



**Saint Mary's
College**

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**DOCTOR OF
NURSING PRACTICE PROGRAM**

PRECEPTOR HANDBOOK

Table of Contents

Introduction	3
About Saint Mary's College Department of Nursing Science (DNS)	4
Goals and Program Outcomes	7
DNP Program Outcomes	7
Student Responsibilities	8
Student Progress and expected outcomes:	9
Evaluation	11
Types of Evaluation:	12
The Preceptor Role	12
Nursing Faculty Responsibilities	14
Frequently Asked Question about Precepting.....	15
The National Task Force on Quality Nurse Practitioner Education	17
Doctor of Nursing Practice Program Degree Plan.....	20

Introduction

Thank you for agreeing to be a preceptor! This handbook was developed to assist you in this role. In serving as a preceptor to a student from Saint Mary's College (SMC) Department of Nursing Science Graduate Program (DNS), you have the unique opportunity to make a profound professional impact. Your advanced knowledge, your skills, and your attitude provide an important component to the developing competency in the professional nurse under your guidance who is studying to be an Advanced Practice Registered Nurse and will earn a DNP upon graduation.

Please review these materials. It is important to familiarize yourself with and become comfortable with this information. If you have any questions, please do not hesitate to contact us. Faculty from our DNP program will be in contact with you as well and we look forward to working with you. Our community partners are an essential component of the DNP program and the educational process for our students.

The information provided in this handbook will explain the responsibilities of the preceptor, nursing faculty, and the student that support achievement of the goals of all of the clinical practicum courses including student evaluation. SMC and the Department of Nursing Science clinical policies related to specific clinical issues are available through the SMC online directory to various resources, including the Department of Nursing Science link: <https://grad.saintmarys.edu/academic-programs/doctorate-nursing-practice>

Although the DNS provides no financial compensation for your preceptorship at this time, the College and the DNS acknowledges your participation in this program and graciously appreciates your endeavors in furthering the development of advanced practice nursing. If you are interested in pursuing adjunct faculty status at SMC, we would be happy to discuss this with you. Again, we appreciate your willingness to promote the education of future advanced practice nurses (APNs). It is a valuable contribution that we hope will also be personally and professionally satisfying for you. Many thanks!

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About Saint Mary's College Department of Nursing Science (DNS)

Description of the Doctor of Nursing Practice Program

The Department of Nursing Science (DNS) offers an innovative Doctor of Nursing Practice (DNP) program that includes the preparation of advanced practice nurses as Advance Practice Registered Nurses in the roles of Family Nurse Practitioner, Adult Gerontology Primary Care Nurse Practitioner and Adult Gerontology-Acute Care Nurse Practitioner. The doctoral program prepares nurses to provide health services at the highest level of clinical nursing practice and to develop leaders who can make a difference in the nursing profession and in health care outcomes.

The program incorporates professional standards and guidelines from *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2008), the *Criteria for Evaluation of Nurse Practitioner Programs*, (NTF, 20126) and the *Nurse Practitioner Core competencies* (NONPF, 2017). Graduates of the DNP program will be eligible for national certification through the American Nurses Credentialing Center, the American Association of Nurse Practitioners, or the American Association of Critical Care Nurses.

The DNP program includes a minimum of 1,090 supervised hours of clinical and scholarly experience. Students engage in 690 hours of direct patient care in the clinical management courses. The program incorporates innovative courses designed to help the students become innovative leaders within their health care systems: NURS 600: *Communication and Relationship Centered Leadership*; NURS 612: *Social Entrepreneurship and the Business of Health Care*; and NURS 670: *Data Analytics and Outcomes Improvement*. These courses are reflected in the DNP project, the Practice Innovation Project. Students complete the scholarly Practice Innovation Project over a six-semester sequence during years 3 and 4 of the program (NURS 701, 702, 703, 704, 705, 706).

Mission of Saint Mary's College:

The College Mission statement reads: Saint Mary's College is a Catholic, residential, women's college in the liberal arts tradition. A pioneer in the education of women, the College is an academic community where women develop their talents and prepare to make a difference in the world. Founded by the Sisters of the Holy Cross in 1844, Saint Mary's promotes a life of intellectual vigor, aesthetic appreciation, religious sensibility, and social responsibility. All members of the College remain faithful to this mission and continually assess their response to the complex needs and challenges of the contemporary world.

