



School of Nursing
Graduate Nursing Programs
Preceptor Orientation Module

Graduate Nursing Programs
15 Campus Drive
Natchez, MS 39120
601-304-4303

Introduction

This module will serve as a guide to preceptors who are guiding the clinical learning of Family Nurse Practitioner (FNP) students in Alcorn State University's Family Nurse Practitioner program and to faculty who work with preceptors. Within this module are sections that will assist preceptors in identifying 1) the role of the preceptor, 2) providing constructive feedback, 3) academic and professional standards for FNP students, and 4) FNP student evaluation.

Preceptor's Role

A preceptor is one who guides the FNP student's clinical learning experience while acting as a role model. The clinical practitioner-preceptor promotes NP role socialization, facilitates FNP student autonomy, and promotes self-confidence that leads to clinical competency.

Role of the Preceptor as Clinician & Guide

1. Directs overall goals and objectives for the practicum experience based on FNP student outcome objectives provided by the FNP student, and/or college faculty.
2. Identifies and discusses the learner's needs in order to meet the course objectives;
3. Assesses the nature of particular patient-care encounters that will enable the FNP student to meet his/her learning objectives at this level in the NP curriculum
4. Utilizes appropriate techniques and methods to help the FNP student meet his/her learning objectives.
5. Provides feedback as to whether the learner's objectives have been achieved.
6. Demonstrates attitudes and qualities consistent with the ethics of the health professions, including:
 - a. Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups;
 - b. Respect for the FNP student's faculty, curriculum, and program.
8. Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.
9. Assures that FNP students comply with HIPAA training and regulations pertaining to the clinical site, and preparation of patient centered assignments.

Honing Skills and Techniques in the Clinical Setting

The preceptor should:

1. Assess the FNP student's level of clinical competence, discuss expectations, teaching methods, and introduce the FNP student to the clinical site, policies, and personnel.
2. Determine the FNP student's learning objectives and priorities.
3. Develop a problem oriented focus daily.

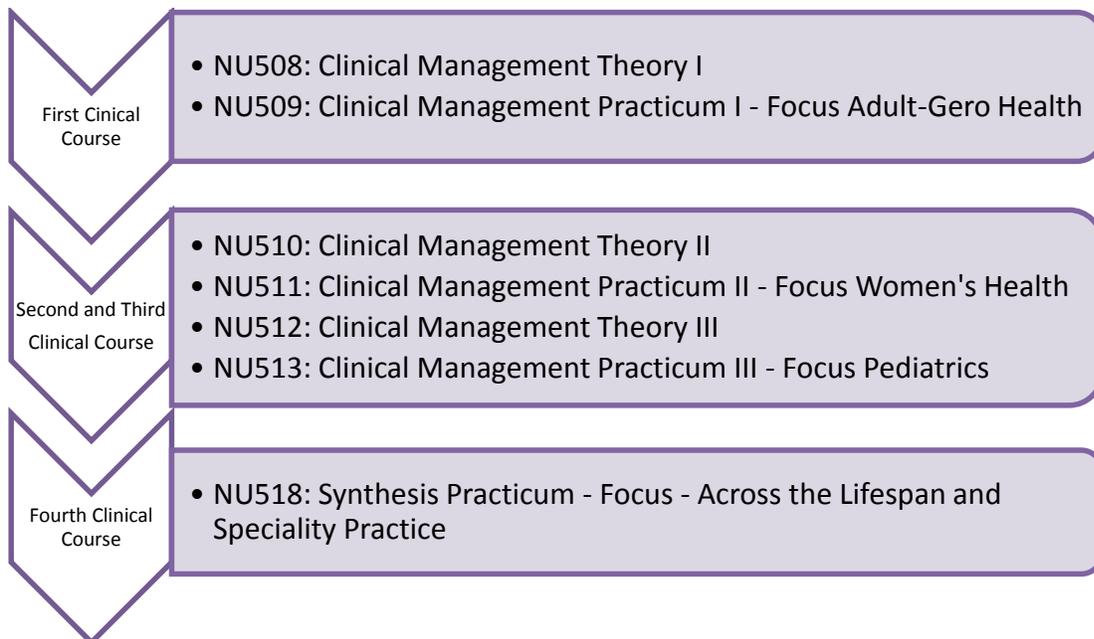
4. Allow the FNP student to examine the client and make recommendations for plan of care.
5. Ask the FNP student to present the patient, diagnosis, and recommended plan of care prior to accompanying the FNP student into the client's room.
6. Assist the FNP student in recognizing patterns and relationships between assessment data and working diagnosis

