THE UNIVERSITY OF ARIZONA
College of Nursing

DNP Program Clinical Handbook
Nurse Practioner Specialties
2020-2021

Contents

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General Information

This publication is for informational purposes and is neither a contract nor an offer to contract. The College of Nursing reserves the right to change any provision or requirement at any time without notice. This material supplements the University of Arizona Graduate Catalog and the College of Nursing DNP Program Handbook. Additional information may be found at the following web sites:

The University of Arizona
The University of Arizona Catalog
The Graduate College
The College of Nursing

The DNP Program's Clinical Guidelines Handbook is designed as a resource for DNP students, clinical supervising faculty and preceptors. Relevant policies and procedures of the University of Arizona, Graduate College and College of Nursing are included in this handbook. Much of the information is online; therefore, the actual web sites are listed for the official information on policies and procedures. Where information is not available online, a brief description is provided. Additional information can be obtained from the Office of Student Support and Community Engagement or from the faculty advisor within the College of Nursing. Students are responsible to know and adhere to all established policies and procedures.

Relationship to Other Documents

The DNP Program Clincal Handbook is intended to be used in conjunction with other university documents including, but not limited to, those named and linked above. Students should first consult their DNP Program Handbook, relevant Clinical Guidelines Handbooks and then consult the appropriate Graduate College or university policies when questions arise. Many polices in the DNP Program Handbook are specific to students in the program and within the College of Nursing. All students, faculty and staff are expected to read the handbook and be familiar with college and university policies. The most current copy of the DNP Program Handbook is available on the College of Nursing's website for public access.

In addition to this handbook, students must review the Policies & Procedures as posted to the College of Nursing's website. These policies include (but are not limited to):
- Obligation to self-report
- Code of Ethics for Nurses
- Use of Social Media
- Clinical Policies (technical/essential qualifications, immunizations, uniforms, etc.)
- Graduation

The College of Nursing upholds all University Policies related to but not limited to the following:
- Absence and Class Participation
- Threatening Behavior
- Accessibility and Accommodations
- Code of Academic Integrity
- Nondiscrimination and Anti-Harassment

It is the responsibility of each student to understand and adhere to the Board of Nursing requirements in the state in which they will practice.

Section 1: Clinical Rotation Overview

Clinical Course Progression

Total program requires a minimum of 720 hours. 540 hours for Post-Master Students. Clinical rotations begin during the spring, after successful completion of 609a Adv. Health Assessment. Refer to the specialty's program guide for detailed information. All specialty specific questions should be referred to either the appropriate specialty coordinator or clinical placement coordinator.

> **Spring-** requires a minimum of 180 hours
> **Summer-** requires a minimum of 180 hours
> **Fall-** requires a minimum of 360 hours
> > • Post-Master Certificate students complete a minimum of 180 clinical hours

Required Forms

Progression in the DNP program requires the timely completion of required forms for clinical placement and preceptor work. All forms required for the completion of the program can be found on the College of Nursing website. Links are provided below:

- **Guides**
  - Clinical Policies Handout (Orientation Guide)
  - Clinical Rotation Tip Sheets
- **Applications**
  - Nurse Practitioner Clinical Placement Applications
- **Forms**
  - Preceptor Information Form
  - Student Request for Contract
  - Steps to Getting Certified and Licensed as an NP
- **Student Immunizations**
  - Immunization Requirements are on the Immunization & Health Screening Requirements webpage.

Potential Preceptors

- All students are required to work with their clinical placement coordinators to identify potential preceptors . Students are strongly encouraged to be proactive in this process; it takes significant time to establish relationships. Some practice sites will communicate only with the program representative; in that case, the appropriate clinical placement coordinator will explore placement possibilities on behalf of the student.
- Once a preceptor has been identified, have the preceptor submit a preceptor information form which can be found on the College of Nursing Student Resources webpage.

Clinical Placement Application

- A Clinical Placement Application is a communication tool to inform the clinical placement coordinators of a preferred organization he/she would like to work their clinical practicum rotation.
- Clinical Placement Applications are available on the College of Nursing Student Resources webpage. It is the student's responsibility to access and complete the application in accordance with specified timelines.
  - If the form is not returned on time, the student may be unable to begin clinical practicum on time. This may significantly jeopardize timely progression in the program.
  - Clinical Placement Applications _**must**_ be returned _**1 year in advance of the clinical practicum**_

Clinial Site Contracts

- There must be a contract in place between the UA/CON and the clinical site or preceptor for a student to start a clinical practicum.
- Be aware, contracts are _**legal documents**_ and can take several months to a year to finalize, so _please_ identify clinical sites and preceptors early to allow adequate time to complete this process. If there is not contract in place, a student may NOT start clinical practicum, no matter how willing the preceptor is to supervise the work.
  - If there is not currently a contract in place with the clinical site, each student will need to complete the Contract Request form, available on the Student Resources webpage as soon as possible.

- o If site and/or preceptor do not respond to attempts to contact them or do not return the required forms, the student will be contacted to follow-up with the preceptor/clinical site.
- While clinical placement coordinators can help facilitate the process, the College of Nursing is unable to directly negotiate or speed up a contract. The AHSC contracts office has indicated that contract updates will be provided on a monthly basis only, so frequent inquiries regarding the status of a particular contract are ineffectual. Unless a contract is already in place, students are not recommended to select military or university systems. These facilities are *very* challenging to get contracts completed, especially if the Military or University Medical System already has a medical school and/or NP (or PA) program from which they receive students.
- Unless a contract is already in place, students considering practice sites in government-based, corporate healthcare, or university systems must be advised that it can be very difficult and time-consuming to finalize contracts for these settings. Also, some of these practice sites limit preceptorship availability to their own employees or students.
- ***Please be aware that the College of Nursing is unable to submit a contract request until the preceptor has returned a signed, completed form that verifies the availability of an appropriate preceptor at that specified contract site.***

Leave of Absence & Clincal Placements:
DNP students who wish to take a Leave of Absence (LOA) must review the policy in the DNP Program Handbook. The student should first discuss their intent with their faculty advisor and propose an updated Plan of Study to complete their coursework. The student must also notify the Specialty Coordinators of the DNP Program. Because clinical placements are arranged 9-12 months in advance, students must continue to check their official UA email weekly throughout the LOA. Failure to check email weekly, submit clinical forms by the posted deadlines and communicate any clinical placement needs to the clinical placement coordinators may delay clinical placement and progression in the DNP program.

Section 2: Clinical Policies

Critical Incident Reporting
Each student will be issued an exposure procedure card at RISE. The procedure on this exposure card should be followed when a student is injured in the College of Nursing building or at a clinical agency. A student must report critical incidents that have taken place within an affiliate clinical site to the Specialty Coordinator, Clinical Supervising Faculty (CSF) and the Office of Student Support and Community Engagement (OSSCE) at the time of the occurrence (within 24 hours). Critical incidents include but are not limited to any patient/student injury, complications, morbidity, or mortality. Students must complete the 'Non-Employee Incident Report' form on the the University of Arizona's Risk Management's website https://risk.arizona.edu/insurance/incident-reporting. Furthermore, any non-critical incident concerns about a student, preceptor, or clinical matter need to be conveyed to the assigned CSF within 48 hours. It is highly recommended that all concerns be documented and communicated to all parties involved at the site as well as to the CSF and Specialty Coordinator. Contact OSSCE for information regarding items that are required for potential reimbursement.

