

# RESOURCE GUIDE FOR ADVANCED PRACTICE NURSING STUDENT PRECEPTORS

*Alone we can do so little. Together we can do so much. Helen Keller*



## CONTENTS

- I. Overview and welcome
- II. Essential information
- III. Responsibilities: Faculty, APRN preceptors, graduate students
- IV. Regulations, resources, and websites
- V. Appendix
  - SON organizational structure
  - MSN program objectives
  - DNP program objectives

This Resource Guide is available on the Preceptor webpage:

<https://www.nursing.virginia.edu/academics/preceptors/>

Revised August 2020

## I. OVERVIEW AND WELCOME

Welcome to the department of graduate nursing at the UVA School of Nursing! As stated in our mission and vision statement, we are a community of nurses, scholars, and clinicians committed to preparing the next generation of advanced practice nurses. These nurses will need to lead change and transform the care of individuals and families, populations, and systems. We thank you for your critical role as a preceptor in accomplishing this mission.

### *School of Nursing Mission and Vision Statement*

*The School of Nursing transforms lives by promoting health and the quality of health care. Through 2020 we will cultivate the SON's multicultural community of scholars and researchers; create innovative models of education and practice; foster well-being and collegial spirit in a healthy work environment.*

This Resource Guide is intended for the advanced practice registered nurse (APRN), who is certified in his or her specialty, and is precepting a graduate student as part of their population focused and/or specialty practice. This Guide applies to both nurse practitioners and clinical nurse specialists in the preceptor role. Occasionally, clinicians from other disciplines, such as, physicians, physician assistants, or pharmacists may precept a graduate nursing student. This Guide contains essential information for the preceptor of a UVA graduate student, whether new to precepting or experienced, that is needed to be successful and to find joy and mutual learning in the experience.

The Guide has four sections and an appendix. Section I is the overview and welcome to our community. Section II, Essential Information, is a quick reference guide, much like the protocols or bundles used in clinical practice. Section III, Responsibilities, outlines the responsibilities of the faculty, APRN preceptor, and the graduate student. Section IV, Regulations, Resources and Websites, provides a succinct summary of regulatory guidelines that impact the precepting of graduate nursing students who are preparing for the APRN role. Finally, the School of Nursing's organizational structure, the MSN terminal objectives, and the DNP terminal objectives can be found in the Appendix.

The UVA school of nursing graduate faculty are committed to the success of each student and to all preceptors. This Guide is just one of the elements of success, so please contact key faculty or staff (Section II) if additional support or information is needed.

## II. ESSENTIAL INFORMATION

### A. School of Nursing contacts and resources

- Advanced Practice Program Director for the MSN: Clareen Wiencek, RN, PhD, ACNP, [caw2pa@virginia.edu](mailto:caw2pa@virginia.edu), (434) 982-2890
- DNP Program Director: Malinda Whitlow, DNP, FNP-BC, RN; 924-0216; [mlw7b@virginia.edu](mailto:mlw7b@virginia.edu)
- Advanced Practice Program Manager: Devan Cooper, [ded6v@virginia.edu](mailto:ded6v@virginia.edu)
- Adult-Gerontology Acute Care NP (AGACNP) Coordinator: Jill Howie Esquivel, RN, PhD, ACNP-BC; [jhe9f@virginia.edu](mailto:jhe9f@virginia.edu)
  - AGACNP Academic Clinical Coordinator: Mary Deivert, DNP, APRN, ACNP-BC; (434) 243-1955; [mmd3s@virginia.edu](mailto:mmd3s@virginia.edu)
- Adult-Gerontology Acute Care CNS Coordinator: Beth Quatrara, RN, DNP; [bad3e@virginia.edu](mailto:bad3e@virginia.edu)
- FNP Coordinator: Linda Eastham, PhD, APRN, FNP-BC; [lae3g@virginia.edu](mailto:lae3g@virginia.edu)