Course Progression in Alcorn State University's Family Nurse Practitioner Track

Prior to starting the Clinical Management Courses the following courses are required:

- NU505 Advanced Physical Assessment
 NU505L: Advanced Physical Assessment Lab
- 60 hours of in clinic health history taking and head to toe physical exams

There are four clinical practicum courses in the program. The FNP student may be in their first clinical course or their last synthesis course. The following algorithm is provided to assist the preceptor in determining where the FNP student is their program of study.



Faculty Contact Information and Support

Clinical faculty can be contacted by the contact information provided by the student or by calling the Alcorn State University School of Nursing, Graduate Nursing Program Office @ 601-304-4304.

Academic Standards for Evaluation and Progression

1. FNP student clinical performance will be evaluated by the preceptor.
2. There will be two clinical evaluations [midterm and final].
3. The preceptor should evaluate the FNP student at midterm and at the end of their clinical rotation. It is the FNP student's responsibility to ensure that these evaluations are completed.
4. The FNP student must achieve a passing score on the final clinical competency evaluation. A Clinical Competency Evaluation (FNP Student) tool is provided.
5. The FNP student may function within the guidelines published by Mississippi Board of Nursing for advanced practice nurses. The Mississippi Nursing Practice Law can be found at <http://www.msbn.state.ms.us/pdf/nsgpracticelaw>
6. If at any time the preceptor has questions regarding the FNP student's practice or performance, the preceptor should contact the assigned clinical faculty member.
7. An assigned clinical faculty member will perform at least one clinical site visit to evaluate the performance of the FNP student. If the FNP student fails to perform satisfactorily, then a second performance evaluation will be scheduled.
8. If the final Preceptor Evaluation is below passing (Clinical Competency Evaluation (FNP Student score below 85%) an additional 40 hours will be required (this may be done with the same preceptor or different preceptor).
9. Grading for this practicum is highly correlated with the grading in the theory course. The FNP student cannot receive a failing grade in the practicum and pass the theory and he/she cannot receive a failing grade in the theory and pass the practicum.
10. A graduate FNP student must make at least a B in the Clinical Management Theory or Practicum course. The theoretical material learned in each clinical management theory course is implemented in the corresponding clinical management practicum course. As a result of this close relationship; FNP students must receive satisfactory passing grades in both courses.
11. A clinical management theory grade of C, D or F will result in the assignment of a failing grade for the clinical management practicum associated course.

12. A failing clinical management practicum grade will nullify a passing clinical management theory grade; a grade of D will be recorded for the clinical management theory course. Graduate FNP students must pass both practicum and theory components.
13. A graduate nursing course in which a C (Clinical Management Theory courses only), D, F, or WF was achieved as a final grade may be repeated only once.
14. Students will be documenting their time logs, clinical case logs and SOAP notes in Typhon.

The Number of Clinical Hours Required

FNP students have to complete the following number of hours:

- NU 505L Advanced Health Assessment – 60 hours
- NU 509 Clinical Management Practicum I [Adult-Gero] – 120 hours
- NU 511 Clinical Management Practicum II [Women’s Health] – 120
- NU 513 Clinical Management Practicum III {Pediatrics} – 120
- NU 518 Synthesis Practicum for the FNP [Across the lifespan] – 240

Arrangements for the times and days for clinical hours should be validated by the preceptor(s). When meeting with the preceptor, the FNP student should discuss how clinical time will be scheduled, e.g. twelve-hour shifts, one day per week, or two days a week. The FNP student may have more than one preceptor during a clinical course. It is the FNP student’s responsibility to let each preceptor know how many hours of clinical will be done in each practice setting.

