

**THE UNIVERSITY OF LOUISVILLE SCHOOL OF NURSING**  
**DOCTOR OF NURSING PRACTICE PROGRAM**



**ADULT-GERONTOLOGY ACUTE CARE**  
**NURSE PRACTITIONER CLINICAL TRACK**  
**HANDBOOK FOR CLINICAL PRECEPTORS**

**Fall 2020 -Summer 2021**

**UofL**

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## **INTRODUCTION**

Thank you for participating in the education of Adult-Gerontology Acute Care Nurse Practitioners. As you know, practice is the heart of nursing and health care. Nursing practice is where the professional meets the clients to apply knowledge and skills to improve health of individuals, families, and groups. Therefore, we are grateful that you, a recognized expert practitioner, will assist with the clinical mentoring that will prepare our graduates to fulfill this practice mission.

## **ADULT-GERO ACUTE CARE NURSE PRACTITIONERS: STANDARDS AND ROLES**

Nurse Practitioners are registered nurses with the advanced education (Master of Science in Nursing) and clinical competency that is necessary for the delivery of high-quality health care. Adult-Gero Acute Care Nurse Practitioners (AG ACNP) are nurse practitioners who provide care to young adults (including late adolescents and emancipated minors), adults, and older adults. The AG ACNP cares for patients with unstable chronic, complex acute, and critical conditions. The AG ACNP focuses on restorative care. In addition to diagnosing and managing acute, unstable, and critically ill patients, the AG ACNP emphasizes health promotion, health protection, and disease prevention. Services they provide include, but are not limited to: ordering, conducting and interpreting diagnostic and laboratory tests, and prescription of pharmacological agents and non-pharmacological therapies. The AG ACNP practices autonomously and as part of an interprofessional team to diagnose, treat and manage the patient's health problems. Standards of practice published by professional nursing organizations guide AG ACNP practice. These are: (1) The American Nurses' Association (ANA) Scopes and Standards of Practice for Advanced Practice Nurses and Nurse Midwives, (2) The ANA Code of Ethics, and (3) The AACN Scope and Standards for Acute Care Nurse Practitioner Practice, and

(4) Adult-Gerontology Acute Care Nurse Practitioner Competencies guide practice. Students have copies of the three practice documents and can share and discuss these with you.

## **THE UNIVERSITY OF LOUISVILLE AG ACNP NURSE PRACTITIONER PROGRAM**

The AG ACNP Clinical Track began in August 2012 at the University of Louisville School of Nursing. All nurse practitioner students complete the same core courses, e.g., nursing theory, nursing research, informatics, health care systems, advanced nursing roles, health promotion disease prevention (*See Appendix A*). When students enter the clinical tracks, their course work reflects the specialty practice needs and courses become different. They enroll in clinical didactic courses that focus on the acute care of adults across the age continuum. Core and clinical courses for the AG ACNP's Program are in *Appendix A*. Other graduate clinical tracks at the University of Louisville are the *Adult-Gerontology Primary Care, Family Nurse Practitioner, Neonatal, Psych-Mental Health Nurse Practitioner, and Women's Health/FNP dual program*. If you would like further information on these clinical tracks, please call 852-8095.

## **ADMINISTRATORS AND FACULTY**

The program is administered through the office of the director of the Doctor of Nursing Practice (DNP) program, Sara Robertson, DNP, APRN. Her telephone number is (502) 852-3801. Dr. Robertson ensures that a written contract with the agency and each preceptor are obtained prior to each clinical experience. Each clinical specialty also has a *Clinical Specialty Coordinator* who, in collaboration with other nurse practitioner faculty from the specialty, is responsible for the quality of the specialty curriculum and coordination of clinical experiences. The Specialty Track Coordinator for the AGAC-NP specialty is Shannon Shumaker, PhD, APRN. Dr. Shumaker can be reached by email ([Shannon.shumaker@louisville.edu](mailto:Shannon.shumaker@louisville.edu)) should you have questions. Clinical faculty interact with the clinical preceptors and supervise the AGAC-NP

students in the clinical setting. The clinical faculty member will be in touch with you and provide contact information as telephone number. However, if you need to speak with this person and do not have this information or cannot reach the individual, please call Dr. Robertson at 502-852-3801.

