Family Nurse Practitioner Preceptor Handbook

Pittsburg State University

Irene Ransom Bradley School of Nursing

Doctor of Nursing Practice Program

Pittsburg, Kansas

Important Contact Information

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Mission Statement

The **mission** of the Irene Ransom Bradley School of Nursing is to support the University in providing transformational experiences for our students and the community. The School of Nursing prepares graduates to demonstrate excellence in practice, to meet regulatory requirements for practice, to assume leadership roles and to engage in learning as a lifelong process. The programs of the School of Nursing reflect the university mission of teaching, scholarship and service, with teaching-learning as the primary focus. Recognizing the unique characteristics and needs of our diverse, primarily rural setting, the programs of the School of Nursing prepare graduates to provide nursing care to individuals, families, groups, communities, and populations in a variety of settings. The baccalaureate nursing curriculum builds upon a foundation of the arts, sciences and humanities and provides a base for graduate study. The graduate curriculum builds upon the competencies of baccalaureate nursing and focuses on advanced nursing roles.

Vision Statement

The **vision** of the Irene Ransom Bradley School of Nursing is to collaborate with health care systems, educational institutions, and communities-of-interest, while assuming the leadership role in pursuit of excellence in nursing through education of undergraduate and graduate students.

DNP Program Outcomes

1. Integrate theories and research from nursing science and other disciplines in provision of the highest level of evidence-based nursing practice. (AACN Essentials 1)
2. Evaluate organizational and systems leadership for the improvement of nursing care and healthcare delivery outcomes in primarily rural settings. (AACN Essentials 2)
3. Use analytical methods in dissemination of findings of clinical scholarship in support of evidence-based practice. (AACN Essentials 3)
4. Contribute to improving nursing and healthcare through managing information systems and patient care technology. (AACN Essentials 4)
5. Synthesize healthcare policy in advocacy for patient/family care in all populations with emphasis in rural settings. (AACN Essentials 5)
6. Communicate and collaborate to lead inter-professional teams in advancing population health particularly in rural settings. (AACN Essentials 6)
7. Improve health status in the nation, particularly in rural settings, by evaluating nursing and health care delivery and using concepts and scientific data sources of health promotion, disease prevention, epidemiology, environment, community, culture, and socioeconomics among others. (AACN Essentials 7)
8. Consider long-term and short-term personal and professional goals for advancement of doctoral level practice. (AACN Essentials 8)

American Association of Colleges of Nursing, Essentials for Doctoral Education for Advanced Practice, October 2006.

Role of Preceptor

1. Orient the student to the facility or office, staff, policies and protocols.
2. Assist the student in the selection of appropriate patients.
3. Provide validation for the student's findings when necessary or desired.
4. Instruct student on appropriate techniques utilized in the setting.
5. Be accessible to supervise, collaborate and counsel the student on the medical management of health problems and plan of care including prescriptions.
6. Observe the student's clinical performance.
7. Review and countersign the student's documentation and prescriptions.
8. Collaborate and advise the student in the review of protocols.
9. Provide the student with ongoing and final (semester) evaluation.

Characteristics of a Successful Preceptor

1. Clinically competent
2. Exhibits respect for students' autonomy and independence
3. Believes it is important to be readily available to student
4. Values the importance of providing a safe non-judgmental learning environment
5. Patience

Role of Student

1. Arrange clinical schedule with preceptor to comply with required number of clinical hours (more hours are encouraged and may be scheduled with Preceptor approval).
2. Preceptor and clinical instructor will be notified of changes in schedule due to illness or personal circumstances.
3. Personal learning and clinical objectives will be prepared and presented to preceptor at the beginning of each semester.
4. Provide preceptor with and be knowledgeable of the Nurse Practice Act for the state in which clinical is occurring.
5. Collaborate and seek guidance from preceptor on clinical findings and management of patient health care appropriately for level of skill.
6. Acquire preceptor's collaboration for and signature on prescription for pharmacological therapy based on patient's plan of care.
7. Ensure preceptor countersignature on all documentation of patient records.
8. Assume responsibility and accountability for APRN interventions and plan of care.
9. Collaborate with preceptor on frequent self-evaluation and on unmet needs.
10. Maintain a log of all learning experience.
11. Collaborate with preceptor on final evaluation of learning experience.
12. Utilize texts and other resources to enhance learning experience.
13. Recognize and embrace the professional advancement occurring during the rotation

