciplinary team by providing the image of the preceptor as a skilled clinical expert and valuable collaborative partner.
- Encourage students to take ownership for their diagnosis (es) and plans of care and be accountable to follow through with learning the results of laboratory tests, x-rays, and patient referrals/follow-ups.
- Encourage students to be creative and contribute to the smooth operation of the clinical setting. Students may contribute ideas that may enhance the efficiency of operations. Their contributions support the visibility of their role and enhance their self-confidence as valuable contributors to the health care team. Students may choose to develop teaching materials or present teaching conferences to patients and their families that will complement available resources in the clinical setting.

Communication with the Faculty

Means by which the faculty member can communicate with the preceptor will be clearly articulated. Preceptors will be made aware of the best times to reach the faculty member and phone numbers and e-mail addresses will be provided for easy access. Time will be scheduled

during faculty site visits so that the preceptor and faculty can discuss any concerns related to the student's performance or questions about the program or the role of the preceptor. Any preceptor/student conflicts that have the potential for an adverse effect on the clinical experience should be discussed with the preceptor as soon as possible. Faculty will make an effort to maintain open lines of communication with the preceptor throughout the clinical experience.

Collaborate with Faculty on Problem/Conflict Management

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

Understand the Legal Liability while Precepting Students

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

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis (es) and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary that the preceptor co-signs all records in which the student has provided documentation. Third party payers, government, and insurance companies cannot reimburse for care provided by the student.

Liability Insurance

Preceptors assume the same liability for their patients as other practitioners in clinical practice and have the added liability of closely supervising the student.

Registered Volunteers

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

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

To become a "Registered Volunteer" the preceptor must submit his or her social security number or tax ID number to the Office of Academic Affairs in the UT CON. (NOTE: Currently the University of Tennessee system will only accept one individual for each tax ID number).

Evaluation of Students

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

Two types of evaluation are formative and summative evaluations:

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

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

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

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

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

Preceptor Resources

Professional literature and the World Wide Web provide preceptors with a variety of resources related to precepting students in the health professions. Sample citations on precepting listed below will enhance the preceptor's knowledge and skills. Precepting is an art and can be very rewarding.

Professional Literature

The following is a sampling of literature may assist the preceptor in fulfilling his/her role.

Book references

- Barrows, H. S., & Pickell, G. C. (1991). *Developing clinical problem solving skills*. New York: Norton & Company.
- Flynn, J.P. (ed.) (1997). *The role of the preceptor: A guide for nurse educators and clinicians*. New York: Springer Publishing Company.
- Gaberson, K. B. & Oermann, M. H. (2000). *Clinical teaching strategies in nursing*. NY: Springer Publishing Co.
- Reilly, D. E. & Oermann, M. H. (1999). *Clinical teaching in nursing education*. Sudbury, MA: Jones and Bartlett Publisher.
- Vance, C. & Olson, R. K. (1998). *The mentor connection in nursing*. NY: Springer Publishing Co.

Journal articles

- Bizek, K. S. & Oermann, M. H. (1990). Study of educational experiences, support, and job satisfaction among critical care preceptors. *Heart and Lung, 19*, 439-444.
- Busen, N. H., & Engebretson, J. (1999). Mentoring in advanced practice Nursing: The use of metaphor in concept exploration. *The Internet Journal of Advanced Nursing Practice, 2* (2): located at <http://www.ispub.com/journals/IJANP/Vol2N2/mentoring.htm>
- Byrd, C.V., Hood, L., & Youtsey, N. (1997). Student and preceptor perceptions of factors in a successful learning partnership. *Journal of Professional Nursing, 13*(6), 344-351.
- Clayton, G.M., Broome, M.E., & Ellis, L.A. (1989). Relationship between a preceptorship experience and role socialization of graduate nurses. *Journal of Nursing Education, 28*(2), 72-75.
- Hayes, E. (1994). Helping preceptors mentor the next generation of nurse practitioners. *Nurse Practitioner, 19*(6), 62-66.
- Hayes, E., & Harrell, C. (1994). On being a mentor to nurse practitioner students: The preceptor-student relationship. *Nurse Practitioner Forum, 5*(4), 220-226.
- Hsieh, N., & Knowles, D. (1990). Instructor facilitation of the preceptorship relationship in nursing education. *Journal of Nursing Education, 29*(6), 262-268.
- Myrick, F. (1988). Preceptorship: A viable alternative clinical teaching strategy? *Journal of Advanced Nursing, 13*(5), 588-591.
- Nehring, V. (1990). Nursing and clinical teacher effectiveness inventory: A replication study of the characteristics of the best and worse clinical teachers as perceived by nursing faculty and students. *Journal of Advanced Nursing, 15*, 934-940.
- Peirce, A.G. (1991). Preceptorial students' view of their clinical experience. *Journal of Nursing Education, 30*(6), 244-250.