Chaperone of Individuals
- Students are responsible for reading the policy of the clinical agency in which they are being mentored related to chaperoning of individuals from birth to 19 years of age.
- Student are to follow the agency policy related to chaperoning of individuals from birth to 19 years of age
- The College of Nursing minimum standard of care that all students are required to follow is the following:
- If the patient is an adolescent or young adult and the examination requires inspection or palpation of anorectal or genital areas and/or the female breast, a chaperone is required. It is highly recommended that the student's preceptor serve as the chaperone

Dress Code
College of Nursing students are representatives of the educational program, the University of Arizona, clinical affiliates, the specialty, and the profession. The maintenance of a professional appearance facilitates the acceptance of the profession and the individual by patients and other health professionals. All students are expected to maintain a neat, professional appearance and a high standard of personal cleanliness at all times. Students are expected to dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational

Safety and Health Administration (OSHA). The clinical site may specify the dress code in accordance with OSHA and state law considerations. Business casual attire is a minimum standard expected for students in the clincal environment. The following items are not considered appropriate attire in the clincal enviroment:

o Jeans, Shorts, Athletic shoes or flip flops, Sweat pants or tops, Ripped, torn or faded clothing, Sleepwear, Backless dresses or clothing more appropriate for evening, Bib overalls, Leggings, Spandex or other form-fitting pants, Undergarments are not to be exposed at any time.

Students are reminded that when self-identifying or being identified as a student from the University of Arizona College of Nursing (including but not limited to verbal identification; visual identification, such as logos on clothing or scrubs; or written identification), the student is representing the specialty, the profession, the College, the University, and the clinical affiliates, and is expected to conduct themselves in a professional manner. In addition to the policies outlined in the specific nursing program handbook and the university's Code of Conduct, off- campus conduct that adversely affects the college community, the college's professional standards, and/or the reputation of the college may be subject to a Code of Conduct violation.

Social Media

The College of Nursing adheres to the University of Arizona's standards regarding the use of social media in the workplace. The University's polices can be found linked via the Dean of Students and Human Resources. Additionally, students in the College of Nursing should review A Nurse's Guide to the Use of Social Media produced by the National Council of State Boards of Nursing and the information provided by the American Nurses' Association in the Social Networking Privacy Toolkit. Additional information regarding the use of social media is in the DNP Program Handbook.

Electronic Devices and Clinical:

In general, students should not use cell phones, pagers, recording devices, or other electronic communication devices in the clinical area. However, students may be allowed to use electronic communication devices within the clinical setting with the direct permission of their clinical faculty. Students must adhere to all specific institutional policies and procedures and professional behaviors pertaining to the use of electronic devices during clinical lab time (including clinical conference times). Computer use during clinical time should be restricted to clinical care – related activities only. Use of computers for personal communication, personal entertainment, non- academic, internet use, and to work on academic assignments is strictly prohibited. Inappropriate use of any electronic device during clinical may result in dismissal from the clinical setting. In addition, inappropriate use of electronic devices within the clinical setting constitutes unprofessional behavior and may result in unsuccessful completion of the clinical portion of the course.

Section 3: Confidentiality of Medical Record & HIPAA

All data gathered about the patient and his/her illness, including all items within a patient's medical history, is privileged information. Please read the HIPAA Policy & Compliance Statement on the College of Nursing webpage.

o Students must never discuss or present a patient's records in a manner or situation which would violate the confidential nature of that record.

o Charts or contents, e.g., lab reports, etc., are not to be removed from the clinical setting.

Patient Records

On each clinical rotation, it is the student's responsibility to ensure that all patients seen by the student are also seen by the supervising clinician. The supervisor should also review all student notes written in medical records and countersign these documents. Countersignature by a licensed preceptor (APRN or physician) is required. Under no circumstances should a student initiate care for any patient on any rotation without prior consultation and approval of the preceptor. These guidelines must be strictly adhered to for the student's protection and the protection of the patients.

Section 4: Clincal Requirements

Students must maintain 100% compliance with all required required clincal requirements. Review the [Immunization & Health Screening Requirements webpage](#) at for specific information. Required immunizations can be obtained at Campus Health. For information and pricing call the Billing and Claims office at 520-621-6487 or visit http://www.health.arizona.edu.

Castle Branch & Clinical Requirements

Castle Branch is an online database used to track clinical requirements that include but not limited to drug screening, proof of health insurance coverage, current immunizations and titers, CPR completion, and fingerprint clearance card. Students will be interfacing with this online tracking system to maintain and store their records and clinical requirements. The [Office of Student Support and Community Engagement](#) in the College of Nursing will provide each student with detailed instructions regarding setting up an account.

Compliance

Castle Branch sends automated reminders of items that are near expiration. Students are responsible for monitoring the email communication from Castle Branch and being in compliance with all requirements before and during their clinical rotations. If student is not in compliance before starting their clinical rotations, they will not be permitted to start their clinical rotations. If a student is not in compliance during their clinical rotations, they will be immediately removed from clinical. Students cannot start or resume their clinical rotation until they are in compliance with all Castle Branch requirements. If the student is unable to complete clinical hours due to noncompliance, they will receive a failing grade in their clinical course.

Additional Clinical Requirements

Some sites will require students to provide additional items, complete online training, or orientation prior to the start of the clinical rotation. Your clinical placement coordinator will advise students of this requirement. Failure to complete clinical site required applications, documents, or orientations will result in delay in the start of the clinical rotation or removal from the clinical rotation, if any of the above requirements are out of date during the semester and may jeopardize student progression in the DNP program.

Section 5: Student Guidelines

Course Progression Algorithm

Each clinical management course builds on the content and clinical application experiences of the previous clinical management course. Students are responsible for knowing expectations for learning and the criteria for satisfactory performance in each clinical management course. Preceptors will be given the syllabi of the student's current clinical course; howeverhowever, students should also ensure that the preceptor is informed of the expected student learning outcomes. So that preceptors can better understand the student's potential for performance, and their educational learning needs, an academic progression program of study for each of the specialties are found on the College of Nursing's [website](#). The specialties at the College of Nursing are: Family Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, Adult Gerontology Acute Care Nurse Practitioner, Pediatric Nurse Practitioner, and Nurse Anesthesia. For specific information about Nurse Anesthesia, please consult the Clinical Guidelines Handbook for Nurse Anesthesia Specialty Doctor of Nursing Practice Program.