The FNP student should attend the required number of hours of clinical practicum that is consistent with the NP program requirements, policies on academic standards, and the preceptor's agreed upon clinical schedule. FNP students need to pay careful attention to these requirements. FNP students should not assume that if they fail to complete the required number of clinical hours for the term that they will automatically be permitted to make up clinical hours with their preceptor. Agreement by the preceptor and faculty must be obtained prior to the FNP student’s extension of the clinical practicum. All hours must be approved by the preceptor in Typhon.

Clinical Calendar

1. FNP students are expected to provide their preceptor with a clinical calendar.
2. If a FNP student is to be absent for a scheduled clinical day, due to illness or emergency, the preceptor should be notified prior to the beginning of the clinical day. On the first clinical day, FNP students should identify the procedure for contacting the preceptor in case of absence.
3. It is the FNP student's responsibility to also notify the faculty of the absence and negotiate with the preceptor regarding making up time, when possible.
4. Making up incomplete clinical hours and absences related to unexpected illness (of the FNP student or preceptor) should be discussed between the course faculty, preceptor, agency, and FNP student.
5. If the FNP student is not attending clinical as scheduled, the faculty member must be notified immediately.
6. FNP students are expected to schedule clinical time with the preceptor consistent with the preceptor's availability/schedule.
7. Each clinical day should be a minimum of six hours and may be up to twelve hours in length [as approved by the clinical faculty of record].

Dress Code

1. FNP students are expected to dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA).
2. A lab coat with ASU patch must be worn [exception in clinics where wearing lab coats is upsetting to patients i.e. pediatrics].
3. FNP student name tags must be worn, containing the student's name, role as FNP student, and the university.
4. The clinical site may, however, specify the dress code. Most state laws govern requirements for health professional's identification in the clinical practice setting.

FNP student Preparation

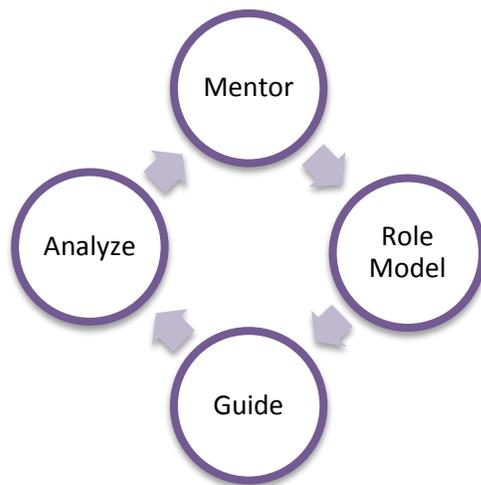
The FNP student should prepare for the clinical practicum as recommended by the preceptor and faculty. This preparation may include developing individual learning objectives, conferring with faculty on areas of weakness that need to be refined, and seeking independent learning experiences that will provide the FNP student with a higher level of self-confidence. FNP students will keep a daily log of their clinical experiences in Typhon and make additional notes of areas that need refinement as they progress throughout the experience.

The FNP student should ask about the patient population and the most common clinical problems that they can expect to encounter in the clinical site prior to the first clinical day. The FNP student can prepare for the clinical practicum by reading current reference material, and appropriate assessments for the clinical problems most frequently managed by the preceptor.

Evaluation of the Preceptor and Clinical Site

Following the clinical practicum, the FNP student will provide feedback to the preceptor on the FNP student's satisfaction with the quality of the learning experience. The preceptor will complete evaluations in the Typhon Group Student Tracking System. The preceptor will receive login and password information via email.

Preceptor Responsibilities



Mentor and be a Role Model for FNP students

Mentoring and role modeling are important in the socialization process of the FNP role. Observing the preceptor's interactions with other professionals, staff, and patients will enable the FNP student to assume more readily the new role. As FNP students successfully integrate the role of the FNP, they begin their journey in the progression from novice to expert.

National Organization of Nurse Practitioner Faculties (NONPF) has developed core competencies that the FNP student must successfully achieve to perform the NP role. The core competencies are reflected in the 7 domains identified by NONPF:

1. Management of patient health/ illness status
2. The nurse-patient relationship
3. The teaching-coaching function
4. Professional role
5. Managing and negotiating health care delivery systems
6. Monitoring and ensuring the quality of health care practices
7. Cultural competence

In facilitating the FNP student's learning experience, the preceptor:

1. Organizes clinical learning within a time-constrained environment,
2. Communicates with the office staff about the scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with a minimal disruption of the office routine,
3. Provides the FNP student with the opportunity to develop competence in diagnostic reasoning/ clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the FNP role,
4. Provides immediate timely and constructive feedback, whenever possible, enhances this learning process.