- FNP Academic Clinical Coordinator: Christian Simmers, MSN, APRN, FNP-BC; 243-3958; crw7b@virginia.edu
- NNP Coordinator: Barbara Reyna, PhD, RN, NNP-BC; bar4s@virginia.edu
  - NNP Academic Clinical Coordinator: Susan Almarode, MSN, RN, NNP-BC; sda7y@virginia.edu
- PNP-Acute Care Coordinator: Tracy Kelly, DNP, RN, CPNP-PC/AC; tpk2bf@virginia.edu
- PNP-PC Coordinator: Amy Boitnott, DNP, RN, FNP, PNP; ald4p@virginia.edu
- PMHNP Coordinator: Olivia Reichenbacker, DNP, RN, PMHNP-BC; 924-0128; old9b@virginia.edu
- Questions about **preceptor library access**: Jackie Oswalt, (434) 924-0127
- **Human Resources**: Sue Loving, [srl@virginia.edu](mailto:srl@virginia.edu), (434)924-8792
- **Employee Compliance and Clinical Site Contracts**: Devonia Love, [devonia@virginia.edu](mailto:devonia@virginia.edu), (434) 243-0023
- **Facilities**: Becky Bowers, (434) 924-0133, rdb7w@virginia.edu

B. Who/where to go with questions

- Questions about the course syllabus, clinical objectives or placements: course faculty; academic clinical coordinators, depending on specialty
- Questions about the program or curriculum for the specialty: specialty coordinator
- Clinical compliance, Typhon access and use, EPIC training (UVA Health System only), preceptor resources, general questions and support: advanced practice program manager
- Program level questions, general support: advanced practice program director

C. Course/practicum syllabus

- Access to the syllabus for the course or practicum will be provided by the lead course faculty member

D. Definition of direct and indirect clinical supervision

- SON course faculty and preceptors may provide direct or indirect clinical supervision of NP students. The SON adheres to the definitions and criterion, see below, established by the National Organization of Nurse Practitioner Faculties (NONPF) (NONPF criterion IV.B.1)
- Direct supervision is defined as the NP program faculty member functioning as the on-site clinical preceptor. The recommended direct, on-site clinical NP faculty/student ratio is 1:2 if the faculty member is not managing their own patients and 1:1 if the faculty member is managing their own patients (NONPF criterion IV.B.1; 2016).
- Indirect supervision has three components: 1. To supplement the clinical preceptor's teaching, 2) to act as a liaison to a community agency, and 3) to evaluate the student's progress.
- Indirect clinical faculty supervision encompasses the coordination of the clinical experience, interaction with the preceptor, and formal evaluation of the student. The recommended ratio of indirect NP program clinical faculty to students is 1:6.
- In the AG-ACCNS program, these same definitions are adhered to in addition to the NACNS criteria.

E. Typhon

- APRN preceptors are expected to use Typhon, the platform by which all graduate student activity is logged and tracked, at least weekly and when student assignments require review, feedback and grading.
- APRN preceptors are expected to submit student evaluations in Typhon if required by course faculty. Contact the course professor for detailed instructions.
- Contact the advanced practice program manager for access to Typhon.

F. APRN documentation and billing

- Interpretation of the CMS guidelines that regulate billing and supporting documentation varies across health care systems. We recommend that the preceptor contact the director of advanced practice, the business manager, or the system's credentialing office for the policy regarding the use of graduate student notes as the basis for billing.
- The SON's interpretation of the current CMS guidelines is that CMS does not allow a practicing APRN to bill for patient services using a graduate student note.
- For optimal learning of the advanced practice role, we strongly recommend that the graduate student write patient notes and H&Ps in the electronic health record of the clinical site.

G. Evaluation of graduate student learning and performance

- According to NONPF, student evaluation is the responsibility of the NP faculty with input from the preceptor. Direct clinical observation of student performance is essential by the faculty member or the preceptor. Clinical observation may be accomplished by direct or indirect methods (student-faculty conferences, simulations, videotaped sessions). NONPF criterion VI.A.5.
- According to NACNS (2011), CNS student evaluation is the responsibility of the CNS program faculty with input from the preceptor (criterion 2-5).
- Generic forms for midterm and final evaluation of the UVA graduate student can be found in Typhon. The timing and format of the evaluation expected of the preceptor may vary by specialty; please verify the process with the lead course faculty member.
- For continuous improvement related to clinical learning, end of semester evaluations are based on a 360-degree model as follows:
  - Preceptor evaluation of the student
  - Faculty evaluation of the student
  - Student evaluation of the preceptor
  - Student evaluation of the clinical faculty
  - Student evaluation of the site