## **SUPERVISION AND PLACEMENT OF STUDENTS IN THE CLINICAL PRACTICUM**

The Associate Dean of Graduate Programs, in collaboration with the clinical track faculty is responsible for placement of students in the clinical area. Students are required to complete two semesters of clinical practicum. The objectives for the clinical practicum are listed in Appendix G. Students are taught and supervised by University of Louisville nurse practitioner faculty and clinical faculty preceptors. A University of Louisville clinical faculty is assigned to each clinical student, but the on-site Clinical Preceptor provides the day-to-day clinical supervision of students. Prior to the clinical placement of a student, an agency agreement, if not already in place, is obtained or verified. Additionally, a formal, written, signed contract will be made with each preceptor. During this phase the preceptor will be asked to submit a current curriculum vitae (CV) which will need include title, discipline, credentials, licensure, education, and years in role. If a formal schedule has not already been pre-approved, the student will contact you to determine a mutually agreed upon schedule that includes time and dates.

## **RESPONSIBILITIES OF STUDENTS, PRECEPTORS AND CLINICAL FACULTY**

**The Nurse Practitioner student's responsibilities are to:**

1. Interact with the client and ascertain appropriate historical information.
2. Correctly institute and perform an appropriate examination and perform diagnostic techniques related to the identified health problems
3. Identify the differential diagnoses and final diagnosis.

4. Develop an appropriate plan of care.
5. Verbally present the patient situation to the presenter.
6. Obtain a satisfactory clinical performance evaluation in order to progress.
7. Contact the preceptor and the course faculty prior to the beginning of the semester to arrange mutually agreeable times for the practicum. Additional hours may be required as determined by the preceptor and faculty.
8. Meet University health requirements carry an active license to practice nursing, maintain student nurse practitioner malpractice insurance and maintain currency in CPR.
9. Keep a *Clinical Log* (See *Appendix B*) that documents each patient encounter and submit to Course Coordinator.
10. Complete the APRN Daily Clinical Log with daily preceptor signature. Submit the completed APRN Daily Clinical Log at the completion of each semester.
11. Submit a Summary of *Clinical Log* (See *Appendix B*) to the clinical faculty at the completion of each semester.
12. Be prepared for clinical practicum by reading references pertinent to the clinical situations that are common to the clinical site.
13. Contact the preceptor and clinical faculty before clinical absence.
14. Meet the needs of the patient holistically/foster health promotion.
15. Demonstrate consistency in the responsible preparation, documentation, communication, and promotion of continuity in the care of patient.
16. Practice within the guidelines of the Kentucky Nursing Laws (KRS 314), the ANA Scopes and Standards of Practice, The ANA Code of Ethics, and the AANP Scopes and Standards of Practice, the guidelines set forth in the course syllabus, the University of

Louisville School of Nursing Graduate Student Handbook, and the rules and regulations of the health care agency or agencies that are the site of the clinical practicum.

**The Clinical Preceptor's responsibilities are to:**

1. Review the clinical objectives and assess how they can be accomplished within the uniqueness of his/her practice setting.
2. Orient the student to the practice setting and prepare site staff for student's arrival.
3. Provide adequate clinical space for the student to take patient's histories and to perform adequate physical examinations.
4. Obtain the patient's permission for the encounter or delegate this to the student.
5. For each patient presentation by the student.
  - a) Validate and give feedback regarding student's findings and assessment/impression,
  - b) Discuss the management plan consistent with his/her role and skill
6. Act as the student's liaison with other practice colleagues, clinical and office staff.
7. Provide the student with ongoing evaluation of clinical performance weekly and at the termination of the clinical rotation with the preceptor.
8. Provide consultation with the clinical faculty for evaluation for the student, understanding that the final evaluation will come from the clinical faculty.
9. Alert the clinical faculty member to problems in student performance; this may be prior to on-site visits by Clinical Faculty as needed. Additional clinical experiences (over the required) may be necessary if, in the preceptor and/or faculty's opinion, the student is in need of additional experience.
10. Provide the student with opportunities to assess, diagnose, and treat clients with supervision according to the student's level of competency.

11. The number of patients that students can see independently will vary according to the course in which they are enrolled. Generally, we expect student's productivity to increase over time with a minimum of 5-8 patients per 8-hour clinical day. Preceptors facilitate this expectation by selecting patients that are appropriate for each student's current level of competence and observing them in patient interaction and provide feedback on performance.
12. *Selected Office Procedures for Clinical Practice* is included in the course of study. Students may perform these procedures only with supervision after they are presented in class (*Appendix C*).
13. Verify student clinical attendance with APRN daily log signature.

