ADVANCED PRACTICE NURSE PROGRAM

PRECEPTOR, FACULTY AND STUDENT HANDBOOK

UPDATED MARCH 2012
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Introduction, Definitions, and Responsibilities

The Advanced Practice Nursing (APN) Program at UTHSCSA is a Master of Science in Nursing (MSN) Degree for registered nurses who have a B.S.N. Degree or a Post-Masters Certificate for nurses who are MSN-prepared. This program provides the students with additional skills in advanced physical assessment, psychosocial assessment, health promotion, and diagnosis and management of acute and chronic health problems. Classroom and laboratory study are combined with community-based clinical experiences, including several semesters requiring clinical preceptorships.

The UTHSCSA APN program meets criteria specified in Chapter 219 RULE §219.9 of the Texas Administrative Code of Regulations and is approved by the Board of Nurse Examiners for the State of Texas. The practice of the expanded nursing role is within the stipulations of the Nurse Practice Act for presenting oneself as an Advanced Practice Nurse.

Definition: Advanced Practice Nurse and Preceptor

The Advanced Practice Nurse (APN) is a registered nurse who, through additional study and experience is able to provide direct care (consistent with the focus of their course of study) to patients. This care may be rendered in the primary, secondary, or tertiary setting as consistent with the program of study. The APN programs include preparation the for Nurse Practitioner (NP) role.

As part of preparation for advanced practice nursing as a Nurse Practitioner (NP), skills in advanced physical assessment, psychosocial assessment, and management of health and illness needs in primary/acute and long term care are mastered. The role of the NP integrates health maintenance, disease prevention, physical assessment, diagnosis, and treatment of common episodic and chronic problems with equal emphasis on health teaching and disease management. The NP practices with a high level of independence and decision-making in ambulatory, acute and chronic settings, functioning as a member of a health care team in collaboration with physicians and other professionals.

The NP practices in collaboration with physicians in organized health care systems or in medical office settings. Identification and treatment of urgent and complex problems and recognition of the need for medical referral or consultation are important components of the APN role.

The APN program emphasizes advanced clinical practice with a sound theoretical and scientific basis. A foundation of appropriate theory is provided and is specific to the focus of study. An understanding of the economic factors affecting health care delivery and the ethical bases of health services provides important perspectives for APNs. The ability to evaluate, and selectively apply clinical research that enables the APN to maintain currency in scientific advances that improve patient care is integral to APN education.

A Clinical Preceptor is an experienced NP, Physician's Assistant, or a physician (including Medical Doctor or Doctor of Osteopathy) with both clinical practice skills and teaching skills. The preceptor characterizes the role for which students are preparing and/or possesses the specialty skills and knowledge in health care delivery required to supervise students and to act as a role model.
Clinical Outcomes:

In order to pass a course containing both didactic and clinical requirements, the student must pass both the theoretical and clinical components of the course.

Students deemed unsafe or incompetent will fail the course and receive a course grade of “F.” The behaviors constituting clinical failure include, but are not limited to, the following:

- Demonstrates unsafe performance and makes questionable decisions
- Lacks insight and understanding of own behaviors and behavior of others
- Needs continuous specific and detailed supervision
- Has difficulty in adapting to new ideas and roles
- Fails to submit required written clinical assignments
- Falsifies clinical hours
Dear Preceptor:

Thank you for serving as a preceptor for an Advanced Practice Nurse student from the University of Texas Health Science Center at San Antonio (UTHSCSA) School of Nursing. The clinical experiences the student will obtain in your office or clinic are of critical importance to a successful learning experience in the program. The clinical setting is where synthesis of concepts and application of principles for quality health care delivery are achieved.

You are the key to successful learning experiences in the clinical setting. The Advanced Practice Nurse (APN) student will work closely with you, learning from your advice and example. Through your supervision, the student will progressively develop the skills and clinical judgment necessary to become an Advanced Practice Nurse. To recognize your contributions to this aspect of education of our students, a certificate verifying the hours you have given to each student will be issued at the end of the semester.

The student’s clinical faculty advisor is responsible for clinical supervision. During some courses, clinical faculty will make site visits to the office or clinic to discuss the student's progress and observe the student seeing patients within the current semester clinical objectives. The preceptor and faculty advisor collaborate in providing clinical instruction and evaluation. Faculty supervision may include site visits, preceptor consultation, and or one to one clinical experience with faculty.

The enclosed Preceptor Packet provides a brief description of the UTHSCSA Advanced Practice Nursing program. It outlines the responsibilities of the student, the preceptor, and the School of Nursing. Students are engaged in didactic coursework along with clinical practicum. The student with whom you work can provide you with a list of topics covered during this and previous semesters to assist you in determining which types of patients are most appropriate for management by the student at various stages in the program. The student will also provide a document of clinical strengths and learning needs to assist you in identifying the most appropriate experiences. Final clinical objectives for each semester and copies of the Student Clinical Evaluation forms to be completed by you are provided.