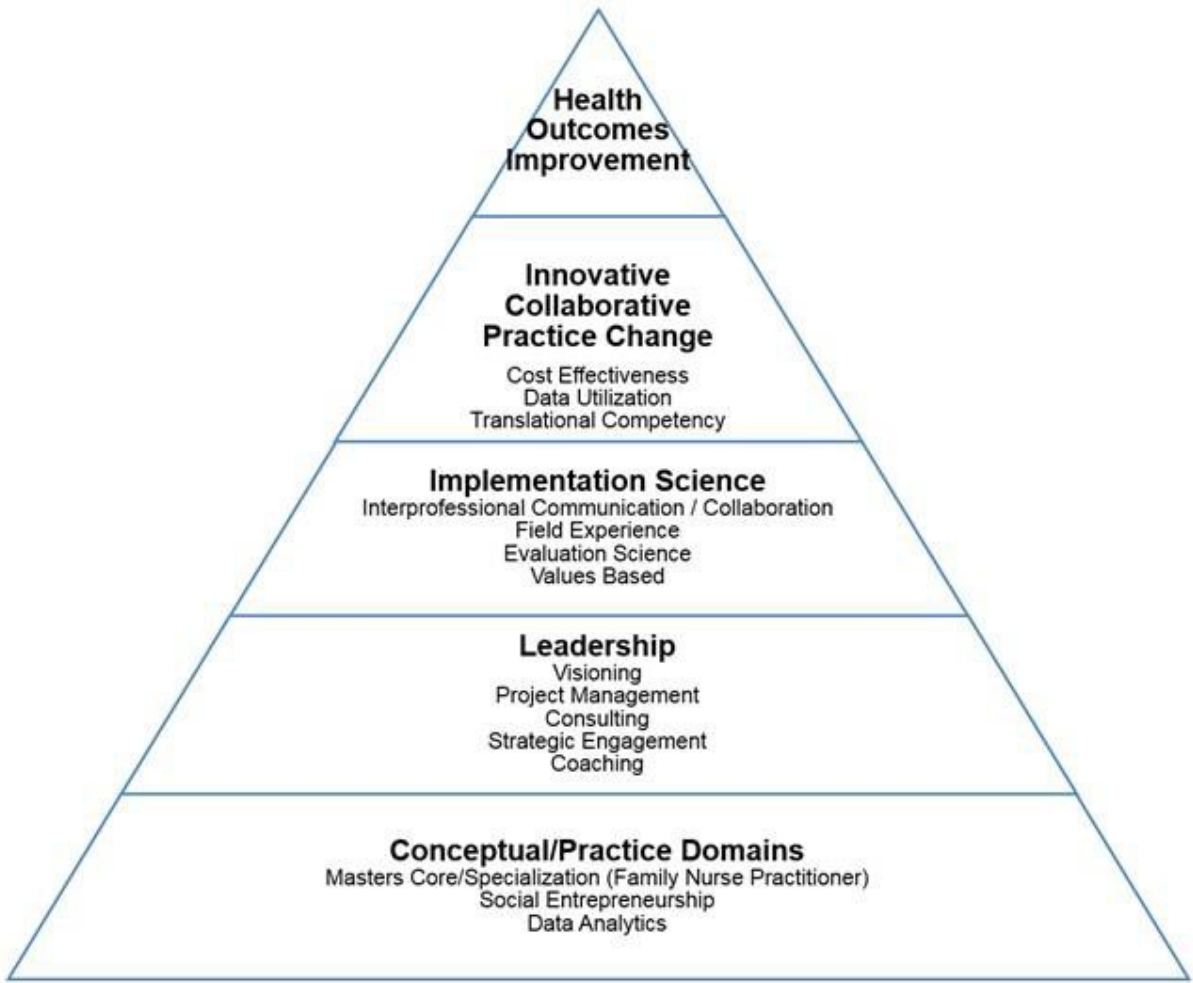
Mission of the Department of Nursing Science

The mission statement of the College guided the development of the mission and program outcomes for the DNP programs. The Mission of the Department of Nursing Science is as follows:

Congruent with the Mission of Saint Mary's College, the Department of Nursing Science is a learning community comprised of students, faculty, staff, and health care professionals who support each other in the preparation of competent, confident professional nurses at all levels who will assume leadership roles in the promotion of health and healing within diverse communities and health care systems. The learning community promotes scholarship, the use of critical thinking, spiritual inclusion, and ethical decision making in clinical practice, life- long learning, and an obligation for social responsibility and service for vulnerable and underserved individuals, families, and communities.

Organizing conceptual model

The following conceptual model shows the concepts that guide the nursing curriculum at SMC.



This model was developed as a systematic organization of concepts which are the essential components for the curriculum, the program outcomes, and individual course learning outcomes. The model serves as a guide and provides direction for faculty to organize nursing knowledge into nursing courses, clinical experiences and independent studies. The model also provides an example of program progression that leads to the completion of program outcomes for students who are able to apply advanced knowledge and advanced nursing practice skills to improve health outcomes. Definitions of the concepts included in the conceptual model in the appendix of this handbook.

Goals and Program Outcomes

Major Goals

The major goals for the DNP programs grew out of faculty discussion about what the program would contribute to the nursing profession and to the health of the public. The discussion focused on the challenges in the health care arena, the needs of the nursing profession, and to the complex, evolving health care system. Also, the discussion recognized the need for overarching goals to be congruent with the mission of the College and of the DNS. The major goals for the program are:

1. To educate professional nurses who demonstrate ethical leadership and vision while using effective communication and data-base, innovative strategies to transform health care systems, improve nursing practice through translation of evidence, and improve health outcomes.
2. To educate professional nurses to advocate for social justice, to work to decrease health disparities, to increase access to health care, and to embrace human differences that include cultural and spiritual uniqueness and the dignity of all people.
3. To educate professional nurses to become family nurse practitioners who will practice both independently and collaboratively as members of health care teams to provide direct, and state of the art healthcare to improve the health of individuals, families, and communities.

DNP Program Outcomes

1. Demonstrate communication and collaboration skills within intra-professional and inter- professional teams to create change in health care and complex health care delivery systems.
2. Synthesize and apply scientific evidence for the development, implementation, and evaluation of clinical interventions for advanced nursing practice
3. Provide advanced evidence-based clinical care management within a

collaborative, cultural and spiritual context for individuals, families and/or populations.