**Helpful Hints from *The One-Minute Teacher: Six Micro skills for Clinical Teaching***

1. Get a commitment: What do you think is going on? What would you like to accomplish on this visit?
2. Probe for supporting evidence: What led you to that conclusion? What else would you consider?
3. Teach general rules: When this happens, do this . . .
4. Reinforce what was right: Specifically, you did an excellent job of . . .
5. Correct mistakes: Next time this happens, try . . .
6. Identify next Learning steps: What do we need to learn more about?

**The Clinical Faculty's responsibilities are to:**

1. Contact the Preceptor at the beginning of each semester to answer questions and clarify student's learning needs. Thereafter, be available to the preceptor and student for consultation and assistance throughout the semester.



2. Serve as a liaison between the student, preceptor and the School of Nursing.
3. Consult with the preceptor in person at the time of the student visit.
4. Evaluate the student's performance twice during the semester.
  - a. Meet with the preceptor during the visit to the student.
  - b. Observe the student in the clinical situation (with a minimum of 2 clients).
  - c. Consult with the student and provide feedback.
5. Obtain and utilize preceptor input in course grade assignment.
6. Onsite practice site(s) visits 1-2 times during each semester and more often if needed.

### **Documentation**

The art of documentation is critical to the delivery and evaluation of high-quality care as well as achieving proper reimbursement for services. These skills are essential for students to learn.

Students may document services in the medical record; however, the preceptor may only refer to the student's documentation of an E/M service that is related to the Review of Systems and/or Past Family and/or Social History. According to the Centers for Medicare & Medicaid Services (2011), elements of student documentation that must be re-documented by the preceptor include the history of present illness, physical exam, and medical decision making. A preceptor may also choose to have students document on paper rather than directly in the EMR. Students should use the SOAP note format.

### **The Clinical Log**

The student is responsible for keeping a daily *Clinical Log* (Appendix B). This clinical log is maintained via the Typhon Group electronic system. The information recorded by the student on the form is verified by the clinical faculty. The Clinical Faculty member reviews the information at the mid and endpoint of the clinical rotation to assure that the student has had the appropriate learning experiences for the course and forwards the form with recommendations, if appropriate,

to the *Clinical Specialty Coordinator*. The information is needed to verify that the student has had the appropriate clinical experiences and to provide data for accreditation and traineeships.

### **Evaluations: Site, Student, Preceptors, and Faculty**

Prior to the first placement of students in a site, a faculty/staff member will meet with the preceptor to evaluate the site. The purpose of this meeting is to evaluate if the site will meet the learning needs of the students. The Site Evaluation Form appears in *Appendix D*. On an ongoing basis the Clinical Faculty collaborates with the preceptor and offers information and assistance. The Evaluation of the Preceptor is the instrument that is completed by students at the endpoint of the clinical experience and it can be accessed by the Typhon Group software. At the completion of the clinical experience, the Clinical Placement Coordinator will send each preceptor the Kentucky Board of Nursing Preceptor Verification Form (*Appendix E*).

### **Preceptor Feedback and clinical evaluation of the Student**

The Preceptor will have the opportunity to use the Preceptor Feedback form (*Appendix F*) to provide feedback to the student and clinical faculty at a mid-point and at the conclusion of the clinical experience. The Clinical Faculty will review the preceptor's feedback form regarding the student and will talk one-on-one with the preceptor and the student regarding student performance. With input from the preceptor, the Clinical Faculty will determine the final clinical pass/fail grade and assists the student in developing a plan to improve or maintain clinical performance. The Clinical Faculty Evaluation Form mimics the Preceptor Feedback Form and contains the same components. The Clinical Faculty reports any unusual problem that threatens the success of the student to the Course and/or Clinical Specialty Coordinator.


## **Student Evaluation of the Clinical Preceptor**

Each student submits an evaluation of his or her preceptor at the conclusion of the clinical experience. The evaluation instrument can be completed electronically in the Typhon Group software system.

