



Department of Nursing

# **CLINICAL PRECEPTOR HANDBOOK**

**Master of Science in Nursing  
and  
Post-Graduate  
APRN Certificate Program**

**Family Nurse Practitioner Specialization  
Psychiatric Mental Health Nurse Practitioner  
Specialization**

## **Welcome**

Thank you for being a preceptor and contributing to the clinical education of National University Nurse Practitioner students. We greatly appreciate the time and energy you spend with our students, and recognize that you make a significant difference in preparing outstanding advanced practice nurses. We have prepared this document to use as a reference guide for your role, as well as the roles of the faculty and student. It also serves as the basis for a signed agreement between you, the Department of Nursing, and the student.

**Prepared by**  
**The Faculty of the National University**  
**School of Health and Human Services**  
**Department of Nursing**

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Give the pupils something to do, not something to learn; and the doing is of such a nature as to demand thinking; learning naturally results.

— John Dewey

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## Program Overview

### Department of Nursing

### Mission, Vision, Philosophy, and Organizing Concepts

#### NURSING EDUCATION

##### **Baccalaureate Nursing Education**

Baccalaureate nursing education provides the foundation for professional nursing practice as a beginning generalist clinician who provides care to individuals, families, communities and populations. The baccalaureate degree prepares nurses for leadership in providing direct care and collaborating within care teams that work to improve the quality and safety of health care.

##### **Graduate Nursing Education**

Graduate nursing education prepares professional nurses for roles in advanced practice. The graduate degree prepares nurses for specialization in administration, informatics, patient care, scholarship, research and teaching. Advanced practice nurses lead nursing's future through evidence-based practice inquiry, knowledge representation and analysis, formulation of health care policies and outcomes and transformed education.

#### MISSION STATEMENT

The mission of the nursing program at National University is to create a learning-centered environment that supports the education of nurses who will improve human health through nursing judgment to provide high quality, caring, competent, and safe nursing practice for individuals, communities and populations in a diverse society.

#### VISION STATEMENT

The vision of the nursing department is to become a center of nursing academic excellence through nursing education that is learner-centered, interpersonally engaging, innovative, success-oriented, and technologically responsive to a rapidly changing student population and health care delivery system that facilitates achievement of National University's mission.

#### PHILOSOPHY

We believe the process of educating nurses is focused on assisting students to develop the knowledge, skills and attitudes necessary to continuously improve the quality and safety of nursing practice to diverse individuals, communities and populations. Nursing knowledge, skills, and attitudes advance from simple to complex as students progress through their educational programs as self-directed lifelong learners.

Knowledge, skills, and attitudes are the foundation of nursing judgment. Knowledge is defined as

the integration of data and information into an organized cognitive structure which creates meaning and perspective. The fundamental structure of nursing education is developed through knowledge gained in theory courses and clinical learning experiences. Nursing skills include cognitive, psychomotor and affective competencies necessary to make judgments and implement safe, effective and evidence-based nursing care that improves patient outcomes.

The concept of attitude is defined as the development of professional identity and values. The development of professional identity involves personal reflection and the application of standards and ethics of nursing practice. Nursing practice incorporates personal integrity, patient advocacy, membership in a collaborative healthcare team, and lifelong learning.

Nursing judgment is the outcome of applied thinking skills to nursing practice. Nurses employ specialized knowledge and skills to provide evidence-based, culturally competent, best practices, to improve the health of individuals, communities and populations. Nursing judgment and professional identity are enhanced through concepts of adult centered learning principles. As adult learners, nursing students are responsible for their own learning and incorporate self-directed activities relevant to practice oriented situations.



Educators facilitate student learning by functioning as partners, role models, coaches, and mentors of students in their discovery of new knowledge. Nursing educators assist the student to bridge past experiences with current content and practice to develop nursing knowledge, skills, and attitudes. Faculty members foster a spirit of inquiry by promoting personal reflection and incorporating the principles of evidence-based practice as students work to attain excellence in nursing practice.

### ORGANIZING CONCEPTS

#### **Caring**

The essence of nursing is caring, defined as an interpersonal relationship characterized by a view of the patient as a holistic being, by unconditional acceptance of the patient, and by respect and positive regard for the patient. The caring relationship has the purpose of improving the wellbeing of the patient through the nurse's therapeutic use of self. Caring forms the basis for development of therapeutic relationships with patients, and is integral to the science and art of nursing.

#### **Patient-Centered Care**

Nurses develop therapeutic relationships that recognize the patient (individuals, families, or communities) as the source of control and partner in providing culturally competent, holistic, compassionate care grounded in respect for the patient's preferences, values, and needs. Inherent in this therapeutic relationship is the concept of caring and interpersonal concern about another.

### **Safety and Quality of Care**

Nurses deliver care consistent with current professional knowledge that minimizes the risk of harm to patients and providers, increasing the likelihood of desired health outcomes.

### **Nursing Judgment**

Nursing judgment incorporates the utilization of the nursing process to prioritize and delegate safe, quality nursing care. Clinical judgments and decisions are substantiated with evidence that builds on knowledge from the sciences, arts, and humanities; life and practice experiences; and applied thinking to promote the health of patients within a family and community context.

### **Collaborative Care**

Collaborative care is the nurse's participation as an integral member of an interdisciplinary healthcare team, which includes the patient, family, and community. In order for the team to function effectively, nurses foster open communication, mutual respect, and shared decision making to achieve quality patient care.

### **Professional Identity**

Professional identity is a developmental process by which nurses integrate their roles as leaders, educators, clinicians, and patient-centered advocates upholding legal and ethical standards of practice.

### **Evidence-Based Practice**

Evidence-based practice originates as systematic inquiry that substantiates the best nursing practices to provide high quality, safe patient care. Evidence-based practice requires continuous learning as the method as the method for improving and updating nursing practice.

## Program Description

### Master of Science in Nursing

The Master of Science in Nursing (MSN) degree program is for baccalaureate prepared nurses. In keeping with the standards for graduate education for advanced practice nursing delineated by the CCNE in the Essentials of Master's Education for Nurses. The purpose of the MSN program is to prepare students to assume leadership roles in their particular specialization. Masters level nursing education is the appropriate level of education for nursing professionals who are seeking roles that require advanced practice skills in order to function as providers and organizers of the health care delivery process.

### Specialization in Family Nurse Practitioner

The Family Nurse Practitioner (FNP) specialization will prepare advanced practice nurses to manage the care of individuals and families across the lifespan. The FNP Program is designed for nurses who hold a Baccalaureate Degree in Nursing (BSN) who wish to advance their knowledge, education, and skills to practice in an Advanced Practice role as a FNP. Graduates are eligible to sit for the FNP national certification examinations offered by the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners.

The Program emphasis is to foster the FNP's abilities to critically think; make differential diagnoses; use evidence-based findings to improve healthcare outcomes; and be accountable for the provision of healthcare to diverse individuals and families in the areas of health promotion, disease prevention, management of acute and chronic health conditions and primary care. The FNP provides clinical management of primary care conditions in a variety of clinics and community-based settings.

The MSN degree with the FNP specialization requires 82.5 quarter units and 645 clinical hours. The masters of science degree is conferred at the completion of the program requirements.

### Specialization in Psychiatric-Mental Health Nurse Practitioner – Lifespan

The Psychiatric-Mental Health Nurse Practitioner-Lifespan (PMHNP) is a registered nurse prepared at the master's degree level who specializes in primary mental health care for individuals, groups and populations across the lifespan.

The PMHNP Program is designed for nurses who hold a Bachelor of Science in Nursing (BSN) who wish to advance their knowledge, education, and skills to practice in an advanced practice role as a PMHNP. This advanced practice nurse maintains a critical role in the health care team and ensures collaboration and the provision of safe, effective, coordinated care.

