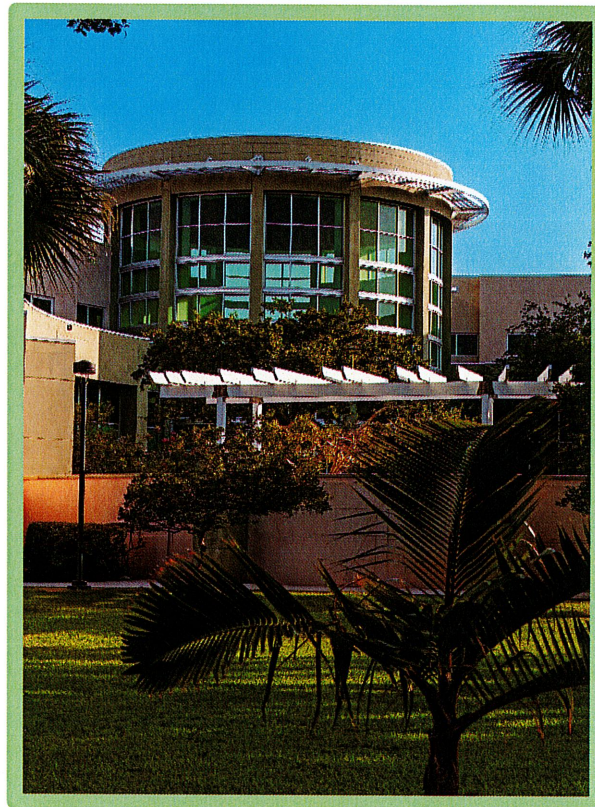




CHRISTINE E. LYNN
COLLEGE OF NURSING
Florida Atlantic University



CLINICAL EDUCATION POLICIES AND PRECEPTOR MANUAL

GRADUATE PRACTICE PROGRAMS

Nurse Practitioner Concentrations

Academic Year 2023-2024

TABLE OF CONTENTS

I. Overview of Clinical Education Policies and Preceptor Manual	4
II. Contact information for FAU Faculty and Staff.....	5
III. Christine E. Lynn College of Nursing Overview.....	6
a. Vision, mission, philosophy, outcomes.....	6
b. Overview of Graduate Programs.....	6
IV. Key Curricula Foundational Documents for Clinical Education.....	7
a. ANCC Essentials, NONPF, NTF.....	7
V. Educational Program Policies for Clinical Education.....	7
a. Preparation for clinical.....	7
b. Student requirements for entering clinical	8
c. Self-Insurance Plan (Malpractice Insurance for Students)	9
d. Reporting of Critical Events.....	9
e. HIPPA training video.....	9
VI. Clinical Placement Procedures.....	9
a. Clinical site selection.....	9
b. Affiliate agreement.....	10
c. Assignment of students to clinical sites.....	10
VII. Responsibilities of Students and College of Nursing (CON) Clinical Faculty.....	10
a. Student responsibilities.....	10
b. College of Nursing CON clinical faculty responsibilities.....	11
VIII. Preceptor Policies.....	12
a. Preceptor requirements.....	12
b. Selection of preceptors.....	12
c. Preceptor responsibilities.....	12
d. Preceptor Credentialing/Agreement Form	13
e. Preceptor orientation	13
f. Interprofessional clinical education for community preceptors.....	13
g. Preceptor recognition	14
h. Guidelines to apply for certificate of participation.....	14
i. Certificates of participation for recertification.....	14
IX. Evaluation of Student Clinical Education.....	14
X. Evaluation of Preceptors and Clinical Sites.....	16
XI. Evaluation of Clinical Faculty.....	17
XII. APPENDICES	
-NP Student Orientation to a New Office/Agency	
1. Preceptor Credential and Agreement Form	
2. Preceptor Verification of Student's Hours	
3. Clinical Faculty Worksheet	
4. One Minute Preceptor	
5. The ART of Providing Effective Feedback	
6. SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education	
7. Application of Certificate of Participation	

8. Grading Rubric for Clinical Course
9. Faculty Evaluation of Student Performance
10. Preceptor Evaluation of Student
11. Student Self Evaluation/Faculty Evaluation
12. SOAP Grading Rubric
13. Student Evaluation of Preceptor and Clinical site
14. Summary of Clinical Hours
15. Preceptor Welcome Letter

OVERVIEW OF CLINICAL EDUCATION POLICIES AND PRECEPTOR MANUAL

The purpose of this manual is to provide a framework that includes details on the policies and evaluation of clinical education for Nurse Practitioner Graduate Programs. In addition, the selection, responsibility, development and evaluation process for preceptors and clinical practicum sites is described. This manual along with the clinical forms is updated by Master's Meeting Committee yearly.

We have provided contact information and background information on the University and the College of Nursing. Information includes the mission philosophy, and outcomes of the College. The curricula of the graduate practice programs are available on the CON website <https://nursing.fau.edu/academics/master-of-science-nursing-program/index.php>

The curricula are based on "The Essentials: Core Competencies for Professional Nursing Education" Essentials (American Association of Colleges of Nursing, 2021), and national standards/competencies specific to each concentration area. The National standards/competencies are available on the CON website. You may view the website by clicking on the following link: <https://nursing.fau.edu/academics/student-resources/preceptors-information/national-standards.php>

We hope you find the manual helpful and appreciate your feedback on this manual for future revisions! Please send feedback to Dr. Katherine Chadwell at kchadwel@health.fau.edu

GRADUATE PRACTICE PROGRAMS FACULTY CONTACTS

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CHRISTINE E. LYNN COLLEGE OF NURSING OVERVIEW

Vision, Mission, Professional Statements and CON Program

<https://nursing.fau.edu/about/college-at-a-glance/vision-and-mission.php>

Philosophy

<https://nursing.fau.edu/about/college-at-a-glance/philosophy.php>

Overview of Graduate Programs and Curricula

<https://nursing.fau.edu/academics/master-of-science-nursing-program/index.php>

Family Nurse Practitioner (FNP)

This concentration provides graduates with advanced practice role preparation, knowledge and skills in the care of children and adults across all ages within a family framework. Health promotion, disease prevention and management of common acute and chronic long-term health alterations in primary care settings are the foci of this concentration.

<https://nursing.fau.edu/admissions/master-of-science-nursing-program/fnp/>

Adult Gerontologic Nurse Practitioner (AGNP)

This concentration provides graduates with the advanced skills and knowledge with an emphasis on responding to calls from adolescents, adults, and older adults. Placements may occur in health department clinics, private practice offices, home health agencies, community-based health centers, hospitals, long-term care institutions, and other settings providing health care to adolescents, adults, and older adults.

<https://nursing.fau.edu/admissions/master-of-science-nursing-program/agnp/>

Psychiatric Mental Health Nurse Practitioner Concentration (PMHNP)

This concentration provides graduates with advanced knowledge and skills to assume the role of a PMHNP. Assessment, diagnosis and treatment of adults, children and families across the lifespan with psychiatric mental health needs are the foci of the concentration.

<https://nursing.fau.edu/admissions/master-of-science-nursing-program/psychiatric-mental-health/>

DNP Program

The Doctor of Nursing Practice program focuses on practice leadership. The program is designed for nursing leaders to develop skills in shaping and evaluating practice models in their own practice settings. The emphasis of the program is the delivery of advanced practice nursing (APN) to culturally diverse populations, especially the burgeoning group of persons over 65 years old.

<https://nursing.fau.edu/academics/doctor-of-nursing-practice-program/index.php>

DNP Capstone Project

The DNP capstone project is the final product which evidences the culmination of the knowledge and skills learned during the DNP program. The aim of the DNP project is to improve the health and well-being of a group of people or advance healthcare in a meaningful way. The choice for the project's focus will be based on the student's area of expertise, evidence of the

specific need for the project, and feasibility of the processes planned to address the need. As a requirement for graduation, the student will provide an oral and written presentation of the project to be evaluated by the student's project committee. Examples of DNP projects include, but are not limited to:

- Evidence-based practice change initiatives
- Quality improvement projects
- Program needs assessment
- Evaluation of an existing program
- Development of an assessment instrument or protocol for a specified population

KEY CURRICULA FOUNDATIONAL DOCUMENTS FOR CLINICAL EDUCATION

1. American Association of Collegiate Nursing (AACN) The Essentials: Core Competencies for Professional Nursing Education (2021)
<https://www.aacnnursing.org/Portals/0/PDFs/Publications/Essentials-2021.pdf>
2. American Nurses Association, American Psychiatric Nurses Association, & International Society of Psychiatric-Mental-Health Nurses. (2022). *Psychiatric-mental health nursing: Scope and standards of practice* (3rd ed.). Silver Spring, MD: Author. ISBN: 978-194780097
3. Commission of Collegiate Nursing Education (CCNE) CNE Standards for Accreditation (2018)
<https://www.aacnnursing.org/Portals/0/PDFs/CCNE/Standards-Final-2018.pdf>
4. Essential Literature on Caring Science is posted in each course syllabi. [Home - Nursing - Essentials of Caring Science Literature - LibGuides at Florida Atlantic University \(fau.edu\)](#)
5. National Organization of Nurse Practitioner Faculty (NONPF) Nurse Practitioner Role Core Competencies (2022)
https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/np_competencies_&_ntf_standards/2022_nonpf_np_role_core_co.pdf
6. Standards for Quality Nurse Practitioner Education. (2022)
<https://www.nonpf.org/page/NTFStandards>

EDUCATIONAL PROGRAM POLICIES FOR CLINICAL EDUCATION

Preparation for the Clinical Experience

Students are prepared for the clinical experience the semester before they start their clinical rotation and during the first week of the semester when they are in their first clinical course. The following are examples of how students are prepared:

1. A comprehensive orientation to the clinical setting is provided the semester before starting the clinical rotation. The process of clinical placement is described as well as the clinical requirements that are verified every semester when students are in the clinical practicum. Students have access to the student handbook on the CON website that provides details of the clinical requirements.

2. NP Student Orientation to a New Office/Agency (Appendix - 1) Information is provided in regards to orientation to the clinical site, approach prior to meeting the preceptor, dress code and much more.
3. Clinical faculty meet with their assigned students the first week of the semester. Clinical faculty check to make sure the clinical requirements are up to date in our tracking system. Students are not allowed to start their clinical practicum until they have approval by their clinical faculty. Students must submit the Preceptor Credential and Agreement Form (Appendix - 2) the first week of their rotation to the Canvas site associated with their clinical course.
4. Advanced Health Assessment (NGR 6002/L) is taken by NP students the semester prior to their first clinical rotation. Students learn all aspects of performing a holistic history and physical exam and are introduced to the development of an assessment and plan. Critical thinking takes place with the use of clinical situations and standardized patients. Competency in physical exam skills is assessed with direct observation with a standard evaluation form. Students must pass the performance exam in order to be successful in the course and matriculate to the clinical practicum.
5. NP students are prepared for pharmacologic decision making in NGR 6172, 6176 and 6538 prior to the first clinical practicum. Assessments in this course include nursing situations in which students must demonstrate their medical decision-making skills. Medication prescribing is a part of the assessment. Students are required to complete a comprehensive plan, document the ICD-10 and CPT code as well as recommend health promotion measures.
6. The first didactic primary care course for FNP/AGNP students (NGR 6200) that is associated with the clinical rotation incorporates an “on campus intensive” experience with patient simulations held early in the semester. Clinical decision making based on differential diagnoses is the focus. Students practice their interviewing and exam skills, development of their assessment and plan and documentation during the intensive. Students gain practice “presenting” the situation to a designated preceptor which helps prepare them for the clinical practicum. PMHNP students practice these skills in a simulated setting.