Documentation of NP Clinical Experiences

Students are required to keep patient encounter logs. Preceptors may request to review previous logs as an indicator of clinical learning needs. Clinical faculty monitor patient encounter logs weekly to follow student progress. Students will keep patient encounter logs in a computerized format. The nature of the patient care encounters that students have experienced in their past clinical practica should be readily available for preceptor and/or faculty review, keeping in mind that students and the College of Nursing maintain applicable HIPAA confidentiality requirements; thus, patient confidentiality must strictly be observed when logs are shared, including withholding all identifying information. For students to verify they have had enough clinical hours in their APRN program, they must document the number of hours spent in clinical practica.

Students are expected to document accurately all hours spent in the clinical setting, including allocating accurate times for various activities (e.g., actual patient encounter, consultation with the preceptor). For a student to be nationally certified, as a Family Nurse Practitioner, for example, the student must be able to document populations seen, e.g. enough pediatrics, enough women's health, etc. It is the responsibility of assigned clinical supervising faculty to evaluate and approve a student's clinical logs on a regular and repeated basis.

The University of Arizona College of Nursing does not accept handwritten clinical logs. All clinical hours and clinical experiences must be entered into the clinical documentation system. The use of this software will enable students to keep track of exactly how many patients they have seen, what their diagnoses are, what medications they have prescribed, etc. It also helps students to become comfortable with the coding that most healthcare providers are now required to do in their daily practice.

Allocation and Definitions of NP Clinical Practice Categories
Graduates of this program must demonstrate the ability to apply new knowledge in planned clinical practice experiences, attain program outcomes, and perform as competent beginning advanced practice professionals. This document defines the different categories of experiences that are entered into the clinical documentation system as evidence of the student's ability and growth as a competent nurse practitioner and in meeting program outcomes. Accuracy in recording all time spent in each category is expected (see Code of Academic Integrity).
Each NP specialty requires 720 direct clinical hours to complete the plan of study.

Clinical Categories and Definitions
Direct Clinical time is the time the student spends in direct, face to face, care of the patient. The following are examples, but not an exhaustive list of patient care activities. Each specialty must operate within their scope of practice and students should seek guidance from their preceptors and clinical supervising faculty with any questions. Direct Clinical time also includes consultation time the student spends discussing/consulting with the preceptor about a specific, current, case in which the student is involved in direct patient care. This consultation time is tied to a specific patient case and should be logged with that case. Consultation may occur on the telephone or with other telehealth technology (depending on practice) and counts as consultation. Telephone consultation is the time the student spends on the telephone with a patient discussing issues such as referrals, labs, tests, and follow up instructions, patient education and/or clarification of previous instructions or medications. Rounds and time spent reviewing labs and medical records related to patient care

Student Absence from Clinical
If a student is to be absent for a scheduled clinical day (due to illness or emergency), the student should notify the preceptor prior to the beginning of the clinical day. On the first clinical day, students should identify the procedure for contacting the preceptor in case of absence. It is the student's responsibility to also notify the clinical supervising faculty of the absence and to negotiate with the preceptor regarding making up time, when possible. If the student is not attending clinical as scheduled, the preceptor should notify the clinical supervising faculty member. Students are expected to schedule clinical time with the preceptor, consistent with the preceptor's availability/schedule.

Student Clinical Evaluation
It is the role of the course chair and specialty coordinator to assure that the preceptor and clinical supervising faculty understands the student's learning needs for the clinical experience. The preceptor should provide both formative and summative evaluation and document anecdotal notes that can be used to develop the mid- semester and end of semester evaluations. Faculty are responsible for a student's final grade in a course and clinical practicum; however, the preceptor should notify the clinical supervising faculty immediately when issues of patient safety are potentially compromised. The preceptor should also notify the student whenever performance does not meet acceptable standards and, if necessary, remove the student from direct patient care in the event of compromised patient safety, which at that point the faculty or the College must be notified to assure appropriate evaluation and academic review.

Student Legal Liability and Liability Insurance

Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor will remain the primary care provider, be responsible for decisions related to patient care, and continue to provide follow-up care. Preceptors have ultimate decision-making power over, and responsibility for, the details of care, including training activities and direct supervision of student learning experiences. The student's own insurance coverage for practice as a RN will not generally protect the student from liability in their advanced practice student role. University of Arizona matriculated students are insured under the provisions of Arizona Revised Statutes §41-621 et seq. (State of Arizona Self-Insurance Program) for protection of assigned students in the course and scope of students' clinical practicum educational activities. Preceptors will be required to have professional liability insurance coverage in amounts of not less than $1,000,000 per occurrence and $3,000,000 annual aggregate.

Section 6: Students Rights & Responsibilities

Student Rights

Students have a right to expect that:
- They will not be exploited relative to time commitment for pay or profit of the conducting institution.
- Enrollment in a nursing program grants certain rights and responsibilities to both the student and the program. These rights and responsibilities of each party should be fully understood and complied with.
- A student's failure to achieve the goal within the time frame expected should be based on valid, reliable data and information from evaluations, viewed objectively and fairly and reviewed as may be required. Appeals mechanisms are available when decisions are contested. Fair and accurate evaluations of their progress in the educational program will be made and they will be kept informed of their progress.

Student Responsibilities

Students will be held accountable for:
- The quality of preparation, completion and performance of assignments.
- Complying with the policies and procedures pertaining to the student's admitted program of study and all affiliate sites.
- Knowledge of all policies and procedures outlined in the appropriate program handbook.
- Their ethical and legal responsibilities for repayment of student loans from any source, public and private.
- Giving permission to the faculty at the University of Arizona College of Nursing and affiliating institutions to provide reference information upon student request. The nature and scope of the reference documentation may include information sought by potential employers, scholarship and award committees and any future college/university where the student may seek application.

Student Scope of Practice

Student NPs, as well as all NPs, are required to function within a scope of practice supported by theory and clinical experience that are provided during their academic preparation. NP students in the:
- Adult-Gerontology Acute Care (AG-ACNP) specialty may provide care only to adult patients 17 years of age and above. Under no circumstances should they provide care to children, although they may observe care provided by others, such as their preceptor, on rare occasions.
- Pediatric (PNP) specialty may provide care only to patients 21 years of age and under (unless the patient's medical condition necessitates ongoing care from a pediatric provider). Under no circumstances should they provide care to adults, although they may observe care provided by others, such as their preceptor, on rare occasions.Familyoccasions. Family (FNP) and Family Psychiatric Mental Health (FPMHNP) specialties may provide care to patients across the lifespan.

Professionalism, Integrity & Clinical Conduct

Patient case preparations, reading, meeting attendance and other types of inquiry often have to be performed on the student's own time. Students shall also conduct themselves in a professional and respectable manner during class time, clinical time and during professional meetings and seminars.

Clinical Documentation

When entering clinical notes and patient encounter logs into EXXAT, students must adhere to the standards provided in the Code of Academic Integrity policy. Falsifying documentation will be considered a violation of this policy and will result in disciplinary action.