Guide and Analyze

Preceptors are responsible for helping FNP students to refine skills related to patient care within the context of a caring relationship. In all areas of guiding, the preceptor is reminded of the importance of letting the FNP student experiment with newly learned skills and build confidence in his/her abilities. Preceptors can gain confidence in the FNP student's abilities through observation, listening to case presentations, and reviewing their documentation as well as listening to feedback provided by patients and other clinical personnel. FNP student self-confidence is enhanced by preceptor feedback that reinforces that the FNP student is meeting learning goals and objectives.

Honing Assessment Skills

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

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

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

FNP students should identify their individual learning needs in the area of assessment and welcome the preceptor's critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the FNP student needs practice and proficiency in either technique or interpretation of patient assessment data. Often refining an incorrect psychomotor skill/technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. This is especially important in the Advanced Physical Assessment Lab.

As the FNP student progresses and gains confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in assessment. They should anticipate progressing along the continuum from novice to proficient. FNP student resistance to accepting preceptor correction and failure to demonstrate progressive learning should be reflected in the formative and summative evaluation of the FNP student's performance and communicated to the FNP student's faculty member immediately.

Integration & Application of the Sciences

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

To effectively elicit and interpret subjective and objective data obtained through the history, physical, and diagnostics, the FNP student draws on applied scientific knowledge and interpersonal skills. Interpretation of data, formulation of a diagnosis, and developing a plan of care provide opportunities for FNP students to integrate patient encounters and apply scientific knowledge.

Preceptors, who have knowledge about the structure and content of the curriculum, as well as the student's level of development within the program, are better able to anticipate learning experiences that draw on the course content and application of course content. It is an expectation that the student be responsible for the application of course-based knowledge.

Clinical Decision Making

The clinical decision making process reflects the students' ability to use critical thinking skills. Students should be asked to:

1. Reflect and describe the process of identifying a specific diagnosis or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule.
2. Use accepted guidelines and standards of care.
3. Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient.
4. Reflect on previous client encounters and compare and contrast components of the assessment that are similar.

Mastery of documentation

Preceptors can serve as excellent role models for students as they learn to master documentation. Accurate and complete documentation of pertinent information is essential in order to provide quality health care, while fulfilling legal and reimbursement requirements. The clinical practicum provides students with the opportunity to master documentation of real-life patients in their health records.

Most preceptors request that the student write the note on a separate piece a paper for their review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined that the student's documentation has progressed to a level that requires little or no correction, the student is usually permitted to write directly on the health record. Preceptors must sign all students' notes whether hand-written, dictated, or computerized.

Honing Interpersonal Skills

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns. Inappropriate interpersonal communications should be brought to the attention of the student as soon as possible after their occurrence.

Negative interpersonal skills that merit student reflection and refinement:

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

It is important that students be notified of any weakness in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to reduce and refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their faculty for counseling

Patient Education

Students are expected to integrate patient education in all aspects of care. Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, as well as issues surrounding health maintenance and episodic self-care.

Navigation of the Organizational System

Students need to learn how to navigate the health care system to fully function in their role. They can be guided through the organizational system during initial contacts with the interagency referral process and with processes related to managed care, home care, securing durable medical goods, and prescriptions. As students progress through their NP program, they should demonstrate providing comprehensive care that includes interdisciplinary collaboration with other health care professionals. An agency policy and procedure manual should be available for students to consult as a resource to clarify issues that may have policy and legal implications.

Integrating the Role of the FNP as a Member of the Interdisciplinary Health Care Team and Health Care Provider

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

Collaborate with Faculty on Problem/Conflict Management

Preceptors should collaborate with faculty when a conflict or problem related to the student is identified for the procedure for the management of a problem/conflict. Any problems related to the faculty role in the preceptorship experience should also be discussed between the faculty member and the preceptor. If the faculty and preceptor are unable to resolve their differences,

a clear mechanism for further pursuit of the resolution should be referred to the program director and be made clear in the preceptorship agreement or other appropriate document.