Preceptor-related Web-based Resources

Expert Preceptor Interactive Curriculum: Access at <http://www.med.unc.edu/cgi-bin/fipse/login.pl>. This is the online training modular system for preceptors from the University of North Carolina School of Medicine.

- Preceptor Manual from the College of Medicine written by Lipsky, M., Mochan, M, & Plumb, J. (2000) This is an excellent document that provides concrete and practical recommendations for precepting. The document can be printed from the web. Sections that may be helpful for nurse practitioner preceptors are:
 - What do preceptors get from working with students?
 - What do preceptors offer students?
 - Mastering the preceptor role
 - Assessing student performance
 - Students' perception of qualities for effective precepting
 - Time management/precepting tips

The manual can be accessed at <http://www.collmed.psu.edu/preceptor/ManpageNew.htm>. Resources and Links for preceptors can be found on the home page of the Preceptor Development Program from the Southern New Hampshire Area Health Education Center, http://www.snhahec.org/preceptor_development/presources.htm retrieved 7/25/2004.

Web based citations

See Table III-2 for a sampling of useful Web sites.

Table III-2

Organization	Website
American Academy of Nurse Practitioners	http://www.aanp.org
American College of Cardiology	http://www.acc.org
American Diabetes Association	http://www.diabetes.org/home.jsp
American Heart Association	http://www.americanheart.org
Center for Disease Control	http://www.cdc.gov
Healthy People 2010	http://www.health.gov/healthypeople/default.htm
Index of clinical trials: The Cochrane Library	http://www.cochrane.co.uk
Medscape Nursing-online resources for clinicians	http://www.medscape.com/nurses
Online Journal of the Am Acad of Family Physicians	www.aafp.org/online/en/home/publications/journals.html
National Library of Medicine Medline searches	http://www.ncbi.nlm.nih.gov/PubMed
National Center for Infectious Diseases	http://www.cdc.gov/ncidod/ncid.htm
National Guideline Clearinghouse	http://www.guideline.gov/
Nurse.Org	http://www.nurse.org
Pulmonary assessment: 1) Chest PE 2)Breath sounds (normal & abnormal)	http://www.meddean.luc.edu/lumen/MedEd/medicine/pulmonar/pulmonar.htm http://www.vh.org/adult/provider/internalmedicine/LungSounds/LungSounds.html
Preventive Medicine: Report of the U.S. Preventive Services Task Force	http://odphp.osophs.dhhs.gov/pubs/guidecps/default.htm
Radiology websites	http://www.radiologist.com/depts1a.htm
*Internet addresses are case-sensitive. NB: web addresses may change Updated 05/09/2008 by Ramona Pierce	

References

- American Nurses Association. (2004). *Nursing: Scope and Standards of Practice*. Washington, DC: Author.
- Busen, N. H., & Engebretson, J. (1999). Mentoring in advanced practice Nursing: The use of metaphor in concept exploration. *The Internet Journal of Advanced Nursing Practice*, Vol2 N2: <http://www.ispub.com/journals/IJANP/Vol2N2/mentoring.htm>
- Crim, B. J, & Hood, A. W. (1995). Learning Partners: Preceptor, mentor, facilitator, learner. *Seminars in Perioperative Nursing*, 4(1):67-72.
- Davis, M, Sawin K, & Dunn M. (1993). Teaching strategies used by expert nurse practitioner preceptors: a qualitative study. *Journal of the American Academy of Nurse Practitioners*, 5(1):27-33.
- DeWitt, T, G. (1996). Faculty development for community practitioners. (Pediatric Resident Education in Community Settings: Proceedings of a Conference Held on March 23 and 24, 1996 in Chicago, Illinois) *Pediatrics*, 98 (6), 1273-7.
- Dibert, C. & Goldenberg, D. (1995). Preceptor's perceptions of benefits, rewards, supports and commitment to the preceptor role. *Journal of Advanced Nursing*, 21(6):1144-51.
- Ferguson, L. M. (1996). Preceptors' needs for faculty support. *Journal of Nursing Staff Development*, 12(2):73-80.
- Ferguson, L. A. (1996). Preceptors enhance students' self-confidence. *Nursing Connections*, 9 (1), 49-61.
- Ferguson, L. M. (1995). Faculty support for nurse preceptors. *Nursing Connections*, 8(2):37-49.
- Hagopian, G. A, Ferszt, G. G, Jacobs, L. A, & McCorkle, R. (1992). Preparing clinical preceptors to teach master's-level students in oncology Nursing. *Journal of Professional Nursing*, 8(5):295-300.
- Hayes, E. (1994). Helping preceptors mentor the next generation of nurse practitioner. *Nurse Practitioner: American Journal Of Primary Care*, 19(6):62-66.
- Hayes, E. & Harrell, C. (1994). On being a mentor to nurse practitioner students: the preceptor-student relationship. *Nurse Practitioner Forum*, 5(4):220-6.
- Hayes, E. (1998). Mentoring and self-efficacy for advanced nursing practice: A philosophical approach for nurse practitioner preceptors. *Journal of The American Academy of Nurse Practitioners*, 10(2):53-57.
- Heidenreich, C., Lye, P., Simpson, D. & Lourich, M. (2000). Educating Child Health Professionals: The search for effective and efficient ambulatory teaching methods through the literature. *Pediatrics*, 105 (No. 1 Supplement):231-237.
- Hood, L, & Youtsey, N. (1997). Student and preceptor perceptions of factors in a successful learning partnership. *Professional Nursing*, 13, 344-351.
- Irby, D. (1994). What clinical teachers in medicine need to know. *Academic Medicine*, 69(5):333-42.
- Irby, D. (1986). Clinical teaching and the clinical teacher. *Journal of Medical Education*, 61(9 Pt2):35-45.
- Irby, D. M, Ramsey, P. G, Gillmore, G. M, & Schaad, D. (1991). Characteristics of effective clinical teachers of ambulatory care medicine. *Academic Medicine*, 66(1):54-55.
- Irby, D. M. (1994). Three exemplary models of case-based teaching. *Academic Medicine*, 60(12):947-53.