4. Advocate for social justice, equity, and ethical policies in health systems, population health initiatives, and evidence-based health policy initiatives through collaboration with other health professionals and stakeholders.
5. Apply business and entrepreneurial strategies for meaningful quality improvement and efficient use of resources within health care environments.
6. Demonstrate leadership in the use of current and emerging health and data analytic technologies to evaluate and improve outcomes in health care delivery and organizational systems.

The DNP program outcomes are congruent with *The Essentials of Doctoral Education for Advanced Nursing Practice (AACN 2008)* and the *Nurse Practitioner Core Competencies (2017)*.

Student Responsibilities

The student's role and responsibilities:

1. Adhere to all clinical agency policies and procedures.
2. Adhere to all Department of Nursing Science policies, ANA Standards of Practice, ANA Code of Ethics, and the Nurse Practice Act of the state within which the clinical experience is occurring. Failure to exhibit integrity, ethical conduct, professional standards, or any violation of the responsibilities listed herewith may result in a failing grade and/or dismissal from the DNP program and the College.
3. Comply with all health documentation and other professional requirements of the clinical agency *prior* to the start of the clinical experience.
4. Dress in a professional manner and in accordance with agency policy and DNS policy. The student should wear professional attire suitable for the setting, which includes the official SMC student nametag. Students may not wear jeans, denim, revealing clothing, t-shirts, sneakers, sandals, or high-heeled shoes.
5. Safely practice in a manner consistent with the student's educational developmental level and meet or exceed all course objectives.
6. Maintain patient confidentiality. Under no circumstance may records be removed from the agency. Comply with HIPAA standards per clinical agency and course syllabi policy.
7. Student conduct in the clinical setting must be in a manner which demonstrates initiative, motivation, professional curiosity, adherence to professional standards, and reflects positively upon the DNS.
8. Be prepared to work the day(s) and hours of the preceptor, and as agreed upon between the student, the preceptor, and the nursing faculty.

Student Progress and expected outcomes:

The following clinical descriptions are provided to assist with the evaluation process for DNP students. The following course progression description is intended to provide preceptors with a general overview of the progressive nature of student's APRN role attainment. Additional information regarding specific course outcomes will be available to you in the course syllabus that will be sent via email.

- **First clinical course: NURS688 Advanced Health Assessment and Diagnostic Reasoning - 30 Direct Patient Care Clinical Hours (FNP, AG-PCNP, AG-ACNP).** In this clinical course, students will require close preceptor guidance as they gain competence and confidence with gathering a patient history, performing hands-on physical assessment skills, and begin to critically think about the subjective and objective data that were gathered. Students in this course will develop and refine their documentation skills and begin to develop diagnostic reasoning skill.
- **Second clinical course: NURS 724 Advanced clinical studies: Population based Mental Health Care Across the Lifespan - 60 Direct Patient Care Clinical Hours. (FNP, AG- PCNP, AG-ACNP):** Students in this clinical course will require close preceptor guidance but should demonstrate an increased level of competence in caring for individuals with mental health issues. They should focus on diagnostic reasoning and decision--making, communication skills, documentation, appropriate consultation and referral, and professional role development. Students should translate knowledge of pharmacology into medication management of individuals with chronic or acute needs. Students should be able to practice acute/ and follow up histories and focused physical assessment, complete physical exams, skills, and procedures when able.
- **Third clinical course: NURS 722: Advanced clinical studies: Primary Care management of adults and older adults - 120 Direct Patient Care Clinical Hours. (FNP, AG-PCNP, AG-ACNP):** In their third clinical course, students are expected to transfer new knowledge from their theory courses into their clinical practice. For example, the student should be able to assess and communicate mental health issues of their patients. They will continue to need close preceptor guidance as they again focus on diagnostic reasoning and decision--making, communication skills, documentation, appropriate consultation and referral, and professional role development. Students should be able to demonstrate increasing independence, comprehensiveness and proficiency in caring for an adult population with minor acute and chronic illness. Students should be able to transfer their knowledge of pharmacology and pathophysiology in their assessment and management plan based on developmental needs of the patient.
- **Fourth clinical course: NURS 710 Advanced clinical studies: Primary care management of reproductive health - 120 Direct Patient Care Clinical Hours, FNP, AG-PCNP students. NURS 717 Advanced clinical studies: Advanced clinical care for adults and older adults - 120 Direct Patient Care Clinical Hours. AG-ACNP students.** Students are expected to transfer their knowledge of

mental health concerns, pharmacology, physiology, and primary care of adults and demonstrate a progressive and increased level of independence, depth in assessment, and management and evaluation of patient and family related problems. Students in the primary care tracks will require preceptor guidance as they acquire new skills required for women's health care. Students in the acute care track will require preceptor guidance as they acquire new skills required for adults and older adults in various clinical settings.