Student requirements to Enter Clinical Rotation or Practicum

Students are required to complete a background check upon admission to the program. NP students in the clinical practicum are required to do a complete background check yearly when they are in the clinical phase of the NP program. Program advisors track students that are not in compliance and inform the NP Concentration Coordinator. Clinical faculty are responsible for assuring that students have all of the requirements according to our tracking system prior to entering each clinical practicum. A summary sheet that documents adherence is uploaded to the Canvas site associated with the clinical course by the students. Students are informed that when the university is officially closed and during semester intersessions (the period between semesters), students MAY NOT participate in practicum experiences.

Background Checks and Health Records

<https://nursing.fau.edu/academics/student-resources/background-check-health-records/index.php>

Self-Insurance Plan (SIP)

Florida Atlantic University has a Self-Insurance Program which covers all of our nursing students during practicum experience. A copy of the SIP is sent along with signed affiliate agreements for clinical sites by the Clinical Coordinator. Please be aware that the college SIP only covers activities performed in the student role.

<https://nursing.fau.edu/academics/student-resources/graduate/acknowledgement-form/sip-training.php>

Reporting Critical Incidents

SIP reporting guidelines must be followed for all critical incidents and reported to the Assistant Dean of Graduate Practice Programs, College of Nursing by the faculty member within two working days of the event. It is expected that all graduate students adhere to the policies and procedures of the practice site, including HIPAA regulations. Professional behavior is expected at all times. Critical incidents include errors and events in clinical settings in which there is potential/actual injury or harm to a client, staff member, or student. In the event of a critical incident in any clinical setting, the student must follow the policies/procedures of the agency as to completion of the proper documents. In cases where the student has sustained a physical/chemical injury or has been exposed to an infectious agent, the student must follow the procedure of the institution as to the reporting of the incident and follow-up. Students are required to maintain personal health insurance and follow approved guidelines as to follow-up following injury or exposure to potentially harmful infectious/chemical agents. See the Graduate Student Handbook for additional information. See entire policy:

<https://flbog.sip.ufl.edu/incident-reporting-guide/>

HIPPA training

All students receive HIPPA training. https://nursing.fau.edu/videos/title_1.mp4

CLINICAL PLACEMENT PROCEDURES

Clinical Placement Procedures

The CON has a full-time Clinical Coordinator for the graduate programs that assists in the selection of clinical sites and preceptors in our community according to specific criteria. The agencies and institutions for advanced nursing practice experiences in the graduate program are selected according to the following criteria:

1. The health care philosophy and objectives of the agency or institution are compatible with those of the College of Nursing and learning needs of the students.
2. The accreditation status of the agency (if appropriate) is satisfactory.
3. The demographics of clients and advanced nursing situations are adequate to fulfill course objectives.
4. The educational preparation and experience of the preceptors meets required criteria for the specific course.

5. The location of the agency/institution is accessible.
6. Use of the agency by other nursing programs does not create negative learning opportunities for students.

Affiliate Agreements

Affiliate agreements with the clinical site are required by the university. The Clinical Coordinator visits potential and established sites to obtain signatures from the facility owners. The agreements are then signed by the Dean of the CON and the university attorney. Dates of expiration of the affiliate agreements are reviewed on a regular basis. The Clinical Coordinator assures that all students are assigned to clinical sites with active affiliate agreements that are stored on the nursing data center. A copy of our malpractice insurance (SIP) is provided along with a copy of the signed affiliate agreement. The preceptor orientation manual is provided along with the affiliate agreement.

Assignment of Students to Clinical Sites

Students are placed in clinical sites by our full-time Clinical Coordinator in consultation with the Concentration Coordinators. Prior to the clinical experience, each student sends the Clinical Coordinator their resume which includes their place of residence. An effort is made to place students in a geographical area close to their home if possible. Students are assigned according to the campus in which they were accepted. Students with the ability to speak Spanish or Creole are placed in sites that serve this population if possible.

<https://nursing.fau.edu/academics/student-resources/graduate/np-clinical-info-forms/index.php>

STUDENT AND COLLEGE OF NURSING CLINICAL FACULTY RESPONSIBILITIES

Student Responsibilities:

1. Demonstrate the integration of a philosophy of caring in advanced nursing situations.
2. Meet all clinical entry requirements as outlined in the college clinical tracking system. Obtain faculty site and preceptor approval prior to entering any practicum site.
3. Submit an electronic clinical arrangement form for each practicum site prior to entering the practicum.
4. Submit signed preceptor credentialing and agreement form to clinical faculty the first week of clinical practicum. Students are also required to send the form to the Clinical Coordinator.
5. The orientation to the setting is the responsibility of the student and is to be conducted before and/or during the first week of the semester. The student needs to provide the preceptor, a copy of their CV/resume, the course syllabus, evaluation tool, and a set of individualized objectives. Clinical faculty may prefer to send the documents via email.
6. Professional attire and conduct are expected at all times:
 - If the student is unable to attend clinical related to illness, he/she is to contact the preceptor and facility in a timely manner.
 - Students are expected to report to clinical on time. Tardiness is considered unprofessional behavior.

- A student ID and name badge must be exhibited. [see Graduate Handbook]
https://nursing.fau.edu/academics/student-resources/undergraduate/policies-regulations/uniform_policy.php
- 7. Students must maintain clinical logs as described in individual course syllabi. Students are advised to maintain a copy of their syllabi and clinical logs for their own records.
- 8. Students must have their preceptor verify and sign off on their clinical hours using the Preceptor Verification of Student's Clinical Hours form which is uploaded on the Canvas site associated with the clinical course. (Appendix - 3)
- 9. Students must complete an evaluation of the practicum site and preceptor at the end of the semester.
- 10. All ethical standards per the ANA code must be maintained, including client confidentiality.

College of Nursing Clinical Faculty Responsibilities

1. Attend a comprehensive orientation to the role by the Concentration Coordinators. Clinical course syllabi and Canvas sites are set up by the Concentration Coordinators to assure consistency among the clinical groups. Clinical faculty receive a time line to assure that clinical processes are completed. (Appendix - 4)
2. Assist the student in facilitating a practicum placement at the beginning of the semester; maintain contact with the facility, preceptor, and administrators as appropriate. Ensure that the affiliate agreement is in place prior to students entering the site.
3. Conduct practicum site visits as appropriate; minimally one visit per semester. This visit should be scheduled in advance to ensure the time and experience. More than one visit may be required.
4. Conduct group practicum conferences as appropriate.
5. Evaluate students, preceptors and sites over the course of the semester. Develop individual education and remediation plans if needed and notify Concentration Coordinator.
6. Visit potential new sites. Notify Concentration Coordinator of sites no longer appropriate or functional.
7. Maintain collegial working relationships with preceptors and staff.
8. Be available to preceptor and student during times that student is in practicum setting.
9. If as, course faculty, you are unavailable (out of town or ill) notify the appropriate Concentration Coordinator who will assist in arranging back up faculty supervision. Students must be notified if faculty is unavailable and provided with contact information for a back-up supervising faculty member.
10. For each student, submit the appropriate signed Summary of Clinical Hours, student evaluations, and student preceptor/site evaluations to the NP Concentration Coordinator within one week of submitting course grades.
11. NP faculty to student ratio should not exceed a 1:8 ratio.
12. If a student is unable to complete clinical hours before the end of term, clinical faculty should contact the Concentration Coordinator.

<https://nursing.fau.edu/academics/student-resources/preceptors-information/student-faculty-preceptor-responsibilities.php>

PRECEPTOR POLICIES

Preceptor Requirements

Preceptor selection is critical to student success in all concentrations. Preceptor candidates must be approved by faculty and meet the following qualifications:

1. Earned Graduate degree (NP, MD, DO)
2. National certification in their specialty area (preferred but not required for all concentrations)
3. One-two years clinical experience

<https://nursing.fau.edu/academics/student-resources/preceptors-information/policies.php>

Selection of Preceptors

Efforts are made to recruit qualified preceptors by the NP Concentration Coordinator, Clinical Coordinator and clinical faculty members. Networking with community partners, local nursing organizations and social media platforms such as LinkedIn afford additional opportunities for preceptor recruitment. Graduates of our program are contacted and invited to become preceptors once they have one to two years of experience. A novel approach of having preceptors serve in a dual role of adjunct faculty/preceptor is in place. License verification of new preceptors is conducted by the Clinical Coordinator.

Preceptor Responsibilities

Preceptors will receive additional information specific to course and concentration at the beginning of each semester. Preceptors will:

1. Participate in a preceptor orientation.
2. Maintain a current license in state of practice.
3. Complete and sign a preceptor agreement and credentialing form provided by the student.
4. Conduct a joint review with the student of the learning objectives for the practicum experience. Should there be any concerns regarding the student meeting the course objectives during the semester, the preceptor should inform the student and contact the course faculty member directly.
5. Provide adequate practicum access including facility/clinical space as appropriate to adequately facilitate student's interaction with a variety of experiences necessary to meet course objectives.
6. Actively participate and facilitate student's experience.
7. Provide an expanding scope of responsibility and accountability as the student progresses toward meeting and/or exceeding course objectives.
8. Participate with faculty member in evaluating student's practicum performance and knowledge base through:
 - Direct supervision, observation, and teaching of students.
 - Participation in clinical faculty site visit that may be in person or virtual.
 - Discussion of and critique of written documentation as well as verbal presentations as appropriate.

- Provide written evaluation at midterm and end of the semester. Evaluation tools will be provided by the faculty member and/or student. Preceptors are not responsible for assigning student grades. Faculty members utilize preceptor input in determining student grades.
- 9. Support students in maintaining clinical logs and journals as appropriate.
- 10. A ratio no greater than two students to one preceptor is recommended.
- 11. Clinical notes and prescriptions must be co-signed by the preceptor.
- 12. Preceptors must document the clinical hours for their student using the Preceptor Verification of Student's Clinical Hours.
- 13. Preceptor or designee must be physically present while the student is in the facility engaged in patient care.

Preceptor Agreement and Credentialing Form

Students are responsible for having preceptors fill out and sign the Preceptor Agreement and Credentialing form (Appendix - 2) the first day they attend their clinical practicum. The form also has the clinical faculty's contact information and the NP Concentration Coordinator's contact information. This form provides information that the preceptor is licensed and has the appropriate experience. A curriculum vitae is requested from the preceptor. The signed form is uploaded to the Canvas site for the clinical course and verified by the clinical faculty the first week of the semester.

Preceptor Orientation

The Concentration Coordinator and the Clinical Coordinator meet with all new preceptors for orientation to the role of preceptor. A copy of the Clinical Education and Preceptor Manual is provided. Orientation material is also accessed on the Canvas Interprofessional Clinical Education for Community Preceptors.

Interprofessional Clinical Education for Community Preceptors

The College of Nursing and the College of Medicine have developed an interprofessional Canvas site to provide resources for faculty and community preceptors. Community preceptors are sent emails to enroll in the Canvas site. Information on this site includes the preceptor manuals, links to SIP, information on tuition waiver, verification of clinical hours for recertification along with other resources. The Preceptor Development Series is a collection of short videos with the following topics:

- Preparing for the Learner
- The One Minute Preceptor (Appendix - 5)
- Providing Feedback (Appendix - 6)
- Documentation in the Clinical Record
- Presenting to the Preceptor using SNAPPs (Appendix - 7)
- Motivational Interviewing
- Clinical Decision Making
- TeamSTEPPS <https://www.fau.edu/provost/documents/pocketguide.pdf>

Preceptor Recognition

Preceptors are able to apply for a 6-credit tuition waiver at any state college after completing

300 hours of precepting our students. The clinical faculty and or Concentration Coordinator provide the contact information for preceptors.