- Kassirer, J. & Kopelman, R. (1991). *Learning clinical reasoning*. Baltimore: Williams & Wilkens.
- Kegan, R. (1994). *In over Our heads: The mental demands of modern life*. Cambridge: Harvard University Press.
- Ligas, J. R. (1997). Experience as a Preceptor to Acute-Care Nurse Practitioner Students: One Physicians View. *AACN Clinical Issues*, 8(1):123-131.
- McAllister, M., Bergmann, M., Nannini, A., Bowen-Weeks, K. (1997). Precepting advanced practice nurse practitioner students: Attitudes, beliefs, and issues. Report to the Massachusetts Nurses Association Board of Directors. (Unpublished presentation)
- McInnes, K, & Morrison, F. (1995). Teaching the teacher: A preceptor-education program. *Perspectives*, 19(4):16-20.
- Meng, A, & Morris, D. (1995). Continuing education for advanced nurse practitioners: Preparing Nurse-Midwives as Clinical Preceptors. *Advanced Nurse Practitioners*, 26(4):180-4.
- Meng, A, & Conti, A. (1995). Preceptor development. *Journal of Nursing Staff Development*, 11(2):71-6.
- Mygdal, W. K, & Kinard, M. J. (1997). Contributions of the office-based teacher to the development of family medicine. *Family Medicine*, 29(8):540-1.
- O'Mara, A., & Welton, R. (1995). Rewarding staff nurse preceptors. *Journal of Nursing Administration*, 25 (3), 64-67.
- Paulman, P. M. (1996). Tips for preceptors who teach medical students in managed care settings. *Family Medicine*, 28(10):688-9.
- Pinto, R, & Gheringher, S. (1998). The student and the preceptor. *Perspective on Physician Assistant Education*, 9(3):158-9.
- Royle, J. A, Sammon, S, Montemuro, M, Blythe, J, & Morrison, F. (1998). Preparing clinical educators: Interdisciplinary collaboration. *Gerontology & Geriatrics Education*, 19(2):31-44.
- Sutliff, L. S. (1996). An investigation of the preceptor as potential mentor. *Nurse Practitioner*, 21(3):155-9.
- Usatine, R. P, Nguyen, K, Randall, J, & Irby, D. M. (1997). Four exemplary preceptors' strategies for efficient teaching in managed care settings. *Academic Medicine*, 72
- Westra, R., J. & Graziano, M. J. (1992). Preceptors: A comparison of their perceived needs before and after the preceptor experience. *The Journal of Continuing Education in Nursing* 23(5), 212-214.

The Preceptor Curriculum Vita must be on file with the CON and the Preceptor Agreement must be completed by each student for every preceptor. Faculty and students with a UT ID can print the Required Preceptor Documents from <http://courses.utmem.edu/> and look under Nurse Communicator for an electronic copy of this document (*see following page for printed copy*).

Preceptor Benefits

Outstanding Undergraduate and Graduate Preceptor Awards

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

Library Privileges

The UTHSC library is available to the public. Remote online access is available to preceptors who request this service. To request remote online access to the library please contact Tammy Vaughn, Administrative Coordinator (tevaughn@utmem.edu); 901 448-6407 who will request a net ID and password. In order for Tammy to receive this, she will request your Social Security number, your date of birth, and your name, including your middle initial. When preceptors are issued the net ID and password they can go to the Library on the UTHSC homepage to complete a request for access to online services.