- **Fifth clinical course: NURS 730 Advanced clinical studies: Primary Care of children and adolescents (FNP); NURS 722 Advanced Clinical Studies: Primary Care of Adults and Older Adults II (AG-PCNP); NURS 726 Advanced Clinical Studies: Trauma Care with Adults and Older Adults (AG-ACNP) - 120 Direct Patient Care Clinical Hours:** Students are expected to transfer their knowledge of mental health concerns, pharmacology, pathophysiology, communication, to the assessment and care of children and their families. Students are expected to demonstrate increased competency and independence in patient assessment and management plan development appropriate for the age of the child, adult, or older adult. Students are expected to demonstrate competence as a member of an interprofessional team.
- **Sixth Clinical Course: NURS 770 Clinical Residency in Primary Care of Families (FNP); NURS 774 Clinical Residency in Primary Care of Adults, Older Adults and Families AG-PCNP) and NURS 772 Clinical Residency in Acute and Critical Care of Individuals and Families (AG-ACNP) -240 Clinical Hours:** Students should demonstrate a synthesis of clinical knowledge and skills acquired in their five major clinical courses that prepare them to care for patients of all ages. They should demonstrate a level of independence, depth, competence and proficiency in clinical skills, communication skills, and the management of patient related problems of a novice nurse practitioner. Students should demonstrate the use of best practices and evidence

For students in the final residency course:

1. The student is to function as close to possible at the level of a working nurse practitioner. This means that the student should complete the patient history and physical exam and then report to the preceptor.
2. The student is to present a brief, concise patient review following a SOAP format. The student must include his/her differential diagnoses and final choice of diagnosis and other health needs and risks or his/her impression of the chronic illness or other health issue status.
3. The student must offer his/her management plan based on best evidence.
4. The student should be able to see acute illness and chronic illness follow ups in 20 minutes by week 8. Therefore, please start with this goal at the beginning of the experience. New chronic illness workups and complete health maintenance workups can be stretched to 30 minutes.
 - a. Charting should be completed in five minutes and follow SOAP format

- and/or other methods used in your EMR.
- b. The student should be able to see whatever patient situation presents on your schedule except for those patients who you need to see personally. Complicated patients should be an emphasis; however, the student can see patients with acute problems, women's health (maintenance, GYN and prenatal) appropriate mental health problems and pediatric well child and acute and chronic health problems.
 - c. The total number of patients seen per day can vary. The goal is that the student will be able to see 16-18 patients by the end of the semester or at least the majority of your scheduled patients.
 - d. The student should have opportunities to order and interpret labs and diagnostic tests.
 - e. The student should have opportunities to suggest medication choices and when possible write prescriptions or electronically order medications.
 - f. The student should arrive and leave the same time that you are present so she or he becomes accustomed to a regular practice day.
 - g. The student should be using references as much as possible so that she becomes ready for her/her own practice.

Direct Patient Care

Students enrolled in the Saint Mary's College DNP Program Advanced Practice Nursing clinical tracks are required to engage in a minimum of 690 hours of direct patient care. Direct patient care is defined as "care that involves assessment, diagnosis, treatment, and evaluation of real clients or patients" (National Task Force on Quality Nurse Practitioner Education, 2016, p. 19).

Direct patient care for Saint Mary's students is defined as the time spent in direct, face-to-face contact and care of the patient in the clinical setting. This includes collecting subjective and objective data, deriving diagnosis/diagnoses, developing a care plan, and documenting findings in the patient chart (if permitted). If students are not permitted to document care in the clinical setting, they may claim up to 1 hour per clinical day for documenting patient case logs in the clinical documentation system (Typhon). Direct patient care may include activities such as rounding in facilities; and researching medical conditions, standards of care, medications, and reviewing medical records related to care of each patient.

Evaluation

An important aspect of preceptorship of an APRN DNP student is the active involvement of the preceptor in the student evaluation process. The provision of ongoing and timely feedback is very beneficial to student learning and promotes the student's professional development over time. The evaluation of the student's performance with both positive and constructive feedback is encouraged as a regular occurrence as you work with the student. As a preceptor you will be in the best position

to provide direct feedback to the student.

Therefore, students are required to:

- be actively involved in all aspects of patient care. This includes obtaining a relevant history, performing a hands-on physical assessment, deriving differential diagnoses based on subjective and objective data collection.
- develop a clear and specific plan of care based on data collected during the patient interaction and supported by best evidence. Participate in scope-of-practice specific procedures under close supervision.
- discuss the plan with the preceptor prior to implementation.
- evaluate the outcome of the implementation of her plan through discussion with you.

Types of Evaluation:

Formative evaluation: Ongoing evaluation of the student's role performance.

This is provided by frequent feedback from preceptors and clinical faculty. This feedback should include areas in which the student performs well, and areas in which the student needs to improve. Students should pay particular attention to this feedback and use it as a way to improve knowledge and skill. Specific feedback from the preceptor and faculty that will enhance clinical knowledge and performance should be noted in the midterm and final evaluations.

Summative evaluation: Evaluation that occurs at the mid-point and end of the clinical practicum and is based on criteria identified in the clinical evaluation tool. Students are not expected to master all performance criteria immediately, it is expected that they demonstrate progression and improvement of skills and competency throughout the semester. This feedback includes numeric scoring and written feedback, both of which are extremely important for student learning and progression. Written feedback should include specific examples and a plan for remediation if necessary.

Students are required to complete summative self-evaluation at midterm and formative self- evaluation at the end of the semester in Typhon.

In order to pass each clinical management course, the student must receive formative evaluation in writing at mid-course and summative evaluation when the student has completed the clinical hours. A link to complete the student evaluation will be sent via email.

The student's faculty member will contact the preceptor at mid-course and at the end of the semester for a brief conversation about the student's performance.

In the rare event that potential issues arise related to safety, professional misconduct, or possible chemical impairment, the DNS has developed policies for appropriate actions as a response. As soon as the preceptor contacts the DNS nursing faculty member with concerns, the situation will be immediately addressed. Personal safety for all individuals involved is paramount.

