



REGENT UNIVERSITY
SCHOOL OF NURSING

MSN, DNP, & Post-Graduate APRN Certification Programs

Preceptor Guide

(Fall 2024)

Table of Contents

Welcome	4
<i>Program Director and Concentration Coordinator Contact Information</i>	5
<i>Practicum Sites & Preceptor Requirements</i>	7
<i>Preceptor Selection Criteria</i>	9
Education.....	9
Licensure and Certification.....	9
Employment	9
Other Requirements.....	10
Preceptor Documentation Requirements	10
Facilities Selection Criteria	10
Practicum Requirements.....	12
MSN PROGRAM.....	12
MSN APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP) Concentration.....	12
MSN APRN Family Nurse Practitioner (FNP) Concentration.....	12
MSN Nurse Educator Concentration	13
MSN Leadership and Management Concentration	14
DNP PROGRAM.....	14
Preceptor Requirements	15
Preceptor Responsibilities.....	16
DNP APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP) Concentration.....	16
Preceptor Requirements	17
Preceptor Responsibilities.....	17
DNP APRN Family Nurse Practitioner (FNP) Concentration	18
Preceptor Requirements	19
Preceptor Responsibilities.....	19
POST-GRADUATE APRN CERTIFICATION PROGRAM (PGAC)	20
Post-Graduate APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP) Certification Concentration.....	20
PMHNP Practicum Practice Site Specific Requirements	20
Preceptor Requirements	21
Preceptor Responsibilities.....	22
Post-Graduate APRN Family Nurse Practitioner (FNP) Certification Concentration	22
FNP Practicum Practice Site Specific Requirements	22
Preceptor Requirements	23
Preceptor Responsibilities.....	24
Practicum Role Responsibilities.....	25
Responsibilities of Regent University School of Nursing	25
Responsibilities of Track Coordinators	25
Responsibilities of Director of Clinical Training.....	25
Responsibilities of Practicum Faculty	25
Responsibilities of Practicum Facility/ Site Supervisor	26
Responsibilities of Preceptor.....	26

Responsibilities of Student	26
Clinical Evaluation and Document Repository	27
Director of Clinical Training	27
Practicum Faculty	27
Practicum Preceptors	27
Students	28
Evaluations	28
Formative Evaluations	29
Summative Evaluations	30
Student Evaluation Metrics	30
MSN APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP).....	30
MSN APRN Family Nurse Practitioner	35
MSN Nurse Educator	39
MSN Leadership and Management	40
Post-Graduate APRN Certification Psychiatric – Mental Health Nurse Practitioner (PMHNP) Concentration.....	40
Post-Graduate APRN Certification Family Nurse Practitioner (FNP) Concentration	45
Crucial Conversations.....	50
Student Red Flags	50

Welcome

Dear Preceptor,

The Graduate Nursing practicum process is a supervised experience, which provides students with an opportunity to balance classroom experience with practical, first-hand nursing instruction in practicum settings. Regent University faculty and licensed, practicing professionals (preceptors), that minimally hold the degree and license (if applicable) that the student is pursuing, will guide the students through this experience while also helping students identify and manage real-world healthcare issues to improve patient outcomes. Additionally, this program provides an opportunity for reflection concerning the impact of the nursing profession on one's personal life and vocational calling. To this end, students are encouraged to actively engage in the practicum process and view the experience as an opportunity to further your personal, academic, formational, and experiential goals.

In addition, students engaged in practicums are expected to conduct themselves in a mature, responsible, and professional manner throughout the experience. Failure to do so may result in review and/or termination of the Practicum experience by the College Health and Behavioral Sciences and the School of Nursing.

Thank you for your partnership and your willingness to guide our students through this important experience.

College of Health and Behavioral Sciences
School of Nursing

Program Director and Concentration Coordinator Contact Information

Director of the School of Nursing

The Director of the School of Nursing serves as the primary contact for faculty and preceptors regarding concerns or questions regarding program or track coordinators or student performance. Reach the Director of the School of Nursing:

Jamie Holland, DNP, PMHNP-BC, AGCNS-BC, RN

Director of the School of Nursing

Email: jholland@regent.edu

Phone: 757-352-4907

MSN APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP)

The coordinator of the Psychiatric–Mental Health Nurse Practitioner (PMHNP) specialty track within the MSN program serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

Jamie Holland, DNP, PMHNP-BC, AGCNS-BC, RN

Director of the School of Nursing

Psychiatric–Mental Health Nurse Practitioner Track Coordinator

Email: jholland@regent.edu

Phone: 757-352-4907

MSN APRN Family Nurse Practitioner (FNP)

The coordinator of the Family Nurse Practitioner (FNP) specialty track within the MSN program serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

Theresa Long, DNP, FNP-BC, RN, CDE

Assistant Director of the School of Nursing, APRN Program Director

Family Nurse Practitioner Track Coordinator

Email: therlo2@regent.edu

Phone: 757-620-9921

MSN Nursing Educator and Leadership

The coordinator of the Nursing Educator and Leadership specialty track within the MSN program serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

Karen Higgins, DNP, FNP-BC

MSN Generalist Director

Nursing Educator and Leadership & Management Track Coordinator

Email: khiggins2@regent.edu

Phone: 757-352-4651

Doctor of Nursing Practice and Post-Graduate Certificate

The coordinator of the Doctor of Nursing Practice and Post-Graduate Certificates serves as the primary contact for students regarding questions about course requirements, plans of study, and practicum placement. Reach the track coordinator:

Jamie Holland, DNP, PMHNP-BC, AGCNS-BC, RN

Director of the School of Nursing
Psychiatric–Mental Health Nurse Practitioner Track Coordinator
Email: jholland@regent.edu
Phone: 757-352-4907

Director of Clinical Training

The Director of Clinical Training plays an important role in the guidance of the practicum program experiences across all School of Nursing education programs. The Director of Clinical Training works in collaboration with each of the Program Directors and Track Coordinators to assure the opportunities for clinical education are appropriate for the area of study for each student. They will serve as the primary contact for questions regarding practicum training technology and training resources for students, faculty, and preceptors. Reach the Director of Clinical Training:

Alicia Cooper, MSN, APRN, PMHNP-BC

Director of Clinical Training
Nursing Instructor
Email: aliccoo@regent.edu
Phone: 757-352-4656

Lead Field Placement and Clinical Affiliation Coordinator

The Lead Field Placement and Clinical Affiliation Coordinator facilitates all affiliation agreements and will assist the Director of Clinical Training in the maintenance of an accurate database of approved preceptors and practicum sites to further assist with student placement in practicum sites. They will serve as the primary contact for site affiliation agreements inquiries. Reach the Affiliation Coordinator:

Donna Washburn, DNP RN APRN ACNS-BC AOCNS

Lead Field Placement and Clinical Affiliation Coordinator
Email: SONPlacementCoord@regent.edu
Phone: 434-515-2272

Practicum Faculty Supervisor

Each student in a practicum course will be assigned a faculty/supervisor who represents Regent University School of Nursing. You can find faculty/supervisor contact information in the course syllabus (also provided in the preceptor welcome packet). Students and preceptors should contact assigned practicum faculty for any practicum concerns or questions.

Practicum Sites & Preceptor Requirements

Practicum Experience Expectations

According to the American Association of Colleges of Nursing (2024), all post-licensure programs, including RN to BS in nursing, MSN, DNP, and Post-Graduate APRN Certification programs must provide practice experiences for students to bridge to higher-level professional nursing practice. The definitions and examples of Direct and Indirect Care Experiences are directly from "Practice Experiences in Entry-Level Post-Licensure Nursing Programs" released April 2024 by the AACN.

Direct Care: Direct care refers to a professional encounter between a nurse and actual patients, either face to face or virtual (through telehealth activities pre-approved by course faculty), that is intended to achieve specific health goals or achieve selected health outcomes. Direct patient care may be provided in a wide range of settings, including acute and critical care, long-term care, home health, community-based settings, and telehealth but must be complementary to the student's degree path and population focus as well as the didactic preparation of the student (AACN, 2021; Suby, 2009; Upenieks et al., 2007). All practicum experiences must have direct supervision by their approved preceptor(s) and occur at the approved practicum site. Application for national certification requires that Regent School of Nursing attest to each student's practicum experiences and must be accurate to the documents submitted to support their practicum placement and preceptorship. State and or School representatives may perform on-site or virtual audits of student attendance, preceptorship and participation in practicum experiences to ensure that this attestation can be ethically performed.