**Appendix A: Adult-Gerontology Acute Care Curriculum**

<b>Core DNP Courses</b>	<b>Semester Hours</b>	<b>Total</b>
NURS 605 Theoretical Applications to Practice	3	
NURS 607 Foundational Concepts of EBP	3	
NURS 608 Healthcare Systems and Economics	3	
NURS 652 Advanced Statistical Application	3	
NURS 657 Health Promotion & Disease Prevention in Culturally Diverse and Vulnerable Populations	3	
NURS 725 Leadership and Health Policy	3	
NURS 740 Advanced Pharmacology	3	
NURS 741 Advanced Pathophysiology	4	
NURS 742 Advanced Clinical Assessment	3	
NURS 743 Epidemiology	3	
NURS 744 Synthesis and Evaluation of Evidence Based Practice	3	
NURS 745 Health Information Technology	3	
NURS 746 Program Development and Evaluation	3	
NURS 747 Finance Management in Health Care Delivery	2	
NURS 748 Transformational Leader	3	
NURS 754 Clinical Reasoning in Advanced Practice Nursing	1	
<b>Total DNP Core Hours</b>		<b>46</b>
NURS 756 Procedures & Diagnostics for Adult Health	2	
NURS 760 Gerontology Pharmacology	1	
NURS 779 Diagnosis & Management for Adult Acute I	3	
NURS 780 Procedures & Diagnostics for Acute Care	2	
NURS 781 Diagnosis & Management for Adult Acute II	3	
NURS 783 Diagnosis & Management for Adult Acute III	2	
NURS 787 Clinical Practicum I	2	
NURS 788 Clinical Practicum II	3	
NURS 789 Clinical Practicum III	3	
<b>TOTAL AG ACNP HOURS</b>		<b>21</b>
<b>Total Credit Hours without project</b>		<b>67</b>
Project Practicum	9	
<b>Total Program Hours</b>		<b>76</b>

Appendix B: AG ACNP Electronic Clinical Log



Facility: University of Louisville (Facility #7278)  
Case ID #: 1302-20091027-002

Nurse Practitioner Student Tracking - Data Entry Section  
CASE INFO SCREEN

Student, Sample is logged in. [Log Out](#)  
Date of Service: 10/27/2009 [Edit](#)

**REQUIRED FIELD**

**Student Information**

Semester: Fall

Course: NURS 624

Preceptor: ADAMS, Robert M.

Clinical Site: Norton Community Medical Associates-Barret AVE

Rural Visit

Underserved Area/Population

**Patient Demographics**

Group Encounter

Age: \_\_\_\_\_ years  Pre-Term Child?

Prenatal visit? Enter fetus age: \_\_\_\_\_ weeks

Gender: --Select One--

Race: --Select One--

Insurance: --Select One--

**Clinical Information**

Time with Patient: \_\_\_\_\_ minutes

Consult with Preceptor: \_\_\_\_\_ minutes (not part of patient time)

Type of Decision-Making: --Select One--

Student Participation: --Select One--

Reason for Visit: --Select One--

Chief Complaint: \_\_\_\_\_

Encounter #: --Select One--

Type of H & P: --Select One--

Axis IV (Psychosoc./Environ.): \_\_\_\_\_

Axis V (GAF Scale 0-100): \_\_\_\_\_

**Social Problems Addressed**

<input type="checkbox"/> Abused Child/Adult	<input type="checkbox"/> Nutrition/Exercise
<input type="checkbox"/> Caretaking/Parenting	<input type="checkbox"/> Palliative/End of Life Care
<input type="checkbox"/> Education/Language	<input type="checkbox"/> Prevention
<input type="checkbox"/> Emotional	<input type="checkbox"/> Role Change
<input type="checkbox"/> Grief	<input type="checkbox"/> Safety
<input type="checkbox"/> Growth & Development	<input type="checkbox"/> Sanitation/Hygiene
<input type="checkbox"/> Housing/Residence	<input type="checkbox"/> Sexuality
<input type="checkbox"/> Income/Economic	<input type="checkbox"/> Social Contact/Isolation
<input type="checkbox"/> Interpersonal Relationships	<input type="checkbox"/> Spiritual Issues
<input type="checkbox"/> Issues w/Community Resources	<input type="checkbox"/> Substance Abuse
<input type="checkbox"/> Legal	<input type="checkbox"/> Other:
<input type="checkbox"/> Neglected Child/Adult	

**Diagnosis/ICD Codes**

#1	<input type="text"/>	#5	<input type="text"/>
#2	<input type="text"/>	#6	<input type="text"/>
#3	<input type="text"/>	#7	<input type="text"/>
#4	<input type="text"/>	#8	<input type="text"/>

[AXIS I-III Translation](#)