### III. RESPONSIBILITIES

#### PROGRAM COORDINATOR

- a. Provides leadership to assure quality related to curriculum management and assessment, recruitment and retention of students, faculty support and compliance with academic regulatory requirements
- b. Confirms and finalizes clinical site placements with the appropriate agencies; verifies an affiliation agreement with the site is in place and requests one if not (may delegate this to ACC)
- c. Responsible for knowing and adhering to the terms of the affiliation agreement with the clinical site
- d. Represents the program to students
- e. Coordinates implementation of respective program curriculum
- f. Fulfills the administrative responsibilities for the program
- g. See position description for full scope

#### ACADEMIC CLINICAL COORDINATOR

- a. Coordinates student clinical placements
- b. Strategizes and develops effective systems/processes to identify new and preferred clinical sites
- c. Verifies an agreement is in place for the site and relevant student type; if not, requests one (or has the student submit a request). If requesting an agreement, ensure key contacts and preliminary information needed for contractual agreements and regulatory standards met.
- d. Reviews the agreement and discusses with the student(s) and SON staff as needed to assure compliance
- e. Coordinates process for ongoing communication between UVA SON and clinical agencies to ensure challenges are addressed in timely manner
- f. Maintains a data base across all programs in collaboration with administration support
- g. Evaluates unit/site and preceptor, including reviewing student evaluations of site and preceptor
- h. Facilitates preceptor participation in events/retreats
- i. See position description for full scope

#### COURSE PROFESSOR

- a. Maintains overall responsibility for ensuring that students meet the course objectives
- b. Maintains responsibility for the structure and sequencing of course content and assignments.
- c. Prepares the course syllabus
- d. Provides course orientation and mentoring of clinical faculty and GTAs, as appropriate, to teaching role, expectations and requirements
- e. Course faculty in collaboration with clinical faculty provide orientation to APRN preceptors in the following areas: course objectives, program/track requirements, supervision expectations, and evaluation of students
- f. Reviews the clinical site agreement(s) if he/she will be on site at any time
- g. Collaborates with PD/PC and Global Initiatives Co-Director to ensure international learning experiences are coordinated and meet course and program objectives
- h. Serves as a resource as needed for clinical faculty and preceptors to address or resolve student issues
- i. Assigns final course grades and enters all grades into SIS

## CLINICAL FACULTY

- a. Faculty who teach clinical components of NP programs must maintain appropriate professional credentialing (NONPF criterion V.A.2)
- b. May provide direct or indirect clinical supervision of NP students (NONPF criterion IV.B.1)
- c. Direct supervision is defined as the NP program faculty member functioning as the on-site clinical preceptor. The recommended direct, on-site clinical NP faculty/student ratio is 1:2 if the faculty member is not managing their own patients and 1:1 if the faculty member is managing their own patients.
- d. Indirect supervision has three components: 1. To supplement the clinical preceptor's teaching, 2) to act as a liaison to a community agency, and 3) to evaluate the student's progress.
- e. Indirect clinical faculty supervision encompasses the coordination of the clinical experience, interaction with the preceptor, and formal evaluation of the student. The recommended ratio of indirect NP program clinical faculty to students is 1:6.
- f. For CNS students, the recommended ratio for direct supervision by faculty member or clinical preceptor is 1:1 or 1:2. The recommended ratio for indirect supervision is 1:6 or 1:8. (NACNS criterion 2.0)
- g. Variations in the faculty to student ratio might occur with the use of innovative teaching methods, such as master teacher with clinical groups immersion experiences, and interprofessional team-based clinical experiences, use of technology and curriculum design.
- h. Whether direct or indirect, the APRN program faculty maintains ultimate responsibility for the evaluation of the APRN student and the quality of students' clinical experiences. (NONPF criterion IV.B.1; NACNS criterion 2-5)