As an independent member of the health care team, and in partnership with patients, the PMHNP provides a variety of evidence-based services and therapies. The PMHNP assesses, makes diagnoses and plans care for complex psychiatric and concomitant medical issues, including the prescription and management of psychopharmacologic agents. The PMHNP advocates for patients and their families within a recovery and trauma-informed paradigm. The PMHNP ensures that patients and their families are engaged and actively participate in their behavioral



health (mental health and substance use) care as they respond to the illness experience. The PMHNP continuously enhances their care through quality improvement and safety efforts and influences policy at the local, regional and national levels. The PMHNP melds the art and science of professional nursing and skillfully manages the acute and enduring issues posed by people with behavioral health issues across the lifespan. Graduates of this PMHNP Program are eligible to sit for the American Nurses Credentialing Center (ANCC) Psychiatric-Mental Health Nurse Practitioner (Lifespan; formerly known as Family Psychiatric-Mental Health Nurse Practitioner) competency based examination.

The MSN degree with the PMHNP specialization requires 82.5 quarter units and 555 clinical hours. The masters of science degree is conferred at the completion of the program requirements.

### **Post-Graduate Family Nurse Practitioner Certificate Program**

The Post-Graduate FNP Certificate will prepare advanced practice nurses to manage the care of individuals and families across the lifespan. This program is designed for nurses who hold a Master of Science in Nursing (MSN) or Doctor of Nursing Practice (DNP) or Doctor of Philosophy (PhD), who wish to advance their knowledge, education, and skills to practice in an advanced practice role as a FNP. Graduates are eligible to sit for the FNP national certification examinations offered by the American Nurses Credentialing Center (ANCC) or the American Academy of Nurse Practitioners (AANP).

The program emphasis is to foster the FNP's abilities to critically think; make differential diagnoses; use evidence-based findings to improve healthcare outcomes; and be accountable for the provision of healthcare to diverse individuals and families in the areas of health promotion, disease prevention, management of acute and chronic health conditions and primary care. The FNP provides clinical management of primary care conditions in a variety of clinics and community-based settings.

This certificate program is a non-degree, graduate-level program and requires 46.5 quarter units, and at least 600 clinical hours. Upon completion of the program, students receive a Post-Graduate Family Nurse Practitioner Certificate of Completion.

### **Post-Graduate Psychiatric-Mental Health Nurse Practitioner Certificate Program**

Post-Graduate PMHNP Certificate Program will prepare advanced practice nurses to provide primary mental health care for individuals, groups and populations across the lifespan. This Certificate Program is designed for nurses who hold a Master of Science in Nursing (MSN) or Doctor of Nursing Practice (DNP) or Doctor of Philosophy in Nursing (PhD) who wish to advance their knowledge, education, and skills to practice in an advanced practice role as a PMHNP.

This advanced practice nurse maintains a critical role in the health care team and ensures collaboration and the provision of safe, effective, coordinated care. As an independent member of the health care team, and in partnership with patients, the PMHNP provides a variety of evidence-based services and therapies. The PMHNP assesses, makes diagnoses and plans care for complex psychiatric and concomitant medical issues, including the prescription and

management of psychopharmacologic agents. The PMHNP advocates for patients and their families within a recovery and trauma-informed paradigm. The PMHNP ensures that patients and their families are engaged and actively participate in their behavioral health (mental health and substance use) care as they respond to the illness experience. The PMHNP continuously enhances their care through quality improvement and safety efforts and influences policy at the local, regional and national levels. The PMHNP melds the art and science of professional nursing and skillfully manages the acute and enduring issues posed by people with behavioral health issues across the lifespan.

Graduates of this Post-Graduate PMHNP Certificate Program are eligible to sit for the American Nurses Credentialing Center (ANCC) Psychiatric-Mental Health Nurse Practitioner (Lifespan; formerly known as Family Psychiatric-Mental Health Nurse Practitioner) competency-based examination.

This certificate program is a non-degree, graduate-level program and requires 46.5 quarter units and at least 510 clinical hours. Upon completion of the program, students receive a PMHNP Certificate of Completion.



## Program Learning Outcomes

Upon successful completion of the MSN, the graduate will be able to:

- Implement appropriate theories, models, frameworks, and concepts from nursing and non-nursing disciplines when designing interventions that influence healthcare outcomes for diverse populations in a variety of settings.
- Collaborate with interdisciplinary teams, to evaluate fiscally appropriate healthcare delivery systems that integrate research and clinical expertise to provide evidence-based, patient-centered care.
- Evaluate economic, policy, environmental, and social forces that impact nursing practice, health care delivery and quality of health care.
- Participate in the analysis, implementation and evaluation of strategies for improving nursing practice through the implementation of health information systems and technologies.
- Demonstrate a professional commitment to creating an environment of lifelong learning for patients, families, communities, and other healthcare practitioners.

Upon successful completion of the FNP specialization, the graduate will be able to:

- Synthesize theoretical and empirical knowledge derived from the physical and behavioral sciences and humanities as a basis for professional advanced clinical nursing practice.
- Devise evidence-based health promotion and disease prevention strategies at the patient, family, organizational, community, and population levels for the purpose of improving healthcare outcomes.
- Utilize current technologies to deliver, enhance, and document care across multiple settings to achieve optimal outcomes.
- Model collaboration with interdisciplinary and interdisciplinary teams in healthcare systems delivering care to complex, multi-need patients, families, and communities.

\*Same Learning Outcomes applied for Post-Graduate FNP Certificate Program

Upon successful completion of the PMHNP-L specialization, the graduate will be able to:

- Synthesize theoretical and empirical knowledge derived from the physical and behavioral sciences and humanities as a basis for professional advanced clinical nursing practice.
- Devise evidence-based health promotion and disease prevention strategies at the patient, family, organizational, community, and population levels for the purpose of improving health care outcomes.
- Utilize current technologies to deliver, enhance, and document care across multiple settings to achieve optimal outcomes.
- Apply organizational and systems leadership to current healthcare issues for the promotion of quality, effective and safe patient care, including the emphasis on ethical and critical decision making, effective working relationships, and a systems-perspective approach.
- Model collaboration and coordination with inter-professional teams in health care systems delivering care to complex, multi-need patients, families and communities.
- Synthesize broad organizational, client-centered, and culturally appropriate concepts in the planning, delivery, management, and evaluation of evidence-based clinical prevention and population behavioral health.