Nursing faculty are always available by telephone, Collaborate (Saint Mary's College online meeting platform), and email as needed. The faculty member will provide you with their personal contact information. Students must demonstrate competency in all

required areas found in the course clinical syllabus to pass a clinical course.

The Preceptor Role

The most important characteristic of a preceptor is to allow a student to integrate the theoretical knowledge and skills learned in the DNP program with the actual experience of functioning as a DNP-prepared Advanced Practice Registered Nurse (APRN) in a supervised environment. Preceptors serve as a mentor, evaluator, and role model for the student for her/his developing role as a doctorally-prepared APRN.

Preceptors allow the student to work directly with planning, providing, and evaluating patient care or a project under direct supervision. The preceptor and student will decide which specific learning experiences need to take place to meet the student's professional goals and the learning outcomes of a particular course.

Clinical Preceptor Requirements

According to *the Criteria for Evaluation of Nurse Practitioner Programs* developed by the National Task Force on Quality Nurse Practitioner Education (2016) (NTF Criteria), preceptors must:

- Be a nurse practitioner with a minimum of a Master's Degree or extensive clinical experience in the content area in which he/she provides clinical supervision; or a physician (MD or DO); and be nationally certified in the clinical practice area.
- Engage in patient care that is consistent with the program's mission: Primary care across the lifespan (FNP); Primary care of adolescents, adults, and older adults (AG-PCNP); Acute care of adolescents, adults, and older adults (AG-ACNP).
- Have an unrestricted license to practice in the state where the clinical experiences are completed.
- Have clinical practice experience: a minimum of one year of clinical experience in the population-focused practice area prior to engaging in clinical supervision.
- Engage in clinical practice consistent with the population focus of specialty courses i.e. mental health, pediatric, gender health, adult and geriatric patients.
- Be willing to:
 - Precept the student by facilitating the educational process for the required number of clinical hours;
 - Engage in formative and summative evaluation with the student in person and complete an online evaluation; and
 - Communicate with and meet with the faculty member via telephone or in person throughout the semester.

Preceptor Responsibilities for the Student

Nurse practitioner clinical education occurs through strong collaboration between Saint Mary's College nurse practitioner faculty and qualified preceptors. Preceptors provide direct clinical supervision by being physically present and being actively engaged in the teaching/learning process as the student provides direct care for patients.

It is expected that preceptors are willing to:

- Be physically present when the student is engaged in a clinical practicum experience. In the event of preceptor absence, make arrangements for a qualified back-up preceptor or negotiate a make-up day.
- Serve as a mentor and role model.
- Teach.
- Create a clinical schedule that enables students to meet course objectives and achieve the required number of direct patient care hours.
- Orient the student to the clinical practice setting, including identification of facility policies, procedures, and all required safety and learning modules.
- Demonstrate and help student refine assessment skills, sharpen diagnostic reasoning and clinical decision making, document with clarity and precision, engage in pertinent patient education.
- Challenge the student to sharpen interpersonal skills when communicating with staff, members of the interprofessional team, and patients. This includes clearly describing the format in which the preceptor expects the student to provide a report for patient interactions.
- Provide the opportunity for the student to engage in direct patient care. This means that beyond very limited time in initial observation which enables the student to understand office flow, students should actively be involved in:
 - gathering subjective data which includes all elements of the patient history;
 - engaging in hands-on physical assessment of the patient, which includes comprehensive and focused visits;
 - learning to perform routine procedures within the clinical scope of practice;
 - suggesting and interpreting the results of appropriate laboratory testing and imaging studies;
 - deriving logical differential diagnoses based on subjective and objective data;
 - suggesting pharmacological options which includes drug class, evidence supporting prescription, dosing (including pediatric calculations), refills;
 - suggesting non-pharmacological options based on best evidence;
 - providing pertinent, culturally appropriate, evidence-based, and relevant patient education;
 - suggesting a plan for referrals within the interdisciplinary team when appropriate;
 - suggesting a logical plan for follow up visits;
 - Documenting data clearly and in accordance with Centers for Medicare and Medicaid Services guidelines. If electronic health record documentation is not permitted by organizational policy, the student should provide sample documentation for selected patients. The student will document all patient encounters in Typhon. Clinical faculty, rather than clinical preceptors, are responsible for reviewing these data.
 - Providing appropriate ICD-10 and E&M coding options.

- Provide feedback to the student and nursing faculty through formative and summative evaluation.
- Determine if the student's learning objectives have been achieved.
- Adhere to professional standards and ethical principles; practice in a legal and safe manner.
- Discuss the student's progress with the faculty member at midterm and the end of the semester.
- Immediately contact the student's clinical faculty member with any concerns or to report critical incidents such as: absences without prior notification; inappropriate or unprofessional dress, behavior or communication patterns; impaired appearance or behavior; lack of interest or engagement in the clinical experience; serious gaps in knowledge and skill; inability to gather subjective and objective data during a patient visit, derive reasonable differential diagnoses or develop a plan based on gathered data and current evidence; or serious errors.
- Review time logs and patient cases if requested by clinical faculty.

Ultimately, evaluation of student performance is the responsibility of the NP faculty member with input from the preceptor.