## ADDITIONAL CLINICAL FACULTY ROLES

- a. Obtains and reviews the affiliation agreement with the clinical site; responsible for knowing and adhering to the terms of the agreement
- b. Serves as a resource to the APRN student and preceptor
- c. **Is available to the preceptor and student by phone or email during all clinical hours.**
- d. Evaluates the student's clinical performance via direct observation, input from the preceptor, competency assessments, reviewing logs/assignments, and/or simulation
- e. Assumes primary responsibility for addressing or resolving student issues.
- f. Evaluates preceptor, including reviewing student evaluations of preceptor.
- g. Completes or confirms the completion of students' midterm and final evaluations
- h. Completes Academic Action Plan forms for students, if needed
- i. Ensures that clinical objectives are met

## APRN PRECEPTOR ROLE: NURSE PRACTITIONER (NONPF criterion IV.B.3)

- a. The preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area
- b. Over the course of the program, the student has a majority of clinical experiences with preceptors from the same population-focused area of practice
- c. An interdisciplinary mix of preceptors may be used
- d. NP preceptors have educational preparation appropriate to her/his area of responsibility and at least one year of clinical experience
- e. See previous section for preceptor-student ratio

## APRN PRECEPTOR ROLE: CLINICAL NURSE SPECIALIST (NACNS criterion 2.0)

- a. Preceptors, who are authorized to practice in the CNS role through educational preparation and/or CNS certification, supervise CNS students in clinical practice experiences through direct or virtual interactions

- b. If CNS preceptors are not available or additional professional expertise is deemed essential, other professionals (masters or doctorally prepared NPs, physicians, or other health professionals with advanced preparation may precept CNS students for circumscribed experiences

## APRN STUDENT ROLE

All APRN students are expected to adhere to the policies and guidelines as described in the University *Record* (the academic catalog), the affiliation agreement with the clinical site, as well as the expectations described in the course syllabus. Additional student roles related to precepted clinical activities include:

- Demonstrates professional behavior at all times
- Establishes individual objectives
- Uses course objectives as a guide.
- Appropriately identifies own areas of strength and deficits.
- Schedules clinical hours with the assigned clinical faculty or preceptor
- Contacts preceptor to determine a schedule for completing the required hours for each clinical course.
- Informs clinical faculty of the schedule at the beginning of the preceptorship.
- Informs preceptor and clinical faculty of any emergency changes to the schedule.
- Participates in self-evaluation and evaluation of preceptor and the clinical site regularly
- Utilizes Typhon for documentation of all patient encounters
- APRN student clinical responsibilities at the student's site of employment must be faculty guided and outside of the student's employment expectations/responsibilities. (NONPF criterion IV.B.2)

### References:

- National Task Force. (2016). *Criteria for Evaluation of Nurse Practitioner Programs* (5<sup>th</sup> ed). National Organization of Nurse Practitioner Faculties. Retrieved from <https://www.nonpf.org/page/15>
- National Association of Clinical Nurse Specialists. (2011). *Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Educational Programs*. Retrieved from <http://nacns.org/wp-content/uploads/2016/11/CNSEducationCriteria.pdf>

## IV. REGULATIONS AND WEB RESOURCES

### A. REGULATIONS

- VIRGINIA BOARD OF NURSING

The Virginia Board of Nursing regulates both nursing practice and nursing education. As you begin your clinical teaching activities it is imperative to understand the regulations associated with clinical teaching and clinical learning. The full regulations can be access through the Virginia Board of Nursing website at: <http://www.dhp.virginia.gov/Boards/Nursing/>

- THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Just as there are laws governing patient privacy (HIPAA), similar laws exist to protect student privacy. Student records are confidential and protected under the Family Educational Rights and Privacy Act (FERPA). As a general rule, faculty and preceptors should approach student privacy much in the same manner that clinicians approach patient privacy. ***Conversations about student progress and achievement are appropriate among the educational team but should otherwise be treated as confidential. Student papers and faculty documentation and evaluation of student progress (e.g., grades) are treated as confidential.*** School of Nursing resources can be contacted

for any questions about student privacy issues. In addition, the University of Virginia FERPA policy is available at <http://uvapolicy.virginia.edu/policy/STU-002>.