- Examples of direct care experiences include provision of nursing care directly to patients across the four spheres of care and across the lifespan may include:
 - Working with other healthcare providers to identify gaps in care and implement a quality improvement strategy which **involves engagement with patients.**
 - Collaborating with nursing staff to implement a new procedure or nursing practice that is evidence-based and **requires engagement with patients.**
 - Working with an interprofessional team to evaluate the outcomes of a new practice guideline and implement recommended changes in a healthcare setting, which **includes engagement with patients.**
 - Designing and implementing a coordinated, **patient-centered plan of care** with an interprofessional team.

Indirect Care: Indirect care refers to nursing decisions, actions, or interventions provided through or on behalf of individuals, families, or groups. These decisions or interventions create conditions under which nursing care or self-care may occur. (AACN, 2021; Suby, 2009; Upenieks et al., 2007).

- Examples of indirect care experiences may include (all must be pre-approved by course faculty):

- Educating other healthcare providers regarding the safe and effective use of new technology.
- Writing a policy and working with other stakeholders to have the policy approved by the state board of nursing or another regulatory agency.
- Working with community leaders to develop a disaster/emergency preparedness plan for a specific population in a community.
- Collaborating with the facility information technology staff to design, modify, or implement an electronic health record.
- Working with staff to write an administrative policy that will improve communication among the units in the facility.

Practicum Expectations:

- Practica experiences should include activities that support health and/or provide care, allowing the student to interact with a variety of providers and/or with patients. These experiences cannot be completed solely by a student working alone or in isolation without also interacting with patients, other healthcare providers. Patients throughout this document are defined as individuals, families, groups, communities, or aggregates.
- Practice experiences, including those completed in the student's work setting, shall be separate from the student's work activities and include specific objectives, expected outcomes and competencies, and both formative and summative assessments provided by a faculty member
- These expectations include the advancement of clinical reasoning and proficiency in performing psychomotor skills. Psychomotor skill development for the post-licensure student must be differentiated from the expectations for the nursing student without previous nursing experience. This should not be interpreted to mean development of the skills already acquired in an associate degree or diploma nursing program but instead references the development of higher-level skills or proficiency. For example, the RN-BS student's ability to conduct a comprehensive assessment should encompass all three domains of learning (cognitive, affective and psychomotor).
- Preceptors or clinical faculty, if used, should be oriented to the learning objectives of the practice experience and competencies/sub-competencies to be observed, may provide input regarding faculty evaluation of students, and should consult regularly with the faculty providing oversight for the student's practice experience. Preceptors should engage the student in achieving the identified objectives/competencies and integrating the new learning into their practice.

Preceptor Selection Criteria

Education

1. Nursing student preceptors should hold an earned degree in a specialty and role similar to the student's academic program/track.
 - APRN preceptors (CNS and NP) must have a graduate degree (master's or doctorate) from a nursing program in a curriculum that prepares graduates for an APRN role and should be specific to the role and population of the student's track.
 - Nurses in other advanced roles (e.g., Educator, Leadership & Management) should be prepared and/or experienced in those roles.
 - Non-nurse preceptors (e.g., physicians, psychologists, chief operating officers, chief executive officers) holding appropriate practice credentials may serve as preceptors once approved by track coordinators.

Licensure and Certification

1. Preceptors must meet all state regulations necessary to practice in the role and hold an unencumbered license to practice in the state they are nurses. The license must be unencumbered, and verification must be provided to course faculty each semester. License verification must occur within 30 days of the start of practicum experience.
 - NP preceptors must be board-certified in their role and specialty population.
 - It is preferred that NP preceptors hold prescriptive authority and be eligible to prescribe medications and durable medical equipment.
 - It is preferred that CNS preceptors are board-certified in their role and specialty population. Where no advanced specialty certification is available for a CNS, certification at any level in the specialty is preferred.
 - NLHS preceptors must meet all state regulations necessary to practice in the leadership role; it is preferred that they be board-certified in their role.
2. Nurses in other advanced roles must hold an unencumbered license to practice in the state they are nurses. It is preferred that nurses in other advanced roles hold certification in their specialty area of practice. The license must be unencumbered and verification must be provided to course faculty each semester. License verification must occur within 30 days of the start of practicum experience.
3. Non-nurse professionals who are clinical care providers must meet state regulatory requirements to practice in their role. Where a license is required, the license must be unencumbered and verification must be provided to course faculty each semester. License verification must occur within 30 days of the start of practicum experience.

Employment

1. Preceptors must be working currently in the clinical, content, or leadership area in which they are providing practicum supervision.

2. Preceptor has employer's support to have graduate students in the work environment.

Other Requirements

1. Preceptors must have at least one year of experience in the role and specialty area of practice.
2. Preceptors must have the ability to communicate effectively.
3. Preceptors must be willing to work with graduate students including completion of evaluations and providing feedback to students and faculty.
4. Preceptors should be able to model contemporary, evidence-based practice in the practicum setting.
5. Preceptors must be oriented to the competencies and learning goals of the practicum experience and the level of progression expected of the student.

Preceptor Documentation Requirements

Active preceptors annually must submit the following documentation to Regent University School of Nursing to remain current. The faculty will review preceptor documentation for each course. Preceptor profiles must include the following:

1. A current CV or resumé documenting:
 - a. Title
 - b. Credentials including:
 - i. educational preparation (degree(s) earned, year, area of study)
 - ii. certifications (certifying body, credential, expiration/renewal date)
 - iii. licenses
 - c. Current and past employers including population foci, area of practice, and number of years in advanced nursing position.
 - d. Contact information including telephone and email that you would like to be reached at by the school of nursing
2. A current license to practice in the state where practicum site is located. APRN roles must be licensed and located in the state where they are nurses.
3. APRN and other nurses in advanced roles holding national certification must submit a copy of current national certification appropriate to their practice role.

Facilities Selection Criteria

1. Facility leaders including administration, clinicians, and staff are supportive of graduate nursing education and provide a professional learning environment.
2. The types of clients/patients and services offered provide CNS and NP students opportunities for facilitating program competencies, leadership students' opportunities for facilitating instructional objectives, and nursing education students' opportunities to expand learning about education through experiential learning.
3. Leaders of the clinical setting are appropriate role models for students.
4. Preceptors are available to support the student's educational experiences including clinical, leadership, and education appropriate to the student's academic track.

5. Standards of care within the facility meet the standards of its accrediting agency and/or reflect the regulatory requirements.
6. Physical facilities support the students' educational needs, e.g., use of examination/consultation room, space for student/preceptor to meet.

Practicum Requirements

MSN PROGRAM

MSN APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP) Concentration

1. PMHNP students complete a minimum of 750 supervised practicum hours containing specific population focused competencies of direct patient care in the PMHNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.
5. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
7. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

MSN APRN Family Nurse Practitioner (FNP) Concentration

1. FNP students complete a minimum of 750 supervised practicum hours containing specific population focused competencies of direct patient care in the FNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.