If you agree to be a preceptor, you will need to complete the following forms (see Appendix A) before the clinical practicum begins:

- The Intent of Relationship form establishing your willingness to serve as a preceptor for the specified student and the agreement of the practicum site;
- The Preceptor's Professional Profile or resume/cv indicating professional preparation and licensure is required for all preceptors. You are asked to complete either the Professional Profile or submit a current resume/cv, if you prefer. This should be updated periodically;
- And the Memorandum of Agreement, a formal contract, which establishes the legal parameters between you (your clinical facility, if necessary) and the School of Nursing at UTHSCSA.

Welcome to the Advanced Practice Nursing Program at UTHSCSA. We appreciate your contribution to our program and your critical role in the clinical education of our students.

Thank you.

The Graduate Nursing Faculty
The University of Texas Health Science Center at San Antonio
School of Nursing
RESPONSIBILITIES WITHIN CLINICAL PRACTICA

RESPONSIBILITIES WITHIN PRACTICUM

I. Responsibility of the School of Nursing

1. The School will initiate an education affiliation agreement between the preceptor organization and the School of Nursing (SON). The agreement will be signed by the preceptor organization, the clinical facility, and the appointed representative for the Graduate Program.
2. The SON will provide the course work and laboratory experiences that establish the foundation for clinical practice.
3. The SON will provide faculty site visits to preceptorship sites to evaluate the student and to assist the student and preceptor, as needed, in accomplishing the clinical learning objectives.
4. The SON will provide the materials required for evaluation of the student’s performance in the preceptor’s clinical setting.

II. Responsibility of the Faculty

Course Coordinator:

1. Responsible for identifying and evaluating clinical sites for appropriateness of learning experiences and ensuring completion of site evaluation forms.
2. Responsible for making student/faculty assignments and assigning students to appropriate clinical sites.
3. Responsible for assuring all document are completed related to the preceptorship, including the letter of intent, preceptor profile (or resume), and Memorandum of Agreement (see Appendix A).

Clinical Faculty:

1. Responsible for arranging meetings with the preceptor, student and faculty during the semester for evaluation purposes.
2. Responsible for providing immediate consultation and/or support of the preceptor when needs or problems are reported.
3. Responsible for seeking preceptor input regarding the student’s performance.
4. Responsible for collaborating with the student in completing the Student’s Evaluation of Preceptor form at the end of the semester (see Appendix C).
5. Using clinical objectives for the specific semester, Clinical Faculty will document the student’s progress and specify satisfactory/unsatisfactory completion of clinical competencies. All relevant documents must be completed by the end of the semester (see Appendix D).

III. Responsibility of the Preceptor

1. The Preceptor will provide a setting in which the student will see patients and gain experience in clinical practice.
2. The Preceptor will function as a role model to provide clinical teaching and supervision for the student in the practice of work up and management specific to patient care needs.
3. The Preceptor will co-sign all records and orders written by the APN student unless otherwise restricted.
4. The Preceptor will sign the student’s clinical hours tracking log each day the student is present in his/her clinical site (see Appendix C).
5. The Preceptor will make contact during the semester with the student and faculty to discuss the student's progress and learning needs.

6. The Preceptor will provide input regarding clinical evaluation of the student and will complete the clinical evaluation form at the end of the semester for the student(s) he/she is precepting (see Appendix C).

7. The Preceptor is expected to notify faculty immediately when unsatisfactory performance of the student is in question.

IV. Responsibility of the Student

1. The student will complete the Student Profile (see Appendix B) in a timely fashion.

2. The Student is responsible for providing the preceptor with the APN Preceptor, Faculty, and Student Handbook, including clinical objectives, appropriate evaluations tools and collection of legal and contractual documents (Intent of Relationship letter, Preceptor's Professional Profile or resume/cv prior to beginning the clinical experience (see Appendix A).

3. The Student will submit a completed student profile to the preceptor and to faculty on or before the first clinical day (see Appendix B).

4. The Student will establish a mutually agreeable schedule for clinical time with the preceptor. He/she will come to the clinical experience prepared to perform in accordance with assigned learning activities in accordance with course.

5. The Student will demonstrate ability to manage progressively complex patient care situations (including differential diagnosis, treatment plans, and patient teaching) in accordance with his/her academic progression.

6. The Student will follow policies and procedures established in the practicum site and will keep the preceptor informed about cases and learning activities.

7. The Student functions under the Nurse Practice Act statues and regulations for expanded nursing roles. Students of The University of Texas Health Science Center at San Antonio School of Nursing are covered by the Student Blanket Medical Liability Insurance. The State of Texas provides coverage for the faculty and the School of Nursing.

8. The Student participates in conferences with the preceptor and faculty to discuss progress, problems, and learning needs.

9. The Student will maintain accurate records of clinical time and experiences on the Clinical Hours Tracking Log and Typhon Clinical Log system. This document will be completed, including the preceptor’s signature each day the student is in the clinical site. The original copy of the Clinical Log will be submitted to faculty (see Appendix C) as directed by program coordinator.

10. The Student will complete the specified clinical log and submit it at designated intervals to the faculty.

11. The Student will assist faculty in completing the following forms: Student Site Evaluation & Student Preceptor Evaluation (see Appendix C).