**Procedures/CPT® Codes**

#1	<input type="text"/>	#7	<input type="text"/>
#2	<input type="text"/>	#8	<input type="text"/>
#3	<input type="text"/>	#9	<input type="text"/>
#4	<input type="text"/>	#10	<input type="text"/>
#5	<input type="text"/>	#11	<input type="text"/>
#6	<input type="text"/>	#12	<input type="text"/>

---

**Birth & Delivery**

**Medications**

# OTC Drugs taken regularly: \_\_\_\_\_

# Rx currently prescribed: \_\_\_\_\_

# New/Refilled Rx This Visit: \_\_\_\_\_

**Types of New/Refilled Rx This Visit**

- Analgesic & Antipyretic
- Cardiology
- Dermatology
- Endocrinology
- ENT
- GI Agents
- Gynecology
- Hematology/Oncology
- Infectious Diseases
- Neurology
- Ophthalmology
- Psychiatric
- Pulmonary
- Rheumatology
- Urology
- Vaccines
- Wound Management
- Miscellaneous

**Compliance Issues with Medications**

- Caretaker failure
- Complexity/demands of treatment
- Denial of need
- Disappearance of symptoms
- Disbelief in benefits/efficacy
- Fear of addiction
- Financial concerns
- Forgetfulness
- Knowledge deficit
- Physical disability
- Pregnancy
- Psychiatric diagnosis
- Religious reasons
- Other/side effects:

Other Questions About This Encounter

*Appendix C: Selected Office Procedures for Clinical Practice*

- **Skin Biopsy**
- **Excision of skin lesions**
- **Superficial suturing**
- **Pap smears**
- **Application of splints (volar, thumb, spica, posterior)**
- **Knee aspiration and injection, shoulder injection**
- **Eye irrigation and fluorescein staining**
- **Portable pulmonary function testing**
- **X-Ray interpretation**
- **Central Line Placement**
- **Arterial Line Placement**
- **Intubation**
- **Chest tube placement**
- **Lumber puncture**

**Appendix D: Site Evaluation Form**

This form can also be Accessed online under the DNP resources page

**University of Louisville  
School of Nursing  
(DNP)**

Name of Site: \_\_\_\_\_

Location: (check one) \_\_\_\_\_ Urban \_\_\_\_\_ Rural

Underserved Area: (check one) \_\_\_\_\_ yes \_\_\_\_\_ no

Clinical Preceptor: \_\_\_\_\_

Completed by: \_\_\_\_\_ Date: \_\_\_\_\_

(Faculty)

**Instructions:**

1. Please mark an X in the most appropriate space after each statement regarding the site.
2. Space is provided after each statement if you choose to add any written comments.

	YES	NO	N/A	COMMENTS
1) Is adequate space provided?				
2) Is adequate time given to see clients?				
3) Are there sufficient numbers of clients?				
4) Are the types of clients varied as to age, type of problem, etc?				
5) Are students allowed to selected clients according to their needs?				
6) Are students given the opportunity to follow-up with clients and/or problems of interest?				
7) Are reports from lab and x-ray accessible to students?				
8) Is support staff appropriately helpful to students?				
9) Is supporting staff accepting of student's role?				
10) Is philosophy of clinic/site to provide: a) health promotion and disease prevention?				

- b) disease diagnosis and management?
- c) both

- 11) Are instructional materials available for clients to supplement their learning (i.e., pamphlets, outside class opportunities, etc?)
- 12) Are community resources, other agencies, and professional disciplines involved with client welfare?

--	--	--	--

13. How far away is the site?  
 Mileage: \_\_\_\_\_  
 Travel time from University: \_\_\_\_\_

14. Please check the one category that BEST describes the practice site:

_____ Physician's office	_____ Day treatment center
_____ Hospital	_____ Community center
_____ Clinic	

15. Which of the following BEST describes the practice site selected in question 17?

- \_\_\_\_\_ Physician's clinic
- \_\_\_\_\_ Company or industrial clinic
- \_\_\_\_\_ School clinic
- \_\_\_\_\_ Neighborhood and family health center
- \_\_\_\_\_ Intensive Care Unit
- \_\_\_\_\_ Outpatient/Inpatient
- \_\_\_\_\_ Other type of setting
- Specify: \_\_\_\_\_

**General Comments**

- 1) List ways this agency/individual provides good clinical experience for students.
- 2) List areas in which this agency/individual needs improvement in order to provide optimal student learning.
- 3) Identify the practicum level of the student most appropriate for placement at this practice facility.
- 4) Do you recommend this agency/individual for other students? \_\_\_\_\_ Yes \_\_\_\_\_ No

Why or why not?