Guidelines to Apply for Certificate of Participation (For Precepting Nursing Students)

Please complete the application form to apply for a certificate of participation. (Appendix - 8)

1. Certificate holders are entitled to waivers of matriculation fees for a maximum of six (6) hours of credit instruction during a single term at any state college or university.
2. Certificates are valid for three (3) years from the date of issuance.
3. Three hundred hours (300) of direct supervision as a preceptor of a nursing student are required for eligibility to earn the six (6) credit hours.
4. These hours may be accumulated over multiple semesters or in one semester, with one or more students.
5. At least 100 direct contact hours are required per semester as a minimum to be applied toward the 300 hours.
6. No less than 300 hours for six (6) credits may be submitted at each request.
7. Please keep your own clear record (log) for each student of the program, student's name, total hours precepted, full dates (beginning and ending), and activities with the student.
8. Following precepting 300 hours, please provide the required information on the application for certificate of participation form.
9. Submit it to Dr. Katherine Chadwell, Florida Atlantic University, Christine E. Lynn College of Nursing, 777 Glades Road, Boca Raton, FL 33431, or fax to 561-297-0293. Email kchadwel@health.fau.edu
10. You are advised to save copies of all completed application forms for your records.
11. Please allow 6-8 weeks to receive the completed certificates. Call 561-297-2535 if you have questions.

Certificates of Participation for Recertification

Preceptors receive a letter of appreciation at the end of the term from the student's clinical faculty that verifies the hours that the preceptor mentored the student. This letter can be used for NP recertification.

EVALUATION OF STUDENT CLINICAL EXPERIENCE

Summary of student evaluation and forms used:

Concentrations (FNP, AGNP, and PMHNP) have unique evaluation methods that are outlined with Rubrics in each clinical practicum. The following are examples of evaluation methods in the FNP/AGNP clinical courses.

1. **Grading Rubric for Clinical Course** (Appendix - 9). The FNP/AGNP Concentration Coordinator is responsible for setting up the grading for clinical faculty on the Canvas site for each clinical group. This assures consistency among the clinical groups. Clinical faculty assess student progress and assign a grade based on the criteria for each clinical activity which include the following:

- a. Faculty Evaluation of Student Performance (Site Visits) (30%),
 - b. Preceptor Evaluation of Student (10%)
 - c. Faculty Student Self Evaluation (10%)
 - d. Reflective Journal (20%)
 - e. SOAP and Clinical Presentation (20%)
 - f. Professionalism (10%)
2. **Faculty Evaluation of Student Performance** (Appendix - 10). Students are visited by clinical faculty once or twice during the clinical rotation. This site visit is documented using the Faculty Evaluation of Student Performance and this is shared with the student and the preceptor. There is a grade associated with the student's documentation of their progress in achieving the course objectives. If objectives are not being met, a site visit by another faculty member to assess the situation may be needed. Remediation and individual plans are developed when a student is not meeting the expected objectives for the course. A site visit by another faculty member to assess the situation may be needed.
 3. **Preceptor Evaluation of Student** (Appendix - 11) Students are evaluated during the clinical rotation at midterm and at the end of the term using this form. The formal evaluation from the preceptor accounts for only (10%) of the grade. Ongoing evaluation of the student is done during the clinical rotation by preceptors who are oriented to the One Minute Preceptor and Providing Feedback videos which are available on the Canvas site entitled: Interprofessional Clinical Education for Community Preceptors. Preceptors are given clinical faculty contact information and are asked to contact the clinical faculty when concerns arise.
 4. **Student Self Evaluation and Faculty Evaluation** (Appendix - 12). Students have ongoing formative and summative evaluations during their clinical rotations. They are required to complete the Faculty Student Self Evaluation at midterm and at the end of the term. Clinical faculty meet individually with students at mid-term and at the end of the clinical rotation to discuss the student's progress in achieving the course objectives. There is a grade association with the student's documentation of their progress in achieving the course objectives documented on the Lab Grading Rubric
 5. **Reflective Journal**: Each student is required to keep a clinical journal during the semester. The journal is a reflection of the clinical experience each week. The purpose of the journal and guidelines are provided in the syllabus. Students are asked to track weekly and total clinical hours for the course. Students are asked to discuss in one short paragraph a conflict or something that bothered them or simply something important that you learned from a clinical situation. If the student encountered a challenging nursing situation, they are asked to describe it from a lens of "caring" or "from the perspective of caring. What did you learn in the situation and how did you grow as a result of the situation?"

6. **SOAP Grading Rubric** (Appendix - 13). Students are graded on their ability to document a patient encounter in the clinical setting using the SOAP format. Clinical faculty use the same Rubric for grading the SOAP notes. One SOAP is a clinical group presentation.
7. **Professionalism:** (Appendix - 13). Students are evaluated and graded on their professionalism during the clinical rotation. Full points (10% of the lab grade) require that all documents and assignments are handed in by the due date. The student must attend all clinical conferences. The student must always arrive on time to clinical. The student must employ caring behaviors (6 C's). Clinical hours must be verified with preceptor's signature. Students must keep up with their documentation of their clinical encounters on eLogs.
8. **ELogs:** Clinical faculty are asked to verify that students are documenting their clinical encounters on eLogs. Weekly reviews are done by clinical faculty that help establish that the clinical site and patient population is appropriate to meet course objectives.

EVALUATION OF PRECEPTORS AND SITES

Preceptors and sites are selected and approved contractually. The Clinical Coordinator visits all clinical sites to establish eligibility of the site as well as the preceptor. These are the methods for evaluating preceptors and clinical sites:

1. **Student Evaluation of Preceptor and Site:** (Appendix - 14) Preceptors are evaluated by the students at midterm and at the end of the clinical rotation. The evaluation form is provided by eLogs. Students should alert clinical faculty if there It is reviewed by the NP clinical coordinator. Any issues with sites or preceptors are discussed at the monthly NP committee meetings. Preceptors and sites that are problematic are removed from the data base. Students should alert their clinical faculty if there are problems at the site.
2. **Summary of Clinical Hours:** (Appendix - 15) Students and clinical faculty are asked to document on the Summary of Clinical Hours, which is required at the end of the rotation if they recommend the preceptor and the site. The Clinical Coordinator reviews and signs the forms and follows up if the student or clinical faculty does not recommend the site or the preceptor.
3. Clinical faculty make site visits during every rotation for FNP/AGNP students. They observe the interaction of the preceptor with the student and make suggestions to enhance the clinical experience. All preceptors have access to the Interprofessional Clinical Development Canvas site that includes tutorials to enhance clinical learning. Observation and assessment of rapport with office staff is also considered. The ability of the student to document in the health care record is also noted. Alternatives are suggested if documentation is not allowed in the clinical site. Clinical faculty for PMHNP students evaluates the experience by using other methods.
4. Clinical faculty also are able to assess the learning experience by reviewing in eLogs the patient encounters, complexity of patient problems, medications ordered, and volume of patient encounters to determine if the site meets the clinical objectives/

5. Clinical faculty also pay attention to the reflective journals written by students weekly that may review problems with the preceptor and or the site.

EVALUATION OF CLINICAL FACULTY

Orientation

Clinical faculty receive a comprehensive orientation to the role by the Concentration Coordinators. Clinical course syllabi and Canvas sites are set up by the Concentration Coordinators to assure consistency among the clinical groups. Clinical faculty receive a time line to assure that clinical processes are completed. (Appendix - 4)

Evaluation

Students evaluate clinical faculty using the Student Perception of Teaching. Clinical faculty submit a self-evaluation sent by the Associate Dean of Graduate Practice Programs.

APPENDICES

NP Student Orientation to a New Office/Agency

- ☐ Learn about each other
- ☐ Provide CV with contact
- ☐ Previous experiences
- ☐ Review University paperwork, syllabus and objectives
- ☐ Preceptor agreement form signed
- ☐ How to reach clinical faculty
- ☐ Expectations
- ☐ Responsibilities
- ☐ Office policies
- ☐ Dress code
- ☐ Introduction of staff-job descriptions
- ☐ Office flow
- ☐ Hours, lunch
- ☐ Workspace, space for belongings
- ☐ Parking
- ☐ Contents of exam room
- ☐ How will patients be informed about the students?
- ☐ How should student introduce themselves?
- ☐ Documentation
- ☐ Use of EMR
- ☐ Writing prescriptions
- ☐ Chart organization
- ☐ Provide samples of commonly used forms
- ☐ Billing and coding procedures
- ☐ Patient teaching information, drug samples
- ☐ Recommended readings
- ☐ Office resources available, labs, diagnostics
- ☐ Evaluation and feedback
- ☐ How you want them to present
- ☐ How you want them to contact you during the day
- ☐ Scheduling of patients
- ☐ Selection of patients-match with learner level if possible
- ☐ How long will you be shadowing
- ☐ What are the student's goals?
- ☐ Ancillary experiences
- ☐ Site visits by clinical faculty

Preparing for the PMHNP Clinical Setting

1. Some of you are still not “APPROVED” in Castle Branch. Please have your problems solved by next week as your clinical faculty will need to see that all areas are approved. Keep on top of this for each semester so that you can print the report that states you are approved and hand it into your faculty on the first day of class or bring it up on your laptop. Contact Castle Branch first and then and Colleen Alcantara at slocombe@fau.edu.
2. Prepare for your first clinical day with the following:
 - a. Lab coat and FAU nametag (if required by agency/site)
 - b. Copy of the lab syllabus and didactic syllabus for your preceptor
 - c. Your CV if you have not already provided it for your preceptor
 - d. Preceptor Credentialing and Agreement Form
 - i. Fill out as much as you can for them, get their signature and give them a copy
 - e. Copy of the Preceptor Evaluation of Student
 - f. Pertinent information Form-make enough copies
 - g. NP Student Orientation to a New Office-use this as a guide
 - h. Clinical resources such as Sanford Guide Clinical Guidelines in Family Practice, 5 Minute Clinical Consult, ePocrates, NP notes and so on.
3. I expect that most of you will be following your preceptors around for the first day. Be assertive and ask to do the exam under their supervision. There should be a gradual increase in your responsibility.
4. Once you get the Preceptor Credentialing/Agreement signed, complete the electronic Clinical Arrangements form. I have provided the link in this course. Use capitals and small letters when completing the form. Select the site and add a preceptor if needed, upload the Preceptor Credentialing/Agreement Form and select your clinical faculty. This will put you into the system and eLogs and your clinical faculty will know that you are in an approved site.
5. Soon after your clinical day, submit the required information into eLogs and don't get behind. Faculty will take points off from professionalism if these are not completed each week. Go to www.elogs.org and use your FAU ID and as the user name and z number for the password. Read the User Guide and print the E and M codes.
 6. Enjoy your first day! You will feel uncomfortable, insecure and wonder why you are doing this....It will all get better with time and practice and you will grow to love the advanced role you have chosen. With a lot of hard work, you will be successful! Good luck. I want to hear all about your first day.

**Florida Atlantic University
Christine E. Lynn College of Nursing
Preceptor Credential/Agreement Form**

Thank you for agreeing to precept an FAU Graduate Student. Please complete the following form. Detailed information for preceptors including information on tuition waivers is provided on the College of Nursing Website.

