

UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

COLLEGE OF NURSING

PRECEPTOR GUIDE FOR DNP NURSING ADMINISTRATION CLINICAL COURSES

1ST EDITION FOR 2008 COURSES

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



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

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September 18, 2008

TO: Nursing Administration Students, Preceptors, and Clinical Faculty
FROM: Leslie McKeon, PhD, CNAAB-BC, Option Coordinator for Nursing
Administration at 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 36-38) 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 advisor. 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 Information.

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
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General Expectations for 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 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 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 preceptored 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 experience. The student should review the common clinical problems relevant to the clinical site population. Follow-up reading of current reference material following the clinical experience 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 when on site 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 and may occur at a distance and in organizations for Nursing Administration students. 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 onsite 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 Nursing Administration –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 nursing practice level of at least two years. If a faculty member has less than two years advanced nursing practice 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 Student Clinical Performance Evaluation.

**UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
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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 or public health positions.
3. When licensed, authorized to practice as a registered 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. When licensed, appropriate current unencumbered license when required for role.
5. When licensed, state approval or recognition to practice in a specialty area.
6. When licensed, 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 populations 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 one on one.
6. Communicates with the administrators of departments that will provide resources for public health or administrative experiences to students involved in leadership roles.
7. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation.
8. 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. When onsite, 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 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 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. In facilitating the student's learning experience, the preceptor organizes clinical learning in alignment with the core competencies for nursing leadership (NHCL Leadership Competencies) which capture the complexity and dynamic quality of the health leader's role and reflect the dynamic realities in current health leadership.

1. **Transformation:** Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of healthcare and wellness. Competencies include:
 - Achievement Orientation
 - Analytical Thinking
 - Community Orientation
 - Financial Skills
 - Information Seeking
 - Innovative Thinking
 - Strategic Orientation
2. **Execution:** Translating vision and strategy into optimal organizational performance. Competencies include:
 - Accountability
 - Change Leadership
 - Collaboration
 - Communication Skills
 - Impact and Influence
 - Initiative
 - Information Technology Management
 - Organizational Awareness
 - Performance Measures
 - Process Management and Organizational Design
 - Project Management
3. **People:** Creating an organizational climate that values employees from all backgrounds and provides an energizing environment for them. Also includes the leader's responsibility to understand his or her impact on others and to improve his or her capabilities, as well as the capabilities of others. Competencies include:
 - Human Resource Mgt.
 - Interpersonal Understanding
 - Professionalism
 - Relationship Building
 - Self Confidence
 - Self Development
 - Talent Development
 - Team Leadership

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in nursing administration and leadership, 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 population 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 stakeholders and other clinical personnel. Student self-confidence is enhanced by preceptor feedback that reinforces that the student is meeting learning goals and objectives.

Honing Assessment Skills

Assessment includes cognitive and psychomotor components. The student needs to abstract and apply the sciences while using the psychomotor physical assessment skills in learning clinical decision making for populations. 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 evaluating care delivery and systems to support transformation, the preceptor evaluates a) the student's interpersonal and technical skills, b) data collected, c) interpretation of data, and d) the proposed management plan.

Guiding students in gathering reliable performance data involves interaction with the student, followed by validating the systems assessment. The student presents findings to the preceptor, who evaluates the student's interpretation of the performance data. Incorrect information is corrected by discussion and re-direction 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 permission is always requested prior to a student beginning the encounter.

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 performance data. Often refining an incorrect communication and technical skill/technique can be achieved with discussion and clinical demonstration by the preceptor.

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 in Nursing Administration for the purpose of reviewing and clarifying the 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.

As students progress and gain confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in assessment. Students need to be apprised 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 nursing administration, Improvement Science, and social, and health related sciences to the assessment and management plan. Development of interprofessional relationships draws on the strengths of the student's communication, interpersonal skills, and experience as a professional nurse.

Application of leadership and quality is important in establishing and promoting quality nursing care within the organization and across the continuum of care.

To effectively elicit and interpret subjective and objective data obtained through interactions in the organization and with their stakeholders, the student draws on applied scientific knowledge and interpersonal skills. Interpretation of data and developing a plan of care provide opportunities for students to integrate patient and interprofessional 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 management plan. A strategy to stimulate critical thinking is to have the student present the clinically-based administrative problem 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 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 theory behind public health nursing approaches with populations, communities, programs and their systems.

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 administrator, 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:

- 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 system of care.
- Reflect on previous patient encounters and compare and contrast components of the systems 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 leadership or health services research is known that might guide quality evidence-based care? Use clinical scenarios to elicit the integration of the sciences with performance data.