Understand the Legal Liability as a Preceptor

Care provided by students must be the same standard of care provided by a licensed advanced practice professional (NP, MD, DO, CNM). Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor would remain the primary care provider, be responsible for decisions related to patient care, and will continue to provide follow-up care. Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis(es) and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary that the preceptor co-signs all records in which the student has provided documentation.

Evaluation of Students

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the expectations and responsibilities of both the preceptor and the student are congruent. The faculty will provide both formative and summative evaluations of students with input from the preceptor. The summative evaluation form provided by the NP program should also be reviewed with the student at this time. Meeting with the student at the beginning of the clinical practicum also enables the student and preceptor to discuss the course and the student's clinical objectives.

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

Summative evaluation is the assessment of the student's performance at the end of the clinical practicum, which is done by the faculty with input from the preceptor. The summative

evaluation describes the student's performance, development, and improvement at the conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student's knowledge, skill level, and immersion in the course. The faculty should review the evaluation with the student on the last day of the clinical practicum.

It is strongly recommended to inform faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process. Preceptors should document anecdotal notes that the faculty can use to develop the mid-semester and/or end of semester evaluation. Student strengths, as well as weaknesses, should be documented. In the event that a student's behavior is unprofessional, or the student places the patient in danger (e.g. including medical errors), an anecdotal note should document the event and the course faculty must be contacted. The course faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Clinical Forms

CLINICAL PRACTICUM INFORMATION

The following procedure is to be followed in arranging clinical practicum experiences:

1. The ***Preceptor Planning Form and Form 3*** must be completed on **every** preceptor a student uses.
2. ***Contract and Agreement for Clinical Practicum*** must be signed (and in our files) between the authorized representative of the clinical facility and Alcorn State University/School of Nursing before a student begins clinical in the facility; it is the **student's responsibility** to verify that a contract exists before attending the first day of clinical.
 - It takes approximately one month to process a new clinical contract; it is to the student's advantage to use a facility where a contract already exists.
 - It does not take any extra time to approve a new preceptor in a facility where a contract already exists; the contract is between the facility and the University/School, not between the preceptor and the University/School.
3. It is the **student's responsibility** to correctly identify the individual who has authority to sign contracts for the facility you will be doing clinical if a new contract is needed. **NOTE:** This is not always the physician; in fact, unless the physician personally owns the clinic, it is usually not the physician. A contract is invalid if the individual who signs it is not the authorized representative. This means your malpractice insurance will not cover you.
4. Students are **not to start clinical** until all requirements for health records, current CPR certification and current Universal Precautions Education have been verified with the Secretary of Graduate Nursing Program (GNP) and the Typhon administrator.
 - **It is the student's responsibility** to keep these items current for all clinical practicum experiences and to notify the Secretary of GNP in writing of updates by providing verification records.
5. Students **are not to begin clinical** until a written clinical schedule has been given to the Typhon administrator and clinical faculty.
6. Students are **never to be in the clinical area on a date that has not been previously scheduled in the appropriate manner** (see above).
7. Students are to provide **written notification of anticipated clinical schedule changes** to the clinical faculty **in advance** of the date of the schedule change.
8. **Unanticipated schedule changes** (being too ill to attend, or having an emergency situation) are to be **emailed, faxed or called in within 30 minutes** after the scheduled starting time of the clinical day

(if you scheduled a day to go from 8:00 a.m. -5:00 p.m., call by 8:30 a.m.).

**Alcorn State University
School of Nursing
Graduate Nursing Programs**

Instructions to establish a new clinical contract

Advanced Practice Nursing students who require the use of a clinical site not currently under contract with the ASU School of Nursing please obtain the following information and submit it to the Graduate Nursing Programs Secretary. A complete list of current clinical contracts can be found on Blackboard with other Practicum forms.

The following information **must** be obtained (please print).

- Legal name of the clinical site: _____

- Name of the individual authorized to sign contracts.
-

- Name of the individual to whom the letter and contracts (from the ASU School of Nursing) will be mailed.
-
-

- Correct phone number to reach the person receiving the letter and contracts.
-

- Correct mailing address of the clinical site (*make sure to list the address that the US Post Office uses to deliver mail to this facility, it may not be the street address at which the facility is located.*)
-
-
-

Notice: Establishing a new contract can take 4-6 weeks or longer. Please calculate this time period into your schedule as you plan for each new semester of clinical practicum. Inaccurate information on this form can prolong the process of establishing a new contract.