**Appendix E: Preceptorship Verification Form**

Kentucky Board of Nursing  
**Preceptorship Verification Form**  
312 Whittington Parkway, Suite 300  
Louisville, KY 40222

If you wish to claim preceptorship hours as a way of validating continued competency, this form *can be used* as a means to document participation. **USE OF THIS FORM IS NOT REQUIRED**

Participation as a preceptor is equivalent to fifteen (15) contact hours of continuing competency validation as long as each of the following criteria is met: (201 KAR 20:215)

**Criteria:**

- a minimum of 120 clock hours;
- shall be a one-to-one relationship between the preceptor and nursing student or employee undergoing orientation;
- may involve more than one (1) student or employee;
- shall be evidenced by written documentation from the educational institution or preceptor’s supervisor

Licensee Name: \_\_\_\_\_ License #: \_\_\_\_\_

Employing Agency: \_\_\_\_\_ Location: \_\_\_\_\_

The preceptorship was with:

Name: \_\_\_\_\_ Credential:  RN/LPN  Nursing Student

Dates of preceptorship: \_\_\_\_\_ # of hours: \_\_\_\_\_

**Signature of Faculty Member/Facility Manager Verifying:**

\_\_\_\_\_

Position/School: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

The preceptorship was with:

Name: \_\_\_\_\_ Credential:  RN/LPN  Nursing Student

Dates of preceptorship: \_\_\_\_\_ # of hours: \_\_\_\_\_

**Signature of Faculty Member/Facility Manager Verifying:**

\_\_\_\_\_

Position/School: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_-\_\_\_\_\_

The preceptorship was with:

Name: \_\_\_\_\_ Credential:  RN/LPN  Nursing Student

Dates of preceptorship: \_\_\_\_\_ # of hours: \_\_\_\_\_

**Signature of Faculty Member/Facility Manager Verifying:**

\_\_\_\_\_

Position/School: \_\_\_\_\_ Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

***Retain this information in the same manner that you would maintain a  
Continuing Education Certificate of Attendance  
(at least five (5) years following the current licensure period)***

**Appendix F: Preceptor Feedback Form**

Preceptor Clinical Feedback Form  
University of Louisville DNP Program

The preceptor clinical feedback form is designed for the preceptor to give feedback to the clinical faculty and the student on the student’s performance in clinicals. The student, over the course of the program, is expected to progress from the basic skills level in their first clinical course to intermediate or possibly high-skills level during practicum. The form provides feedback and is intended to generate discussion and future performance goals with the clinical faculty. The clinical faculty will use the feedback from this form or verbally from the preceptor to evaluate the student and assign a final pass/fail grade. The clinical faculty evaluation form mimics the preceptor feedback form and has all of the same components.

Rating	Skill Level	Definition
1	Poor	Significant gaps exist in gathering patient information, interpretation of findings, and in the ability to generate even simple plans. Consistently requires substantial assistance/supervision to perform task adequately and is not demonstrating growth towards independence. Skill techniques are commonly incorrect. Communication is inaccurate and/or unclear. Does not demonstrate the ability to apply didactic content to the clinical setting. Does not understand practice parameters and/or there are concerns for unsafe practice.
2	Novice	There is a good attempt but gaps exist in gathering patient information, interpretation of findings and in the ability to generate a plan. A significant amount of assistance/supervision is needed, but student is moving toward independence. Skills demonstrate technique that is mostly correct but tentative and may need some correction. Communication is accurate but requires a lot of prompting from the preceptor and is disjointed or missing information. Beginning to incorporate didactic knowledge and has little clinical experience from which to build or may know didactic content but has not had the opportunity to apply.
3	Competent	Performs clinical duties with skill and able to gather patient information, interpret findings and generate a simple plan accurately most of the time. Requires some assistance/supervision. Skills demonstrate correct technique but may be slow or uneven. Communication is accurate but is disjointed or not succinct. Demonstrates ability to incorporate didactic knowledge and previous clinical experience
4	Proficient	Performs clinical duties with proficiency and skill. Gathers patient information, interprets data, and generates a plan with consistently accurate judgment. Needs minimal assistance/supervision. Psychomotor skills are smooth and sure. Communication is accurate, clear and succinct. Demonstrates clear ability to build on didactic knowledge and previous clinical experience.
0	Not Observed	There was not an opportunity to observe or verbally

		challenge the student with this competency. If > 4 competencies are not observed, the evaluator must assess the site and make a plan in conjunction with the student to meet all competencies.
--	--	--