Name of Facility: _____

Preceptor's Name: _____ Office Address: _____

City: _____ Zip Code: _____ Office Phone Number: _____

E-mail: _____ Preferred Method of Contact: ☐ Phone ☐ e-mail

Credentials: ☐ MD ☐ DO ☐ NP ☐ Other _____ Professional License #: _____

Highest degree held: ☐ Master's ☐ DNP ☐ PhD ☐ MD ☐ DO

State Issuing License: _____ Expiration Date: _____

National Certification(s) held: _____ NPs: ☐ ANCC ☐ AANP

MD or DO Specialty Certification: _____ Years of Experience in Specialty: _____

College or University Degrees and Dates Awarded: _____

This Section to be Completed by Student:

I Agree to Precept (Student Name): _____

Student's FAU e-mail: _____ Student's Phone: _____

Course Number and Name: _____

Semester: ☐ Fall ☐ Spring ☐ Summer Year: _____ Hours to be Completed: _____

FAU Supervising Clinical Faculty Name: _____

Faculty Contact Information Phone: _____ e-mail: _____

Preceptor's Signature:

Date:

NP Concentration Coordinator Tracian Kelly, DNP, FNP-BC, PMHNP-BC
TKelly11@health.fau.edu. Cell 305 753-3031

[illegible]

Clinical Faculty Worksheet

Student's Name	Meet With Students And collect Forms Verify clinical site Set up site visits	Clinical Arrangements form with Preceptor Agreement Uploaded	Begin of Term Letter to Pre-ceptor	Check eLogs weekly at www.Elogs.org	Weekly Journals	Site Visit Dates 1 st done before mid term	Grade SOAP 1	Mid-term Preceptor Evaluation of Students	Mid-term Student Self Eval Meet with Students	Grade SOAP 2	End of Term Letters To Pre-ceptors	Summary Clinical Hours Form Signed	eLogs Summary Final Evaluations Signed <i>Must be face-to-face Assign grade</i>

*Collect Forms from Students 1. Tracking system summary of compliance 2. Clinical Information: Name of Facility, Name of Preceptor, Email of Preceptor. Preceptor Credentialing and Agreement Form. In Primary 1 (NGR 6200) collect HIPPA Certificate and SIP Certificate

One-Minute Preceptor

Authored by: PAEA's Committee on Clinical Education
PUBLISHED FEBRUARY 2017

1-PAGERS
for
PRECEPTORS

The One-Minute Preceptor teaching method guides the preceptor-student encounter via five microskills. This method is a brief teaching tool that fosters assessment of student knowledge as well as provision of timely feedback. The strengths of this teaching method include: increased involvement with patients, increased clinical reasoning by the students, and the student receiving concise, high-quality feedback from the preceptor.

When to use this: During the "pregnant pause" (i.e., when you find yourself wanting to rush things along and give the students the answer, rather than asking for their thoughts)

What not to do: Ask the student for more information about the case or fill in all of the gaps that you noted in the student's knowledge base and presentation skills at once

Microskills

1 Get a Commitment

Focus on one learning point. Encourage students to develop their critical thinking and clinical reasoning skills. Actively engage the student, establishing their readiness and level of competence. Push the student just beyond their comfort zone and encourage them to make a decision about something, be it a diagnosis or a plan.

Ex: "So, tell me what you think is going on with this patient."

2 Probe for Supporting Evidence

Uncover the basis for the student's decision — was it a guess or was it based on a reasonable foundation of knowledge? Establish the student's readiness and level of competency.

Ex: "What other factors in the HPI support your diagnosis?"

3 Reinforce What Was Done Well

The student might not realize they have done something well. Positive feedback reinforces desired behaviors, knowledge, skills, or attitudes.

Ex: "You kept in mind the patient's finances when you chose a medication, which will foster compliance, thereby decreasing the risk of antibiotic resistance."

4 Give Guidance About Errors/Omissions

Approach the student respectfully while concurrently addressing areas of need/improvement. Without timely feedback, it is difficult to improve. If mistakes are not pointed out, students may never discover that they are making these errors and hence repeat them.

Ex: "I agree, at some point PFTs will be helpful, but when the patient is acutely ill, the results likely won't reflect his baseline. We could gain some important information with a peak flow and pulse ox instead."

5 Teach a General Principle

Sharing a pearl of wisdom is your opportunity to shine, so embrace the moment! Students will apply what is shared to future experiences. Students tend to recall guiding principles, and often the individual patient may serve as a cue to recall a general rule that was taught.

Ex: "Deciding whether or not someone with a sore throat should be started on empiric antibiotics prior to culture results can be challenging. Fortunately, there are some tested criteria that can help..."

Summarize

Consider summarizing or concluding, ending with next steps (e.g., plan for the patient, reading assignment for the student, schedule for follow-up with the student, etc.).

REFERENCE

Neher J, Gordon K, Meyer B, Stevens N. A five-step "microskills" model of clinical teaching. *Journal of American Board of Family Practice*, 1992; 5: 419-424.



Overview: ARTful Feedback

*All steps use ART: Ask, Respond, Tell

ASK tools:

- * Assess learner's readiness to receive: "Is this a good time for feedback?"
- * Ask for self-assessment on goals discussed earlier
- * Support: "I am committed to helping you achieve your goal"

RESPOND tools: reflect or paraphrase the learner's responses and use 1-2 PEARLS

- * Partnership: "I'd like to work with you on this"
- * Empathy: "Sounds frustrating not to get the result you wanted"
- * Acknowledgment: "That was a difficult situation to be in"
- * Respect: "I can see how much you tried to connect"
- * Legitimation: "Most people find similar situations challenging"
- * Support: "I am committed to helping you achieve your goal"

TELL tools: provide your assessment, ground in behaviorally specific language

- * Situation: "When the patient told you that he was afraid of what was causing his dizziness,..."
- * Behavior: "I noticed that you had your eyes on the computer screen and said nothing."
- * Impact: "The patient paused briefly and then reiterated his fear twice before you turned your eyes back toward him. Do you remember that happening?"
- * Coaching: "How do you think the patient felt? How else might have you responded?"

Nonverbal Aspects of Feedback Make a Difference

In communicating, 55% of your message is conveyed in your body language, 38% in your tone of voice, and only 7% in the words you choose. (Mehrabian, 1972).

Tone of voice

- * Empathic and warm
- * Non-judgmental
- * Sincere

Body language

Face

- * Eye contact
- * Face congruent with affective feeling

Posture and Pace

- * Slow down
- * Open
- * Face the person at an angle—not head on

Space

- * Adequate spacing
- * Below or at eye level
- * Lean forward

Always look for nonverbal cues of defensiveness in the team member receiving feedback. If they appear, stop to process, and rebuild safety.

"Speak when you are angry and you will make the best speech you will ever regret."

- Ambrose Bierce

The ART of Providing Effective Feedback



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Communication in Healthcare

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© 2014 AACH: Calvin Chou, Nan Cochran, Denise Davis,
Ryan Laponis, Kara Myers, Maysel Kemp White



Set Up

- Create a supportive environment
"I want to support you in the best way possible. Would you be open to feedback with each other as we work together?"
- Elicit learner's goals
"What would you like to get out of our time together? How can I help you get there?"

Gather Information/Observe

- Observe directly (if possible) to optimize feedback and minimize hearsay
 Record words and/or behaviors
- Practice "I saw..."; "I heard..."; "I noticed..."
- Avoid "you were..." (defensive, angry, etc.)

"Courage is what it takes to stand up and speak. Courage is also what it takes to sit down and listen."
 - Winston Churchill

ARTful Feedback - Delivery Tools

Make certain you start with the Overview first!

Reinforcing

- ASK: "What would you like to continue doing? (or do more of)"
- Listen closely to learner's answers
- RESPOND: Gently redirect from self-critique for now; agree or reflect the learner's self-assessment
- TELL: provide your assessment
- Repeat ART cycle as needed

Constructive

- ASK: "What would you like to stop doing?" (or do less of)"
- Listen closely to learner's answers
- RESPOND: agree or reflect the learner's self-assessment
- TELL: provide your assessment
- Repeat ART cycle as needed
- For challenging situations: ASK about intention, RESPOND with empathy, TELL your perceptions about how intention and impact differ

Next Steps

- ASK: "What would you like to start doing?"
- Listen closely to learner's answers
- RESPOND: agree or reflect the learner's self-assessment
- TELL: provide your assessment
- Repeat ART cycle as needed
- For high-stakes situations: Agree on an action plan and the consequences if your colleague does not achieve the goals outlined by a certain date.

It is often helpful to model self-assessment: "What telling strategies would I like to keep, stop, and start in the context of this learner's goals?" and invite learner's related feedback

"When others try to keep us comfortable by sanitizing feedback, or 'being nice,' they do us a disservice: we're deprived of crucial information we need to improve."
 - Goleman, Boyatzis & McKee, Primal Leadership

Feedback for Urgent Situations

If you must deliver time-sensitive feedback when situations prevent an ARTful conversation in the moment (e.g., urgent clinical situation or while performing a procedure on an awake patient):

Don't forget the Set Up phase

- Create a supportive environment and elicit goals, as before
- Consider having the learner talk through or pre-demonstrate the procedure
- Set up a time for debriefing
- Prepare the learner for interruptions, if possible -
"If I become concerned about patient safety, I may intervene and take over. If that happens, note what was happening at the time, and we'll talk about it afterwards."

Focused feedback in the moment: "Pull back on the plunger a bit before injecting," or, "I'm going to step in now."

Defer ARTful Feedback until the agreed-upon debriefing time.



SNAPPS: A Six-Step Learner-Centered Approach to Clinical Education

Authored by: PAEA's Committee on Clinical Education

PUBLISHED FEBRUARY 2017

1-PAGERS
for
PRECEPTORS

SNAPPS is a learner-centered teaching approach to clinical education consisting of six steps. In learner-centered education, the learner takes an active role in their educational encounter by discussing the patient encounter beyond the facts, verbalizing their clinical reasoning, asking questions, and engaging in follow-up learning pertinent to the educational encounter. The preceptor takes on the role of a facilitator by promoting critical thinking, empowering the learner to have an active role in their education, and serving as a knowledge "presenter" rather than a knowledge "source."

S Summarize briefly the history and findings	Obtains a history, performs a physical examination, and presents a summary of their findings to the preceptor. The summary should be brief and concise and should not utilize more than 50% of the learning encounter (~3 minutes maximum to present)	<i>"Eric is a 7-year-old male with a 3-month history of right knee pain and swelling that occurs daily. No other joints are affected. He reports difficulty playing soccer. He denies current or previous illnesses, recent travel, or injury. Daily ibuprofen provides little benefit."</i>
N Narrow the differential to two or three relevant possibilities	- Provides two to three possibilities of what the diagnosis could be - Presents their list prior to the preceptor revising the list	<i>"Given the length of the symptoms, my differential diagnosis includes: juvenile idiopathic arthritis, reactive arthritis, and injury."</i>
A Analyze the differential comparing and contrasting the possibilities	- Discusses the possibilities and analyzes why the patient presentation supports or refutes the differential diagnoses - Thinks out loud in front of the preceptor	<i>"I think juvenile idiopathic arthritis is highest on my differential diagnosis given the age of the patient and the length of the symptoms. Reactive arthritis is lower due to the length of symptoms and no history of previous illness. Injury is low on the differential due to no history of injury."</i>
P Probe the preceptor by asking questions about uncertainties, difficulties, or alternative approaches	- Discusses areas of confusion and asks questions of the preceptor - Allows the preceptor to learn about their thinking and knowledge base - Prompts discussion from the preceptor on clinical pearls or areas of importance	<i>"Is there anything else that you would include on your differential?"</i> <i>The preceptor may discuss the importance of considering septic arthritis in the differential diagnosis.</i>
P Plan management for the patient's medical issues	- Discusses a management plan for the patient or outlines next steps - Commits to their plan and utilizes the preceptor as a source of knowledge	<i>"I would begin a prescription-strength anti-inflammatory medication and order an ANA."</i>
S Select a case-related issue for self-directed learning	- Identifies a learning issue related to the patient encounter - Discusses the findings from the learning issue with the preceptor	<i>"I would like to understand the relationship of the ANA and the need for ophthalmology monitoring in juvenile idiopathic arthritis."</i>

REFERENCE

Wolpaw T, Wolpaw D, Papp K. SNAPPS: A learner-centered model for outpatient education. *Academic Medicine*. 2003; 78(9): 893-898. "Teaching Skills for the Preceptor: Learner-Centered Model." The Association of Gynecology and Obstetrics. www.pnwu.edu/files/4414/2551/7541/Teaching_Skills_for_the_Preceptor_Learner-Centered_Model.pdf. Accessed August 2016.