Similar teaching strategies can be applied to organizations with other clinical problems. 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 nursing administration 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. In “learning by doing,” the preceptor mentors the student in refining population evaluation and intervention and communication/documentation..

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 includes reports and summaries of evaluative process.
- Identification of organizations 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 organization's 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 system that integrates data required for reimbursement in their development of patient care record systems. The preceptor reviews the student's documentation for accuracy and completeness as a validation of agreement with the student documentation.

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 provide students with opportunities to hone their interpersonal skills:

- Student dialogue with stakeholders concerning the reason for improved performance and return on resource investment, specifically better patient, staff, and organizational outcomes.
- 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

- Using open-ended questions and allowing stakeholders and community members time to answer a question before proceeding to the next question.
- Eliciting data in an unhurried manner.
- Soliciting the stakeholder opinions, concerns about their community, and how they would like to participate in their plan of care.
- Verifying with the stakeholder your understanding of their complaint, plan of care, or opinion by rephrasing their description, and seeing validation, clarification, or elaboration, as needed.
- Showing empathy: genuine interest, concern or warmth for the stakeholder's situation, condition, or personal/social problems.

- Providing the community with information that is medically necessary in a sensitive manner with attention to the impact the information may have on the community's lifestyle, financial resources, or ability to care for individuals and families.
- Providing culturally congruent care while being sensitive to the community'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 community.
- Showing a lack of understanding
- Asking closed-ended questions about conditions, treatments, and lifestyle.
- Failing to speak clearly or in simple language that is understandable.
- Lack of sensitivity to confidentiality and privacy issues.
- Failing to demonstrate patience and understanding towards culture, age, or other life circumstances.
- Failure to practice safety in the community.
- Discussing confidential information.

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.

Education

Students are expected to:

- Integrate patient-centered education in all aspects of care. Patient-centered education focuses on organizational and microsystem performance that impacts patient outcomes.
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan that is appropriate to the learning needs of the interprofessional care delivery team.
- Take into consideration timing and level of education, identifying "teachable moments" as opportunities learning.
- For patient education, determine the ability to understand communication both verbal and written instructions in English or their own language.
- Discuss the educational plan with the preceptor.
- Be aware of resources in the organization for education. 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 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 public health.

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 program, they should demonstrate development of comprehensive care that includes interdisciplinary collaboration with other health care professionals. An organizational policy and procedure manual should be available for students to consult as a resource to clarify issues that may have policy and legal implications. 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 needs of the community within these policies.

Students should be encouraged to advocate for the patient and staff 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 care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces the student's development of advanced nursing administrator 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 advocating for vulnerable and disadvantaged populations.

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.

Other methods include:

- Demonstrate collaborative management with stakeholders. 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 preceptor's unique contribution to the interprofessional team.
- Initiate team conferences where all members of the health care team discuss and develop an action plan. Team discussion may be in response to patient care delivery, workforce issues, or regulatory issues at the micro, meso, or macrosystem level.
- Encourage students to present difficult and challenging cases to interprofessional teams.
- Facilitate DNP visibility as a member of the interprofessional team by providing the image as a skilled expert and valuable collaborative partner.
- Encourage students to take ownership for their strategies to improve performance.
- 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.

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 and confidentially. 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 community during a preceptorship arrangement. Patients should be informed that the preceptor would remain the primary provider, be responsible for decisions related to community activities, and will continue to provide care in the community after the student experience ends.

Competencies require experiences for students that focus on health leadership as evidenced by the performance measures documented in the clinical log. Review by the preceptor must be documented in the student clinical performance evaluation form indicating that the preceptor has examined the organizational activities, is in agreement with the assessment findings and the evaluative plan as written by the student, and is responsible for implementation of the plan as appropriate.

Liability Insurance

Preceptors assume the same liability for their community practice as others in nursing administration 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 clinical competences and evaluation guidelines and documents 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 DNP 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 are asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the faculty by the deadline and method indicated. The student's self evaluation 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 clinical 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.
- 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 Organization of Nurse Executives	http://www.aone.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
Institute of Healthcare Improvement	http://www.ihl.org
Medscape Nursing-online resources for clinicians	http://www.medscape.com/nurses
National Library of Medicine Medline searches	http://www.ncbi.nlm.nih.gov/PubMed
National Center for Health Care Leadership	http://www.nchl.org
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
*Internet addresses are case-sensitive. NB: web addresses may change Updated 09/19/2008 by Ramona Pierce	