\*Same Learning Outcomes applied for Post-Graduate PMHNP Certificate Program



## Program of Study

| <b>National University<br/>                     School of Health and Human Services<br/>                     Department of Nursing<br/>                     MSN-FNP Program of Study</b> |   |                 |       |                |                    |
|--|---|-----------------|-------|----------------|--------------------|
| Course #   | Course Title  | Quarter         | Weeks | Clinical Hours | Quarter Units (qu) |
| NSG 600  | Advanced Practice Leadership                                | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
| NSG 620  | Theory, Analysis, and Development                           | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
| NSG 623  | Biostatistics   | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
|  |   |                 |       |                |                    |
| NSG 606  | Health Policy and Finance                                   | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
| NSG 622  | QI  | 2 <sup>nd</sup> | 12    |                | 4.5qu              |
| NSG 607  | Evidence Based Practice                                     | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
|  |   |                 |       |                |                    |
| NSG 681  | Advanced Physical Assessment and Decision Making            | 3 <sup>rd</sup> | 12    | 45 hrs         | 6 qu               |
| NSG 682  | Advanced Pathophysiology                                    | 3 <sup>rd</sup> | 12    |                | 4.5 qu             |
| NSG 641  | Advanced Pharmacology I                                     | 3 <sup>rd</sup> | 12    |                | 4.5 qu             |
|  |   |                 |       |                |                    |
| NSG 642  | Advanced Pharmacology II                                    | 4 <sup>th</sup> | 12    |                | 4.5 qu             |
| FNP683A  | Primary Care of Adult and Aged                              | 4 <sup>th</sup> | 12    |                | 4.5 qu             |
| FNP683B  | Adult and Aged Practicum                                    | 4th             | 12    | 180hrs         | 4.5 qu             |
|  |   |                 |       |                |                    |
| FNP 680  | Diversity Issues in Health Promotion And Disease Management | 5th             | 12    |                | 4.5 qu             |
| FNP684A  | Primary Care of Women and Children                          | 5 <sup>th</sup> | 12    |                | 4.5 qu             |
| FNP684B  | Women and Children Practicum                                | 5th             | 12    | 180hrs         | 4.5 qu             |
|  |   |                 |       |                |                    |
| FNP685A  | FNP Residency   | 6 <sup>th</sup> | 12    |                | 4.5 qu             |
| FNP685B  | Residency Practicum   | 6 <sup>th</sup> | 12    | 240hrs         | 4.5 qu             |
| FNP689   | FNP Capstone  | 6 <sup>th</sup> | 12    |                | 4.5 qu             |
|  | Subtotals   |                 |       | 645hrs         | 82.5 qu            |

| <b>National University<br/>                     School of Health and Human Services<br/>                     Department of Nursing<br/>                     MSN-PMHNP Program of Study</b> |   |                 |       |                |                    |
|--|---|-----------------|-------|----------------|--------------------|
| Course #   | Course Title  | Quarter         | Weeks | Clinical Hours | Quarter Units (qu) |
| NSG 600  | Advanced Practice Leadership                                | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
| NSG 620  | Theory, Analysis, and Development                           | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
| NSG 623  | Biostatistics   | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
|  |   |                 |       |                |                    |
| NSG 606  | Health Policy and Finance                                   | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
| NSG 622  | QI  | 2 <sup>nd</sup> | 12    |                | 4.5qu              |
| NSG 607  | Evidence Based Practice                                     | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
|  |   |                 |       |                |                    |
| NSG 681  | Advanced Physical Assessment and Decision Making            | 3 <sup>rd</sup> | 12    | 45 hrs         | 6 qu               |
| NSG 682  | Advanced Pathophysiology                                    | 3 <sup>rd</sup> | 12    |                | 4.5 qu             |
| NSG 641  | Advanced Pharmacology I                                     | 3 <sup>rd</sup> | 12    |                | 4.5 qu             |
|  |   |                 |       |                |                    |
| MNP 643  | Psychopharmacology in MH Care                               | 4 <sup>th</sup> | 12    |                | 4.5 qu             |
| MNP 694  | MH Care: Adults/Aging Adults                                | 4 <sup>th</sup> | 12    |                | 4.5 qu             |
| MNP694A  | Adults/Aging Practicum                                      | 4 <sup>th</sup> | 12    | 240 hrs        | 4.5 qu             |
|  |   |                 |       |                |                    |
| FNP 680  | Diversity Issues in Health Promotion And Disease Management | 5 <sup>th</sup> | 12    |                | 4.5 qu             |
| MNP 687  | MH Care: Children/Adolescents                               | 5 <sup>th</sup> | 12    |                | 4.5 qu             |
| MNP696B  | Children/Adolescents Practicum                              | 5 <sup>th</sup> | 12    | 180 hrs        | 4.5 qu             |
|  |   |                 |       |                |                    |
| MNP688A  | Introduction to Psychotherapy                               | 6 <sup>th</sup> | 12    |                | 4.5 qu             |
| MNP688B  | Intro to Psychotherapy Practicum                            | 6 <sup>th</sup> | 12    | 90 hrs         | 4.5 qu             |
| MNP689   | PMHNP Capstone  | 6 <sup>th</sup> | 12    |                | 4.5 qu             |
|  | Subtotals   |                 |       | 555hrs         | 82.5 qu            |

## CLINICAL PRECEPTOR HANDBOOK

| <b>National University</b><br><b>School of Health and Human Services Department of Nursing</b><br><b>Post-Graduate FNP Certificate Program</b> |   |                 |       |                |                    |
|--|---|-----------------|-------|----------------|--------------------|
| Course #   | Course Title  | Quarter         | Weeks | Clinical Hours | Quarter Units (qu) |
| NSG 681*   | Advanced Physical Assessment and Decision Making ** | 1 <sup>st</sup> | 12    | 45 hrs         | 6 qu               |
| NSG 682*   | Advanced Pathophysiology                            | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
| NSG 641*   | Advanced Pharmacology I                             | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
|  |   |                 |       |                |                    |
| NSG 642  | Advanced Pharmacology II                            | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
| FNP 683A   | Primary Care of Adult and Aged                      | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
| FNP 683B   | Adult and Aged Practicum **                         | 2 <sup>nd</sup> | 12    | 180 hrs        | 4.5 qu             |
|  |   |                 |       |                |                    |
| FNP 684A   | Primary Care of Women and Children                  | 3 <sup>rd</sup> | 12    |                | 4.5 qu             |
| FNP 684B   | Women and Children Practicum**                      | 3 <sup>rd</sup> | 12    | 180 hrs        | 4.5 qu             |
|  |   |                 |       |                |                    |
| FNP 685A   | FNP Residency                                       | 4 <sup>th</sup> | 12    |                | 4.5 qu             |
| FNP 685B   | Residency Practicum *                               | 4 <sup>th</sup> | 12    | 240 hrs        | 4.5 qu             |
|  |   |                 |       |                |                    |
|  | Subtotals   |                 |       | 645 hrs        | 46.5qu             |

\*\* Experienced, practicing Advanced Practice Registered Nurse (APRN) can waive NSG 641 and NSG 681 if taken less than five (5) years prior to application to the Certificate Program. In addition, experienced, practicing APRN can waive NSG 682 if taken less than ten (10) years prior to application to the Certificate Program.

| <b>National University<br/>School of Health and Human Services Department of Nursing<br/>Post-Graduate PMHNP Certificate Program</b> |  |                 |       |                |                    |
|--|--|-----------------|-------|----------------|--------------------|
| Course #   | Course Title                                     | Quarter         | Weeks | Clinical Hours | Quarter Units (qu) |
| NSG 681*   | Advanced Physical Assessment and Decision Making | 1 <sup>st</sup> | 12    | 45 hrs         | 6 qu               |
| NSG 682*   | Advanced Pathophysiology                         | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
| NSG 641*   | Advanced Pharmacology I                          | 1 <sup>st</sup> | 12    |                | 4.5 qu             |
|  |  |                 |       |                |                    |
| MNP 643  | Psychopharmacology in MH                         | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
| MNP 694  | MH Care: Adults/Aging Adults                     | 2 <sup>nd</sup> | 12    |                | 4.5 qu             |
| MNP 694A   | Adults/Aging Practicum                           | 2 <sup>nd</sup> | 12    | 240 hrs        | 4.5 qu             |
|  |  |                 |       |                |                    |
| MNP 687  | MH Care: Children/Adolescents                    | 3 <sup>rd</sup> | 12    |                | 4.5 qu             |
| MNP 696B   | Children/Adolescents Practicum                   | 3 <sup>rd</sup> | 12    | 180 hrs        | 4.5 qu             |
|  |  |                 |       |                |                    |
| MNP 688A   | Introduction to Psychotherapy                    | 4 <sup>th</sup> | 12    |                | 4.5 qu             |
| MNP 688B   | Intro to Psychotherapy Practicum                 | 4 <sup>th</sup> | 12    | 90 hrs         | 4.5 qu             |
|  |  |                 |       |                |                    |
|  | Subtotals  |                 |       | 555hrs         | 46.5 qu            |

\*\* Experienced, practicing Advanced Practice Registered Nurse (APRN) can waive NSG 641 and NSG 681 if taken less than five (5) years prior to application to the Certificate Program. In addition, experienced, practicing APRN can waive NSG 682 if taken less than ten (10) years prior to application to the Certificate Program.