12. The Student may be required to pay travel expenses for faculty traveling outside a specific geographic area of Bexar County for student clinical evaluation (see UTHSCSA Catalogue). (Procedure pending). Alternative arrangements may be negotiated with faculty.
APPENDIX A
~ STEPS IN ESTABLISHING A PRECEPTOR RELATIONSHIP ~

Note: Student may not begin practicum without appropriate contractual agreement

Faculty/student are interested in a specific site &/or specific preceptor at a site
Immediately, contact the Track Coordinator who will in turn contact the Clinical Liaison to verify there is a current Memorandum of Agreement [MOA]
(the earlier, the better)

↓

If contract is not current or is “new”, Clinical Liaison sends a new contract or MOA to the designated contact person at the agency / site

↓

Agency site signs the contract or MOA & returns to SON

Please note: If the SON has to use an agency’s/site’s contract or MOA, the Contract or MOA must be submitted to the HSC Legal Counsel for approval

Examples of specific agency requirements: criminal background check, drug screens, proof of current valid auto insurance

↓

Once approved by HSC Legal Counsel, contract is sent to agency/site for Administration to sign and return to SON
(Note: This may be a lengthy process)

↓

Once MOA verified Student/Preceptor completes an “Intent of Relationship” form
(Note: Preceptor Resumé must be attached if not already on file)

↓

Submit completed form to Course Faculty

↓

Course Faculty approves and submits forms to Clinical Liaison

↓
Course Coordinator negotiates for:
- Specific preceptors
- Specific dates
- Specific times
- Numbers & types of students

An "official" communication is sent by the Clinical Liaison to the agency/site stating:
- The student(s) name(s)
- The supervising SON faculty
- Dates
- Times
- Clinical Objectives
- Course Objectives

"cc" of Clinical Liaison (or NP Coordinator) letter to agency/site sent to Graduate Nursing Office for student file
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER
SCHOOL OF NURSING
GRADUATE PRACTICUM / PRECEPTOR – INTENT OF RELATIONSHIP

STUDENT:

I, ___________________________, Advanced Practice Nursing Student, Texas RN # ____________, agree that it is my responsibility to arrange my clinical hours to meet the course requirements of Course NURS_________ once a preceptor has been assigned.

I verify that I have discussed the requirements with the following person who agrees to serve as a preceptor for this course(s).

Preceptor’s Name ________________________________
Address _________________________________________
Telephone # ___________________ FAX # _______________ Date Contacted ________________

PRECEPTOR:

I agree to serve as preceptor for, and have received information regarding The University of Texas Health Science Center at San Antonio program from the aforementioned nurse practitioner student. I am including my resume/Preceptor Profile if not already on file for your records, as requested.

Preceptor’s Signature ____________________________ Date ________________
License: State ________________________ Number ______________________ Expires ________________

Student is covered under the UTHSCSA blanket malpractice insurance policy. For further information, contact the Clinical Liaison.

Preceptors: In an effort to go green, the UT Health Science Center School of Nursing will no longer provide Verification of Preceptor Hours for Nurse Practitioner students via regular mail. Your verification form will be emailed to you after the semester is completed. Please provide a valid work or personal email address where you are sure to receive your verification certificate. This email address will not be shared. Thank you.

Email Address: (Please Print) ________________________________________________________________

Clinical site(s) we have agreed to utilize for purposes of this course (i.e., office, clinic, hospital, nursing home):

Name of Site 1_______________________________________________________________
Address ________________________________________________________________
Signature of administrative representative/business manager _______________________ Printed Name ____________________________
Phone

Name of Site 2_______________________________________________________________
Address ________________________________________________________________
Signature of administrative representative/business manager _______________________ Printed Name ____________________________
Phone

STUDENT INFORMATION:

Email Address: ___________________________ Home Phone: ________________
Work Location: ___________________________ Phone: __________________________

Student Instructions for Submission:

Send scanned copy of completed form to Program Coordinator (preferred)
OR
Fax completed form to *Attn: Program Coordinator at:
Fax: (210) 567-5822 for NP & DNP-NP Leadership Students
Fax: (210) 567-1719 for Admin, CNL, & DNP-Exec. Admin. Mgmt. Students

FOR COLLEGE USE ONLY (date & initial)

Not approved by Course Faculty ____________
Approved by Course Faculty ____________
MOA complete/current ________________
Date __________________________
Signed and Filed ______________________
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
SCHOOL OF NURSING

PRECEPTOR PROFILE

*Note: Preceptor Resume/CV Preferred*

Date: ____________________________

Name: ____________________________________________

Last               First               M.I.

Credentials __________________________________________

Agency Affiliation: __________________________________

Address: ____________________________________________

Street               City               State               Zip Code

Telephone No.: ( _______ ) __________________________ Fax No.: ( _______ ) __________________________

*E-Mail: ____________________________________________

Position Title: ______________________________________

EDUCATION:

Nursing Degree

☐ BSN      ☐ MSN      ☐ Masters (non-Nursing) - Specify: ______________________________

☐ PhD (Nursing) ☐ DNSc      ☐ PhD (non-Nursing) - Specify: ______________________________

☐ DNP      ☐ Nurse Practitioner    Specialty: ______________________________________

License No. _________________________________________ State ____________ Expiration Date ______________________

OTHER:

Physician

☐ M.D.      ☐ D.O.

