Master of Science in Nursing Program

Post Master’s Certificate Program

Family Nurse Practitioner

PRECEPTOR / STUDENT ORIENTATION HANDBOOK

Angelo State University
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Dear Preceptor:

Thank you for agreeing to precept a student in the Angelo State University Master’s degree or Post Master’s certificate program. Your expert guidance in providing students the opportunity to apply their clinical skills and knowledge is critical to preparing them for the advanced practice role. As a busy professional with numerous demands and responsibilities, your commitment to this process demonstrates personal dedication to the continuing quality development of the nursing profession. The student will gain confidence and validation as you provide teaching, coaching, and role modeling opportunities. It is difficult to imagine successfully preparing these individuals without the collaboration of our colleagues in the community!

Please review the mission statement of the MSN program at Angelo State University enclosed in this packet. The student should supply you with a copy of the course syllabus communicating course and clinical objectives. In addition, the student is required to formulate both semester and daily objectives, subject to approval of the faculty member and the preceptor. You and the student should review and refine these objectives which are specific to the student’s goals for the experience and the opportunities available in your practice. Review the objectives occasionally for those accomplished and not yet attained. Copies of the Student Clinical Evaluation forms to be filled out by you for each semester will be provided by the student. Please complete the following forms (included in this packet) before the student begins the experience and give to student for submission:

- Preceptor Profile (Biographical Data Sheet) indicating professional preparation and licensure is required for all preceptors.
- Updated Curriculum Vitae (CV) which includes the current job position
- Preceptor Agreement acknowledging your willingness to serve as a preceptor for the specified student.

The Angelo State University graduate nursing faculty values your service as a preceptor and welcomes your recommendations for making the preceptor role more effective and satisfying. Please feel free to contact me or the course instructor if you have any questions or concerns. Thank you for your service on behalf of continuing excellence in the clinical education of professional nurses.

Sincerely,

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Graduate Nursing Program

Angelo State University’s Master of Science in Nursing and Post Master’s Certificate Family Nurse Practitioner Tracks are accredited through the Commission on Collegiate Nursing Education (CCNE). Both tracks are approved by the Texas Board of Nursing and meet the requirements outlined in 219 RULE §219.9 of the Texas Administrative Code of Regulations - http://txrules.elaws.us/rule/title22_chapter219_sec.219.9 “The provisions of this §219.9 adopted to be effective September 13, 2001, 26 TexReg 6889; amended to be effective January 8, 2008, 33 TexReg 184” (elaws.us).

Mission, Vision Philosophy

Mission
The nursing program supports the overall Mission of Angelo State University by offering graduate and undergraduate nursing programs that produce professionals committed to improving the health of individuals, groups and communities both locally and globally. As practitioners and educators, our graduates effectively lead and advocate for safe, high-quality health care that respects diversity and is responsive to a dynamic and technologically complex society.

Vision
We will be recognized as visionary leaders committed to delivering innovative nursing education that promotes optimal patient outcomes.

Philosophy
We believe nursing is a unique, caring, scientific practice discipline built upon a solid foundation of knowledge in the liberal arts and sciences. Each level of nursing education expands upon prior knowledge and competency through the integration of research-based evidence. Our programs produce compassionate and skilled nurses prepared to meet the healthcare needs of a global society. We believe the nurse delivers person-centered care as a member of the interprofessional team utilizing therapeutic partnerships and patient advocacy that emphasizes health promotion, health restoration and disease prevention.
We believe in student-centered, adult learning principles and provide a supportive, engaging educational environment facilitating personal and professional growth for leadership and lifelong learning.
We believe lifelong learning is nurtured in an environment of mutual respect and shared responsibility for the development of clinical reasoning, ethical conduct and personal accountability.

Preceptor Criteria

A qualified preceptor must supervise the clinical experience. To help ensure optimal preceptor supervision, a combination of guidelines/criteria/rules and regulations will be utilized. These guidelines/criteria/rules and regulations include: Angelo State University’s Graduate Nursing Guidelines, National Organization of Nurse Practitioner Faculties Criteria for Evaluating Nurse Practitioner Programs and Rule 219.10, Management of Clinical Learning Experiences and Resources, of the Texas Board of Nursing’s Rules and Regulations pertaining to Advanced Practice Nursing Education http://txrules.elaws.us/rule/title22_chapter219_sec.219.10 “The provisions of this §219.10 adopted to be effective September 13, 2001, 26 TexReg 6889; amended to be effective January 8, 2008, 33 TexReg 184” (elaws.us).