How to Manage Student Performance Issues

1. Sub-par performance is seldom intentional
2. Involve faculty when a problem is identified
3. Be honest with the student: guide and mentor

Role of Faculty

1. Share course objectives with preceptor
2. Schedule visits with preceptor to discuss student's progress
3. Support and guide the preceptor on teaching principles and provide resources
4. Communicate: with student and preceptor
5. Site evaluations will be completed based on preceptor and faculty schedules. One site visit will be performed for each Practicum course with a written evaluation completed at the end. An iPad/FaceTime visit will also be done one time per semester during clinical courses.

Orientation Recommendations

Partnering in Nurse Practitioner Education: Welcome to Precepting!

https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/docs/preceptororientationfaqs.pdf

Preceptor Portal Vignettes

Precepting the Primary Care NP Student (5:58)

Watch NP faculty actors play the roles of the NP and preceptor in the primary care setting. Pick up tips on reasonable expectations for the student role.

Working with the Overly Confident NP Student (7:21)

This vignette offers preceptors strategies on how to recognize and work with the overly confident and confrontational NP student.

Working with the Overly Sensitive NP Student (9:18)

This vignette offers preceptors strategies on how to overcome the challenges of working with the overly sensitive NP student.

Precepting in a Busy Clinic (12.32)

This vignette offers guidance to the preceptor for the student clinical experience when working in a busy clinic.

Nurse Practitioner Core Competencies

https://cdn.ymaws.com/nonpf.site-ym.com/resource/resmgr/competencies/20170516_NPCoreCompsContentF.pdf

The five steps of the OMP (One Minute Preceptor) are defined as follows:

1. **Get a commitment –** means that the preceptor will first encourage the student to present his or her interpretation of the risk/problem or plan for nursing care. In making this commitment, the student is processing information and beginning the problem-solving process. The preceptor elicits a commitment by asking a few questions such as the following:
   a. What is going on with this patient? What is your plan of care?
   b. When do you believe we should notify the physician?
   c. What further assessments or nursing actions would you do? The preceptor accepts the student's response in a nonthreatening manner, using an incorrect response as a teaching opportunity.

2. **Probe for supporting evidence –** occurs after the student has made a commitment. The preceptor explores the student's thought processes as to what evidence or rationale led to the decision by asking questions such as the following:
   a. Why did you choose that nursing action?
   b. Have you considered any alternative nursing measures?
   c. Why would you take that action first? These questions encourage the student to "think out loud" so the preceptor can assess the student's knowledge and decision-making skills.

3. **Teach general rules –** if the student is missing the connection or is incorrect in his or her assessment, then correct information is provided or the student is informed what resources are available to locate the information. The preceptor can skip this step if the student presented all needed information and there is nothing additional to present. Examples of teaching general rules are as follows:
   a. "The hypoglycemic protocol is in the green book, and it lists the steps to take when the chem strip is 60. You need to review it prior to caring for this patient."
   b. "This is a medication that patients should be informed to take with food to avoid GI upset."
   c. "Use the 0-10 scale to reassess the patient's perception of pain 30 minutes after administering a narcotic."

4. **Reinforce what was done right** – by providing positive feedback to build self-esteem and encourage the right actions to be repeated. Praise specific actions; general praise, however, should be avoided. For example, do not just say "you did a good job" but rather, be specific: "Your assessment was accurate and you included the abnormal laboratory results in your report. That will encourage others to continue to assess the laboratory results."