Return this completed form to the Secretary of the Graduate Nursing Programs and the Typhon Administrator.

**ALCORN STATE UNIVERSITY
GRADUATE NURSING PROGRAMS
PRACTICUM AGREEMENT**

Student Complete this Section

Student Name: _____

Practicum Course Number _____ Semester/Year _____

Cell Phone # _____ Home Phone # _____

Preceptor Complete this Section

Preceptor Name/Title: _____

Credentials: _____

Work Site Address _____

City, State, Zip _____

Work Phone #: _____ Email: _____

Agreement: I have discussed the educational experience the above student is requesting and agree to serve as a preceptor for the student.

Preceptor Signature: _____

If Preceptor is NP:

Collaborating Physician Name: _____

Legal Name of Clinical Site/Facility: _____

Facility Physical Address _____

Mailing Address _____

City, State, Zip _____

Phone # _____ **Fax #** _____

Name/Title of Individual Legally Authorized to Sign Legal Contracts for the Facility: _____

Preceptor: Please complete Form 3 and attached to Preceptor Agreement.

ALCORN STATE UNIVERSITY

**GRADUATE NURSING PRGRAMS
FORM #3
PRACTICUM SITES / PRECEPTORS**

Facility Name _____ Facility Address _____
 City, State, Zip _____ Phone Number _____

Type of Site (rural clinic, private practice, health department, hospital clinic, educational institution)	Characteristic of Patient/Clients/Learners (gender, age, ethnicity)	Experiences Available

Name and Credentials of Preceptor	Practice Specialty	Certifications (Certifying agency and expiration date)	Years of Practice in Specialty Area	Previous Preceptor NP or Educator Students (Y/N)	State Licensure Number and Expiration Date
1					
2					
3					
4					
5					
6					

**Student Evaluation of Preceptor
&
Clinical Site Evaluation Forms**

SEMESTER: FALL SPRING SUMMER (CIRCLE ONE) 20_____

ALCORN STATE UNIVERSITY
SCHOOL OF NURSING
GRADUATE NURSING PROGRAMS

PRACTICUM PRECEPTOR EVALUATION

Name of Site _____ Address _____
Preceptor _____ Student _____

INSTRUCTIONS: Please mark an X in the most appropriate space after each statement regarding the preceptor.

Rating: 3=excellent; 2=average; 1=poor; N/A = not applicable

Characteristics	1	2	3	N/A	Comments
Knowledgeable					
Understands the NP role					
Aware of my objectives					
Uses my strengths and knowledge					
Role model					
Encourages responsibility, allows independent action					
Selects good learning experiences					
Provides immediate, adequate feedback					
Reviews clinical notes; offers improvement suggestions					
Evaluates performance, gives feedback for improvement					

Characteristics	1	2	3	N/A	Comments
Establishes good rapport					
Additional comments:					

SEMESTER: FA SP SUM ; 20

**ALCORN STATE UNIVERSITY
SCHOOL OF NURSING
GRADUATE NURSING PROGRAMS**

PRACTICUM SITE EVALUATION

Name of Site _____

Address _____

Student Name _____ Preceptor Name _____

INSTRUCTIONS: Please mark an X in the most appropriate space after each statement regarding the practicum site.

Rating: 3=excellent; 2=average; 1=poor

CHARACTERISTIC	1	2	3	COMMENTS
Adequate space				
Adequate time to see patients				
The types of patients are varied as to age, type of problem, etc.				
Support staff are helpful				
Support staff are accepting of my role				
Health promotion and disease prevention provided				

Other Comments:

Student Evaluation Form

This evaluation is completed by the clinical faculty with feedback from preceptor at midterm and the end of the clinical experience in the Typhon System.