CE Activities

UTHSC CON faculty, staff and students may participate in CE activities offered at one-half the advertised price. The voucher is good for up to 8 contact hours for designated face-to-face continuing education programs; the voucher is also good for any of our online continuing education offerings. See the list of our continuing education offerings at www.utmem.edu/nursing/conted. The CE Committee, in consultation with College of Nursing Administration will determine which programs will be offered at the discounted fee. Each year preceptors for the graduate students of the UTHSC CON will be awarded a voucher for the equivalent of a one-day continuing education program at no cost. This voucher will be in effect for one year from its issue and will be applicable to designated UTHSC CON CE activities. Preceptors may elect to use the voucher for synchronous as well as asynchronous CE activities.

<i>Venue</i>	<i>Specifics</i>
Synchronous	Equivalent to 8 contact hours maximum
Asynchronous	Equivalent to 8 contact hours maximum
Blended	Equivalent to 8 contact hours maximum

If a preceptor registers for a CE activity and does not participate (without prior notification) the CE hours that would have been awarded are forfeited. Eligible preceptors will be designated by the UTHSC CON faculty.

**Activities eligible for discounts/vouchers will be clearly identified on promotional publicity.*

UTHSC CON FORMS

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

- *Preceptor Information* – Either students or the clinical preceptor must completely fill out this form and return it prior to beginning a preceptorship.
- The *Student-Preceptor-Faculty Agreement* is to be filled out and read by all parties concerned prior to beginning a preceptorship.
- The *Confirmation of Student-Preceptor-Faculty Agreement to Clinical Preceptorship* is to be filled out and signed by all parties concerned prior to beginning a preceptorship.
- **Student Clinical Log* - **Students** will log clinical activities as specified for the option.
- *The *Clinical Performance Assessment Form (Preceptor Evaluation Form)* will be **completed by the preceptor** for every MSN/DNP student in the specialty courses.
- The *Student Evaluation of Preceptor Form* will be **completed by each MSN/DNP student** for every preceptor. The evaluation will be returned to your clinical instructor-upon completion of the course.
- The *Student Evaluation of Clinical Site Form* will be completed **by the MSN/DNP student** for every clinical site.
- The *Clinical Faculty Evaluation of Preceptor Form* will be completed **by the clinical faculty**.
- The *Clinical Faculty Evaluation of Clinical Site Form* will be completed **by the clinical faculty**.
- The *Clinical Faculty Supervision Form* will be completed **by the clinical faculty**.

* *Option specific forms.*

Preceptor Information

First Name:	<input type="text"/>	Practice/Clinical Site:	<input type="text"/>
Last Name:	<input type="text"/>	Address:	<input type="text"/>
Title:	<input type="text"/>	City:	<input type="text"/>
Work Phone:	<input type="text"/>	State:	<input type="text"/>
Cell Phone:	<input type="text"/>	Postal Code:	<input type="text"/>
E-mail address:	<input type="text"/>		

PRECEPTOR DEGREE INFORMATION (Check All that Apply)

Type of Degrees:

- | | | |
|-----------------------------------|------------------------------|---------------------------------|
| <input type="checkbox"/> BS/BA) | <input type="checkbox"/> DO | <input type="checkbox"/> MS/MSN |
| <input type="checkbox"/> BSN | <input type="checkbox"/> JD | <input type="checkbox"/> ND |
| <input type="checkbox"/> DNSc/DNP | <input type="checkbox"/> MA | <input type="checkbox"/> PharmD |
| <input type="checkbox"/> DrPH | <input type="checkbox"/> MBA | <input type="checkbox"/> PhD |
| <input type="checkbox"/> EdD | <input type="checkbox"/> MD | |
-

PRECEPTOR PRACTICE INFORMATION (Check All that Apply)

Practice Area:

- | | | |
|--------------------------------|---|----------------------------------|
| <input type="checkbox"/> Acute | <input type="checkbox"/> Long Term Care | <input type="checkbox"/> Primary |
|--------------------------------|---|----------------------------------|

Practice Specialty:

- | | | | |
|--|---|---|--|
| <input type="checkbox"/> Acute Care | <input type="checkbox"/> Administration | <input type="checkbox"/> Allergy/Immunology | <input type="checkbox"/> Anesthesia |
| <input type="checkbox"/> Cardiology | <input type="checkbox"/> Critical Care | <input type="checkbox"/> Dermatology | <input type="checkbox"/> Emergency |
| <input type="checkbox"/> Family Practice | <input type="checkbox"/> Forensics | <input type="checkbox"/> Gerontology | <input type="checkbox"/> Internal Medicine |
| <input type="checkbox"/> Neonatal | <input type="checkbox"/> OB/GYN | <input type="checkbox"/> Ophthalmology | <input type="checkbox"/> Orthopedics |
| <input type="checkbox"/> Otolaryngology | <input type="checkbox"/> Pediatrics | <input type="checkbox"/> Psychiatric | <input type="checkbox"/> Public Health |
| <input type="checkbox"/> Surgery | <input type="checkbox"/> Trauma | <input type="checkbox"/> Other: | <input type="text"/> |

Preceptor Information (cont.)