5. **Correct mistakes –** by providing specific recommendations for improvement. It is possible to accomplish this by having the student critique his or her actions first, often acknowledging the problem and asking for suggestions for improvement. Another approach may be to arrange a private setting for both positive and negative feedback to be given as soon as possible after the event. The focus of correcting mistakes should be on ways to prevent or avoid the same circumstances in the future. Examples of statements for correcting mistakes are as follows:
   a. "Your assessment that an emergency situation was occurring was correct, but leaving the patient to get help was not the best action; next time, stay with the patient and use the call system to obtain help."

b. "You were able to recognize the need to take vital signs more frequently, but the physician was not notified immediately. Prompt notification is important to obtain orders for the needed antibiotic therapy."

Clinical Practicum Experience

The expectation is that students will progress from requiring close supervision to seeing patients independently (with preceptor support) throughout the practicum hours. The goal of the practicum experience is to engage students in varied, quality experiences in primary care settings (preferably in rural areas). Students must complete a total of 1000+ hours in primary care to meet the requirement for graduation. Those hours are divided into Advanced Health Assessment (96 hrs.), Primary Care I (PC I) (144 hrs.), Primary Care II (PC II) (144 hrs.), Primary Care III, Spring (PC III) (96 hrs.), Primary Care III, Summer (144 hrs.) and DNP Residency (144-288 hrs.)

Expectations of Student for Clinical Practicum Experience

Advanced Health Assessment – 96 hours
1. Collect, interpret and document data to develop a comprehensive database with the health history, chief complaint, functional assessment, physical examination, risk assessment, psychosocial assessment and diagnostic testing for individuals across the lifespan.
2. Analyze communication methods for obtaining the health history for individuals across the lifespan.
3. Differentiate between variations of normal and abnormal assessment data.
4. Document and communicate assessment findings for individuals across the lifespan in an organized manner including utilizing electronic health records.
5. Determine health status based on assessment findings related to underlying pathology or physiologic changes for individuals across the lifespan.
6. Demonstrate integrated physical assessments using the techniques of inspection, palpation, percussion, and auscultation.
7. Develop skill in using various techniques, equipment and technologies necessary for total assessment of patients.
8. Analyze and interpret data gathered during physical assessment to develop an appropriate plan of care for individuals across the lifespan.

Primary Care I (PC I) – 144 hours
This is the first practicum course in a series of three practicum courses that prepares the student for entry into practice as a primary care provider. This course is designed to prepare the family nurse practitioner student as a provider of direct health care services.
1. Demonstrate a minimum acquisition of the skills to manage patients' health and illness: advanced assessment, clinical decision making, critical thinking, and diagnostic reasoning.
2. Demonstrate the advanced practice nurse-patient relationship through effective communication and therapeutic relationship in an environment of trust.
3. Assess educational needs of patients and families.
4. Apply evidence-based approaches to care, patient advocacy, ethical actions, and teamwork.
5. Identify personal biases that may impact the delivery of culturally-sensitive care.

Primary Care II (PC II) – 144 hours
This clinical course focuses on the management of complex health problems seen in individuals and families throughout the life span to include emphasis on health promotion of these patients.

1. Integrate the application of assessment results, differential diagnosis, techniques, and pathophysiological processes to the management of patients with complex health problems throughout the life span.
2. Development and application of protocols in collaboration with preceptor for the management of complex health problems across the life span.
3. Identification of patient health care priorities.
4. Implement of problem-solving components and scientific method related to the management of health care problems.
5. Utilization of models of health care management including plan for referral to appropriate specialties, allied health care systems, social, cultural, and community resources that affect health promotion and maintenance.
6. Integration of health promoting behaviors across the life span.
7. Incorporation of ethical principles presented in professional clinical practice.
8. Synthesize theory and research findings relevant to the implementation documentation and evaluation of collaborative care for rural families in rural and urban populations of various cultures in ambulatory settings.