## Clinical Preceptor Qualifications

The preceptor guides the students into the real world of advanced practice and allows the student to try new skills, gain confidence and validation. As a preceptor you will teach, coach and role model for the student.

### Preceptors will:

1. Have an advanced degree in nursing (master's or doctoral degree) and hold certification as an advanced practice nurse or be licensed to practice as a physician (MD or DO).
2. Have at least 1 year experience in the field.
3. Have an interest in working with master's students.
4. Be willing to devote the time to assist the student in meeting their clinical objectives.
5. Possess a thorough knowledge of the specific clinical site/agency.
6. Provide constructive feedback/assistance to the students.
7. Meet with faculty and student at agreed upon times for feedback and evaluation.
8. Be willing to role model and act as clinical resource.
9. Maintain current knowledge base in clinical field of expertise.
10. Provides access to information and people.
11. Be respected by peers.

## Clinical Preceptor Benefits

1. The educational challenge of facilitating student learning in your area of expertise.
2. The satisfaction of providing a professional nursing role model to graduate level students in your field / setting.
3. Enhancement of the recruitment of masters prepared registered nurses who have already initiated a working relationship with you and your organization. This could contribute to employment longevity and decrease orientation needs of a new employee.
4. Relevant information regarding various workshops scheduled on campus.
5. A source of professional references to enhance your professional vitae and professional reputation.
6. There is satisfaction in doing the “right thing” and assures continuing excellence in the profession.
7. An honorarium of \$750 or \$1,500 is available to preceptors each term and is prorated based on the number of hours the preceptors worked with the student. The honorarium Invoice for Service and W-9 forms are sent to the preceptor at the beginning of the preceptorship. Once the rotation is completed and the Invoice for Service as well as the W-9 are submitted, the honorarium will be processed and the preceptor will receive a check in the mail to the address provided on the Invoice for Service form. Refer to the Appendix for the workflow of honorarium process.
8. You will receive a Certification of Appreciation with precepting hours that can be used for recertification in your practice specialty at the end of the Academic Year, every June of each year.



## Responsibilities and Expectations

### Responsibilities

Clinical Preceptors serve as mentors and role models for NP students. Preceptors are provided with the evaluation tools before the start of the semester. The evaluation tool will be clarified by the Faculty with examples as needed. Specific preceptor responsibilities include:

1. Identifies and discusses what the student needs to meet the course objectives.
2. Uses appropriate teaching methods to help the student meet the learning objectives.
3. Provides opportunities for the student to practice newly learned skills that build confidence.
4. Demonstrates and supports the critical analysis of guidelines/standards of care and determines how they should be implemented or adapted to unique clinical situations.
5. Provides feedback to refine interpersonal skills that promote effective communication with patients and colleagues.
6. Identifies opportunities for improvement early in the practicum, thereby providing time to achieve objectives by the time the clinical practicum is completed.
7. Reports deficiencies or problems to the Faculty Evaluator as soon as they are identified.
8. Provides continuous feedback both verbally and in writing whenever practical.
9. Communicates the ability to cope with multiple variables in the clinical setting while fully participating in all patient and colleague interactions
10. Evaluates progress toward achievement of student's objectives.
11. Provides written evaluation twice each rotation that includes strengths and weaknesses.

### Expectations

Since preceptors play such a significant role in the students practice experiences, all are expected to:

1. Maintain a current license to practice as advanced practice registered nurse (APRN) or medical doctor/psychiatrist (MD). Maintain certification in a population focused area (APRN) and or specialty.
2. Provide a learning facility or clinical space appropriate for learning; facilitate student interactions with a variety of clients to meet the course objectives; complete the student orientation to the facility before or during the first clinical week.
3. Conduct a review of the student learning objectives to ensure the objectives will be met in the clinical practice setting. Inform the student and Faculty of any concerns in meeting any of the objectives.
4. Notify the Faculty, Clinical Coordinator or Program Director with any problems or concerns that might prevent the student from accomplishing the negotiated and required objectives.

## Design of the Clinical Rotation

Benchmarks for Preceptors for Clinical Practice with Students in a rotation of 12 weeks in length.

| <b>Timeline</b>  | <b>Suggested Goals &amp; Activities</b>  |
|--|--|
| First 10-20 hours: Observation of preceptor and patient interactions       | Preceptor style and patient interaction. Preceptor method of evaluating patient information (history & physical).<br>Discuss differential diagnosis and treatment. Observe patient flow in the office.<br>Observe charting methods.  |
| Next 10-20 hours: Preceptor observes Student gathering patient information | Student offers list of differential diagnosis and proposes treatment plan.<br>Preceptor refines plan and offers rationale. Student documents in patient chart if policy permitting.  |
| Remainder of clinical time   | Student can independently (unobserved) performs history and physical exam, if policy permitting and per preceptor agreement. Reports findings and proposed treatment plan. Preceptor and student finalizes visit with patient.<br>At the end of the session, recap the student actions and address any areas of concern. |



## Preceptor Guidelines

These guidelines are intended to provide the basis of Nurse Practitioner (NP) clinical education.

### 1. Mentor and serve as a Role Model

Mentoring and role modeling are important in the socialization process of students. By observing the preceptor's interactions with other professionals, staff, and patients, the student will be better prepared to assume the new role. The NP core competencies are reflected in the competency areas identified by the National Organization of Nurse Practitioner Faculties (NONPF):

- Scientific foundation competencies
- Leadership competencies
- Quality competencies
- Practice inquiry competencies
- Technology and Information literacy competencies
- Policy competencies
- Health delivery system competencies
- Ethics competencies
- Independent practice competencies

The preceptor organizes clinical learning within a time-constrained environment to facilitate the student's learning experience. The preceptor discusses patient scheduling, availability of exam room space, and specific procedures (e.g. suturing) with the office staff that will enhance student learning with minimal disruption of the office routine.

The one-to-one relationship with the preceptor provides the student the opportunity to develop competence in diagnostic reasoning/clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the role.

### 2. Teaching

Preceptors help students refine skills related to patient care within the context of a caring relationship. In all areas of teaching, the preceptor is encouraged to let the student practice newly learned skills and build confidence in his/her abilities. Preceptors gain confidence in the student's abilities through observation, listening to case presentations, and reviewing documentation, as well as listening to feedback provided by patients and other clinical personnel. The preceptor plays a critical role in reinforcing is student self-confidence with feedback that reinforces the learning goals and objectives.

### 3. Enhance Student Assessment Skills

The preceptor's initial role often involves assessing the student's level of knowledge of the underlying basis for assessment. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates a) the student's psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and d) the proposed management plan.

As the student progresses and gains confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in assessment.

Students need to be apprised that, although they are learners, evidence of progressive learning and mastery of content and psychomotor skills is expected. They should anticipate progressing along the continuum from novice to proficient. Student resistance to accepting preceptor correction and failure to demonstrate progressive learning should be reflected in the formative and summative evaluation of the student's performance and communicated to the student's faculty member in a timely manner.

#### **4. Encourage Students to Integrate and Apply the Sciences**

To effectively elicit 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 diagnosis, and developing a plan of care provide opportunities for students to integrate 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.

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 II, COPD, Schizophrenia, Bipolar Disorder etc.

#### **5. Provide Students with Clinical Decision Making Opportunities**

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 expert preceptor as a method of learning clinical reasoning. As an expert clinical practitioner, the Preceptor has mastered a variety of 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, select laboratory tests, prescribe medications or recommend a follow-up schedule.
- 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.
- Reflect on previous client encounters and compare and contrast components of the assessment which are similar.