PRECEPTOR LICENSE INFORMATION:

Type of License:	<input type="text"/>	State License Issued:	<input type="text"/>
License #:	<input type="text"/>	Expiration Date:	<input type="text"/>
Type of License:	<input type="text"/>	State License Issued:	<input type="text"/>
License #:	<input type="text"/>	Expiration Date:	<input type="text"/>
Type of License:	<input type="text"/>	State License Issued:	<input type="text"/>
License #:	<input type="text"/>	Expiration Date:	<input type="text"/>

PRECEPTOR CERTIFICATION INFORMATION (Check All that Apply)

Nurse Certification Specialty:

<input type="checkbox"/> ACNP – Acute & Critical Nurse Practitioner	<input type="checkbox"/> ANP – Adult Nurse Practitioner	<input type="checkbox"/> CNAA – Certified Nursing Admin Advanced	<input type="checkbox"/> CNS – Clinical Nurse Specialist
<input type="checkbox"/> CRNA – Certified Registered Nurse Anesthetist	<input type="checkbox"/> FNP – Family Nurse Practitioner	<input type="checkbox"/> GNP – Gerontological Nurse Practitioner	<input type="checkbox"/> NNP – Neonatal Nurse Practitioner
<input type="checkbox"/> PMH – Psychiatric Mental Health	<input type="checkbox"/> PNP – Pediatric Nurse Practitioner	<input type="checkbox"/> SANE-A – Sexual Assault Nurse Examiner	<input type="checkbox"/> CNL -
<input type="checkbox"/> Other: <input type="text"/>	<input type="checkbox"/> Other: <input type="text"/>		

Physician Board Certification:

<input type="checkbox"/> Acute Care	<input type="checkbox"/> Allergy and Immunology	<input type="checkbox"/> Anesthesia	<input type="checkbox"/> Cardiology
<input type="checkbox"/> Critical Care	<input type="checkbox"/> Dermatology	<input type="checkbox"/> Emergency	<input type="checkbox"/> Family Practice
<input type="checkbox"/> Forensics	<input type="checkbox"/> Gerontology	<input type="checkbox"/> Internal Medicine	<input type="checkbox"/> Neonatal
<input type="checkbox"/> Neurology	<input type="checkbox"/> OB/GYN	<input type="checkbox"/> Ophthalmology	<input type="checkbox"/> Orthopedics
<input type="checkbox"/> Otolaryngology	<input type="checkbox"/> Pediatrics	<input type="checkbox"/> Psychiatric	<input type="checkbox"/> Public Health
<input type="checkbox"/> Surgery	<input type="checkbox"/> Trauma	<input type="checkbox"/> Other: <input type="text"/>	

Pharmacist Board Certification:

<input type="checkbox"/> Nuclear	<input type="checkbox"/> Nutrition Support	<input type="checkbox"/> Oncology	<input type="checkbox"/> Pharmacotherapy
<input type="checkbox"/> Psychiatry	<input type="checkbox"/> Other: <input type="text"/>		

Preceptor Information (cont.)

Other Provider Certification:

Other:

Other:

Current Certification #1:

Expiration Date:

Years in Specialty Area:

- 1 to 5 years 6-to 10 years 11 to 15 years 16 to 20 years Over 20 years

Current Certification #2:

Expiration Date:

Years in Specialty Area:

- 1 to 5 years 6-to 10 years 11 to 15 years 16 to 20 years Over 20 years

Current Certification #3:

Expiration Date:

Years in Specialty Area:

- 1 to 5 years 6-to 10 years 11 to 15 years 16 to 20 years Over 20 years

Current Certification #4:

Expiration Date:

Years in Specialty Area:

- 1 to 5 years 6-to 10 years 11 to 15 years 16 to 20 years Over 20 years

Certifying Body (Check All that Apply):

- AANP – American Academy of Nurse Practitioners ABMS – American Board of Medical Specialties AHNCC – American Holistic Nurses Cert. Corp.
- ANCC – American Nurses Credentialing Cntr BPS – Board of Pharm Specialties Council on Certification of Nurse Anesthetists
- NCC – National Certification Corporation NAPNAP – National Association of Pediatric Nurse Practitioners

NPD – Nuclear Pharmacy Board

Other:

Other:

Preceptor Information (cont.)

Number of Students Precepted Concurrently with UTHSC Students (This includes all students, not just UTHSC students and not just nursing students.)