Nursing Faculty Responsibilities

The SMC nursing faculty role and responsibilities:

1. Faculty members are responsible for ensuring that the clinical contract between the SMC/ Department of Nursing Science and the clinical agency is in place.
2. Assume responsibility for the over-all coordination of the student's clinical experience to meet the family primary care clinical course learning outcomes.
3. Assure that the student has demonstrated competencies for the level of progression in the DNP program.
4. Faculty members will ensure that students have all the required health documentation for the assigned healthcare agency.
5. Faculty members will ensure in cooperation with the clinical site that students have documented knowledge of the safety requirements for the assigned healthcare agency.
6. Provide the preceptor with access to the course syllabi, designated course objectives, course outcomes, and guidelines for assisting the student in achieving these outcomes.
7. Establish and maintain communication with the clinical preceptor and the student.
8. Be available to the clinical preceptor and student during the course, either physically or telephonically.
9. Meet with the student and the preceptor to discuss the student's progress and exchange ideas and/or counseling/suggestions to better achieve outcomes. These meetings may occur in person, by phone, or

by mail.

10. Course faculty, incorporating data from discussions with the student, preceptor and preceptor written documentation, will provide the final student evaluation and assignment of performance rating, or grade.
11. Provide the student with the opportunity to evaluate the preceptor, clinical experience, and the clinical agency.
8. Provide preceptor with DNS Preceptor Handbook and all relevant clinical documents from SMC including ensuring the student has provided the preceptor with a completed student profile and clinical skills inventory.
9. Establish with the preceptor a schedule of clinical experiences and maintain clinical logs per course syllabi.
10. Attend all scheduled clinical days, or notify the nursing faculty and the clinical preceptor if an absence is necessary. Arrange for make-up time.
11. Collaborate with the clinical preceptor, and course nursing faculty, to develop specific learning goals for this clinical experience.
12. Students must demonstrate competence of APN skills to the preceptor prior to performing these alone.
13. Maintain the student FNP/DNP role. At no time is the student to assume a fully independent role in seeing patients without appropriate collaboration and reporting to the preceptor per the course syllabi.
14. Arrange appointments, either in person or electronically, with the course nursing faculty to discuss progress toward goal achievement.
15. Document and notify the nursing faculty immediately of any unprofessional behavior or breach of contract by the preceptor.
16. Maintain clinical logs per course policies and according to the course objectives. Participate in scheduled clinical site visits and clinical conferences with nursing faculty and/or preceptor. DNS is moving towards an online system for students to maintain their clinical logs using Typhon. Complete the Student Evaluation of Preceptor form and submit it to the nursing faculty at the end of the semester. The DNS is moving towards an online evaluation system.

Frequently Asked Question about Precepting

1. Should the student work with only one preceptor?

Yes. Ideally, one preceptor should be assigned by the agency as the primary supervisor for the student. However, due to scheduling issues and clinical experience needs, a second preceptor may work with the student. With approval from the nursing faculty, the primary preceptor may assign the student to other NP or physician preceptors during the clinical experience, to achieve the course objectives in a timely manner.

2. How are clinical experiences chosen?

The DNP Director and nursing course faculty work closely with healthcare agencies and the students for placement in the appropriate clinical settings that meet program requirements and student clinical experience needs. The clinical healthcare agency or the DNP student identifies as appropriate preceptor, with final approval from the DNP/FNP Track Advisor and/or course nursing faculty.

3. Can someone who does not work in the agency be a preceptor in that agency?

No. For the preceptor to effectively act as a mentor, she/he needs to be familiar with the agency and working colleagues.

4. How much time will be required of the preceptor?

Time requirements will vary depending upon the clinical course requirements, which require between 30 and 240 direct patient care hours (see program plan at the end of this document). It is suggested that preceptors meet weekly with the student to discuss patient cases, weekly goals/objectives, and student progress. The clinical hours are planned to be distributed across a 16-week semester. An example of typical time commitment is one 8-hour day per week x 15 weeks = 120 clinical hours.

5. Can students be precepted on evenings, nights and weekends?

Students will schedule their clinical days in collaboration with their preceptor and clinical nursing faculty. Clinical days will be Monday through Friday during regular business hours (7a-7p or variant thereof). Clinical activities outside of regular business hours must be pre-approved by the student's clinical faculty.

6. Why would anyone want to be a preceptor?

Preceptors are an essential component of advanced nursing educational programs and, along with their clinical practice sites, comprise our community partners without which our program could not exist. Precepting APRN students provides an exciting and challenging teaching/learning opportunity for clinicians. Preceptors actively participate in preparing future primary care clinicians for practice, especially for rural and underserved populations that are in need of quality health care. For many clinicians who precept APRN students, they understand this as an opportunity to give back as they were once students who also needed high quality clinical preceptors and clinical learning experiences.

Preceptors enjoy working with students who challenge their thinking and because of their sheer love of being expert role models, mentors, and teachers of students who will be their future colleagues.

The National Task Force on Quality Nurse Practitioner Education Nurse Practitioner Core Competencies

The Nurse Practitioner Core Competencies ([2017](#)) provide a structure for student achievement of expected competencies in order to meet the profession nurse practitioner role expectations. The preceptor handbook provides this information in order to assist the preceptor with support and evaluation of the student's competency goals. These competencies apply to all DNP students and can be met in many clinical and organizational settings.