Types of patients seen at your clinical site: (Circle all that apply)

Pediatric    Adolescent    Women (age 18 - 55)    Men (age 35 & up)

EXPERIENCE (Past five years. Attach resume, if desired)

<table>
<thead>
<tr>
<th>Dates</th>
<th>Institution</th>
<th>Position</th>
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I agree to function as a clinical preceptor for the School of Nursing at The University of Texas Health Science Center at San Antonio. I have reviewed The University of Texas Health Science Center at San Antonio School of Nursing Preceptor Policy and accept the role and function as a preceptor.

________________________________  ________________  ________________
Signature                      Printed Name              Title
APPENDIX B
STUDENT PROFILE

Identification: ___________________________  Date: ___________________________

Full Name: __________________________________________

UTHSCSA Livemail address: __________________________________________

Nickname or name you prefer to be called: __________________________________________

Street address: __________________________________________

City/State/Zip Code: __________________________________________

Home Telephone/Other Telephone (if applicable) __________________________________________

Birth Date: ___________  Gender: _______  Student ID: __________________________

Family information (optional): Marital status: __________________________________________

Spouse/Partner name (if applicable): __________________________________________

Children’s names and ages (if applicable) __________________________________________

Emergency Contact Person:

Name: ____________________________________  Telephone: __________________________

Relationship: __________________________

Education

Give institution, graduation year, degree and major:

Current training: __________________________________________

Undergraduate: __________________________________________

Other degree: __________________________________________

Bilingual: _______  Language: __________________________________

YES  NO
Student Assignment:

Preceptor:

______________________________________________

Site:

_______________________________________

Address and telephone:

______________________________________________

Clinical Background:

List major clinical experiences completed:

List other clinical/ambulatory care experiences completed:

*Provide 1 to preceptor and 1 to faculty
Update each semester and resubmit each semester
APPENDIX C
Clinical Hours Tracking Record

Semester/Year: ____________________  Course #:/Name: ____________________________

Student: ________________________  Preceptor: ________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Clinical Site</th>
<th># Hours in clinic</th>
<th>Preceptor Signature</th>
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</tbody>
</table>
**FIRST SEMESTER**

**PRECEPTOR EVALUATION FORM**

| Semester/Year: ______________________ |
| Course # & Name: __________________________________________________________________ |
| Student: ____________________________ Preceptor: ____________________________ |
| Faculty: ____________________________ |
| Date: ____________________________ Site: ____________________________ |

**Directions:** Please evaluate each statement by placing a check in the box using the scale which best represents your response. Any evaluation in the minimally meets or expectations not met categories requires comments and explanation.

4= **Exceeds Expectations:** (Collects complete history and physical. Presents case in a concise manner. Overall performance meets or exceeds expectations)

3= **Meets Expectations:** (Collects fairly complete history and physical. Presents case in an organized manner. Has had consistent improvement in most areas)

2= **Minimally Meets Expectations:** (Occasionally collects incomplete history and physical. Presents case in disorganized manner. Improvement needed in multiple areas)*

1= **Expectations Not Met:** (Always collects incomplete history and physical. Presents case in a disorganized manner. Is disorganized and inefficient. Potentially unsafe)*

0= **N/A** = Not applicable or not observed

*The following behaviors are considered unsafe/incompetent:

- Demonstrates unsafe performance and makes questionable decisions
- Lacks insight and understanding of own behaviors and behavior of others
- Needs continuous specific and detailed supervision
- Has difficulty in adapting to new ideas and roles
- Fails to submit required written clinical assignments
- Falsifies clinical hours*
# ASSESSMENT PROCESS (FIRST SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
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<tbody>
<tr>
<td>1. Gathers appropriate history</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>2. Conducts physical/developmental examination of systems pertinent to problem identified.</td>
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<tr>
<td>3. Begins to interpret findings from physical examination; identifies normal, normal variant, and pathological findings</td>
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<tr>
<td>4. Based on history and physical, begins to formulate differential diagnosis and identify most likely diagnosis</td>
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<tr>
<td>5. Consults appropriately regarding findings</td>
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</table>

**COMMENTS:**
## MANAGEMENT OF HEALTH AND ILLNESS (FIRST SEMESTER)

<table>
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<tr>
<th></th>
<th>Mid-Term</th>
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<th>Final</th>
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<tbody>
<tr>
<td>1.</td>
<td>Identifies health risks and implements health maintenance and illness prevention for problems identified.</td>
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<tr>
<td>2.</td>
<td>Begins to manage care of common illnesses.</td>
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<tr>
<td>3.</td>
<td>Begins to manage patient care across the life-span (or as appropriate to student’s academic focus), including patient education regarding disease and treatment.</td>
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<tr>
<td>4.</td>
<td>Considers cultural and spirituality issues, psychosocial care, counseling and referral as appropriate</td>
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<tr>
<td>5.</td>
<td>Plans appropriate follow-up of patients.</td>
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<tr>
<td>6.</td>
<td>Records patient visits with accuracy using problem-oriented recording (SOAP); develops and/or updates patient problem list.</td>
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<tr>
<td>7.</td>
<td>In collaboration with preceptor, provides safe patient care.</td>
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</tbody>
</table>