Attendance

The student should attend the required number of hours of clinical practicum that is consistent with the program requirements, policies on academic standards and the preceptor's agreed upon clinical schedule. Students should not assume that if they fail to complete the required number of clinical hours for the term that they automatically will be granted an incomplete or permitted to make up clinical hours with their preceptor. Approval for extending clinical hours beyond the semester in which the course is taken must be approved by the, the Clinical Supervising Faculty, the Course Chair and the Specialty Coordinator. If a student cannot complete the required hours due to an unforeseen event, such as illness of the student or preceptor, the student and/or preceptor should notify the clinical supervising faculty immediately to determine if the situation warrants an extension of the clinical practicum and what conditions must be met should this happen.

Section 7: Faculty Guidelines

Role of the Clinical Supervising Faculty

The clinical supervising faculty maintains the ultimate responsibility for the student's clinical experience in a specific course. At least weekly contact with the student and frequent contact with the preceptor in the clinical setting is necessary for the faculty member to have a good understanding of how the student is performing. It also facilitates early intervention when a student's performance is not at the level expected for that course. In the end, the supervising clinical faculty member evaluates the student's performance using their own assessment data and input from the preceptors.

Resources & Support for Clinical Supervising Faculty

It is the role of course chair to assure that the preceptor and clinical supervising faculty understands the student's learning needs for the clinical experience, including the following responsibilities:

1. Faculty must clarify with students that differences in practice styles exist in clinical practice settings and may not always be consistent with what students have learned in the classroom.

2. Faculty name and contact methods are made available to the preceptor, as are the program director's name and contact number, so that if the preceptor experiences any difficulty reaching or working with faculty, the program director can be contacted.

3. Clinical supervising faculty should arrange a time with the preceptor for a site visit to observe the student providing direct care and thereby collaborating and corroborating the preceptor's evaluation if the student is within two hours of the College of Nursing. Alternative methods of evaluation for distance students are described in the distance learning policy that will guide evaluation when a direct site visit is not feasible. For example, faculty-preceptor evaluation for distance learning preceptors can be performed using other technologies (e.g. video or teleconferencing). Faculty-student-preceptor telephone conference calls may also serve as supports to preceptors during the student's clinical practicum and performance evaluation.

4. Faculty is a valuable resource to preceptors in situations of weak, unsafe or unethical student performance. The College of Nursing academic policies hold the faculty responsible for a student's final grade in a course and clinical practicum. However, the preceptor should notify the clinical supervising faculty immediately when issues of patient safety are potentially compromised. The preceptor should also notify the student whenever performance does not meet acceptable standards, and if necessary, immediately remove the student from direct patient care in the event of compromised patient safety, which at that point the faculty or the College of Nursing should be also notified to assure appropriate evaluation and academic review.

Academic Standards and Student Evaluation Criteria

Preceptors and all clinical supervising faculty should review the course syllabus prior to contacting or meeting with the student, so that academic and professional standards are understood before engaging in clinical supervision and practice. The course chair will include criteria that indicate when a student is at risk for failing or the minimum performance required in order for the student to pass a clinical course. Additional academic policies are described in the DNP Program Handbook that can be found on the College of Nursing website under "Student Resources."

Number of Clinical Hours Required
This information is provided in the course syllabus, which is sent to preceptors prior to the start of the academic semester. The student should notify the clinical placement coordinators and clinical supervising faculty how clinical time will be scheduled, e.g. twelve-hour shifts, one day per week, or blocks of time, after discussion with the preceptor. It is the student's responsibility to know how many clinical hours are required each semester.

Clinical Evaluation of Students
Preceptors and clinical supervising faculty should agree and adhere to the College of Nursing policies regarding clinical supervising faculty and preceptor roles in the student evaluation process. The preceptor is requested to provide the student with both formative and summative evaluation. It is recommended that weekly or bi-weekly discussion occur related to clinical performance and that the summative evaluation form be completed at the end of the clinical practicum. A verbal mid-term evaluation is also required. The supervising faculty member should notify any student in jeopardy of failure no later than at the mid-point of the clinical practicum. The preceptor should also notify the clinical supervising faculty immediately whenever student performance is substandard, or failing. In the event of unsafe clinical performance by a student, the preceptor must remove the student immediately from the practice setting and notify the clinical supervising faculty.

Responsibilities and Expectations
In addition to faculty expectations, responsibilities for faculty who are providing either direct or indirect supervision of students in the clinical setting will vary by course. The course syllabus will include the requirements and evaluation criteria for successful student performance. In addition, courses may have specific guidelines describing clinical faculty responsibilities for that particular course. Faculty are expected to comply with those guidelines when available. In addition, weekly review of a student's clinical log by clinical faculty, documenting the student's clinical experiences, is required.

All NP students must have a minimum of one site visit per semester to monitor student progress. When the student is at a "distance" site, i.e. more than two hours driving time from the College Of Nursing, the site visit may occur via audiovisual internet conferencing or telephonically. The date and time are confirmed in advance with the student. It is the student's responsibility to inform the preceptor of the date and time of the site visit. Purposes of the site visit include observation and evaluation of the student in actual patient care situations as well as a student's interaction with preceptor and staff. In addition, it provides the clinical supervising faculty, the preceptor and the student an opportunity to discuss the student's progress. If it is determined that a technological site visit is insufficient or not culturally acceptable, arrangements can be made to make an onsite visit, after consultation and approval by the DNP Director.

In situations where a student requires closer monitoring by the clinical supervising faculty, more site visits at various points throughout the semester may be required. In general, the College Of Nursing recommends that site visits be completed during weeks 5 to 8 of the semester to assess student progression. This will permit sufficient time for remediation and additional site visits if warranted during that semester. Written documentation of the site visit is required. The summary of student performance must be signed by the clinical supervising faculty who conducted the site visit and then submitted in the clinical documentation database. Responsibilities for faculty who are providing either direct or indirect supervision of students in the clinical setting will vary by course. The course syllabus will include the requirements and evaluation criteria for successful student performance. In addition, courses may have specific guidelines describing clinical faculty responsibilities for that particular course. Faculty are expected to comply with those guidelines when available. In addition, weekly review of a student's clinical log by clinical faculty, documenting the student's clinical experiences, is required.

Typical responsibilities for clinical faculty may include some or all of the following:
- Collaborates with the course chair around student assignments for required clinical experiences;
- Coordinates student clinical learning with preceptors;
- Ensures that student clinical experiences commence as soon as feasible at the beginning of a course so that students will be able to complete the required clinical hours within the timeframe of the course;
- Evaluates student competencies in the clinical setting using preceptor input as appropriate to ensure that

students are providing optimal client care and are adhering to agency expectations, guidelines, and standards;
- o Documents student clinical performance and evaluation conferences;
- o Meets with or is available to students outside the clinical setting, as necessary;
- o Assesses the process of student clinical evaluation within a course and recommends improvements when necessary;
- o Facilitates faculty/student/preceptor problem-solving as necessary, coordinating conferences as appropriate, developing plans for remediation when necessary, and communicating with course chair;
- o Notifies course chair of student difficulties in meeting clinical objectives;
- o Makes site visits for each student and preceptor to assess student progress and preceptor feedback;
- o Informs appropriate CON administrator of clinical agency issues which may affect student practice or clinical placement;Evaluates site and preceptor performance as a basis for recommending future clinical placements.