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www.fau.edu/nursing

FLORIDA ATLANTIC UNIVERSITY
COLLEGE OF NURSING
APPLICATION FOR CERTIFICATE OF PARTICIPATION
(Please print or type information)

Date: _____

Name of Preceptor: _____

Title/Credentials: _____

Social Security Number: _____

Home Phone Number: _____

Home Address: _____

E-mail: _____

Name of Practice Site/Agency: _____

Address of Site (full): _____

Phone Number: _____

Name of Student	Semester	Dates (From-To)	No. Hours Precepted
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____

Signature of Preceptor

Date

Signature of Campus Director

Date

Signature of Dean

Date

Boca Raton • Dania Beach • Davie • Fort Lauderdale • Jupiter • Treasure Coast

An Equal Opportunity/Equal Access Institution

Grading Rubric for Clinical Course

Student: _____ Course: _____ Semester: _____ Clinical Faculty's Name: _____ email: _____

Rating Scale

	Skill Level	Definition
N	Novice	Observes tasks only. Limited skills, knowledge, attitudes, and behaviors that define the content of the learning domains*
AB	Advance Beginner	Needs direct supervision. Developing skills, knowledge, attitudes, and behaviors that define the content of the learning domains
C	Competent	Needs supervision periodically. Developed skills, knowledge, attitudes, and behaviors that define the content of the learning domains
P	Proficient	Able to perform without direct supervision. Advanced skills, knowledge, attitudes and behaviors that define the content of the learning domains
E	Expert	Able to supervise others. Authority for skills, knowledge, attitudes and behaviors that define the content of the learning domains
	N/A	Not applicable or unable to observe during site visit

*Learning domains align with course objectives that include Core Competencies for Professional Nursing Education from the American Association of Colleges of Nursing, 2021 <https://www.aacnursing.org/AACN-Essentials>. Knowledge, skills and attitudes are derived from the Quality, Safety, Education in Nursing <https://qsen.org/>. Rating scale adapted from Benner's Expert to Novice <https://nursing-theory.org/theories-and-models/from-novice-to-expert.php>

Element	Unsatisfactory 72% or less F to C-	Satisfactory 73-79% C to C+	Above Average 80-89% B- to B+	Excellent 90-100% A- to A	Points
Site Visit Performance <i>See Novice to Expert Rating Scale</i>	0-21 points Mostly <i>novice</i> ratings on Site Visit Performance and no demonstration of improvement during the semester.	22-23 points Mostly <i>novice</i> and <i>advanced beginner</i> Site Visit Performance and little demonstration of improvement during the semester.	24-26 points Mostly <i>competent</i> on Site Visit Performance and some demonstration of improvement during the semester.	27-30 points Mostly <i>competent</i> and <i>proficient</i> on Site Visit Performance and demonstration of a lot of improvement during the semester.	____/30
Preceptor Evaluation of Student	0-6 points More than two unsatisfactory. Preceptor provides rare positive comments to faculty regarding student progression.	7 points More than one unsatisfactory. Preceptor provides some positive comments to faculty regarding student progression.	8 points All satisfactory. Preceptor provides mostly positive comments to faculty regarding student progression.	9-10 points All satisfactory ratings. Preceptor provides all positive comments to faculty regarding student progression.	____/10

Student Self Evaluation	0-6 points Little reflective thought and clinical examples. Few realistic goals.	7 points Some reflective thoughts and clinical examples. Some realistic goals.	8 points Pertinent reflective thoughts and clinical examples. More realistic goals.	9-10 points Advanced reflective thoughts with pertinent and realistic goals.	____/10
SOAP				See Rubric for SOAP	____/20
Reflective Journal	0-13 points Does not track clinical hours and does not post by the due date. Journal entries are not very thoughtful with spelling and grammar errors. No significant challenge identified or reflective thought.	14-15 points Does not track clinical hours and does not post by the due date. Journal entries are thoughtful with some spelling and grammar errors. Identified a challenge or something learned but lacked depth and reflection.	16-17 points Tracks clinical hours and posts on time. Journal entries are thoughtful with appropriate spelling and grammar. Identified a challenge or something learned but lacked depth and reflection.	18-20 points Tracks clinical hours and posts on time. Journal entries are thoughtful with appropriate spelling and grammar. Identified a challenge or something learned and exhibited depth and self-reflection.	____/20
Professionalism	0-6 points 2 or more documents or assignments handed in late. Missed > 2 clinical conferences. Frequently arrives late or misses clinical days and rarely demonstrates caring behaviors (6 C's) Hours are not verified with preceptor's signature.	7 points One or more documents or assignments handed in late. Missed > 2 clinical conferences. Occasionally arrives late to clinical. Occasionally demonstrates caring behaviors (6 C's). Hours are not verified with preceptor's signature.	8 points One document or assignment handed in late. Attended all but one of the clinical conferences. Almost always arrives on time to clinical. Frequently demonstrates caring behaviors (6 C's). Clinical hours verified with preceptor's signature.	9-10 points All documents and assignments handed in by due date. Attended all clinical conferences. Always arrived on time to clinical. Always employs caring behaviors (6 C's). Clinical hours verified with preceptor's signature	____/10
Total Points				Grade:	____/100

Comments:

Clinical Faculty's Signature: _____

Date: _____

Florida Atlantic University

Christine E. Lynn College of Nursing

Faculty Evaluation of Student Nurse Practitioner

Site Visit Performance NP Student

Student:	Preceptor:		Credentials:		Site Address:
Date of Visit	Sequence of Visit: 1 st		2 nd	Student's Current Hours at this Site:	
Patient Population:	Adult	Family	Pediatrics	Women's Health	OB Other Notes:

Directions: During the site visit, clinical faculty should rate the skill level that is observed for the student. *Beginning students (NGRL 6200L, NGR 6500L) are most likely to have novice and advance beginner (AB) skills with progression to at least competent (C) by the end of the semester. Progression is expected during the semester.* Competent and proficient skills are expected during the final clinical courses (NGR 6619L, NGR6607L). It is not expected that students will get to the expert level. Clinical faculty are expected to discuss the ratings and help students with goal setting.

Novice to Expert Rating Skill Level Definitions

	Skill Level	Definition
N	Novice	Observes tasks only. Limited skills, knowledge, attitudes, and behaviors that define the content of the learning domains
AB	Advance Beginner	Needs direct supervision. Developing skills, knowledge, attitudes, and behaviors that define the content of the learning domains
C	Competent	Needs supervision periodically. Developed skills, knowledge, attitudes, and behaviors that define the content of the learning domains
P	Proficient	Able to perform without direct supervision. Advanced skills, knowledge, attitudes and behaviors that define the content of the learning domains
E	Expert	Able to supervise others. Authority for skills, knowledge, attitudes and behaviors that define the content of the learning domains
	N/A	Not applicable or unable to observe during site visit

*Learning domains align with course objectives that include Core Competencies for Professional Nursing Education from the American Association of

Colleges of Nursing, 2021 <https://www.aacnursing.org/AACN-Essentials>. Knowledge, skills and attitudes are derived from the Quality, Safety, Education in

Nursing <https://qsen.org/>. Rating scale adapted from Benner's Expert to Novice <https://nursing-theory.org/theories-and-models/from-novice-to-expert.php>

Please place a check mark $\checkmark$ Novice to Expert Rating Scale:

Rating Scale		N	AB	C	P	E	N/A	Comments/Observations
Frame work includes Roach's 6 Cs								
Demonstrating Competent								
Presentation of self (to patients, staff, colleagues, preceptor, and faculty). Exemplifies NP role, professional competence, team spirit. Employs a holistic, caring approach.								
Becoming Competent								
Holistic interviewing skills (organization, content, quality, thoroughness, & accuracy). a caring, healing relationship and identifies what matters most to the person.								
Utilizes a person-centered approach to obtaining a history that includes CC, HPI (analysis of symptoms), PMH, FH, SH, spiritual values, ROS and pertinent positives & negatives.								
Reviews records adequately and correctly interprets lab data and diagnostics.								
Physical examination skills with a focus on wholeness (correctly performed, systematic, & appropriate for chief complaint). Identifies abnormal vital signs, abnormal findings and recognizes the need for urgent measures.								
Documentation in the medical record (appropriate, accurate organized, and concise.)								
Diagnostic acumen (reflective of critical thinking, considers appropriate differential diagnoses, comorbid conditions, and knowledge of conditions.)								

Florida Atlantic University
Christine E. Lynn College of Nursing
Faculty Evaluation of Student Nurse Practitioner
Site Visit Performance NP Student

Rating Scale		N	AB	C	P	E	N/A	Comments/Observations
Becoming Competent (continued)								
Engages in shared-decision making to develop a management plan (holistic, appropriate, comprehensive, evidence-based, considers cost & patient resources and preferences, lifestyle changes, disease prevention, health promotion and self-care.)								
Knowledge of pharmacologic, complementary and alternative treatments. Proper prescribing, considers national and evidence-based guidelines for management. Uses technology to enhance safety and quality. Verifies medication list with patient.								
Has clinical resources available at clinical site and seeks learning opportunities.								
Provides health teaching/counseling/guidance that engage the patient in self-care management, and holistic healing. Summarizes the visit for the patient. Provides written instructions if indicated that are adequate and appropriate for needs.								
Presents pertinent information to preceptor in a systematic format and offers a diagnosis & plan, includes differential diagnoses for unconfirmed problems.								
Recognizes patients that need emergent care or referral. Makes appropriate referrals and coordinates care. Has knowledge of community and interprofessional resources.								
Follow up and evaluation is appropriate. Work flow is organized and timely.								
Becoming Compassionate								
Encounter reflects caring philosophy, person-centered care and person-centered language. Uses advanced holistic communication skills with patient, family, preceptor, faculty, & staff. Discusses what matters most to the patient and sets an agenda for the visit.								
Becoming Confident								
Accepts constructive feedback from preceptor and faculty, demonstrates resilience, self-reflection, self-development, and sets clinical goals for improvement.								
Attending to Conscience								
Actions and plan reflect holistic, ethical decision making that includes principles of wholeness, diversity, equity, inclusion, & unity.								
Advocates for personal values and ethical beliefs (moral courage).								
Attending to Commitment								
Identifies personal learning needs through self-reflection, has personal resources on site, and a committed follow up plan to increase knowledge and skills.								
Student's Strengths:								

Goals and Recommendations for Improvement: _____

Progression in Competencies Yes _____ No _____ Date: _____ Achievement of Competencies Yes _____ No _____

Name of Clinical Faculty Performing Evaluation: _____ Signature: _____ Phone: _____ email: _____

Student Signature: _____ Date: _____ Form approved December 2022 NP Subcommittee

Florida Atlantic University
Christine E. Lynn College of Nursing
Faculty Evaluation of Student Nurse Practitioner
Site Visit/Simulation Performance PMHNP Student

Student: _____ Preceptor: _____ Credentials: _____ Site Address: _____
 Date of Visit: _____ Sequence of Visit: 1st _____ 2nd _____ 3rd (circle) _____ Student's Current Hours at this Site: _____
 Patient Population: _____ Adult _____ Family _____ Pediatrics _____ Women's Health _____ OB _____ Psych _____ Notes: _____

Directions: During the site visit, clinical faculty should rate the skill level that is observed for the student. *Beginning students (NGRL 6509L, NGR 6508L) are most likely to have novice and advance beginner (AB) skills with progression to at least competent (C) by the end of the semester. Progression is expected during the semester. Competent and proficient skills are expected during the final clinical course (NGR 6505L).* It is not expected that students will get to the expert level. Clinical faculty are expected to discuss the ratings and help students with goal setting.