1. Nurses:
   a. Degree in Nursing from an accredited university.
   b. Current RN license in the state of Texas where student will engage in clinical practice
   c. Must have prescriptive authority
   d. Authorized to practice as advanced practice nurse in their area of specialization and with specified patient population APRN focus, in the state of Texas.*
   e. Currently licensed health care professionals who provide supervision and teaching in clinical settings appropriate for advanced practice nursing.
   f. Have at least one year of full time experience in the role in which the student is being precepted***

2. Physicians/****Physician Assistants:
   a. Doctor of Medicine or Doctor of Osteopathic Medicine (including psychiatrists) from an accredited university.
   b. Certification as Physician Assistant, must have prescriptive authority
   c. Currently licensed and practicing
   d. Have at least one year of full time experience in the role in which the student is being precepted**

3. Clinical Social Workers/Professional Counselors/Psychologists****
   a. Currently licensed and practicing
   b. Have at least one year of full time experience in the role in which the student is being precepted**

4. All preceptors should have current malpractice insurance and unencumbered license

5. Area of practice must be relevant to the educational clinical practice component.

6. Able to provide adequate supervision, teaching, and evaluation of students for the achievement of clinical course objectives and learning needs.

7. Able to facilitate active participation of students in the delivery of health care.

8. Commitment to the concept of advanced practice nursing.
9. Familiar with written clinical objectives specific to preceptor experience.

*Required for students in the FNP track
** ASU Graduate Nursing guideline
*** ASU Graduate Nursing guideline and TX BON regulation

****Limited to Mental Health rotation only

*****Physician Assistants utilized on a case-by case basis
Responsibilities within the Preceptorship

The preceptor will provide a setting in which the student may see patients and gain experience in clinical practice.

1. **Preceptor Responsibilities**

a. Orients the student to clinical setting, organizational policies and key personnel.

b. Precepts the advanced practice nurse practitioner student on a one-to-one clinical basis.

c. Serves as an exemplary role model, host, sponsor and teacher to the advanced practice nursing student.

d. Allows the advanced practice nursing student the opportunity to assess, diagnose and form a treatment plan BEFORE providing feedback and suggestions.

e. Reviews all student documentation in clinical records and co-signs same.

f. Provides the advanced practice nursing student with the clinical experiences as appropriate to meet the course requirements/objectives and specific education expectations.

g. Critiques the advanced practice nursing student’s clinical skills and knowledge during the designated preceptor period.

h. Maintains communication with the nurse practitioner faculty; discuss/evaluate advanced practice nursing student progress in the clinical area.

2. **Advanced Practice Nursing Student Responsibilities**

The advanced practice nursing students are responsible for being self-directed in identifying initial and ongoing learning needs, for seeking learning opportunities to meet identified needs, and for being accountable for their performance in the advanced practice nursing role. The student should:

a. Provide the preceptor with the Master of Science in Nursing/Post Master’s Certificate Family Nurse Practitioner Preceptor/Student Orientation Handbook, complete all preceptor agreements and preceptor profiles, and collect an updated preceptor CV, which includes the current job position, prior to the initiation of the clinical experience.

b. Discuss specific written clinical objectives and negotiate a clinical schedule with the preceptor. This clinical schedule must be entered into the Typhon - Nurse Practitioner Student Tracking™ (NPST) system within 2 weeks of faculty approval of preceptor and site.

c. Provide the clinical site with the necessary licensure, liability insurance, and educational information as requested. Submit a completed student profile to the preceptor and to faculty on or before the first clinical day.
d. Assume responsibility for individual learning needs recognizing own limitations and strengths while complying with professional standards, clinical site policies, and advanced practice protocols.

e. Demonstrate professional role behaviors of an advanced practice nurse. Dress should be professional and appropriate according to the clinical practice setting. A lab coat or appropriate attire fitting to the office setting and the approved name tag is required.

f. Demonstrate accountability for thoroughness and timeliness in completing assigned role responsibilities.

g. Enter clinical patient data into NPST system on the same day patient care is provided but no later than one week after patient care is provided and submit report to the faculty at designated intervals, and for final approval at the end of each semester.