Section 8: Preceptor Information

The student's clinical education is guided by 1) the preceptor; 2) the clinical supervising faculty (CSF); and 3) the faculty course instructor who teach the clinical management courses each semester. Their roles are clarified throughout this document

Preceptor Role- Preceptors provide direct clinical supervision over the student and are responsible for helping students to refine skills related to patient care within the context of a supervised relationship. In all areas of teaching, it is important to let the student practice newly learned skills and build confidence in his/her abilities. Preceptors can gain confidence in the student's abilities through observation, listening to case presentations, and reviewing their documentation, as well as listening to feedback provided by patients and other clinical personnel. Student self-confidence is enhanced by preceptor feedback that reinforces that the student is meeting learning goals and objectives.[1]

Clinical Supervising Faculty (CSF) provide indirect clinical supervision. A CSF responsibility for the clinical section of a course. A CSF acts as the College of Nursing (CON) liaison to a clinical agency and are responsible for evaluating student progress and providing oversight of the clinical learning experience.

Role of the Preceptor as Clinician and Educator
- Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student and/or CON faculty;
- Determines the student's experiential learning needs in order to meet the course objectives;
- Assesses the nature of particular patient-care encounters that will enable the student to meet his/her learning objectives for each course;
- Uses appropriate teaching methods to help the student meet his/her learning objectives;
- Evaluates whether the learner's objectives have been achieved;
- Provides the learner with both formative and summative feedback;
- Demonstrates attitudes and qualities consistent with the ethics of the health professions, including
    - o Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
    - o Respect for the student's faculty, curriculum, and program;
- Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.

Preceptor Expectations
To assure that preceptor expectations are met, sample areas to review with the student include:
1) Identifying Clinical Objectives
The CON faculty will provide the preceptor with specific clinical course objectives. The student will have a copy of all course and clinical practicum objectives. The CON faculty will provide the preceptor, the clinical supervising faculty and the student a copy of the clinical evaluation criteria.

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[1] Billay, D. & Myrick, F. (2008). Preceptorship: an integrative review of the literature. Nurse Education in Practice, 8 (4), 258 – 266.

2) *Scheduling Clinical Hours*

The student should schedule clinical practicum hours that are in keeping with the preceptor's schedule and availability - <u>not</u> the student's schedule or convenience. Prior to beginning the clinical practicum, students and preceptors agree to the days and times that the student will be in the clinical agency. The students' schedules are expected to accommodate participation in the required number of clinical hours specified by the clinical course. Students may not begin clinical practicum hours before the first official day of the semester when the course begins. All required supervised practice hours must be complete by the end of the semester.

3) *Preparation*

The student should prepare for the clinical practicum as recommended by the preceptor, the clinical supervising faculty and the course chair. This preparation includes understanding and meeting course learning objectives, conferring with faculty on areas of weakness that need to be refined, and seeking independent learning experiences that will provide the student with a higher level of self-confidence. It is recommended that prior to the first clinical day, the preceptor discusses with the student and clinical supervising faculty, the patient population and the most common clinical problems that the student can expect to encounter in the clinical site. The student is expected to prepare for the clinical practicum by reading current reference material, and appropriate assessments for the clinical problems most frequently managed by the preceptor.

4) *Evaluation of the Preceptor and Clinical Site*

Following the clinical practicum, the student should provide feedback to the preceptor on the student's satisfaction with the quality of the learning experience. Students will be provided a *Preceptor and Clinical Site Evaluation* form by the clinical supervising faculty.

Mentor and Role Model

Mentoring and role modeling are important in the socialization process of the Advanced Practice Registered Nurse (APRN) role. Observing the preceptor's interactions with other professionals, staff and patients will enable the student to assume more readily the new role. As students successfully integrate the role of the APRN, they begin their journey in the progression from novice to expert. For the NP students, the CON has identified core competencies developed by the National Organization of Nurse Practitioner Faculties (NONPF) that the student must successfully achieve. The core competencies are reflected in nine domains identified by NONPF[4]:

1. Scientific Foundation
2. Leadership
3. Quality
4. Practice Inquiry
5. Technology and Information Literacy
6. Policy
7. Health Delivery System
8. Ethics
9. Independent Practice

In facilitating the student's learning experience, the preceptor organizes clinical learning within a time-constrained environment. The preceptor communicates with other staff about patient care needs, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance student learning with minimal disruption.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/ clinical decision-making, advanced practice nursing skills/procedures, as well as self- confidence in implementing the NP role. Immediate feedback, whenever possible, enhances this learning process.

Integration & Application of the Sciences

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

Application of nursing and social science is important in establishing and promoting the nurse-patient relationship. An example of this application would include the student understanding cultural differences and their impact on establishing a nurse-patient relationship. Using examples from nursing, social theories, and exemplars of related research, is an important aspect of teaching students about evidenced based practice.

To elicit effectively and interpret subjective and objective data obtained through the history, physical, and diagnostics, the student draws on applied scientific knowledge and interpersonal skills. Interpretation of data, formulation of a differential diagnosis, and developing a plan of care provide opportunities for students to integrate data from patient encounters and apply scientific knowledge. The corresponding learning objective focuses on the student's ability to analyze the data obtained and provide a rationale for the differential diagnosis and management plan. A strategy to stimulate critical thinking is to have the student present the patient case to the preceptor and provide scientific or theory-based rationale for problem solving. In addition, at the end of the clinical day, the student should research and reflect on patient related topics encountered that day. Time should be taken to record encounters in a clinical log and review them as necessary with faculty and other students. This strategy will enable students to gain confidence in and reinforce their knowledge base.

It is an expectation that the student be responsible for the application of course-based knowledge. Preceptors may ask students to explain the physiological theory behind disease processes and management when encountering patients with specific clinical problems, e.g. Diabetes Type 2, COPD, etc. Preceptors may request that students review any relevant materials to improve knowledge prior to returning to the clinical setting.

Clinical Decision-Making
The clinical decision-making process reflects the students' ability to use critical thinking skills. The student should come to know and understand the process of clinical decision making used by the preceptor as a method of learning clinical reasoning.

As an expert clinical practitioner, the preceptor has mastered a variety of heuristics or rules that contribute to the process of clinical decision making. Teaching the student how to use heuristics is an important process in developing clinical proficiency. Students should be asked to:
- Reflect and describe the process of identifying a specific diagnosis or differential diagnosis, selecting laboratory tests, prescribing medications or recommending follow-up;
- Use accepted guidelines and standards of care;
- Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario.

Similar teaching strategies can be applied to patients with other clinical problems and symptoms, e.g., hypertension, urinary tract symptoms, chest pain, and symptoms of confusion in the elderly, to name a few. The process of teaching clinical decision-making guides the student in learning heuristics that the preceptor may use in clinical practice. In essence, teaching clinical reasoning teaches students the process of learning to apply knowledge in practice.