References

- American Nurses Association. (2004). *Nursing: Scope and Standards of Practice*. Washington, DC: Author.
- 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.
- Harris, K., Huber, D., Jones, R., Manojlovich, M., & Reineck, C. (2006). Future nursing administration graduate curricula, part i: Call to action. *Journal of Nursing Administration*, 36(10), 435-440.
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- 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.
- McInnes, K. & Morrison, F. (1995). Teaching the teacher: A preceptor-education program. *Perspectives*, 19(4):16-20.
- 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.
- 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://nursing.utmem.edu/> (UT CON Intranet) and look under Document Center for an electronic copy of this document (*see page 30 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.
- *The *Student Clinical Performance Evaluation* of each (MSN/DNP) Student will be **completed by the preceptor** for every student in the specialty courses.
- The *Clinical Faculty Evaluation of Preceptor* form will be completed **by the clinical faculty**.
- The *Faculty Clinical Supervision* form will be completed **by the clinical faculty**.
- **Student Clinical Log* - **Students** will log clinical activities as specified for the option.

* *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.)

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 and communities (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 activities with individuals and families in the chosen community.
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 and agreement to this affiliation.

**Confirmation of Student-Preceptor-Faculty
Faculty Agreement to Clinical Preceptorship
DNP Nursing Administration Option**

**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 # _____

**The University of Tennessee Health Science Center
College of Nursing
Nursing Administration Option Course Contract**

Course Name

Credit Hours/Grade 4 (2-2)

Clinical Period/Hours *Month-Month* 120 hours

Administrative Site:

Faculty: Leslie McKeon, PhD, RN

Administrative Preceptor(s): *Name*
Name

Course Outcomes: Upon completion of the course, the student will be able to:

Course Activities: To achieve the course outcomes, the student will complete the following activities:

Course Deliverables: The following deliverables will validate successful achievement of course outcomes:

Student Name

Date

Leslie McKeon, PhD, RN

Date

UTHSC College of Nursing
DNP Nursing Administration Option
Student Clinical Log and Performance Evaluation

Student Name:		Preceptor/Site:				Date:
<p>Instructions: Please list the clinically-related activities to achieve specific DNP Nursing Administration competencies as defined in the course contract; submit completed form to faculty advisor 1 week before the last day of the term.</p> <p>D = Discovery: an accumulation of knowledge through the rigors of research, i.e. ROL or EvBP, and personal work</p> <p>I = Integration: the ability to make connections, placing discovery in larger context.</p> <p>A = Application: the ability to synthesize knowledge, and then apply new knowledge and measure outcomes.</p> <p>T = Teaching : mastery of a subject and effectively teaching others</p>						
Domain/Competency		D	I	A	T	Evidence (date, activity, hours)
Transformation: Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of healthcare and wellness.						
	Achievement Orientation: A concern for surpassing a standard of excellence.					
	Analytical Thinking: The ability to understand a situation, issue or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way.					
	Community Orientation: The ability to align one's own and the organization's priorities with the needs and values of the community, including its cultural values and to move health forward in line with population-based wellness and national health agenda.					
	Financial Skills: The ability to understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term decisions.					
	Information Seeking: An underlying curiosity and desire to know more about things, people, or issues, including the desire to remain current in professional trends and developments.					
	Innovative Thinking: The ability to use creative and conceptual thinking to identify patterns or connections between situations that are not obviously related, as well as underlying issues in complex situations.					
	Strategic Orientation: The ability to draw implications and conclusions from business, economic, political, demographic, ethno-cultural, and regulatory trends and developments, and to use these insights to develop an evolving vision for nursing and healthcare practice.					
Execution: Translating vision and strategy into optimal organizational performance.						
	Accountability: The ability to hold people accountable to standards of performance or ensure compliance.					
	Change Leadership: The ability to energize stakeholders and sustain their commitment to change.					
	Collaboration: The ability to work cooperatively with others as part of a team or group.					
	Communication Skills: The ability to speak and write in a clear, logical and grammatical manner in formal and informal situations; to prepare cogent business presentations; and to facilitate a group.					
	Impact and Influence The ability to persuade and convince others (individuals or groups) to support a point of view, position, or recommendation.					