Scientific Foundation Competencies

1. Critically analyzes data and evidence for improving advanced nursing practice.
2. Integrates knowledge from the humanities and sciences within the context of nursing science.
3. Translates research and other forms of knowledge to improve practice processes and outcomes.
4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

Leadership competencies

1. Assumes complex and advanced leadership roles to initiate and guide change.
2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
3. Demonstrates leadership that uses critical and reflective thinking.
4. Advocates for improved access, quality and cost-effective health care.
5. Advances practice through the development and implementation of innovations incorporating principles of change.
6. Communicates practice knowledge effectively, both orally and in writing.
7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

Quality competencies

1. Uses best available evidence to continuously improve quality of clinical practice.
2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
4. Applies skills in peer review to promote a culture of excellence.
5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

Practice Inquiry competencies

1. Provides leadership in the translation of new knowledge into practice.
2. Generates knowledge from clinical practice to improve practice and patient outcomes.
3. Applies clinical investigative skills to improve health outcomes

4. Leads practice inquiry, individually or in partnership with others.
5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
6. Analyzes clinical guidelines for individualized application into practice.
- 7.

Technology and Information Literacy Competencies

1. Integrates appropriate technologies for knowledge management to improve health care.
2. Translates technical and scientific health information appropriate for various users' needs.
3. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
4. Coaches the patient and caregiver for positive behavioral change.
5. Demonstrates information literacy skills in complex decision making.
6. Contributes to the design of clinical information systems that promote safe, quality and cost-effective care.
7. Uses technology systems that capture data on variables for the evaluation of nursing care.

Policy Competencies

1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies

1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus- building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluated the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

Ethics Competencies

1. Integrates ethical principles in decision making.
2. Evaluated the ethical consequences of decisions.
3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previous diagnosed and undiagnosed patients.
 - a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative and end of lifecare.
 - b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
 - c. Employs screening and diagnostic strategies in the development of diagnoses.
 - d. Prescribes medications within scope of practice.
 - e. Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision making.
 - a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
 - b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
 - c. Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.
 - d. Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.
 - e. Develops strategies to prevent one's own personal biases from interfering with delivery of quality care.
 - f. Addresses cultural, spiritual, and ethnic influences that potentially create conflict among individuals, families, staff and caregivers.
5. Educates professional and lay caregivers to provide culturally and spiritually sensitive, appropriate care.
6. Collaborates with both professional and other caregivers to achieve optimal care outcomes.
7. Coordinates transitional care services in and across care settings.
8. Participates in the development, use, and evaluation of professional standards and evidence-based care.

Doctor of Nursing Practice Program Degree Plan
78 Credit Hours

690 Direct Patient Care Hours; 400 DNP Practice Innovation Project Hours; 1,090 hours in total

FIRST YEAR (18 Credits)		
Fall Semester	Spring Semester	Summer Semester
NURS 600 Communication and Relationship Centered leadership (3 cr) NURS 622 Statistics for Health and Biological Sciences (3 cr)	NURS 604 Evidence-based Practice 1: Evidence Synthesis for Practice (3 cr) NURS 612 Social Entrepreneurship and the Business of Health Care (3cr)	NURS 602 Philosophical and Ethical Foundations for the Advanced Nursing Practice Role (3cr) NURS 620 Human Population Ecology (3 cr)
SECOND YEAR (18 credits; 30 direct patient care hours)		
Fall Semester	Spring Semester	Summer Semester
NURS 624 Evidence-based Practice II: Translation of Evidence for Practice (3cr) NURS 644 Advanced Physiology & Pathophysiology (3cr)	NURS 651 Advanced Pharmacology (3cr) NURS 670 Data Analytics and Outcomes Improvement (3cr)	NURS 610 Healthcare Policy and Advocacy (3cr) NURS 688 Advanced Health Assessment and Diagnostic Reasoning (3cr: 2.5 didactic; 0.5 clinical= 30 clinical contact hours)
THIRD YEAR (21 credits: 180 direct patient care hours; 160 DNP practicum hours)		
Fall Semester	Spring Semester	Summer Semester
NURS 701 DNP Practice Innovation 1 (1 cr: 40 DNP practicum contact hours). S/F grading NURS 724 Advanced Clinical Studies: Population-based Mental Health Care Across the Lifespan (3cr: 2 didactic; 1 clinical =60 clinical contact hours) FNP Students: NURS 633 Health Promotion for Population Health (2 cr) AG-ACNP, AG-PCNP Students: NURS 711 Population-based Gerontologic Health & Wellness (2cr)	NURS 702 DNP Practice Innovation II (1 cr: 40 DNP practicum contact hours) S/F grading NURS 725 Quality Effectiveness and Safety in Organizational Systems (3 cr) All Students: NURS 722 Advanced Clinical Studies: Primary Care and Health Promotion for Adults I (5 cr: 3 didactic; 2 clinical =120 clinical contact hours)	NURS 703 DNP Practice Innovation III (2 cr: 80 DNP practicum contact hours) S/F grading NURS 682 Procedures for Advanced Practice Registered Nurses (1 cr) NURS 718 Resource and Practice Management (3 cr)