Number of Students Precepted Currently:

Summer/Fall Term Winter/Spring Term

Current UTHSC Students:

Student's Name: Term:

Degree Program:

Major Advisor: Expected Date of Graduation:

Advanced Practice Program:

FNP Acute Care Neonatal

Forensic Public Health Psych

Student's Name: Term:

Degree Program:

Major Advisor: Expected Date of Graduation:

Advanced Practice Program:

FNP Acute Care Neonatal

Forensic Public Health Psych

Student's Name: Term:

Degree Program:

Major Advisor: Expected Date of Graduation:

Advanced Practice Program:

FNP Acute Care Neonatal

Forensic Public Health Psych

Preceptor Information (cont.)

Student's Name: Term:
Degree Program:
Major Advisor: Expected Date of Graduation:
Advanced Practice Program:
 FNP Acute Care Neonatal
 Forensic Public Health Psych

Student's Name: Term:
Degree Program:
Major Advisor: Expected Date of Graduation:
Advanced Practice Program:
 FNP Acute Care Neonatal
 Forensic Public Health Psych

Student's Name: Term:
Degree Program:
Major Advisor: Expected Date of Graduation:
Advanced Practice Program:
 FNP Acute Care Neonatal
 Forensic Public Health Psych

Student's Name: Term:
Degree Program:
Major Advisor: Expected Date of Graduation:
Advanced Practice Program:
 FNP Acute Care Neonatal
 Forensic Public Health Psych

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

Course # _____

The preceptor agreement permits nursing students of the College of Nursing, University of Tennessee Health Science Center (UTHSC) to participate in a student preceptorship in your facility,

_____. Conditions of this program are as follows:
(Clinical Site Name)

The Affiliation period will be _____ to _____.

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

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

Preceptor Responsibilities:

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

Nursing Program/Faculty Responsibilities:

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

Nursing Program/Faculty Responsibilities:

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

Agency Responsibilities:

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

Student Responsibilities:

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

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

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

**University of Tennessee
Student**

(Print)

(Sign)

(Date)

Preceptor/Clinical Agency

(Print)

(Sign)

(Date)

**University of Tennessee Health Science Center
College of Nursing Clinical Faculty**

(Print)

(Sign)

(Date)

Site Name: _____

Site Address: _____

City, State, Zip _____

Location Phone # _____

Clinical Performance Assessment Form

Forensic Nursing DNP Option

NAPS 867 – Injury Prevention Among Individuals

STUDENT: _____ PRECEPTOR: _____

DATE OF EVALUATION: _____

INSTRUCTIONS: Circle the numbers that best describe the student's performance in each area. The term patient in this document is used to represent either victims of injury or perpetrators of crime.

INTERACTIONS WITH PATIENTS

The student will consistently communicate effectively and therapeutically with a variety of patients.

1	2	3	4	5
Relationships are often distant, strained, or dysfunctional	Relationships are cool or awkward	Usually forms constructive, professional relationships	Conveys professional acceptance of victim and perpetrator	Skillfully uses rapport for therapeutic or investigative gain

The student will intervene within public health, forensic, and psychiatric mental health nursing to care for offenders and injured individuals across the lifespan in a culturally competent, ethical manner.

1	2	3	4	5
Unaware of the values and practices of patients' cultures and lacks motivation to explore his/her own biases.	Expresses desire to become culturally competent and explore his/her own cultural background and prejudices.	Conveys knowledge of the foundation for how data, regarding the meaning of injury and violence in offender and patient culture, is collected	Collects relevant cultural data regarding patients' history, beliefs, values, and practices to determine patient perception.	Consistently engages with patients of differing culture to collect and utilize data from clients to develop culturally competent, mutual solutions for intervention

BASIC CLINICAL KNOWLEDGE

The student will consistently demonstrate an understanding of basic pathophysiology and etiologic mechanism of injuries and common disease processes.

1 Major deficiencies in many areas	2 Generally fair or good with minor deficiencies in important areas	3 Generally good, appropriate to expected provider level	4 Generally very good, or good with depth in important areas	5 Generally outstanding application of knowledge of pathophysiology
--	---	--	--	---

HISTORY TAKING

The student will consistently elicit a thorough, relevant history in an efficient manner.

1 Often misses major important findings	2 Frequently misses relevant data or obtains inaccurate information	3 Usually elicits most relevant data; almost always accurate	4 Almost always elicits all relevant clinical data; always accurate	5 Elicits data efficiently and in great depth, when appropriate
---	---	--	---	---

PHYSICAL EXAMINATION

The student will consistently perform an accurate physical exam that is appropriate for the patient's (victim or perpetrator's) health status and presentation.