Domain/Competency		D	I	A	T	Evidence (date, activity, hours)
	Initiative The ability to see the potential in, understand and use administrative and clinical information and decision-support tools.					
	Information Technology Management: The ability to anticipate obstacles, developments and problems through trending and analysis.					
	Organizational Awareness; The ability to understand the formal and informal decision-making structures in an organization or industry (stakeholders, suppliers, etc.), including identifying the real decision makers and the individuals or processes that influence them.					
	Performance Measures: The ability to understand and use statistical and financial methods and metrics to set goals and measure clinical as well as organizational performance; commitment to and employment of evidence-based techniques.					
	Process Management and Organizational Design: The ability to analyze, design, and improve organizational processes, including incorporating the principles of quality management and customer satisfaction.					
	Project Management: The ability to plan and execute a team project with significant scope and impact.					
People: Creating an organizational climate that values employees from all backgrounds and provides an energizing environment for them.						
	Human Resources: The ability to implement employment practices that comply with legal and regulatory requirements, and to represent contemporary approaches to nursing leadership.					
	Interprofessional Understanding: The ability to accurately hear and understand the unspoken or partly expressed thoughts, feelings, and concerns of others.					
	Professionalism: The demonstration of ethics and professional practices, as well as stimulating social accountability and community stewardship.					
	Relationship Building: The ability to establish, build and sustain professional relationships that support care transformation.					
	Self Confidence: A belief and conviction in one's own ability, success, and decisions or opinions when executing plans and addressing challenges.					
	Self Development: The ability to see an accurate view of own strengths and development needs, including one's impact on others. A willingness to address needs through self-directed learning and trying new approaches.					
	Talent Development: The ability to identify and develop leadership talent for the purpose of achieving goals and succession planning.					
	Team Leadership: The ability to form and lead a team to their greatest creative potential.					

UTHSC College of Nursing						
DNP Nursing Administration Option Student Clinical Performance Evaluation						
Student Name:		Preceptor/Site:		Date:		
<p>Instructions: Please evaluate the DNP student's nursing leadership competencies using Boyer's four components of scholarship; Place an X in the most appropriate level of scholarship or NA if not appropriate to learning outcomes.</p> <p>Discovery: an accumulation of knowledge through the rigors of research, i.e. ROL or EvBP, and personal work</p> <p>Integration: the ability to make connections, placing learning in larger context.</p> <p>Application: the ability to synthesize knowledge and apply new knowledge to systems evaluation and improvement.</p> <p>Teaching: mastery of a subject and effectively mentoring others</p>						
Domain/Competency		Discovery	Integration	Application	Teaching	NA
Transformation: Visioning, energizing, and stimulating a change process that coalesces communities, patients, and professionals around new models of healthcare and wellness.						
	Achievement Orientation: A concern for surpassing a standard of excellence.					
	Analytical Thinking: The ability to understand a situation, issue or problem by breaking it into smaller pieces or tracing its implications in a step-by-step way.					
	Community Orientation: The ability to align one's own and the organization's priorities with the needs and values of the community, including its cultural values and to move health forward in line with population-based wellness and national health agenda.					
	Financial Skills: The ability to understand and explain financial and accounting information, prepare and manage budgets, and make sound long-term decisions.					
	Information Seeking: An underlying curiosity and desire to know more about things, people, or issues, including the desire to remain current in professional trends and developments.					
	Innovative Thinking: The ability to use creative and conceptual thinking to identify patterns or connections between situations that are not obviously related, as well as underlying issues in complex situations.					
	Strategic Orientation: The ability to draw implications and conclusions from business, economic, political, demographic, ethno-cultural, and regulatory trends and developments, and to use these insights to develop an evolving vision for nursing and healthcare practice.					
Execution: Translating vision and strategy into optimal organizational performance.						
	Accountability: The ability to hold people accountable to standards of performance or ensure compliance.					
	Change Leadership: The ability to energize stakeholders and sustain their commitment to change.					
	Collaboration: The ability to work cooperatively with others as part of a team or group.					
	Communication Skills: The ability to speak and write in a clear, logical and grammatical manner in formal and informal situations; to prepare cogent business presentations; and to facilitate a group.					
	Impact and Influence: The ability to persuade and convince others (individuals or groups) to support a point of view, position, or recommendation.					

Domain/Competency		Discovery	Integration	Application	Teaching	NA
	Initiative The ability to see the potential in, understand and use administrative and clinical information and decision-support tools.					
	Information Technology Management: The ability to anticipate obstacles, developments and problems through trending and analysis.					
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	Talent Development: The ability to identify and develop leadership talent for the purpose of achieving goals and succession planning.					
	Team Leadership: The ability to form and lead a team to their greatest creative potential.					

Comments:
Preceptor Signature:

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

Preceptor's Name: _____ Clinical Site: _____

Student's Name: _____

1 - almost always

2 - usually

Date: _____

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 positive, confidential manner					

OTHER COMMENTS: _____

Signature of Student

**University of Tennessee Health Science Center
College of Nursing
Nursing Administration 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)