**COMMENTS:**
### ROLE IDENTITY AND PROFESSIONAL RELATIONS (FIRST SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Interprets the role of the APN to patients and professionals and begins to implement the role in environment of preceptorship.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>2. Establishes a professional relationship with preceptor, staff, and patients.</td>
<td></td>
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<tr>
<td>3. Presents cases to preceptor in a clear, concise, and pertinent manner.</td>
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<tr>
<td>5. Professional roles and responsibilities:</td>
<td></td>
<td></td>
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<tr>
<td>a. Is punctual in attendance at clinical;</td>
<td></td>
<td></td>
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<tr>
<td>b. Maintains patient confidentiality</td>
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<tr>
<td>c. Accepts guidance in learning</td>
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**COMMENTS:**

Preceptor Signature: _____________________________________  Date: ___________

Faculty Signature: ______________________________________   Date: ___________

Student Signature: ______________________________________   Date: ___________

**Required Signatures**
### SECOND SEMESTER

#### PRECEPTOR EVALUATION FORM

<table>
<thead>
<tr>
<th>Semester/Year: ____________________________</th>
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<tbody>
<tr>
<td>Course #/Name: ____________________________</td>
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<tr>
<td>Student: ________________________________</td>
</tr>
<tr>
<td>Preceptor: ________________________________</td>
</tr>
<tr>
<td>Faculty: _________________________________</td>
</tr>
<tr>
<td>Date: ___________________</td>
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<tr>
<td>Site: _________________________________</td>
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</tbody>
</table>

**Directions:** Please evaluate each statement by placing a check in the box using the scale which best represents your response. Any evaluation in the minimally meets or expectations not met categories requires comments and explanation.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
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</thead>
<tbody>
<tr>
<td>4</td>
<td>Exceeds Expectations: (Collects complete history and physical. Presents case in a concise manner. Overall performance meets or exceeds expectations)</td>
</tr>
<tr>
<td>3</td>
<td>Meets Expectations: (Collects fairly complete history and physical. Presents case in an organized manner. Has had consistent improvement in most areas)</td>
</tr>
<tr>
<td>2</td>
<td>Minimally Meets Expectations: (Occasionally collects incomplete history and physical. Presents case in disorganized manner. Improvement needed in multiple areas)*</td>
</tr>
<tr>
<td>1</td>
<td>Expectations Not Met: (Always collects incomplete history and physical. Presents case in a disorganized manner. Is disorganized and inefficient. Potentially unsafe)*</td>
</tr>
<tr>
<td>0</td>
<td>N/A = Not applicable or not observed</td>
</tr>
</tbody>
</table>

*The following behaviors are considered unsafe/incompetent:
- Demonstrates unsafe performance and makes questionable decisions
- Lacks insight and understanding of own behaviors and behavior of others
- Needs continuous specific and detailed supervision
- Has difficulty in adapting to new ideas and roles
- Fails to submit required written clinical assignments
- Falsifies clinical hours*
# ASSESSMENT PROCESS (SECOND SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
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<tbody>
<tr>
<td>1. Obtains appropriate history and performs indicated examination for pertinent system(s) relative to identified problem.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>2. Conducts a thorough physical examination; utilizes a systematic approach for collection of physiologic, psychological, developmental, and social data</td>
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<tr>
<td>3. Interprets findings from physical examination accurately, identifying normal, normal variant, and pathological findings.</td>
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<tr>
<td>4. Based on history and physical, formulates probable differential diagnoses and identifies most appropriate</td>
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<tr>
<td>5. Orders diagnostic tests as indicated for problem identified.</td>
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**COMMENTS:**
**MANAGEMENT OF HEALTH AND ILLNESS (SECOND SEMESTER)**

<table>
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<th></th>
<th>Mid-Term</th>
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<tbody>
<tr>
<td>1. Implements health maintenance and illness prevention for problems identified; includes education of patients, counseling and preventive treatment.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>2. Manages patient care across the life span (or as appropriate for student’s academic focus).</td>
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</tr>
<tr>
<td>3. Participates in the management of complex patient problems (although does not assume primary responsibility).</td>
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<tr>
<td>4. Includes cultural and spirituality issues, psychosocial care, counseling, developmental in collaboration with preceptor makes referrals as appropriate</td>
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<tr>
<td>5. Plans appropriate follow-up of patients.</td>
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<tr>
<td>6. Records patient visits with accuracy using problem-oriented recording (SOAP); develops and/or updates patient problem list.</td>
<td></td>
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</tr>
<tr>
<td>7. In collaboration with preceptor, provides safe patient care.</td>
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</tbody>
</table>

**COMMENTS:**
### ROLE IDENTITY AND PROFESSIONAL RELATIONS (SECOND SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>2.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>3.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>4.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>5.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>6.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
</tbody>
</table>

**COMMENTS:**

Preceptor Signature: __________________________ Date: ______________

Faculty Signature: __________________________ Date: ______________

Student Signature: __________________________ Date: ______________

**Required Signatures**
THIRD SEMESTER

PRECEPTOR EVALUATION FORM

Semester/Year:___________________

Course #/Name:____________________________________________________

Student:__________________________ Preceptor:________________________

Faculty:__________________________

Date:__________________________ Site:______________________________

Directions: Please evaluate each statement by placing a check in the box using the scale which best represents your response. Any evaluation in the minimally meets or expectations not met categories requires comments and explanation.