- UVA Graduate Record (the University catalog): <http://records.ureg.virginia.edu/index.php?catoid=48>
- UVA School of Nursing Guidelines for Course and Clinical Faculty: <https://handbook.nursing.virginia.edu/1/02/1/>

## B. RESOURCES - WEBSITES

- NONPF's Welcome to Precepting FAQs: <https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Docs/PreceptorOrientationFAQs.pdf>
- NONPF's Preceptor Portal: [https://www.nonpf.org/page/PreceptorPortal\\_Main](https://www.nonpf.org/page/PreceptorPortal_Main)
- NONPF 2016 Criteria for Evaluation of Nurse Practitioner Programs, 5<sup>th</sup> edition: <https://www.nonpf.org/page/15>
- NONPF Nurse practitioner core competencies content (2017): <https://www.nonpf.org/page/14>

## V. APPENDICES

### Appendix A: School of Nursing organizational structure

#### Department Chairs:

- Cathy Campbell, PhD, RN
- Bethany Coyne, PhD, APRN, PNP-BC

#### Assistant Department Chairs:

- Assistant Chair: Gina DeGennaro, DNP, CNS, RN, AOCN, CNL
- Assistant Chair: Anita Thompson-Heisterman, MSN, APRN, PMHCNS-BC, PMHNP-BC

#### Academic Programs:

Associate Dean for Academics: Christine Kennedy, PhD, RN, FAAN

- BSN Program Director: Tomeka Dowling, DNP, MS, RN
- Clinical Nurse Leader Director: Sarah Craig, PhD, RN, CCNS, CCRN-K, CHSE
- Advanced Practice Program Director for the MSN: Clareen Wiencek, RN, PhD, ACNP
  - Adult-Gerontology Acute Care Coordinator: Jill Howie Esquivel, RN, PhD, ACNP-BC
  - Adult-Gerontology Acute Care CNS Coordinator: Beth Quatrara, RN, DNP
  - FNP Coordinator: Linda Eastham, PhD, APRN, FNP-BC
  - NNP Coordinator: Barbara Reyna, PhD, RN, NNP-BC
  - PNP-AC Coordinator: Tracy Kelly, DNP, RN, CPNP-PC/AC
  - PNP-PC Coordinator: Amy Boitnott, DNP, RN, FNP-BC, CPNP-BC
  - PMHNP Coordinator: Olivia Reichenbacker, DNP, RN, PMHNP-BC
- DNP Program Director: Malinda Whitlow, DNP, FNP-BC, RN

### Appendix B: MSN program terminal objectives

The MSN program prepares graduates to:

- Integrate theoretical and research based knowledge as a generalist leader or in an advanced nursing practice specialty.
- Provide care and comfort to individuals, families and groups experiencing complex health care needs.



- Provide care that reflects sensitivity to differences among culturally and ethnically diverse populations.
- Assume a leadership role in establishing and monitoring standards of practice to improve patient care in collaboration with other nursing experts.
- Use ethical principles to guide decision-making in nursing practice.
- Evaluate clinical practice in relation to professional practice standards and relevant statutes and regulations.
- Apply the research process to improve evidence based clinical practice and contribute to knowledge development.
- Engage in self-directed and purposeful activities in seeking necessary knowledge and skills to enhance career goals.
- Examine economic, political, and social forces affecting nursing care delivery in complex health care systems.
- Promote multidisciplinary collaboration to ensure quality, cost effective care.
- Contribute to the development of peers, colleagues, and others to improve patient care and foster the growth of professional nursing.
- Act as change agents to create environments that promote effective nursing practice and patient outcomes.

### **Appendix C: DNP program terminal objectives**

The **DNP** program prepares graduates to:

- Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice;
- Demonstrate organizational and systems leadership for quality improvement in healthcare systems;
- Apply clinical scholarship and analytical methods to evidence-based practice;
- Use information systems technology and patient care technology to improve and transform health care;
- Demonstrate leadership in health care policy for advocacy in health care;
- Collaborate with interprofessional and intra-professional teams to improve patient and population health outcomes.