Novice to Expert Rating Skill Level Definitions*

Skill Level	Definition
N Novice	Observes tasks only. Limited skills, knowledge, attitudes, and behaviors that define the content of the learning domains
AB Advance Beginner	Needs direct supervision. Developing skills, knowledge, attitudes, and behaviors that define the content of the learning domains
C Competent	Needs supervision periodically. Developed skills, knowledge, attitudes, and behaviors that define the content of the learning domains
P Proficient	Able to perform without direct supervision. Advanced skills, knowledge, attitudes and behaviors that define the content of the learning domains
E Expert	Able to supervise others. Authority for skills, knowledge, attitudes and behaviors that define the content of the learning domains
N/A	Not applicable or unable to observe during site visit

*Learning domains align with course objectives that include Core Competencies for Professional Nursing Education from the American Association of Colleges of Nursing, 2021 <https://www.aacnnursing.org/AACN-Essentials>. Knowledge, skills and attitudes are derived from the Quality, Safety, Education in Nursing <https://qsen.org/>. Adapted from Benner's Expert to Novice information <https://nursing-theory.org/theories-and-models/from-novice-to-expert.php>

Please place a check mark ✓/Novice to Expert Rating Scale:

Rating Scale		N	AB	C	P	E	N/A	Comments/Observations
Frame work includes Roach's 6 Cs								
Demonstrating Competent								
Presentation of self (to patients, staff, colleagues, preceptor, and faculty). Exemplifies NP role, professional competence, team spirit. Employs a holistic, caring approach.								
Becoming Competent								
Holistic interviewing skills (organization, content, quality, thoroughness, & accuracy). Builds a caring, healing relationship and identifies what matters most to the person.								
Demonstrates skill in psychiatric interviewing (confidence in conducting, with modification elicit patient cooperation).								
Utilizes a person-centered approach to obtaining a psychiatric evaluation including PS, HPI (severity, timing, quality, duration, context, modifying factors, associated signs and symptoms) PPH, MH, FH, SH, ROS, including mental status exam and formulates appropriate psychiatric diagnosis based on interview.								
Reviews records adequately and correctly interprets lab data, diagnostics, and tracking of measurement tools.								

Florida Atlantic University
Christine E. Lynn College of Nursing
Faculty Evaluation of Student Nurse Practitioner
Site Visit/Simulation Performance PMHNP Student

Rating Scale	N	AB	C	P	E	N/A	Comments/Observations
Becoming Competent (continued)							
Documentation in the medical record (appropriate, accurate, organized, and concise.)							
Diagnostic acumen (DSM-5) (reflective of critical thinking, considers appropriate differential diagnoses, comorbid conditions, and knowledge of conditions.)							
Engages in shared-decision making to develop a psychiatric/mental health treatment plan (holistic, appropriate, comprehensive, evidence-based, considers cost & patient resources and preferences, lifestyle changes, cultural factors, disease prevention, health promotion and self-care.)							
Knowledge of psychotherapy, therapeutic, and alternative treatments. Considers national and evidence-based guidelines for management. Uses technology to enhance safety							
Knowledge of pharmacologic, complementary and alternative treatments. Proper prescribing, considers national and evidence-based guidelines for management. Uses technology to enhance safety and quality. Verifies medication list with patient.							
Has clinical resources available at clinical site and seeks learning opportunities.							
Provides health teaching/counseling/guidance that engage the patient in self-care management, and holistic healing. Summarizes the visit for the patient. Provides written instructions if indicated that are adequate and appropriate for needs.							
Presents pertinent information to preceptor in a systematic format and offers a diagnosis & plan, includes differential diagnoses for unconfirmed problems.							
Recognizes patients that need emergent care or referral. Makes appropriate referrals and coordinates care. Has knowledge of community and interprofessional resources. Follow up and evaluation is appropriate. Work flow is organized and timely.							
Becoming Compassionate							
Encounter reflects caring philosophy, person-centered care and person-centered language. Uses advanced holistic communication skills with patient, family, preceptor, faculty, & staff. Discusses what matters most to the patient and sets an agenda for the visit.							
Becoming Confident							
Accepts constructive feedback from preceptor and faculty, demonstrates resilience, self-reflection, self-development, and sets clinical goals for improvement.							
Attending to Conscience							
Actions and plan reflect holistic, ethical decision making that includes principles of wholeness, diversity, equity, inclusion, & unity.							
Advocates for personal values and ethical beliefs (moral courage).							
Attending to Commitment							
Identifies personal learning needs through self-reflection, has personal resources on site, committed follow up plan to increase knowledge and skills.							

Florida Atlantic University
Christine E. Lynn College of Nursing
Faculty Evaluation of Student Nurse Practitioner
Site Visit/Simulation Performance PMHNP Student

Student's Strengths: _____

Goals and Recommendations for Improvement: _____

Progression in Competencies _____ Yes _____ No _____ Date: _____ Achievement of Competencies _____ Yes _____ No _____

Name of Clinical Faculty Performing Evaluation: _____

Faculty Signature: _____ Date: _____ Phone: _____ email: _____

Student Signature: _____ Date: _____

Florida Atlantic University
Christine E. Lynn College of Nursing
Preceptor Evaluation of FNP or AGNP Student Clinical Performance

Student: _____ Course: _____ Semester/Year: _____ Clinical Faculty: _____ Phone: _____ email: _____
 Preceptor's Name: _____ Site address: _____
 Patient Population: _____ Adult _____ Gero _____ Family _____ Pediatrics _____ WH _____ OB _____ Other _____

CLINICAL COMPETENCIES		MIDTERM or FINAL (circle one)			Recommendations for Improvement Goals/Comments
(Place a check mark ✓ in the box for Midterm and Final)		U	S	N/A	
U=Unsatisfactory					
S=Satisfactory (appropriate for clinical course level)	Circle: 1 2 3				
N/A=Not applicable or no opportunity to observe					
Presentation of self (to patients, staff, colleagues, preceptor, and faculty). Exemplifies NP role, professional comportment and team spirit. Employs a holistic, caring approach.					
Performs a person-centered holistic approach to obtaining a history that includes CC, HPI (analysis of symptoms, PMH, FH, SH, spiritual values, cultural considerations, ROS and pertinent positives & negatives. Verifies medications. Identifies what matters most to the patient, sets agenda for visit.					
Reviews records adequately and correctly interprets lab data, diagnostics, referrals, and tracking of health maintenance and screening recommendations. Reviews previous office notes.					
Physical examination skills with a focus on wholeness (correctly performed, systematic, & appropriate for chief complaint). Identifies abnormal vital signs, abnormal exam findings and recognizes the need for urgent measures and referrals.					
Documentation in the medical record is appropriate, accurate, organized, concise, & timely.					
Diagnostic acumen (reflective of critical thinking, considers appropriate differential diagnoses, comorbid conditions, and knowledge of conditions.)					
Engages in shared-decision making to develop a management plan (holistic, appropriate, comprehensive, evidence-based, considers cost, patient resources and preferences, lifestyle changes, disease prevention, health promotion and self-care.) Employs ethical decision making that includes principles of wholeness, diversity, equity, inclusion, & unity.					
Knowledge of pharmacologic treatment. Proper prescribing, considers comorbid conditions, national and evidence-based guidelines for management. Uses technology to enhance safety.					
Has clinical resources available at clinical site. Seeks new learning opportunities. Reviews current research and evidence-based guidelines and uses health care technologies to improve quality.					
Provides health teaching/counseling/guidance/motivational interviewing that engage the patient in self-care management. Summarizes the visit for the patient. Provides written instructions.					
Presents pertinent information to preceptor in a systematic format and offers diagnoses and plans, considers differentials and process to r/o unconfirmed diagnoses. Accepts constructive feedback from preceptor and faculty, demonstrates resilience, self-reflection, self-development, and sets clinical goals for improvement. Strives for efficient work flow.					
Recognizes patients that need emergent care or referral. Makes appropriate referrals & coordinates care. Has knowledge of community and interprofessional resources. Follow up is appropriate.					

Student's Strengths: _____
 Progression in Competencies at Midterm Yes _____ No _____ Final Achievement of Competencies Yes _____ No _____

Preceptor Signature: _____ Date: _____ Student Signature: _____ Date: _____
 Please contact clinical faculty if you have concerns about the student. Information provided above.
 Form approved NP subcommittee December 6th 2022

Florida Atlantic University
Christine E. Lynn College of Nursing
Preceptor Evaluation of PMHNP Student Clinical Performance

Student: _____ Course: _____ Semester/Year: _____ Clinical Faculty: _____ Phone: _____ email: _____

Preceptor's Name: _____ Site address: _____ Phone: _____ email: _____

Patient Population: _____ Adult _____ Gero _____ Family _____ Pediatrics _____ WH _____ OB _____ Behavioral Health Setting _____

CLINICAL COMPETENCIES MIDTERM or FINAL (circle one)

(Place a check mark ✓ in the box for Midterm and Final)					U	S	N/A	Recommendations for Improvement Goals/Comments
U=Unsatisfactory S=Satisfactory (appropriate for clinical course level) Circle: 1 2 3 N/A=Not applicable or no opportunity to observe <i>Frame work includes Roach's 6 Cs</i>								
Demonstrating Competent								
Presentation of self (to patients, staff, colleagues, preceptor, and faculty). Exemplifies NP role, professional competence, team spirit. Employs a holistic, caring approach.								
Becoming Competent								
Holistic interviewing skills (organization, content, quality, thoroughness, & accuracy). Builds a caring, healing relationship and identifies what matters most to the person.								
Demonstrates skill in psychiatric interviewing (confidence in conducting, with modification to elicit patient cooperation).								
Utilizes a person-centered approach to obtaining a psychiatric evaluation including PS, HPI (severity, timing, quality, duration, context, modifying factors, associated signs and symptoms) PPH, MH, FH, SH, ROS, including mental status exam and formulates appropriate psychiatric diagnosis based on interview.								
Reviews records adequately and correctly interprets lab data, diagnostics, and tracking of health measurement tools								
Integrates knowledge of physical assessment with a focus on wholeness: identifies abnormal physical findings, recognizes co-morbid medical conditions, and need for urgent measures.								
Documentation in the medical record (appropriate, accurate, organized, and concise.)								
Diagnostic acumen (DSM-5) (reflective of critical thinking, considers appropriate differential diagnoses, comorbid conditions, and knowledge of conditions).								
Engages in shared-decision making to develop a psychiatric/mental health treatment plan (holistic, appropriate, comprehensive, evidence-based, considers cost & patient resources and preferences, lifestyle changes, cultural factors, disease prevention, health promotion and self-care.)								
Knowledge of psychotherapy, therapeutic, and alternative treatments. Considers national and evidence-based guidelines for management. Uses technology to enhance safety and quality.								
Knowledge of pharmacologic, complementary and alternative treatments. Proper prescribing, considers national and evidence-based guidelines for management. Uses technology to enhance safety and quality. Verifies medication list with patient.								
Has clinical resources available at clinical site and seeks learning opportunities.								
Provides health teaching/counseling/guidance that engage the patient in self-care management, and holistic healing. Summarizes the visit for the patient. Provides written instructions if indicated that are adequate and appropriate for needs.								
Presents pertinent information to preceptor in a systematic format and offers a diagnosis & plan, includes differential diagnoses for unconfirmed problems.								

Please contact clinical faculty if you have concerns about the student. Information provided above.
Form approved NP subcommittee December 6th 2022

Florida Atlantic University
Christine E. Lynn College of Nursing
Preceptor Evaluation of PMHNP Student Clinical Performance

Recognizes patients that need emergent care or referral. Makes appropriate referrals and coordinates care. Has knowledge of community and interprofessional resources. Follow up and evaluation is appropriate. Work flow is organized and timely.				
Becoming Compassionate				
Encounter reflects caring philosophy, person-centered care and person-centered language. Uses holistic communication skills with patient, family, preceptor, faculty, & staff. Discusses what matters most to the patient. Sets an agenda for the visit.				
Becoming Confident				
Accepts constructive feedback from preceptor and faculty, demonstrates resilience, self-reflection, self-development, and sets clinical goals for improvement.				
Attending to Conscience				
Actions and plan reflect holistic, ethical decision making that includes principles of wholeness, diversity, equity, inclusion, & unity.				
Advocates for personal values and ethical beliefs (moral courage).				
Attending to Commitment				
Identifies personal learning needs through self-reflection, has personal resources on site, and a committed follow up plan to increase knowledge and skills.				