Mastery of Documentation
Under faculty and preceptor guidance, students learn to master documentation. The preceptor should review the history and physical prior to the student's entry on the patient's health record. Most preceptors request that the student write the note on a separate piece of paper for review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined that the student's documentation has progressed to a level that requires little or no correction, the student is usually permitted to write directly into the health record. Preceptors must co-sign all students' notes whether hand-written, dictated, or computerized.

The mastery of documentation includes:
- Clear written communication. Early in the curriculum, faculty have opportunities to teach students the legal tenets for accurate documentation. Assessing student documentation should be an ongoing process that takes

place throughout the student's program of study.

- Familiarity with acceptable formats for documenting encounters detailing the comprehensive history and physical, chronic illness, and episodic complaint.
- Use of only accepted medical abbreviations, anatomical terms, and descriptors. Prior to beginning the first clinical practicum, the student should have a sound knowledge of both normal and variants of normal physical assessment findings and their appropriate descriptors.
- Recording only pertinent findings (both negatives and positives) from the medical and/or psychiatric history and physical exam.
- Reading the notes of the preceptor and other health care providers. The patient's health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student's clinical experience. As students review the notes that are documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation.
- Note-taking while in the room with the patient. The notes can then be organized into a rough draft that includes all of the components of the patient's comprehensive, chronic care, or episodic illness history and physical. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization.
- Identification of subjective and objective data. Early in the process of learning to document data in the history and physical (H&P) students often make errors in documenting subjective and objective data. A typical example will occur when the student documents the characteristics of a surgical scar in the physical exam, and then notes the patient's comment regarding the etiology of the scar. In this example, clarification must be made that the etiology (surgery) of the scar is subjective data and should be recorded in the history. Faculty should frequently review samples of students' documentation of histories and physicals. Feedback provides a valuable tool in enabling the student to master the documentation process.
- Avoidance of check-off lists for documentation. Students need to learn the process of documentation that reflects accurate use of acceptable descriptors and serves as a legal record of what occurred in the encounter with the patient.
- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may be dependent upon the practice setting. Documenting preferences should be communicated to the student early in the clinical orientation and time allowed for students to learn and adapt to agency format.

If a student demonstrates a weakness in his/her documentation and does not demonstrate progress, it is important to communicate concerns to the clinical supervising faculty either prior to or during the clinical site visit. Communication of student deficits can therefore be addressed jointly by the preceptor, the student, and the clinical supervising faculty in a positive manner.

The method and forms that are used for documentation are specific to each agency. Agencies will identify the data required for different levels of care and third party reimbursement. The preceptor is an invaluable resource in enabling the student to learn the process of integrating data required for reimbursement in their development of patient care records. The preceptor reviews the student's documentation for accuracy and completeness and cosigns the note as a validation of agreement with the student documentation.

Honing Interpersonal Skills
Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns. Situations arise within the clinical area that provides students with opportunities to hone their interpersonal skills:

- Student dialogue with patients concerning the reason for the visit, formulating a plan of care, and teaching patients and family members about necessary care;
- When collaborating with colleagues in the clinical setting;
- Preceptor observation and feedback;
- Self-reflection and documentation of encounters in a log or diary;
- Feedback from patients and colleagues, including clinical supervising faculty.

Mature students will soon recognize the importance of fine-tuning their interpersonal skills to become successful practitioners. Inappropriate interpersonal communications should be brought to the attention of the student and the supervising clinical faculty as soon as possible after they occur.

Basic interpersonal skills that students should demonstrate include:
- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question;
- Eliciting a history in an unhurried manner before beginning an exam;
- Soliciting the patient's opinions, concerns about their condition, and how they would like to participate in their plan of care;
- Verifying with the patient understanding of their complaint, treatment plan, or opinion by rephrasing their description, and seeking validation, clarification, or elaboration, as needed;
- Showing empathy; a genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems;
- Providing the patient with information that is medically necessary in a sensitive manner, with attention to the impact such information may have on the patient's lifestyle, financial resources, and/or self-care ability;
- Providing culturally congruent care while being sensitive to the patient's ethnicity, traditions, and beliefs.

Negative interpersonal skills that merit student reflection and refinement:
- Failing to introduce oneself or your colleague;
- Proceeding in a hurried manner;
- Displaying anger, annoyance or negative behaviors, such as raising one's voice or rolling one's eyes;
- Failing to communicate an understanding of the patient's past medical history;
- Failing to ask the patient's permission to have another provider come in the room.
- Showing a lack of understanding or being critical of another's culture, sexual orientation, age, sexual preferences, social habits, circumstances or lifestyle;
- Asking closed-ended questions about medical conditions, treatments and lifestyle without attention to the patient's understanding or opinion;
- Failing to speak clearly or in simple language that the patient, family, or care provider can understand;
- Lack of sensitivity to patient confidentiality and privacy issues;
- Discussing confidential patient information with other healthcare professionals not involved in the care of the patient, or discussing such information without first seeking the patient's permission.

It is important that students be notified of any weakness in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to reflect on and refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their clinical supervising faculty for counseling and suggestions for learning. Faculty may provide the student with resources, such as reading assignments, review of videos that demonstrate the use of interpersonal skills, or role-playing techniques to use with student colleagues in order to increase awareness of effective techniques in interpersonal communication.

Patient Education
Students are expected to:
- Integrate patient education in all aspects of care. Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, health maintenance, and episodic self-care;
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan that is appropriate to the learning needs of the patient and/or family members;
- Take into consideration timing and level of patient education, identifying "teachable moments" as opportunities for patient and family learning;
- Determine the patient's or family members' ability to understand both verbal and written instructions in English and/or their primary language, if that is not English;
- Document the patient education plan in the record and reinforce it with subsequent providers whenever

possible;

- Discuss the educational plan with the preceptor;

- Be aware of resources that the agency has for educating patients such as a nutritionist, diabetic educator or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interdisciplinary health care team can provide resources and refer to services in the community that will best meet the patient's cultural and age-related needs for learning.

Navigation of the Organizational System
Students must learn how to navigate the health care system to function fully in their role. They can be guided through the organizational system during initial contacts with the interagency referral process and with processes related to manage care, home care, securing durable medical goods, and prescriptions.

As students' progress through their program, they should provide comprehensive care that includes inter- professional collaboration with other health care professionals. An agency policy and procedure manual should be available for students to consult as a resource to clarify issues that may have policy and legal implications.

Students should be encouraged to advocate for patents in all matters related to providing comprehensive care. A student's self-confidence in decision-making can be enhanced by preceptor feedback on their ability to achieve successfully patient care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces the student's development of NP role behaviors that foster quality health care practices that can be implemented in future practice situations.

A reference guide for commonly used community resources should be available to the student. Students demonstrate creativity in practice when they initiate referrals and team conferences and seek financial and social supports for patients/families that may not be readily available from the patient's primary source of care.