4=Exceeds Expectations: (Collects complete history and physical. Presents case in a concise manner. Overall performance meets or exceeds expectations)

3=Meets Expectations: (Collects fairly complete history and physical. Presents case in an organized manner. Has had consistent improvement in most areas)

2=Minimally Meets Expectations: (Occasionally collects incomplete history and physical. Presents case in disorganized manner. Improvement needed in multiple areas)*

1=Expectations Not Met: (Always collects incomplete history and physical. Presents case in a disorganized manner. Is disorganized and inefficient. Potentially unsafe)*

0=N/A = Not applicable or not observed

*The following behaviors are considered unsafe/incompetent:

- Demonstrates unsafe performance and makes questionable decisions
- Lacks insight and understanding of own behaviors and behavior of others
- Needs continuous specific and detailed supervision
- Has difficulty in adapting to new ideas and roles
- Fails to submit required written clinical assignments
- Falsifies clinical hours
# ASSESSMENT PROCESS (THIRD SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
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</thead>
<tbody>
<tr>
<td>1. Takes a thorough history appropriate to acute and/or chronic problem(s), inclusive of physiologic, psychological and social data.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>2. Performs a physical examination appropriate to the presenting complaint and orders diagnostic test as necessary.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>3. Interprets diagnostic tests correctly.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>4. Formulates a reasonable differential diagnosis based on historic data and physical examination.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>5. Based on history and physical examination makes appropriate diagnosis.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
</tbody>
</table>

**COMMENTS:**
### MANAGEMENT OF HEALTH AND ILLNESS (THIRD SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. With increasing autonomy, manages the care of acute minor illness and injury, common chronic illnesses, maternity and well-child, and family planning (according to educational focus)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Includes patient education regarding course of acute or chronic illnesses in the treatment plan.</td>
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<td></td>
</tr>
<tr>
<td>3. Participates in the management of complex patient problems; may assume primary responsibility.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Includes cultural and spirituality issues, psychosocial care, counseling and referral for problems beyond the APN scope of practice.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Plans appropriate follow-up of patients.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Records patient visits with accuracy using problem-oriented recording (SOAP) or designated format; develops and/or updates patient problem list.</td>
<td></td>
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<tr>
<td>7. Consistently addresses health maintenance and illness prevention through identification of health risks, education of patients, and preventive treatment for potential or actual problems identified</td>
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</tr>
<tr>
<td>8. In collaboration with preceptor, provides safe patient care.</td>
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</tr>
</tbody>
</table>

**COMMENTS:**
**ROLE IDENTITY AND PROFESSIONAL RELATIONS (THIRD SEMESTER)**

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develops a productive relationship with patients, preceptor, and staff.</td>
<td>4 3 2 1 0</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>2. Interprets the APN role to patients and other health professionals.</td>
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<td></td>
</tr>
<tr>
<td>3. Makes and implements decisions with appropriate level of independence and consultation with preceptor as needed.</td>
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<td></td>
</tr>
<tr>
<td>4. Accepts responsibility for own learning and continued need to learn.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
| 5. Professional roles and responsibilities:  
  a. Is punctual in attendance at clinical;  
  b. Maintains patient confidentiality  
  c. Accepts guidance in learning | | |

**COMMENTS:**

Required Signatures

Preceptor Signature: ____________________________  Date: __________

Faculty Signature: ____________________________  Date: __________

Student Signature: ____________________________  Date: __________
The University of Texas Health Science Center at San Antonio
School of Nursing

**Student Evaluation of Clinical Preceptor**

Semester/Year: ___________________

Course # & Name: ___________________________________________________________

Preceptor: _______________________________________________________________

Site: _________________________________________________________________

Completed By: __________________________________________________________________ Date: _____________

The purpose of this tool is to assist the student in providing the clinical coordinator and clinical instructor with formal feedback.

Directions: Please answer each question by circling the number on the scale, which best represents your response.