   **Time documentation guidelines:**
   1. patient visit starts from moment patient is greeted and ends with visit completion.
   2. patient visit will include: the history and physical exam of patient plus reviewing labs/diagnostic reports; reviewing previous notes; consultation with or presentation to, preceptor; checking guidelines; verifying medications.
   3. patient visit does not include: lunch, travel time, study time, conference time, grand rounds, or any activity not directly related to the single patient visit noted above.

h. Ensure clinical tally sheet is signed daily by preceptor and documents number of hours and number of patients seen per day. Present course tally sheet to faculty, along with cumulative tally sheet, to faculty at the end of each semester for verification and signatures.

i. Demonstrate increased independence and competency in the advanced practice role in accordance with his/her academic progression.

j. Actively seek input into the evaluation process and participate in self-evaluation.

k. Contact faculty by telephone, or email if faculty assistance if necessary.

l. Respect the confidential nature of all information obtained during the clinical experience.

m. Complete clinical preceptor/site evaluation at the end of the clinical experience.

3. **Advanced Practice Nursing Student Physical/Mental Performance Guidelines**

   In order to accomplish the objectives of the program, students must be able to meet the following performance requirements:

   - Visual acuity with corrective lenses to identify physical findings such as cyanosis, edema, erythema..., observe patients, read diagnostic test results, and legibly document and locate information on a medical record or electronic health record.
Hearing precision with auditory aids to understand the normal speaking voice without viewing the speaker’s face, interpret spoken communications received from patients, families, and health care professionals, and auscultate or percuss various body systems such as the cardiac, respiratory, gastrointestinal...

Physical capacity to stand for prolonged periods of time, perform cardiopulmonary resuscitation, patient assessments, evaluation and treatment activities, and diagnostic maneuvers.

Communication efficiency to accurately relay verbal and written information, clearly and succinctly explain treatment procedures, describe patient conditions, and implement patient teachings.

Technology capability to utilize computers and electronic devices at a reasonable level of proficiency for safe patient care.

Manual dexterity to perform accurate movements, execute diagnostic procedures or routine laboratory tests, and operate medical equipment.

Physical and emotional stability to function safely under stressful conditions, and adapt to ever-changing clinical situations involving patient care.

In accordance with University policy, students with a disability who may require a reasonable accommodation to meet these technical standards should contact the Student Affairs Office as soon as possible.

4. Designated Faculty Responsibilities

Faculty identify clinical learning objectives specific to the program, course, and learning needs of the students. They facilitate student achievement of these objectives through provision of didactic instruction, identification of appropriate clinical facilities and preceptors, observation and evaluation of students in the clinical setting, and establishment of close working relationships with preceptors.

The faculty should:

   a. Validate student adherence for appropriateness of learning experiences.

     1. It is recommended that 50% of the clinical experience be with a nurse practitioner. Any clinical experiences outside this recommendation will be with clinical faculty approval only and made on a case-by-case basis.

     2. Five hundred and fifty (550) FNP clinical hours (Family Primary Care I Practicum, Family Primary Care II Practicum, Integrated), 110 are spent in an OB/GYN setting (main focus women’s health with some routine OB checks but no high risk OB or deliveries as that would fall outside the FNP scope of practice), 110 are spent in a pediatric setting, 44 are spent in a mental health setting, and 286 are spent in a focus on adult/geriatric medicine in a family practice setting or if needed an internal medicine setting.

     3. Fifty (50) clinical hours are spent in various appropriate settings (Corporate Health, Primary Care practices…) performing head to toe physical assessments in the Advanced Health Assessment course and 50 clinical hours are spent in various appropriate settings (ER, Convenient Care, After hours clinic…) performing common primary care skills in the Advanced Skills for the Advanced Practice
Nurses course.

4. Students in the Family Primary Care I and Family Primary Care II Practicum Courses:
   a. should not complete more than 32 hours of clinical in any given week
   b. may not begin clinical hours until the third (3rd) week of the semester even if all
      paperwork is completed and final approval has been given
   c. may not complete their clinical hours prior to week 13

5. Students in the Integrated Course:
   a. should not complete more than 30 hours of clinical in any given week
   b. may begin clinical hours on the first day of the semester if all paperwork is
      completed and final approval has been given
   c. may not complete their clinical hours prior to week 8

6. Students may not have a preceptor in the same physical office location which they
   are employed, bank clinical hours, or participate in clinical rotations during
   semester breaks

b. Validate preceptors and evaluate clinical sites for appropriateness of learning experiences.
   1.

c. Be available to discuss the program requirements and objectives with the preceptor.