4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.
5. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
7. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

MSN Nurse Educator Concentration

1. Nursing Education students must complete a minimum of 500 supervised practicum hours containing specific population focused competencies of direct patient care in the MSN Educator role to satisfy requirements for graduation and certification eligibility. Students will have additional indirect patient care practicum activities assigned by course faculty.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. The student maintains accurate records of practicum experience and hours in Regent University Typhon account as outlined by the Program Director. The student completes a practicum log for every education experience as defined by the Program Director. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not educational experiences therefore charting in Typhon does not count towards accumulation of practicum hours. Additionally, Lunch is not included in practicum hours.
4. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
5. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
6. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

MSN Leadership and Management Concentration

1. Nursing Leadership and Management students must complete a minimum of 500 supervised practicum hours containing specific population focused competencies of indirect/direct patient care in the MSN Leadership and Management role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care time to observe and become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. These observation hours do not count towards the direct patient care practicum hour accumulation.
3. Students should prepare and present all proposed education experiences to the preceptor in an organized and professional manner and remain respectfully receptive to professional feedback when indicated.
4. The student maintains accurate records of practicum experience and hours in Regent University Typhon account as outlined by the Program Director. The student completes a practicum log for every education experience as defined by the Program Director. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not educational experiences and therefore charting in Typhon does not count towards accumulation of practicum hours. Additionally, Lunch is not included in practicum hours.
5. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
7. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

DNP PROGRAM**DNP Nursing Administration and Leadership Concentration Practicum Specific Requirements**

1. DNP students must complete a minimum of 1,000 supervised practicum hours containing specific population focused competencies of indirect/direct patient care. The exact number of practicum hours a student will be required to complete will vary based upon an individual gap analysis of practicum hours previously performed at the MSN level.
2. Prior to beginning any DNP Doctoral Project work, students should prepare and present all doctoral project proposals, preliminary research, quality improvement recommendations, and

clinical practice revisions to preceptor and all relevant stakeholders in an organized and professional manner and remain respectfully receptive to professional feedback when indicated. (See DNP Project Handbook for guidelines related to required stakeholder approval letter)

3. The student maintains accurate records of practicum experience and hours in Regent University Typhon account as outlined by the Program Director. The student completes a practicum log for practicum experience as defined by the Program Director. These are reviewed and approved by practicum course faculty. Students should not enter data while in the practicum setting as hours spent charting are not educational experiences and therefore time spent charting in Typhon does not count towards accumulation of practicum hours.
 - a. **NOTE:** Lunch is not included in practicum hours.
4. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
5. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
6. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

Preceptor Requirements

The Preceptor should have a minimum of a Doctor of Nursing degree for DNP practicum hours accumulated during this program. Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned a DNP degree (Nursing Administration and Leadership Concentration preferred). *
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in a related role.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum courses; students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
 - highest educational achievement
 - certification and licensure that aligns with the pathway of the student's degree pursuit
 - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.

Preceptor Responsibilities

The cooperative relationship between the Preceptor for the Doctor of Nursing student and the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences, the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full responsibility for the care of all clients as applicable.

1. The Preceptor will provide, insomuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

DNP APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP) Concentration

1. PMHNP students complete a minimum of 750 supervised practicum hours containing specific population focused competencies of direct patient care in the PMHNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon

documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.

5. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
7. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

Preceptor Requirements

The Preceptor should have a minimum of a Master of Science in Nursing degree (during MSN level practicum courses), APRN certification, and a Doctor of Nursing degree for practicum hours accumulated during the program. Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned an MSN or Doctorate (*as described above*), a DNP degree in the same concentration is preferred.
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in the specified fields.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum courses; students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
 - highest educational achievement
 - certification and licensure that aligns with the pathway of the student's degree pursuit
 - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.

Preceptor Responsibilities

The cooperative relationship between the Preceptor for the Doctor of Nursing student and

the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences, the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full responsibility for the care of all clients as applicable.

1. The Preceptor will provide, insomuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

DNP APRN Family Nurse Practitioner (FNP) Concentration

1. FNP students complete a minimum of 750 supervised practicum hours containing specific population focused competencies of direct patient care in the FNP role to satisfy requirements for graduation and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.
5. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.

6. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
7. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

Preceptor Requirements

The Preceptor should have a minimum of a Master of Science in Nursing degree (during MSN level practicum courses), APRN certification, and a Doctor of Nursing degree for practicum hours accumulated during the program. Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned an MSN or Doctorate (*as described above*), a DNP degree in the same concentration is preferred.
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in the specified fields.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum
 - courses; students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
 - highest educational achievement
 - certification and licensure that aligns with the pathway of the student's degree pursuit
 - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.

Preceptor Responsibilities

The cooperative relationship between the Preceptor for the Doctor of Nursing student and the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences, the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full

responsibility for the care of all clients as applicable.

1. The Preceptor will provide, insomuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

POST-GRADUATE APRN CERTIFICATION PROGRAM (PGAC)

Post-Graduate APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP) Certification Concentration

PMHNP Practicum Practice Site Specific Requirements

1. PMHNP students complete a minimum of 750 supervised practicum hours containing specific population focused competencies of direct patient care in the PMHNP role to satisfy requirements for completion and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.

5. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
7. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

Preceptor Requirements

The Preceptor should have a minimum of a Master of Science in Nursing degree (during MSN level practicum courses), APRN certification, and a Doctor of Nursing degree for practicum hours accumulated during the program. Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned an MSN or Doctorate (*as described above*), a DNP degree in the same concentration is preferred.
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in the specified fields.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum
 - courses; students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
 - highest educational achievement
 - certification and licensure that aligns with the pathway of the student's degree pursuit
 - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.

Preceptor Responsibilities

The cooperative relationship between the Preceptor for the post-graduate APRN certification student and the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences, the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full responsibility for the care of all clients as applicable.

1. The Preceptor will provide, insomuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

Post-Graduate APRN Family Nurse Practitioner (FNP) Certification Concentration

FNP Practicum Practice Site Specific Requirements

1. FNP students complete a minimum of 750 supervised practicum hours containing specific population focused competencies of direct patient care in the FNP role to satisfy requirements for completion and certification eligibility.
2. Students may use 2-5 hours of indirect patient care hours observation to become oriented to the practicum site and preceptor's workflow. It is important for students and the preceptor to understand that the best learning happens while doing, not observing. This observation time does not count towards the accumulation of direct patient care hours.
3. Students should present all patient cases to the preceptor including pertinent historical data, physical findings, differential diagnosis list, and plan.
4. The student maintains accurate records of practicum hours in Regent University Typhon account. The student completes a practicum log for every patient encounter. These are reviewed and approved by practicum faculty. Students should not enter data while in the

practicum setting as hours spent charting are not direct patient care hours, therefore Typhon documentation does not count towards the accumulation of practicum hours. Additionally, lunch is not included in practicum hours.

5. The student will provide biweekly evaluation form(s) to the preceptor and submit form(s) by the due date(s) via Canvas or more frequently as dictated by the State Board of Nursing where the student is practicing.
6. The School of Nursing will provide links to electronic evaluation forms to the preceptor e-mail on file that will be submitted twice during each course (Mid-term and Final).
7. The School of Nursing will provide links to electronic evaluation forms to students for evaluation of both preceptor and practicum site to be completed by due dates listed in Canvas.

Preceptor Requirements

The Preceptor should have a minimum of a Master of Science in Nursing degree (during MSN level practicum courses), APRN certification, and a Doctor of Nursing degree for practicum hours accumulated during the program. Preceptors must have at least one year of experience in their current practice role. Proof of the Nursing degree, state licensure, national certification (if applicable), and CV/Resume is required.

1. Must have minimally earned an MSN or Doctorate (*as described above*), a DNP degree in the same concentration is preferred.
2. Must have been practicing at the degree level of expertise for 1 year or longer.
3. Must be actively employed in the specified fields.
4. Must have an unencumbered, active RN license.
5. Must be willing to adhere to mutually established goals/objectives.
6. Must complete practicum evaluations on deadlines outlined in the course.
7. Must be willing to offer the necessary clinical hours required to complete the practicum
 - i. courses; students are expected to align their schedules to the preceptor's offered schedule.
8. Must actively work with the patient population to ensure efficient role orientation for the student.
9. Must provide a CV or Resume to the student.

*The following documentation is acceptable for proof of a potential preceptor's highest earned education and experience (nursing degree, certifications, and licensure):

- Resume that includes:
 - highest educational achievement
 - certification and licensure that aligns with the pathway of the student's degree pursuit
 - Preferred contact information for Regent University
- Nurse Practitioner license Required for APRN students.

Preceptor Responsibilities

The cooperative relationship between the Preceptor for the post-graduate APRN certification student and the Regent University School of Nursing is agreed to for purposes of education and practicum experience. Preceptors will work with students and faculty collaboratively to create goals and a plan to meet personal and course objectives. Preceptors must be employed by the facility and supervise students during regular work hours. A Regent faculty member is not expected to be onsite during these experiences, the identified preceptor is expected to be onsite overseeing all practica experiences. The preceptor will retain full responsibility for the care of all clients as applicable.