The student should be able to respond cogently to the following types of questions:

- a. How might this case be similar or different?
- b. What epidemiological principles or clinical research is known that might guide cost-effective or evidence-based care? Use clinical scenarios to elicit the integration of the sciences with the patient data. For example:
  - Would or would it not be appropriate to prescribe penicillin to a patient with exudative tonsillitis and swollen anterior cervical glands?
  - How does the presence of pharyngeal GABH in the past medical history influence your decision?
  - How might the presence of streptococcal pharyngitis in other family members influence your decision?
  - Should only penicillin-based antibiotics be used to treat only positive throat



cultures?

- How accurate or reliable are rapid strep tests? What does a negative rapid strep test mean?
- Which medications should be prescribed for dual diagnosis patients?
- What factors influence medication adherence in patients with schizophrenia?

## 6. Promote Student Mastery of Documentation

The clinical practicum provides students the opportunity to master documentation of real-life patients in their health records. In “learning by doing,” the preceptor mentors the student in refining the patient’s history, exam; decision making; and level of service provided. 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 prior to entry into the medical 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 on the health record. Preceptors must co-sign all student notes whether hand-written, dictated, or computerized. The mastery of documentation includes:

- Clear written communication. Assessing student documentation should be an on-going 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 and anatomical terms, and descriptors.
- Recording only pertinent findings (both negatives and positives) from the history and physical exam.
- Reading notes written by the preceptor and other health care providers. The patient health record will provide exemplars of both good and poor documentation and is an excellent resource early in the Student’s clinical experience.
- Note-taking while in the room with the patient to be organized into a draft that includes all of the components of the patient’s comprehensive, chronic care, or episodic illness history and physical.
- Identification of subjective and objective data is often a challenge, especially for beginning students. For example, the student may document the characteristics of a surgical scar in the physical exam, then notes the patient 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.
- 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.
- The documentation required for fulfillment of reimbursement criteria for different levels of care is included in the Program curriculum. Students who lack this knowledge should be directed to resources in the clinical setting that will provide the substantive content to assist learning this content area.

## 7. Enhance Student's 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 opportunities to enhance their interpersonal skills, such as:

- dialogue with patients concerning the reason for the visit, formulating a plan of care, and teaching patients and family members about necessary care;
- collaborating with colleagues in the clinical setting;
- self-reflection and documentation of encounters in a log or diary; and
- feedback from patients and colleagues.

Inappropriate interpersonal communications should be brought to the student's attention as soon as possible after the occurrence. Mature students will soon recognize the importance of well-developed interpersonal skills in becoming successful practitioners. Additionally, the preceptor has an opportunity to validate the student's basic interpersonal skills by observing:

- Elicitation of historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question.
- Elicitation of a history in an unhurried manner before beginning an exam.
- Solicitation of the patient's opinions, concerns about their condition, and how they prefer to participate in their plan of care.
- Verification of patient understanding of their complaint, treatment plan, or opinion by rephrasing their description, and seeking validation, clarification, or elaboration as needed.
- Demonstrate empathy: 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 the information may have on the patient's lifestyle, financial resources, or self-care ability.
- Providing culturally congruent care while being sensitive to the patient's ethnicity, traditions, and beliefs.

## 8. Identify Negative Student Interpersonal Skills

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 reduce and refine their interpersonal skills before the clinical practicum is completed. Students who do not improve their interpersonal skills despite direct feedback should be referred to their faculty for counseling. Examples of negative interpersonal skills include, but are not limited to, the following.

- Failing to introduce themselves or a colleague.
- Proceeding in a hurried manner.
- 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 disagreement with patients or colleagues; lack of understanding; being critical of another's culture, sexual preferences, social habits, 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 or dependent care provider can understand.
- Lack of sensitivity to patient confidentiality and privacy issues.
- Failing to demonstrate patience and understanding towards a patient's culture, age, or other life circumstances.
- Failure to wash hands prior to the physical exam.
- Discussing confidential information about the patient with others who are not involved in caring for the patient.

## **9. Encourage Students to Educate Patients**

Students are expected to:

- Integrate patient education in all aspects of 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.
- Consider the 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 or their own language.
- 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, health educator, case manager and social worker. Students should collaborate appropriately with other members of the health care team. Members of the interdisciplinary health care team can provide resources and links in the community that will best meet the patient’s cultural and age related characteristics for learning.

## **10. Advance Student’s Integration of Nursing Practices**

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

Integrating the role of the NP as a member of the interdisciplinary health care team and health care provider 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:

- Demonstrating collaborative management with other health care providers, which is an important way of teaching students how to respect the knowledge and expertise of other disciplines, and earning respect for the Nurse Practitioner’s unique

- contribution to the health care team.
- Collaborating in the management of patients by providing role functions that are specific to the role of the NP.
  - Initiating team conferences to develop a plan of care for a patient or family.
  - Encouraging students to present difficult and challenging cases to physicians/psychiatrists or other Nurse Practitioners with specialization in a particular area.
  - Facilitating NP visibility as a member of the interdisciplinary team by illustrating the preceptor as a skilled clinical expert and valuable collaborative partner.
  - Encouraging students to take ownership for their diagnosis(es) and plans of care, and assume accountability for follow-up.
  - Encouraging students to be creative and contribute to the smooth operation of the clinical setting.

## **11. Evaluate Students**

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation guidelines to ensure that the expectations and responsibilities of the preceptor and the student are congruent. The meeting also enables the preceptor to discuss the course and the student's clinical objectives, and identify areas of strengths and weaknesses.

The preceptor provides *Formative evaluation*, which is an assessment of student performance during the clinical practicum. Formative evaluation provides the student an opportunity to improve clinical performance during the practicum. The preceptor should discuss student role performance in areas where competence has been achieved, as well as those areas that have been identified as needing improvement. Identifying strategies to improve clinical performance will be helpful, and should be documented in the midterm evaluation.

*Summative evaluation* is the assessment of performance at the end of the clinical practicum. The summative evaluation describes student performance, development, and improvement at the 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 are expected to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing student knowledge, skill level, and immersion in the course. Clarity of comments and specific examples on the evaluation form are important to learning. Written comments are particularly valuable if the student requires remediation in a competency area or if faculty members are asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the faculty by the deadline and method indicated. The student's self-evaluation should be considered during evaluation discussions.

Summative and formative evaluations provide an opportunity to identify and discuss deficiencies that may warrant clinical failure. It is strongly recommended to inform 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/or end of semester evaluation. Student strengths and weaknesses should be documented. In the event that a student's behavior is unprofessional, or the student places the patient in danger (including medical errors), an anecdotal note should document the event and the faculty must be contacted. The faculty will arrange a meeting with the preceptor and student and take further action as appropriate.



## Preceptor Expectations of Students

As a preceptor, you can expect NP students to:

- Meet with you to identify course objectives and focus of clinical activities.
- Assist you to complete required documents associated with your preceptor role.
- Generate a clinical schedule consistent with your availability and schedule.
- Negotiate a procedure to contact you in case of absence before clinical time begins.
- Log clinical hours weekly.
- Provide a courtesy copy of emailed correspondence on pertinent issues that involve the Department of Nursing.
- Notify you prior to the start of the clinical day if sick or have an emergency.
- Negotiate a policy with you to make up time for all clinical absences.
- Dress appropriately and behave in a professional manner at all times, according to standards of Occupational Safety and Health Administration (OSHA).
- Adhere to clinical site dress code when specified.
- Wear National University identification badges and lab coat for proper identification with patients.
- Take initiative and actively participate in learning process.