Student's Strengths: _____

Progression in Competencies at Midterm _____ Yes _____ No _____ Final Achievement of Competencies _____ Yes _____ No _____

Preceptor Signature: _____ Date: _____ Student Signature: _____ Date: _____

Student's Name:	Clinical Faculty's Name:	Date:
Directions: Students should rate their skill level for each of the course objectives. <i>Beginning students (NGR 6200L, NGR 6500L) are most likely to have novice and advance beginner skills with progression to at least competent by the end of the semester. Competent and proficient skills are expected during the final clinical courses (NGR 6619L, NGR 6607L.)</i> Rarely will students get to the expert level. Students should review each of the course objectives and contribute a <i>reflection/clinical example</i> after each of the 6 C's as well as clinical <i>goals</i> at midterm and end of term. Clinical faculty are expected to discuss the ratings and reflections and help students with goal setting. Clinical faculty are required to sign this form.		
Rating Skill Level		
Skill Level	Definition	
N	Novice	Observes tasks only. Limited skills, knowledge, attitudes, and behaviors that define the content of the learning domains
AB	Advance Beginner	Needs direct supervision. Developing skills, knowledge, attitudes, and behaviors that define the content of the learning domains
C	Competent	Needs supervision periodically. Developed skills, knowledge, attitudes, and behaviors that define the content of the learning domains
P	Proficient	Able to perform without direct supervision. Advanced skills, knowledge, attitudes and behaviors that define the content of the learning domains
E	Expert	Able to supervise others. Authority for skills, knowledge, attitudes and behaviors that define the content of the learning domains
N/A		Not applicable or unable to observe during site visit
*Learning domains align with course objectives that include Core Competencies for Professional Nursing Education from the American Association of Colleges of Nursing, 2021 https://www.aacnnursing.org/AACN-Essentials. Knowledge, skills and attitudes are derived from the Quality, Safety, Education in Nursing https://qsen.org/. Rating scale adapted from Benner's Expert to Novice https://nursing-theory.org/theories-and-models/from-novice-to-expert.php		
Course Objectives		
Course Objectives	Midterm Progress N, AB, C, P, E, NA	Final
Becoming competent:		
1) Apply foundational knowledge from nursing and related disciplines to assess, diagnose, and treat common conditions. (Essential I)		
2) Utilize selected caring and developmental theories and concepts from biological, behavioral, health promotion, and nursing sciences to enhance the health and well-being of persons across the lifespan. (Essential I, VIII)		

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
NGR 6200L

3) Demonstrate patient-centered and culturally responsive strategies in the delivery of clinical prevention and health promotion interventions related to the primary care of persons. (Essential VIII)		
4) Begin to apply research findings, identify clinical guidelines from national organizations, and apply evidence-based practice to improve the health and well-being of persons in the primary care setting. (Essential IV)		
5) Begin to utilize informatics and health technologies to evaluate, integrate, coordinate, and improve healthcare for persons. (Essential V)		
6) Demonstrate a beginning understanding of the advanced practice nursing profession based on reflective practices and continue to develop their own plans for lifelong learning and professional development. (Essential IX)		
Midterm: Student's Reflections on Becoming Competent		
Provide a brief clinical example (3-5 sentences) of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Becoming Competent		
Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		
Becoming compassionate:		
1) Identify appropriate nursing theories and complex patterns of knowing in the design of compassionate care. (Essential IX)		
2) Choose caring strategies in advanced nursing situations which reflect appreciation of the persons' and families' cultural and spiritual beliefs. (Essential IX)		
Midterm: Student's Reflections on Becoming Compassionate		
Provide a brief clinical example (3-5 sentences) of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Becoming Compassionate		
Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
NGR 6200L

Demonstrating competency:		
1) Identify effective communication strategies to foster interprofessional partnerships to improve health outcomes for persons. (Essential VII)		
2) Discuss the impact of ethical, legal, political, cultural, global, and socioeconomic issues in providing safe and accountable primary care for common conditions. (Essential II)		
Midterm: Student's Reflections on Demonstrating Competency Provide a brief clinical example (3-5 sentences) of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Demonstrating Competency Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		
Becoming confident:		
1) Develop a beginning sense of self as a caring person in relation to others within advanced practice. (Essential IX)		
2) Demonstrate beginning clinical confidence, through critical thinking by applying advanced nursing knowledge.		
Midterm: Student's Reflections on Becoming Confident Provide a brief clinical example (3-5 sentences) of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Becoming Confident Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		
Attending to conscience:		
1) Begin to comprehend how health policy impacts the care of persons in diverse situations. (Essential VI)		
2) Discuss measures to improve care through advocacy at state and local levels. (Essential VI)		

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
NGR 6200L

3) Discuss morally sensitive issues affecting advanced practice. (Essential VI)		
Midterm: Student's Reflections on Attending to Conscience Provide a brief clinical example (3-5 sentences) of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Attending to Conscience Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		
Affirming commitment:		
1) Discuss the role and scope of practice of the nurse practitioner in providing safe, ethical, efficient, cost effective, quality care. (Essential II, III)		
2) Begin to integrate anticipatory guidance, based in an understanding of developmental theory and current evidence. (Essential I, IV)		
3) Discuss the importance of becoming professionally active in national organizations improving health of persons. (Essential III and VI)		
Midterm: Student's Reflections on Affirming Commitment Provide a brief clinical example (3-5 sentences) of how you are meeting the objectives of becoming competent. Provides 1-2 goals to work towards.		
Final: Student's Reflections on Affirming Commitment Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
NGR 6200L

Midterm: Faculty review and assessment of self-evaluation, reflections and goal setting with student. Clinical faculty recommendations to help student achieve goals.

Midterm: Student's Name: _____ Semester: ☐ Fall ☐ Spring Year: _____
Student's Signature: _____ Date: _____
Clinical Faculty's Signature: _____ Date: _____

Final: Faculty review and assessment of self-evaluation, reflections and goal setting with student. Clinical faculty recommendations to help student achieve goals.

Final: Student's Name: _____ Semester: ☐ Fall ☐ Spring Year: _____
Student's Signature: _____ Date: _____
Clinical Faculty's Signature: _____ Date: _____

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
NGR 6200L

Student's Name:	Clinical Faculty's Name:	Date:
Directions: Students should rate their skill level for each of the course objectives. <i>Beginning students (NGR 6509L; NGR6508L) are most likely to have novice and advance beginner skills with progression to at least competent by the end of the semester. Competent and proficient skills are expected during the final clinical courses (NGR6505L.)</i> Rarely will students get to the expert level. Students should review each of the course objectives and contribute a <i>reflection/clinical example</i> for each of the 6 C's as well as clinical goals at midterm and end of term. Clinical faculty are expected to discuss the ratings and reflections and help students with goal setting. Clinical faculty are required to sign this form.		

Rating Skill Level*

Skill Level	Definition
N	Observes tasks only. Limited skills, knowledge, attitudes, and behaviors that define the content of the learning domains
AB	Needs direct supervision. Developing skills, knowledge, attitudes, and behaviors that define the content of the learning domains
C	Needs supervision periodically. Developed skills, knowledge, attitudes, and behaviors that define the content of the learning domains
P	Able to perform without direct supervision. Advanced skills, knowledge, attitudes and behaviors that define the content of the learning domains
E	Able to supervise others. Authority for skills, knowledge, attitudes and behaviors that define the content of the learning domains
N/A	Not applicable or unable to observe during site visit

*Learning domains align with course objectives that include Core Competencies for Professional Nursing Education from the American Association of Colleges of Nursing, 2021 <https://www.aacnnursing.org/AACN-Essentials>. Knowledge, skills and attitudes are derived from the Quality, Safety, Education in Nursing <https://qsen.org/>. Rating scale adapted from Benner's Expert to Novice <https://nursing-theory.org/theories-and-models/from-novice-to-expert.php>

Course Objectives		Midterm Progress	Final
Learning objectives are organized using Roach's 6 Cs (competency, compassion, comportment, confidence, conscience and commitment). Roach, S. (2002). <i>Caring, the human come of being: A blueprint for the health professional</i> , 2 nd ed. Ontario: CHC Press		N, AB, C, P, E, NA	
Becoming Competent:			
1) Integrate foundational knowledge from nursing and related disciplines to assess, diagnose, and treat complex mental disorders in the practice setting. (Essential I)*			
2) Synthesize and evaluate selected caring and developmental theories and concepts from biological, behavioral, health promotion, and nursing sciences in practice to enhance the health and well-being of individuals across the lifespan. (Essential I, VIII)*			

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
PMHNP Concentration: NGR 6505L

3) Incorporate person-centered, population focused and culturally tailored strategies in the delivery of clinical prevention and health promotion interventions in the mental health setting. (Essential VIII)*		
4) Apply research findings, clinical guidelines from national organizations, and evidence-based practice to improve the health and well-being of individuals in the mental health setting. (Essential IV)*		
5) Utilize informatics and health technologies in the mental 2 health setting to evaluate, integrate, coordinate, and improve healthcare for populations with mental disorders. (Essential V)*		
6) Evaluate a more comprehensive understanding of the advanced practice nursing profession based on reflective practices and continue to develop their own plans for lifelong learning and professional development as a clinician in the mental health setting. (Essential IX)*		
Midterm: Student's Reflections on Becoming Competent		
Provide a brief clinical example of 3-5 sentences of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Becoming Competent		
Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		
Becoming Compassionate:		
7) Integrate appropriate nursing theories and complex patterns of knowing in the design of compassionate care in the mental health setting. (Essential IX)*		
8) Evaluate and revise caring strategies in the mental health setting which reflect appreciation of the persons' and families' cultural and spiritual beliefs. (Essential IX)*		
Midterm: Student's Reflections on Becoming Compassionate		
Provide a brief clinical example of 3-5 sentences of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		

Final: Student's Reflections on Becoming Compassionate Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming competent		
Demonstrating Competent:		
9) Evaluate and revise effective communication strategies in the mental health setting that foster interprofessional partnerships to improve health outcomes for persons with mental disorders. (Essential VII)*		
10) Actively engage in the impact of ethical, legal, political, cultural, global, and socioeconomic issues in providing safe and accountable primary care for mental disorders in the mental health setting. (Essential II)*		
Midterm: Student's Reflections on Demonstrating Competent Provide a brief clinical example of 3-5 sentences of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Demonstrating Competent Provide a brief reflection on your growth during the semester in meeting the course objectives of demonstrating competent		
Becoming Confident:		
11) Synthesize and evaluate knowledge of self as a caring person in relation to others within the advanced practice mental health setting. (Essential IX)*		
12) Demonstrate clinical confidence, through critical thinking by applying advanced nursing knowledge in the mental health setting. (Essential IX)*		
Midterm: Student's Reflections on Becoming Confident Provide a brief clinical example of 3-5 sentences of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.		
Final: Student's Reflections on Becoming Confident		

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
PMHNP Concentration: NGR 6505L

Provide a brief reflection on your growth during the semester in meeting the course objectives of becoming confident

Attending to Conscience:

13) Utilize health policy to impact the care of individuals in diverse advance practice nursing situations. (Essential VI)*		
14) Engage and evaluate measures to improve care in the mental health setting through advocacy at local, state and national levels. (Essential VI)*		
15) Evaluate morally sensitive issues occurring in practice that affect advanced practice. (Essential VI)*		

Midterm: Student's Reflections on Attending to Conscience

Provide a brief clinical example of 3-5 sentences of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.