**ALCORN STATE UNIVERSITY
SCHOOL OF NURSING
GRADUATE NURSING PROGRAMS**

NU513 CLINICAL MANAGEMENT PRACTICUM III
CLINICAL COMPETENCY EVALUATION

Semester/Year _____
 Student Name _____
 Preceptor _____ Instructor _____
 Clinical Site _____
 Number of Clinical Hours with Preceptor: _____
 Evaluation *Please Circle* Midterm Final

PLEASE EVALUATE THE STUDENT'S PERFORMANCE BY SCORING EACH ITEM USING THE FOLLOWING CRITERIA:

- | | |
|------------------------------------|---|
| Highly Competent | Accurate performance without supervision.
Utilizes appropriate consultation. |
| Competent | Accurate performance with minimal supervision.
Utilizes appropriate consultation. |
| Competent but
Needs Practice | Infrequently inaccurate. Requires direct
supervision. Utilizes appropriate consultation. |
| Unsatisfactory
Most of the time | Inaccurate most of the time. Requires direct
supervision. Depends on consultation. |

Asterisks indicate the expected performance level at the end of the clinical experience. To pass, the student must meet or exceed 80% of the expected performance levels (i.e., 31 of the competencies must be at or above the asterisk).

Category	Highly Competent	Competent	Competent But Needs Practice	Unsatisfactory	Not Observed
<u>Interviewing Skills</u>					
For a complete data base, obtains a history which includes: 1) Present illness 2) Past health history (including medication and allergies) 3) Family history (hereditary/contagious) 4) Personal/social (lifestyle) 5) Review of systems		*			
For a mini data base, takes a history appropriate to the complaint and reviews appropriate systems.		*			
Uses broad, open-ended questions initially before focusing on specifics.		*			
Sustains the interview with techniques such as facilitation, silence, supportive gestures, etc.		*			

Category	Highly Competent	Competent	Competent But Needs Practice	Unsatisfactory	Not Observed
Physical Examination:					
Performs a complete physical, including rectal/pelvic, if appropriate.		*			
For a brief visit, does exam of systems appropriate to the complaint.		*			
Utilizes observation, palpation, percussion, auscultation and special maneuvers as indicated.		*			
Recognizes range of normal and manifestations of abnormal findings in PE's.		*			
<u>Comments:</u>					
Reasoning:					
Demonstrates ability to differentiate clinical data for problem-oriented or health maintenance objectives.		*			
Interprets and logically organizes all clinical data (Hx, PE, lab tests).		*			
Correctly identifies differential diagnosis, most likely hypothesis and supporting data.		*			
Applies theoretical knowledge and current research findings in arriving at clinical decisions.		*			
If unable to make a specific diagnosis, demonstrates ability to pinpoint system(s), pathological process, and/or risk factors involved.		*			
Presents case in a concise, clear manner.		*			
Utilizes preceptors and available resources appropriately for assistance in decision making.		*			
<u>Comments:</u>					

Category	Highly Competent	Competent	Competent But Needs Practice	Unsatisfactory	Not Observed
Management:					
Institutes appropriate diagnostic studies.			*		
Indicates knowledge of therapies, including non-pharmacologic, prescription and OTC drugs.			*		
Selects and recommends appropriate treatments with attention to safety, cost, invasiveness, simplicity, acceptability and efficacy.			*		
Includes prevention and health maintenance care.			*		
Provides appropriate patient education for health promotion and illness care.		*			
Incorporates awareness of family/public health/environmental issues in rendering care.		*			
Involves client in clinical process, e.g., problem identification, goal setting.		*			
Manages health status of clients over time and plans appropriate follow-up.			*		
Refers clients appropriately.			*		
Communicates his/her clinical goals and objectives clearly to the preceptor.		*			
<u>Comments:</u>					
Recording:					
Produces accurate and complete problem list.		*			
Records history, physical, diagnosis, and treatment plan in a concise, orderly, and legible manner, using appropriate terminology and POMR system.		*			
<u>Comments:</u>					

Category	Highly Competent	Competent	Competent But Needs Practice	Unsatisfactory	Not Observed
General:					
Accepts constructive criticism.		*			
Evidences willingness to learn and to apply knowledge to new situations.		*			
Establishes rapport with preceptor and other providers.		*			
Establishes good rapport with clients.		*			
<u>Comments:</u>					

Approved Curriculum Committee 8/2014

Comments:

Preceptor Signature Date

Faculty Signature Date

Student Signature Date