1. The Preceptor will provide, insomuch as possible, a practicum experience for the nursing student that will enable them to fulfill their responsibilities for the course as outlined in the next section of the agreement.
2. The Preceptor will provide necessary orientation, supervision, and guidance in the practicum activities of the student.
3. The Preceptor will maintain administrative and professional supervision of the student insofar as their presence affects the operation of the University and/or the direct/indirect care of clients.
4. The Preceptor will provide, without cost to Regent University or the student, required practicum experiences. Service provided to clients by the student would accrue to the Preceptor's total service record.
5. The Preceptor will complete an evaluation of the student and practicum site. Preceptors are responsible for delivering this evaluation to the faculty member directly either by fax, mail, or hand delivery.
6. Preceptor written agreements must be signed and returned to the Regent faculty member prior to the beginning of the practicum.

Practicum Role Responsibilities

Responsibilities of Regent University School of Nursing

1. Ensure student compliance with mandatory standards according to affiliation agreement with facility on file at Regent University, School of Nursing.
2. Ensure that preceptors and facilities meet qualifications as outlined by accrediting bodies.
3. Provide the course work that establishes the foundation for practicum experiences.
4. Ensure that practicum experiences using preceptors occur only after the student has received applicable theory and practicum experiences necessary to safely provide care to patients (within course or curriculum), as appropriate.
5. Facilitate faculty visits to practicum sites to evaluate the student and to assist the student and preceptor, as needed, in accomplishing the competencies and learning objectives.
6. Evaluate practicum sites at regular intervals using various modalities that may include faculty site visits, electronic communications, and video conferencing.
7. Ensure student compliance with standards on immunization, screening, OSHA standards, CPR, HIPAA, background checks, and current liability insurance coverage, appropriate.

Responsibilities of Track Coordinators

1. Assign students to practicum faculty/supervisor, preceptor, and site with assistance from Clinical Placement Coordinator, unless other experiences were prearranged.
2. Provide the preceptor with orientation materials including the philosophy, curriculum, course, clinical objectives, student expectations, and methods of student evaluation prior to the practicum experience.

Responsibilities of Director of Clinical Training

1. Verify required preceptor documentation and securely store these documents. Identify and evaluate practicum sites for appropriateness of learning experiences and delegates to other duties to Clinical Placement Coordinator when appropriate.
2. Orient faculty, student, and preceptor to the practicum experience.

Responsibilities of Practicum Faculty

1. Evaluate student's proposed schedule with preceptor and practicum site each course and as needed prior to student participation in practicum hours. If there are any changes to this proposed schedule, students must submit these revisions for review and approval by faculty via Canvas prior to actively participating in any additional practicum experiences or hours.
2. Meet with the preceptor and student during each course and document this interaction.
3. Provide consultation and support of the preceptor when problems are reported.
4. Acquire preceptor input regarding the student's performance.

5. Evaluate and document the student's progress by grading Practicum course assignments including data input into the Typhon as well as completion of the required evaluation forms.

Responsibilities of Practicum Facility/ Site Supervisor

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

Responsibilities of Preceptor

1. Participate in a preceptor orientation whether online or through documentation as provided from Regent University School of Nursing.
2. Understand all responsibilities and expectations of the preceptor role.
3. Orient the student to the practicum site, policies, and procedures.
4. Arrange practicum experience days and times to fit the preceptor's schedule.
5. Keep communication open with students.
6. Facilitate an informal, collaborative, and respectful learning environment.
7. Is a positive and effective role model.
8. Provide learning experiences with appropriate patients as clinically feasible.
9. Provide ongoing feedback and evaluation data.
 - a. Sign student's time log daily to verify hours at site, as applicable.
 - b. Review the student's personal clinical and course objectives that will guide the course of study and serve as one measurement of competency achievement and clinical growth.
 - c. Complete evaluation forms according to the timeframe in the syllabus.
10. Pace learning experiences to meet the student's needs.
11. Notify faculty and/or track coordinator of concerns about the student's behavior, work, or progression.
12. Discuss any arrangements for coverage with the student should the preceptor be absent.
13. Co-sign all student clinical documentation and orders, unless otherwise restricted.

Responsibilities of Student

1. Complete all prerequisite courses prior to starting practicum.
2. Provide the preceptor with required evaluation tools and other required assignments.
3. Ensure the preceptor's CV and certification documents are submitted to Regent University Clinical Placement Coordinator prior to the start of the semester.
4. Establish a schedule for practicum time with the preceptor, adjusting their personal and work-related schedules to meet all requirements. Students are required to submit this proposed schedule for course faculty approval.
5. Arrive at the clinical site on time and well-prepared and in appropriate attire.
6. Follow all policies and procedures established at the practicum site.

7. Respect the confidential nature of all information obtained at the practicum site
8. Function under the Nurse Practice Act statutes and for expanded nursing roles.
9. Discuss progress, problems, and learning needs with the preceptor and faculty.
10. Complete evaluations of site and preceptor as assigned.
11. Communicate the deadlines for evaluations to preceptors while formulating the proposed schedule. It is the student's responsibility to professionally and respectfully remind the preceptors as these deadlines approach.
12. Maintain 100% attendance for all practicum hours. If absent or tardy, the student must notify the preceptor and faculty/supervisor prior to the assigned reporting time.
13. Maintain an accurate record of all clinical hours.
14. Notify the preceptor in the event of biohazard exposure and follow university and facility policies.
15. Provide clinical faculty with schedule of clinical rotation days/times by the first week of a clinical experience and updates faculty with any changes.

Clinical Evaluation and Document Repository

Typhon, implemented Fall 2023 by Regent University is a secure, permanent, web-based clinical evaluation and document repository. All audiences—Students, School, Program Track coordinators, Director of Clinical Training, Clinical Faculty, and Preceptors—will use Typhon. Students will also utilize Canvas and Complio, as applicable to prepare for and continue to report compliance related to practicum experiences.

Director of Clinical Training

Director of Clinical Training will use Typhon to:

1. Verify current site affiliation agreements to maintain accurate database of approved site and preceptors utilized by Regent University School of Nursing.
2. Create applicable electronic evaluation forms for each education track in collaboration with Program Track Directors.

Practicum Faculty

Practicum Faculty will use Typhon to:

1. Evaluate student time logs, patient encounters, clinical notes.
2. Student and Preceptor evaluations of clinical experiences.
3. The specific Typhon functions used are determined by the Director of Clinical Training in collaboration with the Program Track Directors.

Practicum Preceptors

Preceptors will use Typhon to:

1. Provide assessment of student(s) in clinical formative (midterm) and summative (final) Student Clinical Assessment Report (SCAR).
2. Provide assessment of student(s) in clinical summative (final) Student Clinical Assessment Report (SCAR).

Students

Students will use Typhon to:

1. Submit time logs.
2. Submit de-identified patient encounters or practicum experience summaries applicable to elected program (case logs).
3. Submit summative evaluations of preceptors (final).
4. Submit summative evaluations of clinical sites (final).
5. Create, review, and export a Graphical summative portfolio of approved practicum hours and experience which they will upload to Canvas at the conclusion of each course.
6. Review faculty feedback on all submissions and correct as necessary to receive approval and gain credit for those experiences.

Students will use Canvas to:

1. Submit (and maintain up to date) clinical schedule proposal outlining how they intend to complete their required hours.
2. Submit biweekly self-evaluations with co-signature and comments from preceptors.
3. Submit a graphical summative portfolio of approved practicum hours and experience created from their Typhon logs.
4. Communicate with faculty and peers regarding the progress of practicum experiences throughout the semester.

Students will use Complio to:

1. Complete an independent background check.
2. Complete and submit documentation of required immunization status.
3. Submit additional supporting documentation as required to demonstrate safety and wellness clearance for participation in practicum experiences.

Evaluations

A critical task for all preceptors is to provide feedback to students on their performance during the practicum. Feedback includes comments on areas of strengths and challenges presented in a constructive manner. Preceptors should have knowledge of the program curriculum as well as the

course objectives and the student's personal objectives for the current semester. Reviewing these objectives and developing a plan will help the student remain successful. It is important to understand that graduate students are expert nurses, growing into a new role, and being back in the role of a novice is an adjustment for many adult learners. Listed are some guidelines to help you with the evaluation process.