### Roles of Preceptor

#### I. Advocate

Did your preceptor:

1. Assist you with setting goals and providing constructive feedback?  
   - Never 1, Sometimes 2, Always 3

2. Maintains confidentiality of patients?  
   - Never 1, Sometimes 2, Always 3

3. Maintain confidentiality of your work performance?  
   - Never 1, Sometimes 2, Always 3

4. Demonstrate understanding of and promotes the N.P. (Advance Practice Nurse) role?  
   - Never 1, Sometimes 2, Always 3

#### II. Clinical Role Model

Did your preceptor:

1. Function as a patient/family advocate?  
   - Never 1, Sometimes 2, Always 3

2. Interact well with co-workers and ancillary personnel?  
   - Never 1, Sometimes 2, Always 3

3. Consider your individual learning needs?  
   - Never 1, Sometimes 2, Always 3

4. Communicate clinical knowledge well?  
   - Never 1, Sometimes 2, Always 3

5. Utilize other members of the health care team?  
   - (i.e.: dietician, social worker, allied health professionals)  
   - Never 1, Sometimes 2, Always 3
III. **Teacher**

Did your preceptor:

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Help you identify your learning needs?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2.</td>
<td>Suggest or provide additional learning experiences (i.e. related cases, etc.)</td>
<td>1 2 3</td>
</tr>
<tr>
<td>3.</td>
<td>Collaborate with you in making drug treatment choices, monitoring dosages and length of treatment, and reviewing lab and x-rays.</td>
<td>1 2 3</td>
</tr>
<tr>
<td>5.</td>
<td>Provide immediate and adequate feedback with questions and patient presentations.</td>
<td>1 2 3</td>
</tr>
<tr>
<td>5.</td>
<td>Review differential diagnoses with you?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>6.</td>
<td>Lead you through decision making?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>7.</td>
<td>Encourage questions?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>8.</td>
<td>Provide alternative experiences when there were few or no patients?</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>

IV. **Consultant**

Did your preceptor

<p>| | | |</p>
<table>
<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Encourage you to be independent as you gained experience?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>2.</td>
<td>Help you recognize and utilize resource persons other then himself/herself?</td>
<td>1 2 3</td>
</tr>
<tr>
<td>3.</td>
<td>Remain accessible for consultation as you gained competence?</td>
<td>1 2 3</td>
</tr>
</tbody>
</table>
Student Evaluation of Clinical Site

Semester/Year: _____________________

Course # & Name: ________________________________________________________________

Site: __________________________________________________________________________

Completed By: ________________________________ Date: ________________

Directions: Please answer each question by circling the number on the scale, which best represents your response.

1. Is adequate space provided? 1 2 3
2. Is adequate time given to see patients? 1 2 3
3. Are there sufficient numbers of patients? 1 2 3
4. Are the types of patients varied as to age, type of problem, etc.? 1 2 3
5. Are students allowed to select patients according to their needs? 1 2 3
6. Are students given the opportunity to follow-up with patients and/or problems of interest? 1 2 3
7. Are diagnostic test results readily accessible? 1 2 3
8. Is support staff appropriately helpful to student? 1 2 3
9. Is support staff accepting of student’s role? 1 2 3
10. Does the philosophy of the clinic directed toward quality care, health promotion and disease prevention? 1 2 3
11. Does the clinical site use procedure and protocol manuals, educational materials, and have personnel to adequately support a student in advance practice nursing? 1 2 3
12. Are community resources, other agencies, and professional disciplines involved with patient welfare? 1 2 3
13. Would this site be recommended for future student placement? 1 2 3
APPENDIX D
The Clinical Performance Tool is used to evaluate student competence. This will be evaluated by the clinical faculty and/or clinical preceptor.

**Met Expectations:** (Collects fairly complete history and physical. Presents case in an organized manner. Has had consistent improvement in most areas)

**Minimally Met Expectations:** (Occasionally collects incomplete history and physical. Presents case in disorganized manner. Improvement needed in multiple areas)

**Expectations Not Met:** (Always collects incomplete history and physical. Presents case in a disorganized manner. Is disorganized and inefficient. Potentially unsafe)

### Guidelines for Evaluating Competence:

<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Assessment</th>
<th>COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Obtains an accurate health history.</td>
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<td>2. Completes a problem focused physical exam.</td>
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<td>3. Completes a comprehensive well child or adult physical exam.</td>
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<td>4. Identifies age, gender and cultural differences.</td>
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<td>5. Assesses support resources for patient and/or caregiver.</td>
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<td></td>
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<td>6. Selects age and condition specific diagnostic tests and screening procedures.</td>
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</table>

<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Identifies signs and symptoms of common physical and emotional illnesses.</td>
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<td>2. Appropriately analyzes collected historical, physical and diagnostic data.</td>
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<td>3. Differentiates relevant from irrelevant diagnostic cues.</td>
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<td>4. Formulates differential diagnoses.</td>
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<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Plan and Implementation</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Initiates interventions based on select patient outcomes.</td>
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<td>2. Plans appropriate non-pharmacological interventions.</td>
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<td>3. Prescribes appropriate medication therapy—properly written and legible.</td>
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<td>4. Therapeutic plan allows for differences in age, gender and culture.</td>
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<td>5. Plans care in the context of safety, cost, and appropriateness.</td>
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<td></td>
<td>6. Promotes self-care for individuals as appropriate.</td>
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<tr>
<td>Met</td>
<td>Minimally Met</td>
<td>Not Met</td>
<td>Not Observed</td>
<td>Plan and Implementation (Cont’d)</td>
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<td>7. Initiates referrals to other disciplines based on patient’s need.</td>
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<td>8. Implements the therapeutic plan for the assigned patient(s).</td>
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<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Evaluation</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Uses outcome measures to evaluate effectiveness of therapeutic plan.</td>
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<td>2. Follow-up calls and visits documented.</td>
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<td>3. Modifies plan of care based on evaluation.</td>
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<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Patient Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Establishes therapeutic rapport with patient/family.</td>
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<td>2. Assists patient in resolving troubling issues.</td>
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<td></td>
<td>3. Assists patient with health promotion decision making.</td>
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<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Teaching</th>
</tr>
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<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Provides anticipatory guidance, teaching, counseling, and information to patients.</td>
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<td>2. Provides patient specific educational materials, as appropriate.</td>
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<td></td>
<td></td>
<td>3. Identifies special learning needs of clients, families/caregivers.</td>
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</table>