d. Assure establishment of affiliation or preceptor agreements prior to initiation of clinical
   experience.

e. Be responsible for providing expedient consultation and/or support of the preceptor when
   needs or problems are reported.
f. Serve as role model to demonstrate effective communication, leadership and clinical expertise.

g. Seek preceptor input regarding student’s clinical performance and other clinical related activities.

h. Maintain communication with the preceptor/facility/agency and make clinical site visits as needed.

i. Encourage student to verbalize and demonstrate the use of theoretical frameworks and the application of relevant research as well as evidence-based findings for care and decision making.

i. Document the student’s clinical progress for the semester using the appropriate course evaluation form.
The One-Minute Preceptor
(Neher, Gordon, Meyer and Stevens, 1992)

The One-Minute Preceptor summarizes five user-friendly techniques that you can put to use in a busy clinic setting.

**Microskill 1: Get a Commitment**
Situation: After presenting a case to you, the student stops to wait for your response or asks you what to do.
Preceptor: Ask the student what he or she thinks about the issue. The student’s response will allow you to assess the student’s knowledge and focus more precisely on learning needs.
Sample questions:
- “What do you think is going on with this patient?”
- “What would you like to accomplish in this visit?”
- “Why do you think the patient has been non-compliant?”

**Microskill 2: Probe for Supporting Evidence**
Situation: The student has committed to a position on the issue presented and looks to you to confirm or correct.
Preceptor: Before giving an opinion, ask the student what evidence supports his or her opinion. Alternatively, ask what other alternatives were considered and how they were rejected in favor of the student’s choice.
Sample questions:
- “What were the major findings that led to your conclusion?”
- “What else did you consider? “How did you reject that choice?”
- “What are the key features of his case?”

**Microskill 3: Teach General Rules**
Situation: You have ascertained that there is something about the case which the student needs or wants to know.
Preceptor: Provide general rules at the level of the student’s understanding. A generalizable teaching point can be phrased as, “When this happens, do this. . . .” General rules are more memorable and transferable than specific facts.
Example:
- “If the patient has only cellulitis, incision and drainage is not possible. You have to wait until the area becomes fluctuant to drain it.”
- “Patients with UTI usually experience pain with urination, increased frequency and urgency, and they may have hematuria. The urinalysis should show bacteria and WBCs, and may also have some RBCs.”

**Microskill 4: Tell Them What They Did Right**
Situation: The student has handled a situation effectively.
Preceptor: At the first opportunity, comment on the specific good work and the effect that it had. As Belasco (1989) wrote, “What gets measured gets produced; what gets rewarded gets produced again.”
Example:
• “You didn’t jump into working up her complaint of abdominal pain, but kept open until the patient revealed her real agenda. In the long run, you saved yourself and the patient a lot of time and unnecessary expense by getting to the heart of her concerns first.”
• “Obviously you considered the patient’s finances in your selection of a drug. Your sensitivity to this will certainly contribute to improving his compliance.”
• “Why do you think the patient has been non-compliant?”

Microskill 5: Correct Mistakes
Situation: The student has made mistakes, omissions, or demonstrated distortions or misunderstandings.
Preceptor: As soon as possible after the mistake, find an appropriate time and place to discuss what was wrong and how to correct the error or avoid it in the future. Let the student critique his or her performance first. The student is likely to repeat mistakes that go uncorrected.
Example:
• “You may be right that this patient’s symptoms are probably due to a viral upper respiratory infection. But you can’t be sure it isn’t otitis media unless you’ve examined the ears.”
• “I agree that the patient is probably drug-seeking, but we still need to do a careful history and physical examination.

Important Links
For Clinical and Preceptor Documents go to ASU Nursing webpage for Graduate Student Resources
http://www.angelo.edu/dept/nursing/student_resources/grad_info.php
Scroll down to Preceptor Forms-Family Nurse Practitioner*
- Clinical Readiness Checklist
- Preceptor Agreement –Preceptor Profile
- Clinical Hours Documentation Forms
- Student Evaluation of Preceptor/Clinical Facility
- MSN Student Self-Evaluation
*Nurse Educator student in NUR 6331 Advanced Health Assessment

Free website for preceptors and students on the entire Preceptor experience: “How to be a Good Preceptor” – www.preceptor.ca/

For Access to the Master of Science Graduate Student Handbook Click on the Link Below.
https://www.angelo.edu/content/files/18423-graduate-student-handbook-fall-2014