## Appendix

|  |    |
|--|----|
| Preceptor Agreement Packet (Required)            |    |
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NATIONAL UNIVERSITY

FAMILY NURSE PRACTITIONER PRECEPTOR LETTER OF AGREEMENT

I, \_\_\_\_\_ am employed by \_\_\_\_\_ (Preceptor Name)

\_\_\_\_\_ and agree to act as \_\_\_\_\_ (Name of site)

a preceptor for students enrolled in the nursing programs selected below for the period beginning

\_\_\_\_\_ through \_\_\_\_\_. (Month/day/year) (Month/day/year)

I have received a copy of the Course Syllabus containing the Preceptor Guidelines and understand that I should receive pertinent course and student evaluation materials from each faculty member who contacts me to precept. I understand there is no remuneration or fringe benefits attached to this role.

I will indemnify, defend, and hold harmless National University (including officers, employees and agents) against all claims, liabilities, damages and costs (including attorneys' fees) arising from or in any way related to this Preceptorship caused by a breach of this Agreement, inaccuracy of representations, or conduct, whether negligent, reckless or intentional.

Preceptor Signature: \_\_\_\_\_

Work Unit: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_ Date \_\_\_\_\_

Faculty Signature \_\_\_\_\_ Date \_\_\_\_\_

For the School of Nursing student matched with a preceptor, the student completes the following area:

I understand that I am responsible for meeting the standards in policies/procedures of the agency; maintaining professional appearance and behavior; and providing safe client care. I understand that I will be expected to 1) keep the assigned preceptor and faculty informed about my learning needs in relationship to course objectives; 2) obtain assistance with procedures appropriately; 3) communicate frequently with the preceptor and faculty regarding client care and 4) seek feedback regarding clinical progress and completion of course requirements.

Student signature

Date

Course

**PRECEPTOR DATA FORM**

**SECTION 1: NAME, EDUCATION AND EXPERIENCE**

Full Name: \_\_\_\_\_ Date: \_\_\_\_\_

Current Position: \_\_\_\_\_ Years/Months in Position: \_\_\_\_\_

Agency: \_\_\_\_\_ Years/Months at Agency: \_\_\_\_\_

| Original Nursing Education Program                                  | Degree    | Graduation Date    |
|---|-----------|--------------------|
|   |           |                    |
| Other Colleges or Institutions Attended (nursing or related fields) | Degree(s) | Graduation Date(s) |
|   |           |                    |
|   |           |                    |
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**SECTION II. CURRENT SPECIALTY CERTIFICATION**

| Name of Certification | Certifying Agency | Valid Through End |
|-----------------------|-------------------|-------------------|
|                       |                   |                   |
|                       |                   |                   |
|                       |                   |                   |
|                       |                   |                   |

**SECTION III. DEMONSTRATED EXPERTISE (attach CV)**

Describe your area of expertise:

|  |
|--|
|  |
|  |
|  |
|  |

**SECTION IV. LICENSURE (attach copies of all licenses)**

| State of Licensure | Licensure (check all that apply) |     |    | License Number | Expiration Date |
|--------------------|----------------------------------|-----|----|----------------|-----------------|
|                    | RN                               | APN | MD |                |                 |
|                    | RN                               | APN | MD |                |                 |
|                    | RN                               | APN | MD |                |                 |

**SECTION V. PROFESSIONAL LIABILITY INSURANCE (attach a copy of policy)**

Preceptor shall maintain professional liability insurance coverage at a minimum of One Million Dollars (\$1,000,000) per occurrence and Three Million Dollars (\$3,000,000) in aggregate throughout the term of this Agreement.

Preceptor Signature: \_\_\_\_\_ Date: \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| Form <b>W-9</b><br>(Rev. August 2013)<br>Department of the Treasury<br>Internal Revenue Service | <h2 style="margin:0;">Request for Taxpayer<br/>Identification Number and Certification</h2>  | Give Form to the requester. Do not send to the IRS. |  |
| Print or type<br>See Specific Instructions on page 2.   | Name (as shown on your income tax return)  |   |  |
|   | Business name/disregarded entity name, if different from above   |   |  |
|   | Check appropriate box for federal tax classification:<br><input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br><input type="checkbox"/> Other (see instructions) ▶ _____ |   | Exemptions (see instructions):<br><br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____ |
|   | Address (number, street, and apt. or suite no.)  |   | Requestor's name and address (optional)  |
|   | City, state, and ZIP code  |   |  |
| List account number(s) here (optional)  |  |   |  |

| <h3>Part I Taxpayer Identification Number (TIN)</h3> <p>Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I Instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.</p> <p><b>Note.</b> If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: left; padding: 2px;">Social security number</th> </tr> <tr> <td style="width: 11.1%; height: 20px;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table><br><table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="9" style="text-align: left; padding: 2px;">Employer identification number</th> </tr> <tr> <td style="width: 11.1%; height: 20px;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> <td style="width: 11.1%;"> </td> </tr> <tr> <td colspan="3" style="text-align: center;">-</td> <td colspan="3" style="text-align: center;">-</td> <td colspan="3"></td> </tr> </table> | Social security number |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  | - |  |  |  |  |  | Employer identification number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | - |  |  | - |  |  |  |  |  |
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| Social security number   |  |                        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |
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| Employer identification number   |  |                        |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |   |  |  |   |  |  |  |  |  |
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|   |  |                  |                            |        |
|---|--|------------------|----------------------------|--------|
| <h3>Part II Certification</h3> <p>Under penalties of perjury, I certify that:</p> <ol style="list-style-type: none"> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and</li> <li>I am a U.S. citizen or other U.S. person (defined below), and</li> <li>The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.</li> </ol> <p><b>Certification Instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.</p> | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:15%; text-align: center; vertical-align: middle;"><b>Sign Here</b></td> <td style="width:65%; border-bottom: 1px solid black;">Signature of U.S. person ▶</td> <td style="width:20%; border-bottom: 1px solid black;">Date ▶</td> </tr> </table> | <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ |
| <b>Sign Here</b>  | Signature of U.S. person ▶   | Date ▶           |                            |        |

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on [irs.gov](http://irs.gov) for information about Form W-9, at [www.irs.gov/w9](http://www.irs.gov/w9). Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

### Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

## Invoice for Services

Preceptor Name: \_\_\_\_\_

Date: \_\_\_\_\_

I \_\_\_\_\_ completed \_\_\_\_\_ hours as a Preceptor for  
(your name)

\_\_\_\_\_ from \_\_\_\_\_ to  
(student name) (start date)

\_\_\_\_\_  
(end date)

Please make check payable to \_\_\_\_\_ and forward payment for Preceptor services to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

If you have any questions, you may contact me at:

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

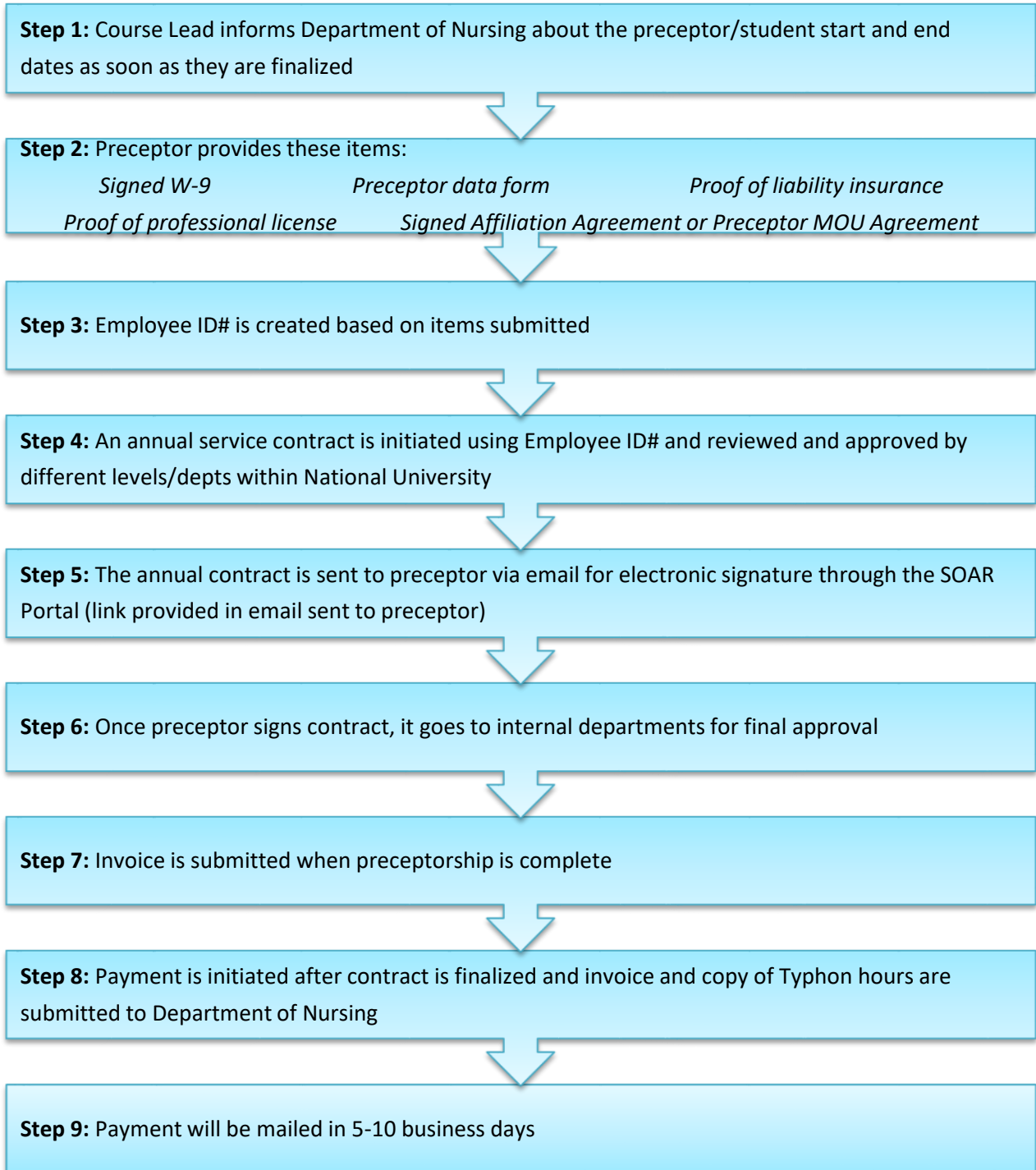
Signature: \_\_\_\_\_

**Please forward to Nurse Practitioner Program Coordinator Lori Boyd: lboyd@nu.edu**



SCHOOL OF HEALTH AND HUMAN SERVICES  
DEPARTMENT OF NURSING

## Preceptor Honorarium Payment



You may contact Nursing Coordinator, Lori Boyd, at (714)429-5189 or at [LBoyd@nu.edu](mailto:LBoyd@nu.edu) for status updates.



NATIONAL UNIVERSITY  
 SCHOOL OF HEALTH AND HUMAN SERVICES  
 DEPARTMENT OF NURSING  
 Preceptor Evaluation of Student

Student's Name: \_\_\_\_\_ Course #: \_\_\_\_\_ Date: \_\_\_\_\_

| Preceptor's Name/Title | Email address | Phone # (including area code) |
|------------------------|---------------|-------------------------------|
|------------------------|---------------|-------------------------------|

Agency Name

Agency Address

Dear Preceptor, we appreciate your involvement in facilitating the professional education, development, and growth of our students. Feedback from the preceptor for the purpose of assessing the field experience portion of the student's performance is an essential part of the evaluation process for this course.

Your student will provide you with this form and a stamped envelope with the instructor's name and mailing address if you prefer to mail this form to the instructor. The instructor's email address is also included on this form if you prefer to send the form by email.

This evaluation tool will cover both general behaviors as well as specific content/activity for the course. Utilize Not Observed category if the behavior was not applicable, assessed, or appropriate for your agency. Your comments regarding the level of performance of the student will be appreciated and you may add those to the back of this form.

It is strongly recommended that you share this assessment with the student. Ongoing feedback is helpful in promoting professional growth and alerting the student if improvement/corrective action is necessary.

Please contact the instructor if questions or concerns arise regarding the assessment process or the student's performance.

*Student is to insert Instructor's name & contact information before submitting this form to the Preceptor.*

|  |
|--|
| Instructor's Name _____                            |
| Instructor's Email _____ Instructor's Phone# _____ |
| Instructor's Mailing Address _____                 |

## CLINICAL PRECEPTOR HANDBOOK

### Faculty and Preceptor Evaluation of Student Performance

|               |   |               |       |
|---------------|---|---------------|-------|
| Student Name: | Preceptor Name:   | Faculty Name: |       |
| Clinic Name:  | Eval Type: __ Midterm __ Final<br>__ Preceptor __ Faculty | Course:       | Date: |

**Instruction:**

Please indicate the listed behaviors that you observed from student

**Note:**

For FNP 683B: Students must achieve a minimum of “Minimal guidance needed” on all objectives in the final clinical evaluation prepared by the faculty in order to pass the course.

For FNP 684B: Students must achieve a minimum of “Fairly consistent in meeting competencies” on all objectives in the final clinical evaluation prepared by the faculty in order to pass the course.

For FNP 685B: Students must achieve a minimum of “Consistently & self-directed in meeting competencies” on all objectives in the final clinical evaluation prepared by the faculty in order to pass the course.

| Competency Area  | Consistently & self-directed in meeting competencies | Fairly consistent in meeting competencies | Minimal guidance needed | Considerable guidance needed | Not Applicable |
|--|--|---|-------------------------|------------------------------|----------------|
| <b>Independent Practice</b>  |  |   |                         |                              |                |
| Obtains and accurately documents a relevant health history for patients.   |  |   |                         |                              |                |
| Performs and accurately documents appropriate comprehensive or symptom-focused physical examinations on patients of the specified population.        |  |   |                         |                              |                |
| Identifies health and psychosocial risk factors of patients of the specified age group and families in the specified stage of the family life cycle. |  |   |                         |                              |                |
| Identifies and plans interventions to promote health with families at risk.  |  |   |                         |                              |                |
| Assesses the impact of an acute and/or chronic illness or common injuries on the family as a whole.  |  |   |                         |                              |                |
| Distinguishes between normal and abnormal change across the lifespan.  |  |   |                         |                              |                |
| Assesses decision-making ability and consults and refers, appropriately.   |  |   |                         |                              |                |
| Synthesizes data from a variety of sources to make clinical decisions regarding appropriate management, consultation, or referral.                   |  |   |                         |                              |                |