1 Often misses major, important findings	2 Frequently misses or makes inaccurate findings	3 Usually identifies findings accurately	4 Almost always identifies important findings with accuracy	5 Often discovers subtle physical findings
--	--	--	---	--

DIAGNOSTIC and FORENSIC TEST SELECTION AND INTERPRETATION

The student will select and interpret the appropriate technology and skills used by forensic scientists in select criminal investigations

1 Often demonstrates major misunderstandings	2 Frequently suggests or interprets diagnostic tests inappropriately	3 Usually suggests and interprets diagnostic tests appropriately	4 Almost always suggests and interprets diagnostic tests appropriately	5 Often reveals exceptional insight
--	--	--	--	---

The student will consistently select and interpret appropriate diagnostic tests and laboratory tests in select clinical settings.

1 Often demonstrates major misunderstandings	2 Frequently suggests or interprets diagnostic tests inappropriately	3 Usually suggests and interprets diagnostic tests appropriately	4 Almost always suggests and interprets diagnostic tests appropriately	5 Often reveals exceptional insight
--	--	--	--	---

MANAGEMENT

The student will demonstrate clinically sound, safe, and effective primary, secondary and tertiary injury prevention (intervention) strategies

1 Often demonstrates major misunderstandings about prevention and treatment	2 Frequently suggests inappropriate prevention plans	3 Usually suggests appropriate plans for intervention	4 Almost always suggests appropriate prevention plans	5 Exhibits exceptional creativity in intervention plans
---	--	---	---	---

PATIENT EDUCATION

The student will consistently provide teaching appropriate to the patient's health status and level of understanding.

1 No patient education documented or education not relevant to patient's education level	2 Sketchy details, requires cues from preceptor	3 Generally provides appropriate and consistent education	4 Provides excellent education, including risk management	5 Provides outstanding in depth patient education to patients and families
--	---	---	---	--

DOCUMENTATION

The student consistently demonstrates concise, well organized documentation with appropriate use of abbreviations and terminology.

1 Notes usually have major deficiencies or inaccuracies or demonstrate poor synthesis	2 Notes are often formatted improperly, are illegible or inaccurate, or terminology is medically or legally inaccurate	3 Notes are formatted properly, legibly, and accurately; lists are updated	4 Notes are usually well organized and concise and demonstrate good synthesis and frequency using appropriate terminology	5 Notes are well organized, very concise, and demonstrate excellent synthesis and use of appropriate medical and legal terminology
---	--	--	---	--

MEDICATIONS

The student will demonstrate knowledge of pharmacological basis for medication injury or selection for treatment.

1	2	3	4	5
Major deficiencies in knowledge and selection of drugs	Requires frequent assistance in selection and demonstrates poor understanding	Usually selects appropriate drug and demonstrates good basic knowledge	Almost always selects appropriate drug with only occasional assistance	Always exhibits in depth knowledge of pharmacology and chooses correct medication

CLINICAL REASONING

The student will consistently demonstrate sound clinical judgment and rationale.

1	2	3	4	5
Usually illogical or impractical	Frequently illogical or impractical	Usually logical and practical	Almost always logical and practical	Frequent astute insights, able to cite references

PROGRESS DURING CLINICAL EXPERIENCE

The student will demonstrate effort and progress toward improvement.

1	2	3	4	5
Showed no effort or no gain	Showed minimal or inconsistent effort or gain	Showed good, consistent effort or gain	Showed strong effort or gain	Made extraordinary effort or gain

RESPONSE TO PRECEPTOR ASSISTANCE

The student will demonstrate receptivity and responsiveness to preceptor cues.

1	2	3	4	5
Usually defensive with denial of need for improvement	Frequently defensive, but retrospectively able to incorporate feedback	Receptive to repeated cues; assistance required through rotation	Seeks appropriate feedback	Seeks feedback to assure accuracy; consistently seeks assistance for situations requiring expertise beyond student's current level of knowledge

KNOWLEDGE OF MEDICAL AND LEGAL SYSTEMS THAT ADDRESS INJURY

The student will exhibit knowledge of and will effectively function within the existing structures of the health care and legal system.

1 Unable to function independently within agency's system	2 Needs frequent assistance with treatment, coding, and referrals within boundaries of the system	3 Able to function with infrequent cues	4 Treatment, referrals, Rx's, and coding are generally appropriate	5 Independently functions
---	---	---	--	-------------------------------------

PROFESSIONAL DEMEANOR

The student will consistently demonstrate professional appearance and demeanor.

1 Major concerns about appearance, demeanor, or reliability	2 Minor concerns about appearance, demeanor, or reliability	3 Generally very appropriate appearance, demeanor, and reliability	4 Appearance, demeanor, and reliability are above average	5 Appearance, demeanor, and reliability are exemplary
---	---	--	---	---

INTERACTIONS WITH MULTIDISCIPLINARY FORENSIC TEAM

The student will engage in constructive and respectful interactions with clinicians, law enforcement and supportive staff.