Final: Student's Reflections on Attending to Conscience

Provide a brief reflection on your growth during the semester in meeting the course objectives of attending to conscience

Affirming Commitment:

16) Evaluate the role and scope of practice of the psychiatric mental health nurse practitioner in providing safe, ethical, efficient, cost effective, quality care in the mental health setting. (Essential II and III)*		
17) Consistently integrate anticipatory guidance in the clinical setting, based on an understanding of developmental theory and current evidence. (Essential I, IV)*		
18) Actively engage in national organizations improving health of individuals in the mental health setting. (Essential III and VI)*		

Midterm: Student's Reflections on Affirming Commitment

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
PMHNP Concentration: NGR 6505L

Provide a brief clinical example of 3-5 sentences of how you are meeting the objectives of becoming competent. Provide 1-2 goals to work towards.

Final: Student's Reflections on Affirming Commitment

Provide a brief reflection on your growth during the semester in meeting the course objectives of affirming commitment

Midterm: Faculty review and assessment of self-evaluation, reflections and goal setting with student. Clinical faculty recommendations to help student achieve goals.

Midterm: Student's Name: _____

Semester: ☐ Fall ☐ Spring Year: _____

Student's Signature: _____

Date: _____

Clinical Faculty's Signature: _____

Date: _____

Final: Faculty review and assessment of self-evaluation, reflections and goal setting with student. Clinical faculty recommendations to help student achieve goals.

Florida Atlantic University
Christine E. Lynn College of Nursing
Student Self Evaluation/Faculty Evaluation
PMHNP Concentration: NGR 6505L

Final: Student's Name: _____ Semester: ☐ Fall ☐ Spring Year: _____

Student's Signature: _____ Date: _____

Clinical Faculty's Signature: _____ Date: _____

SOAP GRADING RUBRIC

Student: _____ Course: _____ Semester: _____ SOAP # ☐ 1 ☐ 2 ☐ Rewrite Date: _____

	Unsatisfactory 72% or less F to C-	Satisfactory 73-79% C to C+	Above Average 80-89% B- to B+	Excellent 90-100% A-to A	Score	Comments
S Subjective Information	Not addressed, grossly incomplete and/or inaccurate, missing parts of biographical data, CC, HPI, pertinent positives and negatives. PMH, FH, SH, ROS as it relates to the CC and HPI. W	Poorly organized and/or limited summary of pertinent information (50%-80%) provided including biographical data, CC, HPI, pertinent positives and negatives. PMH, FH, SH, ROS as it relates to the CC and HPI.	Well organized; partial but accurate summary of pertinent information (>80%) including biographical data, CC, HPI, pertinent positives and negatives. PMH, FH, SH, ROS as it relates to the CC and HPI. Mention of what matters most to the patient.	Complete and concise summary of pertinent information including biographical data, CC, HPI, pertinent positives and negatives. PMH, FH, SH, ROS as it relates to the CC and HPI. Mention of what matters most to the patient	____/20	
O Objective Information	Not addressed, grossly incomplete and/or inaccurate documentation of physical examination.	Poorly organized and/or limited summary of pertinent information (50%-80%) on physical examination.	Partial but accurate summary of pertinent information (>80%) on physical examination.	Complete and concise summary of pertinent information on physical examination.	____/20	
A Problem Identification	Few problems identified, main problem missed, problems not prioritized and/or identified or nonexistent problems. Status of problem and ICD-not included.	Some problems are identified (50%-80%); incomplete or inappropriate problem prioritization; includes nonexistent problems or extraneous information included. Status of problem and ICD-code included some of the time.	Most problems are identified and rationally prioritized, including the "main" problem for the case (>80%). Status of problem and ICD code included most of the time.	Complete problem list generated and rationally prioritized; no extraneous information or issues listed. Status of problem and ICD code included.	____/20	
P Treatment Plan	Not addressed or inappropriate therapeutic plan.	Appropriate therapeutic plan for a few identified problems (50%-80%). Includes few non pharmacologic measures and appropriate diagnostics.	Appropriate therapeutic, patient centered, holistic plan for most identified problems (>80%). Includes some non pharmacologic measures and appropriate diagnostics.	Appropriate therapeutic, patient centered, holistic plan for each identified problem. Includes non pharmacologic measures and appropriate diagnostics. Specific, appropriate and justified recommendations.	____/15	
Counseling, Referral, Monitoring & Follow-up	Not addressed or inappropriate counseling, monitoring, referral and/or follow-up plan. No CPT code.	Patient education points, monitoring parameters, follow-up plan and referral plan (where applicable) for a few identified problems (50%-80%). No CPT code.	Patient education points, monitoring parameters, follow-up plan and referral plan (where applicable) for >80% of identified problems. CPT code included.	Specific patient education points, monitoring parameters, follow-up plan and (where applicable) referral plan for each identified problem. CPT code included.	____/5	
Health Promotion	Not included.	Few appropriate measures for health promotion.	Somewhat comprehensive and appropriate for age and gender.	Comprehensive and appropriate for age and gender.	____/5	
Differential Diagnosis	Does not list most possible diagnoses and rational for selected diagnosis.	Lists some possible diagnoses and rational for selected diagnosis.	Lists many possible diagnoses and rational for selected diagnosis.	Lists most possible diagnoses and rational for selected diagnosis.	____/5	
Quality	Note is incomplete with grammar and spelling errors and no references are cited.	Note is partially completed in the allowed time. Format is unclear. Grammatical errors and spelling errors are found. References are used and cited.	Note is completed in the allowed time. Format is clear. Proper grammar is used with minimal spelling errors. References are used and cited.	Format is clear. Proper grammar is used with no spelling errors. References are used and cited. APA is not required	____/10 TOTAL ____/100	

Clinical Faculty's Signature _____

Date: _____

Form approved NP subcommittee 12/6/22

Student Evaluation of Preceptor and Clinical Site

The Preceptor created an environment of: (1 is LOWEST, 5 is HIGHEST)

1. Sharing knowledge and expertise willingly	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
2. Encouraging dialogue with NP student	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
3. Welcoming questions and discussions	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
4. Utilizing appropriate up-to-date references or resources	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
5. Sharing clinical examples of normal variations, deviations, and abnormalities	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
6. Providing time for discussion	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
7. Being an effective teacher	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Preceptor demonstrates support of ANP role by: (1 is LOWEST, 5 is HIGHEST)

8. Collaborating with the student regarding patients and families	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
9. Utilizing members of the health care team for counseling, teaching, and health maintenance	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
10. Acknowledging student's knowledge and expertise of nursing	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
11. Supporting student's assessment and management of patient and families	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
12. Utilizing appropriate referrals within the health care delivery system	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

The Clinical Site Evaluation: (1 is LOWEST, 5 is HIGHEST)

13. Would you recommend this preceptor for other students?	☐ No	☐ Yes
14. Would you recommend this site for other students?	☐ No	☐ Yes

Florida Atlantic University
Christine E. Lynn College of Nursing
Summary of Clinical Hours for FNP and AGNP Students

STUDENT: _____ FAU E-MAIL: _____
 ADDRESS: _____ TELEPHONE: _____
 Course: NGRL _____ Semester & Year: _____

Population Focus Summary

Population Focus	Number of Clinical Hours/Visits	Running Total Number of Clinical Hours/Visits from Previous Semesters
Women's Health Summary (well woman, pelvic exam, family planning, menopause, OB, pre or post natal) Include copy of eLogs Women's Health Summary. Recommend 100 hours required for FNP & AGNP		
Pediatric Summary 0-21 years Recommend 50 hours for FNP students		
Adult Summary 22-55 years		
Geriatric Summary FNP Students: 56 years and older		
Geriatric Summary AGNP Students: 56 years and older		
AGNP Students: 8 hours in Memory and Wellness Center in NGR 6500L are required		
AGNP Students: 16 hours Memory and Wellness Center in NGR 6607L are required		
AGNP Students: 100 hours in long term care are required		
Total Clinical Hours this Semester		

NAME OF SITE	PRECEPTOR'S NAME	PRECEPTOR'S ADDRESS PHONE NUMBER AND E-MAIL	TOTAL HOURS WITH PRECEPTOR	FACULTY RECOMMENDS SITE AND PRECEPTOR YES OR NO	STUDENT RECOMMEND SITE AND PRECEPTOR YES OR NO
#1		E-mail			
#2		E-mail			
#3		E-mail			

CLINICAL FACULTY SIGNATURE: _____ DATE: _____

PRINT NAME: _____ E-MAIL: _____

TOTAL HOURS COMPLETED THIS SEMESTER: _____

CONCENTRATION COORDINATOR SIGNATURE: _____

Florida Atlantic University
Christine E. Lynn College of Nursing
Summary of Clinical Hours for PMHNP Students

STUDENT: _____ FAU E-MAIL: _____
 ADDRESS: _____ TELEPHONE: _____
 Course: NGRL _____ Semester & Year: _____

Population Focus Summary

Population Focus	Number of Clinical Hours/Visits	Running Total Number of Clinical Hours/Visits from Previous Semesters
Children/Adolescent Summary 0-21 years Recommend 75-100 hours for PMHNP students		
Adult Summary 22-55 years Recommend 450-500 hours for PMHNP students		
Geriatric Summary: 56 years and older Recommend 75-100 hours for PMHNP students		
Total Clinical Hours this Semester		

NAME OF SITE	PRECEPTOR'S NAME	PRECEPTOR'S ADDRESS PHONE NUMBER AND E-MAIL	TOTAL HOURS WITH PRECEPTOR	FACULTY RECOMMENDS SITE AND PRECEPTOR YES OR NO	STUDENT RECOMMEND SITE AND PRECEPTOR YES OR NO
#1		E-mail			
#2		E-mail			
#3		E-mail			

CLINICAL FACULTY SIGNATURE: _____ DATE: _____
 PRINT NAME: _____ E-MAIL: _____
 TOTAL HOURS COMPLETED THIS SEMESTER: _____
 SIGNATURE OF CONCENTRATION COORDINATOR _____

GRADUATE PRACTICE PROGRAMS PRECEPTOR MANUAL

WELCOME LETTER FROM DR. KITTY CHADWELL

Dear Colleague:

It is my pleasure to welcome you to the Florida Atlantic University (FAU) community of preceptors, as you join our faculty in educating the next generation of nurses entering advanced nursing practice roles!

Faculty members oversee student experiences in practice areas, forming a bridge between what students learn in courses and their overall clinical experience. Preceptors form an integral link between the community of direct care providers and the University. They bring current insights into practice-related issues, orchestrate student learning in what might be called the classroom of life, and point the way to needed revisions in the curriculum of the graduate program in nursing. Without excellent preceptors, the mission of the University and the Christine E. Lynn College of Nursing cannot be achieved.

Graduate nursing education provides the academic preparation and skills necessary for role development in advanced nursing practice. Students start their inquiry into advanced nursing in classroom theory courses, followed by a step-wise integration into practice under the dual supervision of community-based preceptors and faculty instructors. The step-wise integration into practice means that students rehearse skills of decision-making and intervention in practice-oriented courses, which build upon knowledge acquired in the classroom. Thus, at the start of the practice courses, as students transition into advanced clinical and administrative nursing practice roles, they may be unsure of themselves and their abilities. Moreover, they may feel inadequate to transition from the traditional role of the nurse to advanced nursing practice. The dual oversight of the preceptor and the faculty instructor will ensure that students achieve the necessary steps of practice and make successful transitions.

We at FAU are honored to have to join us as partners in caring for our communities and thank you for your time, support, and energy in graciously agreeing to precept our advanced nursing practice students.

Sincerely yours,

Kitty Chadwell, DNP, MBMSc, APRN, GNP-BC, GCNS, CPHQ
Associate Professor
Assistant Dean Graduate Practice Programs
Co-Coordinator Adult Gerontological Nurse PractitionerProgram.p