FOURTH YEAR (21 credits; 480 direct patient care hours; 240 DNP practicum hours)		
Fall Semester	Spring Semester	Summer Semester
<p>NURS 704 DNP Practice Innovation IV (2 cr: 80 DNP practicum contact hours) S/F grading</p> <p>FNP, AG-PCNP Students: NURS 710 Advanced Clinical Studies: Primary Care and Health Promotion for Reproductive Health (5 cr: 3cr didactic; 2 cr clinical =120 clinical contact hours)</p> <p>AG-ACNP Students: NURS 717 Advanced Clinical Care for Adults and Older Adults (5 cr: 3 didactic; 2 cr clinical =120 clinical contact hours)</p>	<p>NURS 705 DNP Practice Innovation V (2 cr: 80 DNP practicum contact hours) S/F grading</p> <p>FNP Students: NURS 730 Advanced Clinical Studies: Primary Care and Health Promotion of Children and Adolescents (5 cr: 3 cr didactic; 2 cr clinical = 120 clinical contact hours)</p> <p>AG-ACNP Students: NURS 726 Advanced Clinical Studies: Trauma Care with Adults and Older Adults (5 cr: 3 cr didactic; 2 cr clinical = 120 clinical contact hours)</p> <p>AG-PCNP Students: NURS 723 Advanced Clinical Studies: Primary Care of Adults and Older Adults II (5 cr: 3 cr didactic; 2 cr clinical = 120 clinical contact hours)</p>	<p>NURS 706 DNP Practice Innovation VI (2 cr: 80 DNP practicum contact hours) S/F grading</p> <p>FNP Students: NURS 770 Clinical Residency in Primary Care of Individuals and Family (5cr: 1 didactic; 4 cr clinical = 240 clinical contact hours)</p> <p>AG-ACNP Students: NURS 772 Clinical Residency in Acute and Critical Care of Individuals and Families (5cr: 1 didactic; 4 cr clinical = 240 clinical contact hours)</p> <p>AG-PCNP Students: NURS 774 Clinical Residency in Primary Care of Adults and Older Adults and Families (5cr: 1 didactic; 4 cr clinical = 240 clinical contact hours)</p>

Year 3: 21 credits: 180 clinical contact hours; 160 DNP practicum hours	
Semester 7, Fall 3: 6 credits: 60 clinical contact hours; 40 DNP practicum contact hours	
All tracks	NURS 701 DNP Practice Innovation I (1 cr: 40 DNP practicum contact hours). S/F grading
All tracks	NURS 724 Advanced Clinical Studies: Population-based Mental Health Care Across the Lifespan (3cr: 2 didactic; 1 clinical =60 direct patient care hours)
FNP	NURS 633 Health Promotion for Population Health (2 cr)
AG-ACNP, AG-PCNP	NURS 711 Population-based Gerontologic Health & Wellness (2cr)
Semester 8, Spring 3: 9 credits: 120 clinical hours; 40 DNP practicum contact hours	
All tracks	NURS 702 DNP Practice Innovation II (1 cr: 40 DNP practicum contact hours) S/F grading
All tracks	NURS 725 Quality Effectiveness and Safety in Organizational Systems (3 cr)
All tracks	NURS 722 Advanced Clinical Studies: Primary Care and Health Promotion for Adults I (5 cr: 3 didactic; 2 clinical =120 direct patient care hours)
Semester 9, Summer 3: 6 credits: 80 DNP practicum contact hours	
All tracks	NURS 703 DNP Practice Innovation III (2 cr: 80 DNP practicum contact hours) S/F grading
All tracks	NURS 682 X-ray interpretation and suturing for primary care (1 cr)
All tracks	NURS 718 Resource and Practice Management (3 cr)

Year 4: 20 credits; 480 clinical contact hours; 240 DNP practicum hours

Semester 10, Fall 4: 7 credits: 120 clinical contact hours; 80 DNP practicum contact hours	
All tracks	NURS 704 DNP Practice Innovation IV (2 cr: 80 DNP practicum contact hours) S/F grading
FNP, AGNP-PC	NURS 710 Advanced Clinical Studies: Primary Care and Health Promotion for Reproductive Health (5 cr: 3cr didactic; 2 cr clinical =120 direct patient care hours)
AG-ACNP	NURS 717 Advanced Clinical Care for Adults and Older Adults (5 cr: 3 didactic; 2 cr clinical =120 direct patient care hours)
Semester 11, Spring 4: 7 credits: 120 clinical contact hours; 80 DNP practicum contact hours	
All tracks	NURS 705 DNP Practice Innovation V (2 cr: 80 DNP practicum contact hours) S/F grading
FNP	NURS 730 Advanced Clinical Studies: Primary Care and Health Promotion of Children and Adolescents (5 cr: 3 cr didactic; 2 cr clinical = 120 direct patient care hours)
AG-PCNP	NURS 723 Advanced Clinical Studies: Primary Care of Adults and Older Adults II (5 cr: 3 cr didactic; 2 cr clinical = 120 direct patient care hours)
AG-ACNP	NURS 726 Advanced Clinical Studies: Trauma Care with Adults and Older Adults (5 cr: 3 cr didactic; 2 cr clinical = 120 direct patient care hours)
Semester 12, Summer 4: 7 credits: 240 clinical contact hours; 80 DNP practicum contact hours	
All tracks	NURS 706 DNP Practice Innovation VI (2 cr: 80 DNP practicum contact hours) S/F grading
FNP	NURS 770 Clinical Residency in Primary Care of Individuals and Family (5cr: 1 didactic; 4 cr clinical = 240 direct patient care hours)

AG-PCNP	NURS 774 Clinical Residency in Primary Care of Adults and Older Adults and Families (5cr: 1 didactic; 4 cr clinical = 240 direct patient care hours)
AG-ACNP	NURS 772 Clinical Residency in Acute and Critical Care of Individuals and Families (5cr: 1 didactic; 4 cr clinical = 240 direct patient care hours)