## CLINICAL PRECEPTOR HANDBOOK

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Plans diagnostic strategies and makes appropriate use of diagnostic tools for screening and prevention, with consideration of the costs, risks, and benefits to individuals.   |  |  |  |  |  |
| Formulates comprehensive differential diagnoses.   |  |  |  |  |  |
| Manages common acute and chronic physical and mental illnesses, including acute exacerbations and injuries to minimize the development of complications, and promote function and quality of living.   |  |  |  |  |  |
| Prescribes medications with knowledge of altered pharmacodynamics and pharmacokinetics with special populations, such as infants and children, pregnant and lactating women, and older adults.   |  |  |  |  |  |
| Prescribes therapeutic devices.  |  |  |  |  |  |
| Adapts interventions to meet the complex needs of individuals and families arising from aging, developmental/life transitions, comorbidities, psychosocial, and financial issues.  |  |  |  |  |  |
| Assesses and promotes self-care in patients with disabilities.   |  |  |  |  |  |
| Plans and orders palliative care and end-of life care  |  |  |  |  |  |
| Performs primary care procedures.  |  |  |  |  |  |
| Analyzes the impact of aging and age-and disease-related changes in sensory/perceptual function, cognition, confidence with technology, and health literacy and numeracy on the ability and readiness to learn and tailor interventions accordingly. |  |  |  |  |  |
| <b>Scientific Foundation</b>   |  |  |  |  |  |
| Integrates knowledge from the humanities and sciences within the context of nursing science.   |  |  |  |  |  |
| Translates research and other forms of knowledge to improve practice processes and outcomes.   |  |  |  |  |  |
| <b>Leadership</b>  |  |  |  |  |  |
| Works with individuals of other professions to maintain a climate of mutual respect and shared values.   |  |  |  |  |  |
| Engages diverse health care professionals who complement one's own professional expertise, as well as associated resources, to develop strategies to meet specific patient care needs.   |  |  |  |  |  |
| Engages in continuous professional and interprofessional development to enhance team performance.  |  |  |  |  |  |
| <b>Quality</b>   |  |  |  |  |  |
| Uses best available evidence to continuously improve quality of clinical practice.   |  |  |  |  |  |



## CLINICAL PRECEPTOR HANDBOOK

|  |  |  |  |  |  |
|--|--|--|--|--|--|
| Evaluates the relationships among access, cost, quality, and safety and their influence on health care.      |  |  |  |  |  |
| Applies skills in peer review to promote a culture of excellence.  |  |  |  |  |  |
| Anticipates variations in practice and is proactive in implementing interventions to ensure quality.         |  |  |  |  |  |
| <b>Practice Inquiry</b>  |  |  |  |  |  |
| Generates knowledge from clinical practice to improve practice and patient outcomes.                         |  |  |  |  |  |
| Applies clinical investigative skills to improve health outcomes   |  |  |  |  |  |
| Analyzes clinical guidelines for individualized application into practice.                                   |  |  |  |  |  |
| <b>Technology and Information Literacy</b>   |  |  |  |  |  |
| Demonstrates information literacy skills in complex decision making.   |  |  |  |  |  |
| Uses technology systems that capture data on variables for the evaluation of nursing care.                   |  |  |  |  |  |
| Demonstrates information literacy skills in complex decision making.   |  |  |  |  |  |
| Translates technical and scientific health information appropriate for various users' needs                  |  |  |  |  |  |
| <b>Policy</b>  |  |  |  |  |  |
| Demonstrates an understanding of the interdependence of policy and practice.                                 |  |  |  |  |  |
| Advocates for ethical policies that promote access, equity, quality, and cost.                               |  |  |  |  |  |
| Analyzes ethical, legal, and social factors influencing policy development.                                  |  |  |  |  |  |
| Health Delivery System   |  |  |  |  |  |
| Applies knowledge of organizational practices and complex systems to improve health care delivery            |  |  |  |  |  |
| Analyzes organizational structure, functions and resources to improve the delivery of care.                  |  |  |  |  |  |
| Collaborates in planning for transitions across the continuum of care  |  |  |  |  |  |
| <b>Ethics</b>  |  |  |  |  |  |
| Integrates ethical principles in decision making.  |  |  |  |  |  |
| Evaluates the ethical consequences of decisions.   |  |  |  |  |  |
| Applies ethically sound solutions to complex issues related to individuals, populations and systems of care. |  |  |  |  |  |

## CLINICAL PRECEPTOR HANDBOOK

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**Summary of student's strength's (attach separate sheet if necessary):**

**Areas for development/improvement (attach separate sheet if desired):**

**Faculty/Preceptor signature** \_\_\_\_\_

**Student signature** \_\_\_\_\_

\_\_\_\_\_  
**Faculty/Preceptor print name:**

Affirms student has been appraised of the results of this exam

Adapted from NONPF-Population-Focused Competencies Task Force. (2013). Population-Focused Nurse Practitioner Competencies.



NATIONAL UNIVERSITY  
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Student Evaluation of the Preceptor

|                                      |                       |
|--------------------------------------|-----------------------|
| <b>Name and Degree of Preceptor:</b> | <b>Rotation Date:</b> |
| <b>Name of Site/Location:</b>        | <b>Course:</b>        |

**Please indicate your evaluation of the Preceptor:**

**Strongly Disagree (1); Disagree (2); Agree (3); Strongly Agree (4); Not Applicable (0)**

| <b>The Preceptor:</b>   | <b>Rating</b> | <b>Comments</b> |
|---|---------------|-----------------|
| 1. Is available to student.   |               |                 |
| 2. Assists student in developing realistic and appropriate learning objectives.                                   |               |                 |
| 3. Identifies learning experiences for the student that enables achievement of the student's learning objectives. |               |                 |
| 4. Demonstrates understanding of student's strengths and knowledge.   |               |                 |
| 5. Has realistic expectations for student based on student's level in FNP   |               |                 |
| 6. Encourages student to accept increasing responsibility.  |               |                 |
| 7. Reviews student's charting and provides appropriate feedback.  |               |                 |
| 8. Allows student opportunities to recommend diagnostic tests and   |               |                 |
| 9. Encourages student questions.  |               |                 |
| 10. Serves as an excellent role model for providing holistic primary care.  |               |                 |
| 11. Provides immediate and appropriate feedback regarding student's   |               |                 |
| 12. Would you recommend this preceptor for other students? Why/why not  |               |                 |



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Student Evaluation of the Clinical Site

|                               |                |
|-------------------------------|----------------|
| Name of Site/Location:        | Rotation Date: |
| Name and Degree of Preceptor: | Course:        |

Please indicate your evaluation of the Clinical Site:

Strongly Disagree (1); Disagree (2); Agree (3); Strongly Agree (4); Not Applicable (0)

| The Clinical Site:   | Rating | Comment |
|--|--------|---------|
| 1. Adequate space is provided for student to see clients & complete clinically relevant work.  |        |         |
| 2. Adequate time is given to see clients & report to preceptor.  |        |         |
| 3. There are sufficient numbers of clients to meet students' learning needs/objectives.  |        |         |
| 4. The types of clients are varied as to age & type of problem or appropriate for the course learning objectives.  |        |         |
| 5. The clinical setting offers a variety of learning experiences.  |        |         |
| 6. Student is given the opportunity to follow-up with clients &/or problems of interest.   |        |         |
| 7. Reports from lab, x-ray & special procedures are accessible to student for review.  |        |         |
| 8. Lab, x-ray & special procedure reports are shared/reviewed with student.  |        |         |
| 9. Support staff are appropriately helpful to student.   |        |         |
| 10. Support staff are accepting of student's role.   |        |         |
| 11. The philosophy of the site is to provide: <ul style="list-style-type: none"> <li>a. health promotion &amp; disease prevention only</li> <li>b. disease diagnosis &amp; management only</li> <li>c. Both</li> </ul> |        |         |
| 12. Professional references (i.e. office/clinical library) are available for student's use.  |        |         |
| 13. Client education materials are available to supplement client's learning (i.e. pamphlets, flyers)  |        |         |
| 14. Community resources, agencies & other professional disciplines are involved with client care/follow up.  |        |         |
| 15. Would you recommend this clinical site for other students? Why/why not   |        |         |

## Summary

*Thank you for agreeing to serve as a Clinical Preceptor. We recognize and appreciate your commitment to providing a meaningful practice-based learning experience for National University students. We hope that you find mentoring students to be a rewarding experience, both personally and professionally. If you have questions or concerns, please contact:*

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