Formative Evaluations

Formative feedback helps form student behavior. Preceptors give this ongoing feedback, based on a student's performance that either supports or improves practice, to the student. This might include:

1. Case presentations of a problem, a patient the student examined, or a situation of concern the student witnessed.
2. Discussions
 - a. Talking about clinical leadership problems, knowledge gaps, and/or diagnoses.
 - b. Understanding "zebras" or things that a student cannot afford to miss.
 - c. Collaborating on a treatment plan, leadership strategy, or problem resolution.
3. Informal feedback—giving the student "pearls" to further improve professional skill set.
4. Questioning exercises
 - a. Quizzing the student "on the spot" about content the student studied.
 - b. Providing scenarios that might occur and asking how the student would respond.
5. Biweekly Evaluations
 - a. Provides self-reflection and an opportunity to plan for continued growth.
 - b. Allows for preceptors to review student perspective of growth and comment on additional areas of improvement or resources.
 - c. Allows practicum faculty the opportunity to review these insights on a biweekly (or more frequently) basis as these evaluations are submitted directly into course via Canvas.
6. Mid-term Evaluations
 - a. Helps the student identify "where they are," personal strengths, and areas for improvement.
 - b. Uses the same criteria as the final evaluation to allow student's strengths and challenges to surface.
 - c. Helps gauge progression toward meeting the learning experience objectives.

Give formative feedback each time you work with a student. Formative feedback can help students identify strengths as well as opportunities for new learning or correction of "off-track" areas. Feedback may be as simple as "Good job today!" or "You provided great input for the leadership meeting discussion today," or much more detailed if you are coaching the student through a difficult situation. Feedback is crucial throughout the student's clinical experience. The following are guidelines for effective and constructive feedback:

- a. Be specific with your comments—avoid generalities.
- b. Be descriptive about what would improve the student's performance.
- c. Focus on modifiable behaviors, not on personality.
- d. Comment as soon as possible after the performance.
- e. Speak with the student in a private place.
- f. Comment every time you work with the student.

Constructive comments should be neutral and not labeled positive or negative. It is for students to "take it or leave it." Everyone interprets feedback in their own context. Please be considerate, non-judgmental, and straightforward when providing feedback. By setting goals each clinical day, revisiting the goals at the end of each day, and providing the student with constructive feedback about that day's activities and performance, you gain valuable information about the student's progress and the structure of the clinical day in addition to experience in meeting a student's needs.

Summative Evaluations

While the preceptor is not assigning a "grade" to a student, as that is the faculty's responsibility, the preceptor evaluation of the student is likely to be important in the faculty's decision regarding the course grade and final course evaluation of the student. However, other assignments outside of the clinical experience are included in course grade determination. Summative evaluations take place at the end of a semester or rotation and measures progress towards competency achievement. The final goal is competence, not expertise, as a graduate-prepared advanced practice nurse or nurse leader by the end of the program.

Student Evaluation Metrics

The metrics used for evaluation of students have been developed by evaluating the professional and academic standards for each elected program. These key competency metrics will be reflected in the electronic evaluation forms in Typhon. Preceptors will have the opportunity to provide additional feedback within the same form.

MSN APRN Psychiatric – Mental Health Nurse Practitioner (PMHNP)

PMHNP Progression of Practicum Skills and Expectations

The beginning APRN student in first practicum course during weeks 1-7 should be able to:

- Performs Complete and focused mental and physical health exam independently
Complete an appropriate psychiatric assessment and diagnostic interview
- Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
- Present these findings in an organized, concise statement to the Preceptor.
- Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)

- Demonstrates the ability to utilize common screening tests
- Rules out medical/substance use issues presentation might suggest
- Summarizes suggested diagnosis and differentials
- Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters

The beginning APRN student in first practicum course during weeks 8-15 should be able to:

- Further develop differential diagnosis.
- Develop the assessment for the primary complaint along with treatment plan
- See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
- Learn to integrate the impact of Social Determinants of Health in order to help their patient achieve and sustain the best health.
- Assess how the patient perceives his/her illness and health. (This is important for this knowledge will help guide the student in producing a plan that incorporates patient goals)
- Build a relationship and service engagement with patient
- Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
- Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only

By end of the first practicum semester course:

- Manages One Acute Problem in an Uncomplicated Patient
 - Synthesizes and prioritizes relevant data
 - Identifies both typical and atypical presentations of disorders and related health problems
 - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
 - Diagnosis of commonly occurring health problems.
 - Able to evaluate potential risks related to the problem.
- Manages all health Maintenance for well patients of all ages
 - Prescribes and Manages Medication Under Supervision
 - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
 - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
 - Prescribes medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
 - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
 - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.

- Utilize references and clinical base guidelines as they prescribe and manage medication
- Participates in a culture of safety and contributes to quality improvement
 - Participates in quality improvement initiatives and safety protocols
 - Identifies areas for improvement in clinical practice setting and contributes to solutions
 - Adheres to safety guidelines and best practices
 - Recognizes and addresses potential safety issues
- Responsibility and ethical utilizes technology and information literacy to enhance patient care
 - Utilizes electronic health records effectively for patient documentation and care coordination
 - Leverages telehealth and other digital tools to enhance patient care
 - Analyzes and interprets data to inform clinical decisions
 - Ensures data accuracy and confidentiality in clinical documentation
- Encourages health promotion and disease prevention strategies across the lifespan
 - Develops and implements preventive care strategies tailored to the individual and family
 - Provides education on lifestyle modifications, risk reduction and health maintenance
 - Conducts age-appropriate screenings and orders/administers appropriate immunizations
 - Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
 - Advocates for patient rights and access to healthcare resources
 - Participates in policy discussions and initiatives to improve healthcare
 - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
 - Prioritizes issues that need to be resolved
 - Acknowledges the impact of Social Determinants of Health on current mental health issue
 - Formulates an outcome-based treatment plan
 - Bases treatment plan on evidence – base standards and practice guidelines
 - Facilitates client decision making by linking care to client's concerns
 - Suggests appropriate medication regime
 - Applies applicable ethical and legal principles to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
 - Plans care to minimize the development of complications and promote function/QOL
 - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
 - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
 - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format

- Communicates the client's health status in writing using appropriate terminology and format
- Documents data in a concise, organized, and thorough manner
- Documents HPI, diagnosis, history, and relevant health data
- Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship
 - Creates a relationship that acknowledges the client's strengths
 - Utilizes interventions to promote mutual trust
 - Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
 - Communicates a sense of "being present" with the client
 - Provides emotional and informational support to clients and their families
 - Establishes a working alliance with the patient, based on mutual respect and role responsibilities
 - Applies principles of self-efficacy / empowerment in promoting behavior change
 - Addresses health disparities and demonstrates respect for patient diversity
 - Works effectively within an interprofessional team to enhance comprehensive care
 - Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability
 - Adheres to ethical standards of practice and principles in patient care
 - Demonstrates integrity and professionalism in all clinical interactions
 - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus

In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competency in these areas:

- The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
 - Develop an assessment and plan for a patient with both chronic and acute complaints
 - Increase the number and complexity of patients managed
 - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
 - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
- The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
 - Increase speed and complexity of patients managed
 - Improved accuracy of diagnostic testing interpretation
 - Improved accuracy and timeliness of documentation
 - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings

- Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only

By the end of the second semester the APRN student:

- Recommends and Manages medication under supervision
 - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
 - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
 - Recommends medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
 - Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
 - Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
 - Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
 - Adopts a recovery/psychiatric rehabilitation focus with patients with chronic mental illness (PMHNP)
 - Attends to issues of safety and patient's support needs
 - Facilitates patient to identify symptoms of relapse
 - Assures the patient has an action plan in place when acute symptoms arise
 - Discusses self-management strategies with patients (when appropriate)
 - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
 - Collects comprehensive patient histories, including medical, family and psychosocial aspects
 - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
 - Conducts thorough and systematic physical exams across the lifespan
 - Utilizes appropriate techniques for different patient populations
 - Develops comprehensive and appropriate differential diagnosis based on clinical findings
 - Integrates diagnostic and laboratory tests effectively into the assessment process