Integrating the Role of the APRN as a Member of the Interprofessional Health Care Team
This skill is perhaps the most challenging for the preceptor to teach. Students can learn these skills by observing the preceptor in practice or through post conference discussion of difficult situations encountered during the clinical day.

Other methods include:
- Demonstrate collaborative management with other health care providers (This is an important way of teaching the student how to respect the knowledge and expertise of other disciplines, and thereby earning respect for the APRN's unique contribution to the health care team.);

- Collaborate in the management of patients by providing role functions that are particular to APRN practice;

- Initiate conferences where all members of the health care team discuss and develop a plan of care for a patient or family;
    - Team discussion may be in response to questions of domestic violence, failed office appointments, end of life decisions, or patients' complex co-morbid illnesses and difficult social situations.
- Encourage students to present difficult and challenging cases to physicians or other APRNs who are specialists in a particular area;
    - Examples may include the cardiologist, oncologist, endocrinology NP, psychiatric mental health provider, certified nurse midwife, or certified registered nurse anesthetist
- Facilitate APRN visibility as a member of the interprofessional team by providing the image of the preceptor as a skilled clinical expert and valuable collaborative partner;
- Encourage students to take ownership of their diagnostic decisions and plans of care and be accountable for follow through by obtaining the results of laboratory tests, radiographs, other diagnostic tests, and patient referrals/follow-ups;

- Encourage students to be creative and contribute to the smooth operation of the clinical setting;
  - Students may contribute ideas that enhance the efficiency of operations.
  - Their contribution supports the visibility of their role and enhances their self-confidence as valuable contributors to the health care team.
  - Students may choose to develop teaching materials or present teaching conferences to patients and their families that will complement available resources in the clinical setting.

The preceptor and student may find the document: *Core Competencies for Interprofessional Collaborative Practice* a rich resource[2].

Communicate with Faculty and College of Nursing
The CON will provide contact information for the supervising clinical faculty and for the course chairperson.

Collaborate with Faculty on Problem/Conflict Management
When a conflict or problem related to the student is identified, the preceptor should collaborate with the clinical supervising faculty so that the proper procedure for management and resolution of the conflict or problem is followed. Any problems related to the faculty role in the preceptorship experience should also be discussed between the clinical supervising faculty and the preceptor. If the faculty and preceptor are unable to achieve resolution, the Director of the DNP Program should be contacted.

Understand the Legal Liability while Precepting Students
The preceptor must ensure that all care provided to patients, either directly by the preceptor in conjunction with student observation or through care provided by the student under the supervision of the preceptor, must be the same standard of care to which the preceptor is obligated to provide under the preceptor's status as a licensed advanced practice professional (NP, MD, DO, as applicable). Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor will remain the primary care provider, be responsible for decisions related to patient care, and continue to provide follow-up care. Preceptors have ultimate decision-making power over and responsibility for the details of care including training activities and direct supervision of student learning experiences.

Students do not have authority or independent health care responsibilities for patients and are not to be considered agents, independent health care providers, patient advocates, a preceptor's employees or agents, or individuals practicing in an extended role while a student.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis (es) and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record indicating that the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for all care provided to the patient. It is customary that the preceptor co-signs all records in which the student has provided documentation. Third party payers, government, and insurance companies cannot reimburse for care provided by the student.

Liability Insurance
Preceptors assume the same liability for their patients as any other advanced practice professional (NP, MD, DO, as applicable) in clinical practice and have the added liability of closely supervising the student. The student's own insurance coverage for practice as a RN will not generally protect the student from liability in their NP student role. University of Arizona matriculated students are insured under the provisions of Arizona Revised Statutes §41-621 et seq. (State of Arizona Self-Insurance Program) for protection of assigned students in the course and scope of students' clinical practicum educational activities. The preceptor may request that the University provide written certification of such applicable liability insurance coverage. Preceptor will be required to have professional liability insurance coverage in amounts of not less than $1,000,000 per occurrence and $3,000,000 annual aggregate. Please refer to your Agreement with the University for additional information regarding insurance coverage.

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[2] (*Accessed on August 3, 2017: http://www.aacn.nche.edu/education-resources/ipecreport.pdf*)

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

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

Summative evaluation is the assessment of the student's performance at the mid-point and end of the clinical practicum. The summative evaluation describes the student's performance, development, and improvement at the midpoint and conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students are often not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. **The written narrative is an extremely important part of the evaluation.** Comments are valuable in assessing the student's knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations that illustrate the comments written on the evaluation form are important to student learning. Written comments are particularly valuable if the student needs remediation in a specific competency area or if faculty is asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with the student during the middle of the clinical practicum and on the last day of the clinical practicum, and returned to the clinical supervising faculty or course chairperson by the method indicated. The student's self-evaluation is also important to incorporate during the preceptor/student evaluation discussions.

Summative and formative evaluation provides the preceptor with the tools to identify and discuss deficiencies that may warrant clinical failure. It is essential that the preceptor inform the clinical supervising faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process.

Preceptors should document anecdotal notes that can be used to develop the mid-semester and end of semester evaluations. Student strengths, as well as weaknesses, should be documented. In the event that a student's behavior is unprofessional, or the student places a patient in danger (e.g. medical errors), the preceptor should document the event and the course faculty must be contacted immediately. The clinical supervising faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Electronic links to the appropriate evaluation tools will be sent to preceptors via e-mail. *Preceptors will be notified by the student when the electronic link is sent and preceptors should ensure they have received the link.* The evaluation tools should be reviewed and clarified, and examples should be used to demonstrate different levels of student's abilities as reflected in their written evaluation. The preceptor should seek clarification about the evaluation process with the clinical supervising faculty.

Preceptor Resources
CON has created a [Preceptor Toolkit](#) to provide resources that will assist in his/her role.

Clinical supervising faculty responsibilities
The clinical supervising faculty maintains ultimate responsibility for the student's clinical experience in a specific course. All students must have a minimum of one site visit per semester to monitor student progress. When the

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student is at a "distance" site, i.e. more than 1.5 hours driving time from the CON, the site visit may occur via audiovisual internet conferencing or telephonically. Purposes of the site visit include evaluation of the student in actual patient care situations as well as a student's interaction with preceptor and staff. In situations where a student requires closer monitoring by the clinical supervising
faculty, more site visits at various points throughout the semester may be required or the student may be required to attend a clinical practicum in Tucson or an onsite visit by the clinical supervising faculty member may be arranged.

A student's clinical supervising faculty should be the first contact for any questions or concerns a preceptor might have. The course chairperson is also an available resource. Contact information for faculty will be provided in the welcome email sent to preceptors prior to the start of a student's clinical practicum. Clinical Placement Coordinators are available to assist preceptors during the course of student supervision. The Coordinators can assist in contacting the relevant Specialty Coordinators or DNP Director as needed.