Primary Care III, Spring (PC III) – 96 hours
Students will develop collaborative derived health diagnosis/ management/promotions plans with preceptors and patients.
1. Use advanced health assessment and clinical decision-making skills to manage simple, chronic and complex health problems in patients of all ages.
2. Demonstrate critical thinking and diagnostic reasoning when implementing treatment modalities for simple, chronic and some complex health problems for patients across the life span.
3. Assess internal and external environmental risk factors related to health and treatment of patients throughout the life span.
4. Communicate the client's health status verbally and in writing, using appropriate terminology and format.
5. Collaborate and consult with members of the health care team and the responsible physician concerning patient treatment plans.
6. Identify research, theory, legal, ethical and economic issues related to the care of patients with simple, chronic and complex health care problems.
7. Develop and document appropriate protocols for approval and use in future practice.

Primary Care III, Summer (PC III) – 144 hours
1. Evaluate the skills used to manage patients' health and illness: advanced assessment, clinical decision making, critical thinking, and diagnostic reasoning.
2. Evaluate the advanced practice nurse-patient relationship through effective communication and therapeutic relationship in an environment of trust.
3. Appraise the outcomes of patient and family education.
4. Discriminate evidence-based approaches to care, patient advocacy, ethical actions, and teamwork.
5. Evaluate the health care delivery system.
6. Implement consistent culturally-sensitive care
7. Monitor quality of care and assume accountability for practice

DNP Residency – 96 hours for MSN-DNP or 144-288 for BSN-DNP

Students will demonstrate competency in an area of specialized practice ranging from a specialized field to the full spectrum of primary care services. Using practice guidelines, students will utilize evidence-based decision making in making assessments, formulating differential diagnoses, prescribing therapeutic interventions, and evaluating outcomes in the care of individuals/families/ populations.

1. Demonstrate increased independent clinical decision-making and judgment to differentiate complex practice problems incorporating diverse and culturally sensitive approaches.
2. Create individualized interventions for patients based upon professional standards of practice and evidence-based care to improve patient outcomes.
3. Synthesize nursing science with knowledge from biophysical, psychosocial, analytical and organizational sciences to provide safe and effective health care practices.
4. Develop new advanced practice skills obtained from the practicum experience.
5. Collaborate with intra and inter-professional colleagues within the health care setting for improving patient and population health outcomes.

Thank you in advance for your support and time in mentoring the PSU/DNP Nursing Student.

Preceptor Evaluation of Student

This form is designed to identify levels of practice to indicate growth and development in all areas of advanced practice. We expect the students do exhibit varying levels of practice throughout the DNP program. We are concerned that the students develop abilities in both the technical skills and the integration of physical and psychosocial aspects of care. The preceptor's objective collaborative evaluation of the student's performance will be the influencing factor for the semester grade. The semester performance must be satisfactory to continue and/or graduate from the DNP program.

Feedback and Evaluation of Students
1. Feedback must be specific, immediate, and offered in a private setting
2. Feedback should be positive
3. Feedback is ongoing and informal
4. Evaluation is more in-depth and formal than feedback
5. Evaluation is generally based on the course objectives
6. A student's evaluation should never be a surprise as feedback has been ongoing
7. A "satisfactory" or an "above/satisfactory" rating on 80% must be achieved on the items listed for the student to pass the Practicum. Every preceptor, which the student performs clinical with, must evaluate the student through the online evaluation system in Typhon.

Evaluation Key:
- Not observed – Not observed and unnecessary to include.
- Unsatisfactory (D) – Consistently omits pertinent/important areas for advanced practice.
- Satisfactory (C) – Marginal to minimal competence in advanced practice role
- Above Satisfactory (B) – Beginning level of advanced practice, safe with supervision.
- Highly Satisfactory (A) – Practicing at an advanced level of practice with minimal supervision using collaboration appropriately, utilizing creative and integrative approach to the advanced practice role.

Preceptor Packet Acknowledgment
Pittsburg State University Irene Ransom Bradley School of Nursing

By my signature below, I acknowledge that I have read, sought additional information if necessary, and understand the contents of this Preceptor Packet.

Print Name:

_____

Signature:

_____

Date:

_____

References

American Association of Colleges of Nursing (AACN) (2006). Essentials for Doctoral Education for Advanced Practice. Retrieved from
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