- Develops and implements evidence-based care plans for acute and chronic conditions
- Critically appraises and applies research findings in clinical practice
- Demonstrates sound clinical reasoning and decision-making skills
- Adjusts care plans based on patient response and new evidence
- Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

MSN APRN Family Nurse Practitioner

FNP Progression of Practicum Skills and Expectations for Students

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
 - Performs Complete and focused mental and physical health exam independently
 - Complete an appropriate psychiatric assessment and diagnostic interview
 - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
 - Present these findings in an organized, concise statement to the Preceptor.
 - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
 - Demonstrates the ability to utilize common screening tests
 - Rules out medical/substance use issues presentation might suggest
 - Summarizes suggested diagnosis and differentials
 - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters
- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
 - Further develop differential diagnosis.
 - Develop the assessment for the primary complaint along with treatment plan
 - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
 - Learn to integrate the impact of Social Determinants of Health in order to help their patient achieve and sustain the best health.
 - Assess how the patient perceives his/her illness and health. (This is important for this knowledge will help guide the student in producing a plan that incorporates patient goals)
 - Build a relationship and service engagement with patient
 - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
 - Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
- By end of the first practicum semester course:
 - Manages One Acute Problem in an Uncomplicated Patient

- Synthesizes and prioritizes relevant data
- Identifies both typical and atypical presentations of disorders and related health problems
- Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
- Diagnosis of commonly occurring health problems.
- Able to evaluate potential risks related to the problem.

Manages all health Maintenance for well patients of all ages

- Prescribes and Manages Medication Under Supervision
- Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
- Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
- Prescribes medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
- Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
- Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they prescribe and manage medication

Participates in a culture of safety and contributes to quality improvement

- Participates in quality improvement initiatives and safety protocols
- Identifies areas for improvement in clinical practice setting and contributes to solutions
- Adheres to safety guidelines and best practices
- Recognizes and addresses potential safety issues

Responsibility and ethical utilizes technology and information literacy to enhance patient care

- Utilizes electronic health records effectively for patient documentation and care coordination
- Leverages telehealth and other digital tools to enhance patient care
- Analyzes and interprets data to inform clinical decisions
- Ensures data accuracy and confidentiality in clinical documentation

Encourages health promotion and disease prevention strategies across the lifespan

- Develops and implements preventive care strategies tailored to the individual and family
- Provides education on lifestyle modifications, risk reduction and health maintenance
- Conducts age-appropriate screenings and orders/administers appropriate immunizations
- Provides confident education on the importance of preventive health measures

Leadership and Advocacy

- Advocates for patient rights and access to healthcare resources
- Participates in policy discussions and initiatives to improve healthcare

- Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement

Develops Goals & Treatment Plans Collaboratively with Patient and Family

- Prioritizes issues that need to be resolved
- Acknowledges the impact of Social Determinants of Health on current mental health issue
- Formulates an outcome-based treatment plan
- Bases treatment plan on evidence – base standards and practice guidelines
- Facilitates client decision making by linking care to client's concerns
- Suggests appropriate medication regime
- Applies applicable ethical and legal principles to the treatment plan

Evaluates effectiveness of therapeutic interventions to reach treatment goals

- Plans care to minimize the development of complications and promote function/QOL
 - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
- Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
- Evaluates the continuing client and family involvement in treatment

Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format

- Communicates the client's health status in writing using appropriate terminology and format
- Documents data in a concise, organized, and thorough manner
- Documents HPI, diagnosis, history, and relevant health data
- Documents health promotion/disease prevention activities

Establishes a provider-patient relationship

- Creates a relationship that acknowledges the client's strengths
- Utilizes interventions to promote mutual trust
- Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
- Communicates a sense of "being present" with the client
- Provides emotional and informational support to clients and their families
- Establishes a working alliance with the patient, based on mutual respect and role responsibilities
- Applies principles of self-efficacy / empowerment in promoting behavior change
- Addresses health disparities and demonstrates respect for patient diversity
- Works effectively within an interprofessional team to enhance comprehensive care
- Communicates clearly and openly collaborates in a respectful and professional manner

Ethics and Accountability

- Adheres to ethical standards of practice and principles in patient care
- Demonstrates integrity and professionalism in all clinical interactions
- Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus

- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competency in these areas:

The mid-program APRN student in second practicum course during weeks 1-7 should be able to:

- Develop an assessment and plan for a patient with both chronic and acute complaints
- Increase the number and complexity of patients managed
- Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
- Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only

The mid-program APRN student in second practicum course during weeks 8-15 should be able to:

- Increase speed and complexity of patients managed
- Improved accuracy of diagnostic testing interpretation
- Improved accuracy and timeliness of documentation
- Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
- Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only

By the end of the second semester the APRN student:

- Recommends and Manages medication under supervision
 - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
 - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
 - Recommends medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
 - Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
 - Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
 - Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
 - Attends to issues of safety and patient's support needs
 - Facilitates patient to identify symptoms of relapse
 - Assures the patient has an action plan in place when acute symptoms arise
 - Discusses self-management strategies with patients (when appropriate)

- Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
 - Collects comprehensive patient histories, including medical, family and psychosocial aspects
 - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
 - Conducts thorough and systematic physical exams across the lifespan
 - Utilizes appropriate techniques for different patient populations
 - Develops comprehensive and appropriate differential diagnosis based on clinical findings
 - Integrates diagnostic and laboratory tests effectively into the assessment process
 - Develops and implements evidence-based care plans for acute and chronic conditions
 - Critically appraises and applies research findings in clinical practice
 - Demonstrates sound clinical reasoning and decision-making skills
 - Adjusts care plans based on patient response and new evidence
 - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

MSN Nurse Educator

Progression of Practicum Skills and Expectations Specific to the Nurse Educator Concentration

All MSN students will be expected to have accomplished the practicum criteria for the previous level (BS or BSN). Students will be evaluated to the standard of an MSN prepared RN with the following board criteria, additional criteria may be implemented on a case-by-case basis to assure accurate assessment of student performance of practicum competencies:

1. Creates appropriate opportunities for learners to develop their critical thinking and critical reasoning skills through direct and indirect patient care encounters
2. Demonstrates enthusiasm for teaching, learning, and nursing that inspires and motivates students in both direct and indirect patient care encounters
3. Develops collegial working relationships with students, faculty, colleagues, and clinical agency personnel to promote positive learning environment
4. Identifies a variety of strategies that assess and evaluate learning in the cognitive, psychomotor, and affective domains
5. Demonstrates skill in the design and use of tools for assessing clinical practice through direct patient care activities
6. Creates and maintains community and clinical partnerships that support educational goals

7. Identifies an innovative, and creative perspective into the Nurse Educator role through direct patient care activities
8. Demonstrates qualities of a scholar and integrity through both direct and indirect patient care activities
9. Maintains professional nursing identity in all practicum experiences to include, timely and accurate documentation, adherence to professional attire requirements and professional communication in all written and verbal interactions.

MSN Leadership and Management

Progression of Practicum Skills and Expectations Specific to the Nurse Leadership and Management Concentration

All MSN students will be expected to have accomplished the practicum criteria for the previous level (BS or BSN). Students will be evaluated to the standard of an MSN prepared RN with the following board criteria, additional criteria may be implemented on a case-by-case basis to assure accurate assessment of student performance of practicum competencies:

1. Demonstrates leadership skills in delegation and the initiation of conflict resolution strategies through direct patient care and indirect patient care activities
2. Collaborates with interprofessional colleagues to implement patient safety and quality improvement initiatives using effective communication in both direct and indirect patient care encounters
3. Identifies how healthcare delivery systems are organized and financed and are able to illustrate the economic and legal factors that influence health care in both direct and indirect patient care encounters
4. Demonstrates an understanding of the process involved with the design and implementation of new models of care delivery and coordination in both direct and indirect patient care encounters
5. Identifies quality improvement initiatives that integrate socio-cultural factors that affect the delivery of nursing and healthcare services through direct and indirect patient care experiences
6. Identifies how the integration of healthcare services affects the safety and quality of care to improve patient outcomes through firsthand direct patient care encounters and indirect patient care activities
7. Maintains professional nursing identity in all practicum experiences to include, timely and accurate documentation, adherence to professional attire requirements and professional communication in all written and verbal interactions.