1 Relationships are distant, strained, or dysfunctional	2 Relationships are cool or awkward	3 Usually forms constructive, professional relationships	4 Relationships are constructive and professional	5 Relationships are always constructive. Student is accepted as a team member
---	---	--	---	---

Are there aspects of this student performance that suggest a need for special attention? If so, please describe.

Yes ____ No ____

What has the student done particularly well?

Instructions:

In narrative form, substantiate the above ratings with examples wherever possible, especially if rating 2 and lower or 4 and higher. Also communicate, and label as such, subjective or uncertain feelings about a student's performance. Such feedback, when substantiated by other observers, can provide valuable information for students.

NOTE: Any evaluations of 1 and/or 2 are considered unsatisfactory and MUST be discussed with the Faculty Coordinator

Date this evaluation was discussed with the student _____

Preceptor's signature _____ Date _____

I have read this report.

Student signature _____ Date _____

**University of Tennessee Health Science Center
College of Nursing
Forensic Nursing DNP Option
Student Evaluation of Clinical Preceptor**

Preceptor's Name: _____ Clinical Site: _____

Student's Name: _____

- 1 - almost always
- 2 - usually
- 3 - sometimes
- 4 - rarely
- 5 - almost never

Date: _____

OVERALL EVALUATION OF CLINICAL SITE INSTRUCTORS					
INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situation					
6. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. Demonstrates new procedures					
10. Leads student through decision making rather than giving own impressions.					
11. Encourages questions and discussions regarding alternative management.					
12. Allows appropriate documentation.					
13. Considers student's limits according to level of experience.					
14. Encourages student to assume increasing responsibility during clinical rotation.					
15. Student evaluations are objective and shared with students in a positive, confidential manner					

OTHER COMMENTS: _____

Signature of Student

**University of Tennessee Health Science Center
College of Nursing
Forensic Nursing DNP Option
Student Evaluation of Clinical Site**

Course Name/Number: _____

Term/Year: _____

Name of Agency: _____ Name of Unit: _____

Student: _____ Faculty: _____

Common Patient Population: _____

- 1 - almost always
- 2 - usually
- 3 - sometimes
- 4 - rarely
- 5 - almost never

Date: _____

	1	2	3	4	5
1. Do clinical experiences correlate with course outcomes?					
2. Do students have adequate (census, acuity) learning experiences?					
3. Do students have adequate role models/preceptors?					
4. Are staff receptive to students?					

COMMENTS: _____

Signature of Student

**University of Tennessee Health Science Center
College of Nursing
Forensic Nursing DNP Option
Clinical Faculty Evaluation of Preceptor**

Preceptor's Name: _____

Clinical Site: _____

Date: _____

- 1 - almost always
- 2 - usually
- 3 - sometimes
- 4 - rarely
- 5 - almost never

OVERALL EVALUATION OF CLINICAL SITE INSTRUCTORS					
INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situation					
6. Relates didactic knowledge to clinical practice					
TEACHING PRACTICES	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. Demonstrates new procedures					
10. Leads student through decision making rather than giving own impressions.					
11. Encourages questions and discussions regarding alternative management.					
12. Allows appropriate documentation.					
13. Considers student's limits according to level of experience.					
14. Encourages student to assume increasing responsibility during clinical rotation.					
15. Student evaluations are objective and shared with students in a confidential manner					

OTHER COMMENTS: _____

Recommend for continued use? YES NO

Signature of Faculty

**University of Tennessee Health Science Center
College of Nursing
Forensic Nursing DNP Option
Clinical Faculty Evaluation of Clinical Site**

Course Name/Number: _____ Term/Year: _____

Name of Agency: _____ Name of Unit: _____

Faculty: _____

Common Patient Population: _____

1 - almost always

2 - usually

3 - sometimes

4 - rarely

5 - almost never

Date: _____

	1	2	3	4	5
1. Do clinical experiences correlate with course outcomes?					
2. Do students have adequate (census, acuity) learning experiences?					
3. Do students have adequate role models/preceptors?					
4. Are the educational credentials and experience levels of the staff appropriate?					
5. Are staff receptive to students?					
6. Is communication between agency and UTHSC CON adequate?					

Strengths: _____

Limitations: _____

Recommend for continued use? YES NO

Recommended changes for continued use of agency: _____

Signature of Faculty

**University of Tennessee Health Science Center
College of Nursing
Forensic Nursing DNP Option
Clinical Faculty Supervision Form**

Date of Meeting/Call: _____

Type of Review: _____
(i.e. phone call, site visit, on campus, etc.)

Student's Name: _____

Preceptor's Name: _____

Clinical Facility: _____ Location: _____

Term (i.e. Summer/Fall or Winter/Spring): _____ Year: _____

Option: _____

Clinical Faculty Reporting: _____

Evaluation of Experience (Preceptor, Student, Clinical Site): _____

(Signature)

(Date)

APPENDICES