Student Name	
Date of Evaluation	
Number of Hours completed	Semester _____ Total _____
Clinical Course Number	

	Preceptor
<b>Scientific Foundation</b>	
1. Critically analyzes data and evidence	
2. Discusses pathophysiology and course of diseases	
3. Applies psychosocial concepts related to health and illness	
<b>Practice, Practice Inquiry, Quality</b>	
<b>4. History</b>	
a. Obtains and accurately documents problem focused/ comprehensive age-appropriate health histories	
b. Includes a complete or focused evaluation of the ROS is appropriate	
c. Modifies interview technique to meet differences in age, gender, and cultural factors	
d. Includes pertinent developmental assessment across the lifespan	
e. Performs risk assessment as appropriate	
<b>5. Physical Assessment</b>	
a. Performs episodic or complete physical examination accurately as appropriate	
b. Performs physical exam techniques that are supported by subjective data	
c. Displays consideration to safety, infection control, and cultural factors during the exam	
6. Distinguishes between normal and abnormal	

<b>7. Assessment</b>	
a. Formulates a list of differential diagnoses	
b. Formulates accurate problem list supported by patient data	
c. Produces and accurate list of client health risk behaviors and environmental health risks	
d. Demonstrates ability to identify “red flags” requiring urgent or emergent care, consultation or referral	
<b>Plan</b>	
8. Includes appropriate follow-up/referral/consultation in the plan of care	
9. Selects age and condition specific diagnostic tests and screening procedures	
10. Identifies and plans appropriate health promotion education, counselling, and anticipatory guidance to the patient/family/caregiver	
11. Identifies appropriate interventions (pharmacological & non-pharmacological)	
12. Synthesizes data from a variety of sources including evidence-based practice recommendations to approach patient management	
<b>Ethics</b>	
13. Integrates ethical principles in decision making and protects patient confidentiality	
<b>Technology</b>	
14. Translates technical and scientific information appropriately for patients	
<b>Leadership</b>	
15. Maintains a climate of mutual respect and shared values	
16. Communicates practice knowledge orally and in writing	
17. Consistently and effectively participates in and/or leads an inter-professional team in the provision of care.	

<b>Policy &amp; Systems</b>	
18. Demonstrates an understanding of the interdependence of policy and practice	
19. Discusses ways to minimize risk of adverse patient outcomes	
20. Evaluates access, cost, care processes and health care structure when developing a management plan	

Total points \_\_\_\_\_/ 116  
 NURS 787 – 73 points or above is passing  
 NURS 788 - 88 points or above is passing  
 NURS 789 - 102 Points or above is passing

Number of competencies not observed

Student’s strengths and overall comments about performance:

Areas for improvement or remediation:

Preceptor Name and Location:

*Appendix G: Objectives for Clinical Courses*

<b>NURS 787</b>	<b>NURS 788</b>	<b>789</b>
<p>The purpose of this course is to provide clinical experiences in comprehensive patient assessment, diagnosis, and management of common health problems among select patient populations. Students will begin practicing the role of an APRN under preceptor supervision.</p>	<p>The purpose of this course is to provide advanced clinical experiences in comprehensive patient assessment, diagnosis, and management of complex problems among select patient populations. Students will strengthen and enhance their advanced practice skills with preceptor supervision.</p>	<p>The clinical experience focuses on synthesis of theoretical, scientific, clinical knowledge and practice-based skills in the diagnosis and management of existing and potential health problems. Emphasis will be placed on the collaborative and leadership roles of the advanced practice nurse in health care delivery.</p>
<ol style="list-style-type: none"> <li>1. Use a systematic approach to identify health concerns of patients and their families.</li> <li>2. Employ evidence-based clinical guidelines for use in the management of common health problems.</li> <li>3. Synthesize clinical data to formulate health management plans.</li> <li>4. Collaborate with patient, family, and other health professionals to develop and provide a health care plan.</li> <li>5. Develop a philosophy of the role of the nurse practitioner as a member of the interprofessional health care team.</li> <li>6. Incorporate culturally competent health care in advanced nursing practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. Use a systematic approach to identify health concerns of patients and their families.</li> <li>2. Employ evidence-based clinical guidelines for use in the management of complex health problems.</li> <li>3. Synthesize clinical data to formulate comprehensive health management plans.</li> <li>4. Collaborate with patient, family, and other health professionals to develop and provide a comprehensive health care plan.</li> <li>5. Develop a philosophy of the role of the nurse practitioner as a member of the interprofessional health care team.</li> <li>6. Incorporate culturally competent health care in advanced nursing practice.</li> </ol>	<ol style="list-style-type: none"> <li>1. Demonstrate clinical competence in advanced practice nursing based on selected specialty standards of practice.</li> <li>2. Employ evidence-based clinical guidelines for use in the management of complex health problems.</li> <li>3. Synthesize individual and aggregate data to formulate a comprehensive health management plan.</li> <li>4. Lead an interprofessional team in the delivery of healthcare that includes appropriate referral, consultation, and continuity of care for clients.</li> <li>5. Integrate an evolving personal philosophy of nursing and healthcare into the advanced practice role.</li> <li>6. Analyze the impact of culture and environment on health behavior of individuals and families.</li> </ol>