<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Professional Role</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>1. Demonstrates commitment to caring for patient and family.</td>
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<td>2. Maintains standards of professional behavior, dress, and decorum.</td>
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<td>3. Relates well to patients and their family/significant others, staff and preceptors/faculty.</td>
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<td></td>
<td>4. Accepts responsibility for own actions and learning.</td>
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</table>

<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Communications</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
<td>1. Language is appropriate for client’s age and culture.</td>
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<td>2. Oral report to preceptor is effective and accurate.</td>
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<td>3. Written record is complete, organized, and legible.</td>
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</tbody>
</table>

Additional Comments:

Faculty Signature: ____________________________ Date: ____________
Preceptor Signature: __________________________ Date: ____________
Student Signature: ___________________________ Date: ____________
APPENDIX E
TO OUR PATIENTS...

We are pleased to participate in The University of Texas Health Science Center at San Antonio School of Nursing

CLINICAL TRAINING PROGRAMS
FOR ADVANCE PRACTICE NURSING STUDENTS

Please welcome the students working with us during the year

Student A (Field of Study) ______________________________
Student B (Field of Study) ______________________________

THANK YOU for your support of this program!

Copies suitable for framing are available from the secretary.
Rules and Regulations (R&R) are subject to change. Preceptors can access information about the current R&R at the Board of Nurse Examiners web site at: http://www.bne.state.tx.us/practice/gen-apn.html

The applicable R&R which pertain to advanced nursing practice are sections 221.1-221.17 and 222-222.10 (below is a copy of table of contents from the web site for your reference)

Forms for registering notice of collaborative practice with a nurse practitioner must be filed with the Board of Medical Examiners. Information and forms can be obtained by contacting the Board of Medical Examiners. The Board of Medical Examiners has a web site at: http://www.tsbme.state.tx.us/rules/rules.htm

ADVANCED PRACTICE NURSES - §§221.1 - 221.17

§221.1 Definitions
§221.2 Authorization and Restrictions to Use of Advanced Practice Titles
§221.3 Education
§221.4 Advanced Practice Registered Nurse Licensure Requirements
§221.6 Interim Approval
§221.7 Petitions for Waiver and Exemptions
§221.8 Maintaining Active Authorization as an Advanced Practice Nurse
§221.9 Inactive Status
§221.10 Reinstatement or Reactivation of Advanced Practice Nurse Status
§221.11 Identification
§221.12 Scope of Practice
§221.13 Core Standards for Advanced Practice
§221.14 Nurse-Midwives Providing Controlled Substances
§221.15 Provision of Anesthesia Services by Nurse Anesthetists in Licensed Hospitals or Ambulatory Surgical Centers
§221.16 Provision of Anesthesia Services by Nurse Anesthetists in Outpatient Settings
§221.17 Enforcement
ADVANCED PRACTICE NURSES LIMITED PRESCRIPTIVE AUTHORITY - §§222.1 - 222.10

§222.1 Definitions
§222.2 Approval for Prescriptive Authority
§222.3 Renewal of Prescriptive Authority
§222.4 Minimum Standards for Signing Prescriptions
§222.5 Prescriptions for Dangerous Drugs
§222.6 Prescriptions for Controlled Substances
§222.7 Prescribing at Sites Serving Certain Medically Underserved Populations
§222.8 Prescribing at Physicians' Primary Practice Sites
§222.9 Prescribing at Alternate Sites
§222.10 Prescribing at Facility-based Practice Sites
§222.11 Conditions for Obtaining and Distributing Drug Samples
§222.12 Enforcement
Contact Numbers:
We encourage preceptors to call the faculty directly with any questions you might have about our programs or about individual students. To persons to contact about our programs:

**Director of Masters Nursing Program**
Brenda Jackson, PhD, RN  
Associate Professor  
Room 2.644  
School of Nursing  
Phone: (210) 567-1987  
Fax: (210) 567-3813  
E-mail: jacksonbg@uthscsa.edu

**Clinical Liaison**  
Christine Nicholas, RN, MSN  
Clinical Liaison  
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E-mail: NicholasC@uthscsa.edu

**Coordinator, Nurse Practitioner Program & Family Nurse Practitioner Track**
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Clinical Assistant Professor  
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Fax: (210) 567-5822  
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Email: soucy@uthscsa.edu

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School of Nursing  
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Fax: (210) 567-1719  
E-mail: smithp3@uthscsa.edu

**Coordinator, Pediatric Nurse Practitioner Track**
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Clinical Instructor  
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***THANK YOU!***