Post-Graduate APRN Certification Psychiatric – Mental Health Nurse Practitioner (PMHNP) Concentration

PMHNP Progression of Practicum Skills and Expectations

The beginning APRN student in first practicum course during weeks 1-7 should be able to:

- Performs Complete and focused mental and physical health exam independently
Complete an appropriate psychiatric assessment and diagnostic interview
- Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
- Present these findings in an organized, concise statement to the Preceptor.
- Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
- Demonstrates the ability to utilize common screening tests
- Rules out medical/substance use issues presentation might suggest
- Summarizes suggested diagnosis and differentials
- Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters

The beginning APRN student in first practicum course during weeks 8-15 should be able to:

- Further develop differential diagnosis.
- Develop the assessment for the primary complaint along with treatment plan
- See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).
- Learn to integrate the impact of Social Determinants of Health in order to help their patient achieve and sustain the best health.
- Assess how the patient perceives his/her illness and health. (This is important for this knowledge will help guide the student in producing a plan that incorporates patient goals)
- Build a relationship and service engagement with patient
- Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
- Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only

By end of the first practicum semester course:

- Manages One Acute Problem in an Uncomplicated Patient
 - Synthesizes and prioritizes relevant data
 - Identifies both typical and atypical presentations of disorders and related health problems
 - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
 - Diagnosis of commonly occurring health problems.
 - Able to evaluate potential risks related to the problem.
- Manages all health Maintenance for well patients of all ages
 - Prescribes and Manages Medication Under Supervision

- Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
- Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
- Prescribes medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
- Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
- Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they prescribe and manage medication
- Participates in a culture of safety and contributes to quality improvement
 - Participates in quality improvement initiatives and safety protocols
 - Identifies areas for improvement in clinical practice setting and contributes to solutions
 - Adheres to safety guidelines and best practices
 - Recognizes and addresses potential safety issues
- Responsibility and ethical utilizes technology and information literacy to enhance patient care
 - Utilizes electronic health records effectively for patient documentation and care coordination
 - Leverages telehealth and other digital tools to enhance patient care
 - Analyzes and interprets data to inform clinical decisions
 - Ensures data accuracy and confidentiality in clinical documentation
- Encourages health promotion and disease prevention strategies across the lifespan
 - Develops and implements preventive care strategies tailored to the individual and family
 - Provides education on lifestyle modifications, risk reduction and health maintenance
 - Conducts age-appropriate screenings and orders/administers appropriate immunizations
 - Provides confident education on the importance of preventive health measures
- Leadership and Advocacy
 - Advocates for patient rights and access to healthcare resources
 - Participates in policy discussions and initiatives to improve healthcare
 - Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement
- Develops Goals & Treatment Plans Collaboratively with Patient and Family
 - Prioritizes issues that need to be resolved
 - Acknowledges the impact of Social Determinants of Health on current mental health issue
 - Formulates an outcome-based treatment plan
 - Bases treatment plan on evidence – base standards and practice guidelines
 - Facilitates client decision making by linking care to client's concerns
 - Suggests appropriate medication regime

- Applies applicable ethical and legal principles to the treatment plan
- Evaluates effectiveness of therapeutic interventions to reach treatment goals
 - Plans care to minimize the development of complications and promote function/QOL
 - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
 - Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
 - Evaluates the continuing client and family involvement in treatment
- Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format
 - Communicates the client's health status in writing using appropriate terminology and format
 - Documents data in a concise, organized, and thorough manner
 - Documents HPI, diagnosis, history, and relevant health data
 - Documents health promotion/disease prevention activities
- Establishes a provider-patient relationship
 - Creates a relationship that acknowledges the client's strengths
 - Utilizes interventions to promote mutual trust
 - Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
 - Communicates a sense of "being present" with the client
 - Provides emotional and informational support to clients and their families
 - Establishes a working alliance with the patient, based on mutual respect and role responsibilities
 - Applies principles of self-efficacy / empowerment in promoting behavior change
 - Addresses health disparities and demonstrates respect for patient diversity
 - Works effectively within an interprofessional team to enhance comprehensive care
 - Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability
 - Adheres to ethical standards of practice and principles in patient care
 - Demonstrates integrity and professionalism in all clinical interactions
 - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus

In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competency in these areas:

- The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
 - Develop an assessment and plan for a patient with both chronic and acute complaints
 - Increase the number and complexity of patients managed
 - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner

- Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
- The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
 - Increase speed and complexity of patients managed
 - Improved accuracy of diagnostic testing interpretation
 - Improved accuracy and timeliness of documentation
 - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
- Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only

By the end of the second semester the APRN student:

- Recommends and Manages medication under supervision
 - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
 - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
 - Recommends medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
 - Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
 - Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
 - Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
 - Adopts a recovery/psychiatric rehabilitation focus with patients with chronic mental illness (PMHNP)
 - Attends to issues of safety and patient's support needs
 - Facilitates patient to identify symptoms of relapse
 - Assures the patient has an action plan in place when acute symptoms arise
 - Discusses self-management strategies with patients (when appropriate)
 - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues

- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
 - Collects comprehensive patient histories, including medical, family and psychosocial aspects
 - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
 - Conducts thorough and systematic physical exams across the lifespan
 - Utilizes appropriate techniques for different patient populations
 - Develops comprehensive and appropriate differential diagnosis based on clinical findings
 - Integrates diagnostic and laboratory tests effectively into the assessment process
 - Develops and implements evidence-based care plans for acute and chronic conditions
 - Critically appraises and applies research findings in clinical practice
 - Demonstrates sound clinical reasoning and decision-making skills
 - Adjusts care plans based on patient response and new evidence
 - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

Post-Graduate APRN Certification Family Nurse Practitioner (FNP) Concentration

FNP Progression of Practicum Skills and Expectations for Students

- The beginning APRN student in first practicum course during weeks 1-7 should be able to:
 - Performs Complete and focused mental and physical health exam independently
 - Complete an appropriate psychiatric assessment and diagnostic interview
 - Conduct a thorough and appropriate HPI, Review of Systems, Mental Status, Social History, Psychiatric History (Asking the right historical questions, including the correct systems).
 - Present these findings in an organized, concise statement to the Preceptor.
 - Have a preliminary differential diagnosis. (Demonstrate clinical reasoning to arrive at other possible causes for the patient's presentation)
 - Demonstrates the ability to utilize common screening tests
 - Rules out medical/substance use issues presentation might suggest
 - Summarizes suggested diagnosis and differentials
 - Students will be at a shared (50-50) responsibility level with preceptor for all patient encounters
- The beginning APRN student in first practicum course during weeks 8-15 should be able to:
 - Further develop differential diagnosis.
 - Develop the assessment for the primary complaint along with treatment plan
 - See the patient not only as an individual but as a part of the larger system as well (i.e. family unit, environmental unit).

- Learn to integrate the impact of Social Determinants of Health in order to help their patient achieve and sustain the best health.
 - Assess how the patient perceives his/her illness and health. (This is important for this knowledge will help guide the student in producing a plan that incorporates patient goals)
 - Build a relationship and service engagement with patient
 - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
 - Students will be at a shared (50-50) responsibility for less patient encounters and should be managing patient encounters with one acute problem or uncomplicated patients independently with supervision only
- By end of the first practicum semester course:
- Manages One Acute Problem in an Uncomplicated Patient
 - Synthesizes and prioritizes relevant data
 - Identifies both typical and atypical presentations of disorders and related health problems
 - Differentiates between exacerbation and reoccurrence of a chronic disorder and signs and symptoms of a new health problem
 - Diagnosis of commonly occurring health problems.
 - Able to evaluate potential risks related to the problem.
 - Manages all health Maintenance for well patients of all ages
 - Prescribes and Manages Medication Under Supervision
 - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
 - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment
 - Prescribes medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
 - Prescribes pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
 - Prescribes pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
 - Utilize references and clinical base guidelines as they prescribe and manage medication
 - Participates in a culture of safety and contributes to quality improvement
 - Participates in quality improvement initiatives and safety protocols
 - Identifies areas for improvement in clinical practice setting and contributes to solutions
 - Adheres to safety guidelines and best practices
 - Recognizes and addresses potential safety issues
 - Responsibility and ethical utilizes technology and information literacy to enhance patient care
 - Utilizes electronic health records effectively for patient documentation and care coordination