*Appendix H: Program Goals and Student Learning Outcomes*

**University of Louisville School of Nursing Student Learning Outcomes  
2017-2018  
DNP Program**

<b>Institutional Effectiveness Program Goals 1-7</b>		<b>Program Outcomes</b>	<b>Student Learning Outcomes</b>	<b>Measures &amp; Targets</b>
Program Goal: Competency related to Professional Practice and training experiences	1	Demonstrate moral, ethical and legal behavior in the advanced nursing role. Essentials I, II, IV, V	1. Students will meet professional behavioral standards.	1 Clinical Evaluation (direct): 95% of students will satisfactorily meet clinical evaluation clinical indicator (13, 15, 19) on final evaluation.
Program Goal: Competency related to Content Knowledge	2	Apply knowledge and leadership skills in the provision of quality advanced nursing care. Essentials II, VII, VIII, IX	2. Students will meet leadership objectives related to final clinical evaluation/practicum evaluation.	2 Clinical Evaluation (direct): 95% of student will satisfactorily meet leadership indicators (8, 11, 12, 16) on final evaluation.
Program Goal: Competency related to Engagement in Research	3	Synthesize current evidence to plan and provide advanced nursing care. Essentials I, III, IV	3. Students will synthesize evidence to provide advanced nursing care.	3 Class assignment (direct): 3.1 95% of students will receive a satisfactory grade on their DNP project proposal defense.
Program Goal: Competency related to Professional Practice and Training experiences	4.	Use effective communication strategies with individuals, families, and groups in providing advanced nursing care. Essentials IX	4. Students will demonstrate effective communication in an advanced nursing role.	4 Clinical Evaluation (direct): 95% of students will satisfactorily meet clinical communication indicator (16) on final evaluations.



<b>Institutional Effectiveness Program Goals</b>		<b>Program Goals (CCNE Outcomes)</b>	<b>Student Learning Outcomes</b>	<b>Measures</b>
Program Goal: Competency related to major	5.	Develop, participate on, and/or lead inter-professional teams to improve patient and population health outcomes. Essentials II, IV, VII	5 Students will demonstrate inter-professional collaborative skills.	5. Clinical Evaluation (direct): 95% of students will satisfactorily meet clinical evaluation clinical indicator (16, 17) on final evaluation.
Program Goal: Competency related to Content Knowledge	6.	Demonstrate critical thinking in advanced nursing care of individuals, families, groups, and communities. Essentials I, IV, IX	6. Students will demonstrate critical thinking skills in the care of individuals, family, and groups.	6. Class assignment (direct): 95% of students will receive a satisfactory grade on their DNP practice project defense.
Program Goal: Competency related to community engagement	7.	Analyze the role of health policy and advocacy in the provision of health care. Essentials VI, VII, IX	7. Students will advocate for a change in or maintenance of a health policy related to a selected health care issue.	7. Class assignment (direct): 95% of students will receive a satisfactory grade on their health policy written assignment.

AACN directed DNP Program Goal:

Graduate education resulting in a **Doctor of Nursing Practice (DNP)** prepares nurse leaders to:

- a. Synthesize and apply knowledge to improve population outcomes
- b. Collaborate with other disciplines to improve the delivery of health care
- c. Assume clinical, leadership, executive, public policy and/or teaching roles
- d. Affect health policy through the application of knowledge. The DNP is the terminal practice degree in nursing.