Each Clinical Preceptor serving on the staff or employed by an affiliating hospital can apply for an adjunct clinical instructor position. Clinical faculty must be licensed as a professional nurse in one jurisdiction of the United States and must also be certified/re-certified by their professional organization. Physician clinical instructors must be licensed in one jurisdiction of the United States to practice medicine.

Section 9: Rights, Responsibilities, Expectations

Patients Rights
- Know who is providing their care and who will be supervising the care and the relationship between the two. No practice shall be engaged in which is intended to deceive the patient in this regard.
- Expect that those services provided by students will be under the supervision of an APRN and/or a physician. This should be consistent with the complexity of the patient, the magnitude of the condition, and the educational level of the student.
- Expect that the student and supervisory personnel providing their services are mentally competent and not impaired by fatigue, drugs are other incapacitating conditions.
- Expect that costs to patients for student and supervisory services will be fair and equitable.
- Expect that nothing shall prevent any patient from requesting not to be a teaching patient, or prevent any member of the medical staff from designating any patient as a non-teaching patient.

University of Arizona Responsibilities
- Provide didactic instruction
- Coordinate and carry out application and admission procedures
- Provide classroom and laboratory space as needed for didactic courses
- Provide academic and faculty advising to students in all affiliated programs
- Coordinate advertising and public relation efforts
- Provide professional liability coverage which applies to all students in clinical experiences
- Provide for the clinical instruction and evaluation of all students
- Provide orientation to the clinical area
- Evaluate students in the clinical area
- Provide support for clinical research and studies
- Provide the resources needed for effective operation of an educational program of high quality
- Continually evaluate the program to ensure that it meets student needs and that graduates attain the desired outcomes
- Prevent department needs from superseding students' needs
- Conduct the program in compliance with all legal and accreditation standards

University of Arizona Expectations
- The faculty operates in accordance with the standards, policies, and procedures of the accrediting agencies, University, affiliate clinical sites, and the programs.
- Accurate and comprehensive records will be maintained, and these will be made available to on-site accreditation reviewers.

- The College will submit reports as required to the appropriate accrediting agencies.
- The program represents itself with integrity and truthfulness in all communications.
- It will be kept informed of program changes, accrediting agency evaluations and standards, and trends affecting nurse education.
- Applicants will be selected after review of their full applications, including academic records, interview, personal references and any other required application materials.
- Students will be aware of and follow department and institutional policies relative to patient care, personal health care habits, and in all other matters addressed in relevant policies.
- Students will communicate with clinical instructors relative to their ability to perform procedures and apply knowledge in their clinical internships.
- Students will arrive prepared for classes, seminars, conferences, and clinical assignments.

Appendix

Appendix A: Adult Gero Acute Care Nurse Practitioner (AGACNP) Specialty
Scope of Practice
Student APRNs, as well as all APRNs, are required to function within a scope of practice supported by theory and clinical experience that are provided during their academic preparation. APRN students in the Adult-Gerontology Acute Care (AGACNP) specialty may provide care only to adult patients 17 years of age and above. Under no circumstances should they provide care to children.
Preceptorship
Per the University's accreditation requirements, a preceptor must be an MD, DO, ACNP or AGACNP who has been licensed a minimum of one year and without license restrictions. AGANCP scope of practice is focused on the acutely ill and/or acute exacerbations of chronic illness.
Clinical Setting.
Acute Care Hospitals, Hospitalist or Emergency Medicine services are highly recommended. Urgent Care is not acceptable. Site must be true a true emergency medicine setting.
Student Practice Guidelines:
1) Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule
2) Students are encouraged to arrange consecutive clinical days.
3) Students are NOT to care for any patients on a hospital unit on which they are currently employed
4) Students are NOT allowed to interview, examine, or perform procedures on patients 17 years of age and younger.
5) Students can only assist or perform the procedures learned in the Clinical Skills Intensive (CSI), regardless of a preceptor's willingness to supervise the student in performing procedures.
6) May shadow preceptor for first few days of the clinical experience only.
7) Students may perform only the following selected diagnostic and therapeutic skills and procedures under direct supervision: ECG and CXR interpretation, percutaneous suturing, airway management, including orotracheal intubation, tube thoracostomy, lumbar puncture, and central venous (IJ, subclavian, femoral) and arterial (radial) cannulation. (No other procedures may be performed by the student under any circumstances. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures.

Appendix B: Family Nurse Practitioner (FNP) Specialty
Scope of Practice
FNPs provide primary care to patients across the lifespan.
Preceptorship
Per the University's accreditation requirements, a preceptor must be an MD, DO, FNP who has been licensed a minimum of one year and without license restrictions.
Clinical Setting
Primary care offices are the ideal site for FNP students. Other acceptable sites include urgent cares, pediatrician offices, women's health practices, and community health centers.

Student Practice Guidelines:
1. Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
2. Students may perform only selected diagnostic and therapeutic skills and procedures under direct supervision as taught in CSI. (No other procedures may be performed by the student under any circumstances. This is irrespective of a preceptor's willingness to supervise the student in performing other procedures.)
3. Students are NOT to care for any patients in the same department of a clinic or facility in which they currently work.
4. Students are responsible for assuring preceptor mid-term and final evaluations are submitted.

Appendix C: Pediatric Nurse Practitioner (PNP) Specialty
Scope of Practice
Pediatric (PNP) specialty may provide care only to patients 21 years of age.
Preceptorship
Per the University's accreditation requirements, a preceptor must be an MD, DO, PNP who has been licensed a minimum of one year and without license restrictions.
Clinical Setting
Pediatric Primary care offices are the ideal site for PNP students.
Student Practice Guidelines:
1. Students schedule clinical time directly with the preceptor, consistent with the preceptor's availability/schedule.
2. Students are not allowed to interview, examine, or perform procedures on patients older than 21 years of age.
3. Students may perform selected diagnostic and therapeutic skills and procedures under direct preceptor supervision. Students are restricted to only performing procedures that they have received theory content.
4. Students are not to care for any patients in a department or pediatric clinic in which they currently work.
5. Students are responsible for assuring preceptor mid-term and final evaluations are submitted.
6. Students may complete clinical hours in the out-patient setting or pediatric urgent care. A maximum of 45 clinical hours can be obtained in a pediatric specialty outpatient clinical setting after approval from the PNP Specialty Option Coordinator. The PNP student must adhere to their primary care Standard of Practice while interacting with patients in the specialty setting. The pediatric nurse practitioner student will not manage high acuity, unstable pediatric patients that require the hospital setting for management

Appendix D: Psychiatric Mental Health Nurse Practitioner (PMHNP) Specialty
Scope of Practice
Psychiatric Mental Health Nurse Practitioners (PMHNP) may provide psychiatric- mental health care to patients across the lifespan.
Preceptorship
Per the University's accreditation requirements, a preceptor must be a Psychiatrist or PMHNP who has been licensed a minimum of one year and without license restrictions.
Clinical Setting
Rotations will be coordinated to ensure the student will cover the lifespan. It is recommended to work in an outpatient setting. An inpatient rotation must be approved by the Specialty Coordinator for a limited number of hours.