- Leverages telehealth and other digital tools to enhance patient care
- Analyzes and interprets data to inform clinical decisions
- Ensures data accuracy and confidentiality in clinical documentation

Encourages health promotion and disease prevention strategies across the lifespan

- Develops and implements preventive care strategies tailored to the individual and family
- Provides education on lifestyle modifications, risk reduction and health maintenance
- Conducts age-appropriate screenings and orders/administers appropriate immunizations
- Provides confident education on the importance of preventive health measures

Leadership and Advocacy

- Advocates for patient rights and access to healthcare resources
- Participates in policy discussions and initiatives to improve healthcare
- Demonstrates leadership in clinical setting by guiding care teams and advocating for quality improvement

Develops Goals & Treatment Plans Collaboratively with Patient and Family

- Prioritizes issues that need to be resolved
- Acknowledges the impact of Social Determinants of Health on current mental health issue
- Formulates an outcome-based treatment plan
- Bases treatment plan on evidence – base standards and practice guidelines
- Facilitates client decision making by linking care to client's concerns
- Suggests appropriate medication regime
- Applies applicable ethical and legal principles to the treatment plan

Evaluates effectiveness of therapeutic interventions to reach treatment goals

- Plans care to minimize the development of complications and promote function/QOL
 - Identifies, measures, monitors clinical and related behavioral outcomes to determine the effectiveness and appropriateness of the plan of care.
- Evaluates the client's changing conditions and response to therapeutic interventions, and modifies plan of care to optimize client outcomes
- Evaluates the continuing client and family involvement in treatment

Documents relevant data, diagnosis, plan, interventions and evaluation accurately in a timely manner and retrievable format

- Communicates the client's health status in writing using appropriate terminology and format
- Documents data in a concise, organized, and thorough manner
- Documents HPI, diagnosis, history, and relevant health data
- Documents health promotion/disease prevention activities

Establishes a provider-patient relationship

- Creates a relationship that acknowledges the client's strengths
- Utilizes interventions to promote mutual trust
- Develops an empathic relationship with the patient that reflects a sense of the patient's experience and narrative of illness
- Communicates a sense of "being present" with the client

- Provides emotional and informational support to clients and their families
 - Establishes a working alliance with the patient, based on mutual respect and role responsibilities
 - Applies principles of self-efficacy / empowerment in promoting behavior change
 - Addresses health disparities and demonstrates respect for patient diversity
 - Works effectively within an interprofessional team to enhance comprehensive care
 - Communicates clearly and openly collaborates in a respectful and professional manner
- Ethics and Accountability**
- Adheres to ethical standards of practice and principles in patient care
 - Demonstrates integrity and professionalism in all clinical interactions
 - Takes responsibility for clinical decisions and outcomes appropriate to level of experience, scope of practice, licensure, certification and population focus
- In addition to the first-semester competencies (outlined above) a second-semester APRN student should be able to demonstrate evolving competency in these areas:
 - The mid-program APRN student in second practicum course during weeks 1-7 should be able to:
 - Develop an assessment and plan for a patient with both chronic and acute complaints
 - Increase the number and complexity of patients managed
 - Present patient case to preceptor including differential diagnosis and care plan recommendations in a concise and professional manner
 - Students will be at a shared (50-50) responsibility for less than 50% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
 - The mid-program APRN student in second practicum course during weeks 8-15 should be able to:
 - Increase speed and complexity of patients managed
 - Improved accuracy of diagnostic testing interpretation
 - Improved accuracy and timeliness of documentation
 - Present patient case to preceptor, including differential diagnosis and care plan recommendations in a concise and professional manner, additionally discussing evidence-based recommendation and multiple treatment options based on most likely diagnosis based on clinical findings
 - Students will be at a shared (50-50) responsibility for less than 25% of all patient encounters and should be managing patient encounters with multiple acute problems and chronic stable patients independently with supervision only
- By the end of the second semester the APRN student:
- Recommends and Manages medication under supervision
 - Monitors intended effects and potential adverse effects of pharmacologic and non-pharmacologic treatments
 - Provides information to the patient about intended effects, potential adverse effects of the proposed prescription and other treatment options, including no treatment

- Recommends medications as legally authorized and counsels concerning drug regimens, drug side effects and interactions
- Recommends pharmacologic agents based on a knowledge of psychopathology, neurobiology, physiology, immunology, expected therapeutic actions, anticipated side effects, and courses of action, for unintended or toxic effects
- Recommends pharmacologic agents based on clinical indicators, including the results of diagnostic and laboratory tests.
- Utilize references and clinical base guidelines as they Recommends and manage medication.
- Address needs of complex patients and provide appropriate intervention
 - Attends to issues of safety and patient's support needs
 - Facilitates patient to identify symptoms of relapse
 - Assures the patient has an action plan in place when acute symptoms arise
 - Discusses self-management strategies with patients (when appropriate)
 - Develops an assessment and plan for a patient with both chronic and acute complaints, including substance abuse issues
- In addition to the first and second-semester competencies (outlined above) a third-semester APRN student should be able to demonstrate competency in these areas to the standard of an entry-level APRN
 - Collects comprehensive patient histories, including medical, family and psychosocial aspects
 - Demonstrates skill and tact in eliciting and reporting relevant information in a concise and organized manner
 - Conducts thorough and systematic physical exams across the lifespan
 - Utilizes appropriate techniques for different patient populations
 - Develops comprehensive and appropriate differential diagnosis based on clinical findings
 - Integrates diagnostic and laboratory tests effectively into the assessment process
 - Develops and implements evidence-based care plans for acute and chronic conditions
 - Critically appraises and applies research findings in clinical practice
 - Demonstrates sound clinical reasoning and decision-making skills
 - Adjusts care plans based on patient response and new evidence
 - Competently manages all assigned patient encounters with multiple acute problems and chronic stable patients independently with supervision only.

Crucial Conversations

Sometimes providing feedback can be very challenging, depending on the type of feedback and the student and preceptor personalities. Crucial conversations are a way to describe those conversations that preceptors and students find difficult, for example, when there may be a problem requiring attention, a safety issue, or a major concern with performance.

Crucial Conversations: Tools for Talking When the Stakes Are High (2011, 2nd ed.), by Patterson and Grenny defines these conversations as a "discussion between two or more people where: (a) stakes are high, (b) opinions vary, and (c) emotions run strong". (p. 3)

Most nurses have encountered students or new nurses who are overly confident in their skills or knowledge, which can at times lead to unsafe practice as well as conflict between the preceptor and the student or the student with staff on the unit. Sometimes when a student has been practicing RN for a period of time prior to starting the MSN program, the transition from practicing in the RN role to being a student again can be challenging as well. When a preceptor tries to address overconfidence, a student may become defensive or confrontational and may feel as if the preceptor does not trust them. Alternatively, some sensitive students struggle with receiving constructive feedback and may react by crying, withdrawing, acting angry, or feeling attacked.

Crucial conversation skills that preceptors can employ when students are either overly confident or overly sensitive include:

1. Clarifying the facts before talking to the student.
2. Gathering the student's point of view or 'story.'
3. Keeping personal emotions in check and understanding how your own emotions are informing the situation.
4. Finishing with a plan or "next steps" that are agreed upon by both preceptor and student can keep the discussion moving in a productive way while hopefully calming the student's emotions.

Student Red Flags

It is essential to identify student red flags early in the experience and discuss these with the faculty so remediation can be provided. These "red flags" may vary depending on where the student is in the program and might change as the student progresses. Some red flags may include:

1. Any unsafe practice.
2. Not following standards of practice.
3. Absenteeism, leaving early, arriving late, taking extended breaks.
4. Poor communication skills (i.e., defensive to criticism or monopolizing conversation).
5. Missing essential components of a patient's medical history or physical exam or conversation.
6. Inability to present cases clearly.
7. Inability to prioritize.
8. Inability to independently develop a patient's treatment plan.
9. Inability to determine tests to order for a patient.
10. Missing opportunities for anticipatory guidance and patient/family education.