GRADUATE ADVANCED PRACTICE NURSING PROGRAM

PRECEPTOR, FACULTY AND STUDENT HANDBOOK

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The University of Texas (UT) Health Science Center at San Antonio
School of Nursing

The UT Health Science Center at San Antonio School of Nursing is at the forefront of nursing education. We lead excellence in nursing leadership through our innovative teaching, quality research, compassionate care and community service for our South Texas community and the world.

Vision

The University of Texas Health Science Center at San Antonio School of Nursing acts as an integral part of the healthcare team to promote excellent healthcare as an act of social justice for individuals and their diverse communities through education, research, practice and community engagement.

Mission

We engage with our diverse students and communities to produce the future nursing leaders who will impact local and global health and lead the transformation of health care to make lives better through education, research, practice and community engagement.

Values

- **Ethics and Accountability** - We believe physical, mental and social well-being is enhanced with high professional standards, by honoring the dignity of others, and through accountability for our actions.
- **Diversity and Excellence** - We believe excellent health care is a right of every person.
- **Innovation** - We believe in innovation to deliver leading edge health care, education, research, and community service.
- **Education** - We believe education is a lifelong process based on mutual teaching, learning, and research that ultimately makes life better for those we serve.
- **Leadership** - We believe through our leadership we can educate organizations and within our communities to adopt practices and policies that promote health.
- **Health** - We believe in the power of professional nurses to improve the health status of people here and abroad.
- **Inter-professional Collaboration** - We believe in the power of inter-professional collaboration to improve health outcomes.
Masters Program Outcomes

Master of Science in Nursing (MSN) graduates will be able to:

1. Integrate scientific findings from nursing and related sciences into the delivery of advanced nursing care to populations in diverse settings.

2. Assume organizational and systems leadership to assure ethical and critical decision-making at all systems’ levels for quality and patient safety.

3. Lead performance improvement technologies for quality, safety, and patient-centered care delivery.

4. Use translational scholarship and processes to achieve optimal patient care and care environment outcomes.

5. Integrate meaningful information systems and healthcare technologies to support and improve safe, quality patient care.

6. Promulgate policy and effect change through advocacy that influences health care at appropriate levels.

7. Lead interprofessional teams using collaborative strategies to effect quality patient care and population health outcomes.

8. Synthesize broad ecological and social health determinants to design and deliver evidence based clinical prevention and population health care and services to individuals, families, and aggregates/identified populations.

9. Integrate the knowledge, skills, and attitudes expected of a master’s prepared nurse to design, deliver, and evaluate systems of care in diverse and multiple populations.
Nurse Practitioner Core Competencies 2012

I. Scientific Foundation Competencies
   1. Critically analyzes data and evidence for improving advanced nursing practice.
   2. Integrates knowledge from the humanities and sciences within the context of nursing science.
   3. Translates research and other forms of knowledge to improve practice processes and outcomes.
   4. Develops new practice approaches based on the integration of research, theory, and practice knowledge.

II. Ethics Competencies
   1. Integrates ethical principles in decision making.
   2. Evaluates the ethical consequences of decisions.
   3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

III. Leadership Competencies
   1. Assumes complex and advanced leadership roles to initiate and guide change.
   2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.
   3. Demonstrates leadership that uses critical and reflective thinking.
   4. Advocates for improved access, quality and cost effective health care.
   5. Advances practice through the development and implementation of innovations incorporating principles of change.
   6.Communicates practice knowledge effectively both orally and in writing.
   7. Participates in professional organizations and activities that influence advanced practice nursing and/or health outcomes of a population focus.

IV. Quality Competencies
   1. Uses best available evidence to continuously improve quality of clinical practice.
   2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.
   3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.
   4. Applies skills in peer review to promote a culture of excellence.
   5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.

V. Practice Inquiry Competencies
   1. Provides leadership in the translation of new knowledge into practice.
   2. Generates knowledge from clinical practice to improve practice and patient outcomes.
   3. Applies clinical investigative skills to improve health outcomes.
   4. Leads practice inquiry, individually or in partnership with others.
   5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.
   6. Analyzes clinical guidelines for individualized application into practice.

VI. Technology and Information Literacy Competencies
   1. Integrates appropriate technologies for knowledge management to improve health care.
   2. Translates technical and scientific health information appropriate for various users' needs.
      a. Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.
      b. Coaches the patient and caregiver for positive behavioral change.
3. Demonstrates information literacy skills in complex decision making.
4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.
5. Uses technology systems that capture data on variables for the evaluation of nursing care.

VII. Policy Competencies
1. Demonstrates an understanding of the interdependence of policy and practice.
2. Advocates for ethical policies that promote access, equity, quality, and cost.
3. Analyzes ethical, legal, and social factors influencing policy development.
4. Contributes in the development of health policy.
5. Analyzes the implications of health policy across disciplines.
6. Evaluates the impact of globalization on health care policy development.

VIII. Health Delivery System Competencies
1. Applies knowledge of organizational practices and complex systems to improve health care delivery.
2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.
3. Minimizes risk to patients and providers at the individual and systems level.
4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.
5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.
6. Analyzes organizational structure, functions and resources to improve the delivery of care.
7. Collaborates in planning for transitions across the continuum of care.

IX. Independent Practice Competencies
1. Functions as a licensed independent practitioner.
2. Demonstrates the highest level of accountability for professional practice.
3. Practices independently managing previously diagnosed and undiagnosed patients.
   a. Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
   b. Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
   c. Employs screening and diagnostic strategies in the development of diagnoses.
   d. Prescribes medications within scope of practice.
   e. Manages the health/illness status of patients and families over time.
4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
   a. Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.
   b. Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
   c. Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.
   d. Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.
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, clinic, or unit 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 the semester following the precepted hours.

The student’s clinical faculty is responsible for clinical supervision. Clinical faculty will make site visits to the setting 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 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 maybe engaged in didactic coursework along with clinical practicum or may have completed the didactic content prior to entering clinical. 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/outcomes 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 (IOR) 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. You are asked to complete either the Professional Profile or submit a current resume/cv (preferred), if one is not already on file with the UTHSCSA Clinical Liaison. This profile should be updated every three years; and
- The Memorandum of Agreement (MOA), 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
Introduction, Definitions, Policies and Responsibilities

Introduction

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 masters-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 Texas State Board of Nursing. 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 program includes preparation for the 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 Policies

Preceptor and Faculty Evaluation (pass/fail):
Students must pass clinical to pass the course. A written evaluation from the student’s preceptor(s) is/are required at mid-semester and at the end of the semester. Each preceptor is required to sit down with the student to go over the evaluation at which time the preceptor and student are to sign the evaluation form. An evaluation may be emailed directly to the clinical faculty by the preceptor or hand delivered by the student. If the evaluation is hand delivered it must be in sealed and signed envelope. The preceptor’s signature must be across the sealed seam of the envelope flap. At least one written evaluation at midterm will also be completed by the faculty for each student during the semester. See Preceptor Manual for forms.

Clinical Attendance
Students are required to attend all clinical experiences. Students are to be prompt, prepared, and appropriately attired. A student who is unable to attend a clinical experience must contact the preceptor and clinical faculty personally prior to the beginning of the clinical experience. Leaving a message or e-mail for the preceptor or faculty is not acceptable. Professional role behavior is expected. The graduate student will notify the clinical agency and preceptor that she/he is unable to attend.

Practicum Course Policies:
Students are encouraged to have a variety of clinical experiences that will encompass all aspects of their advanced practice role and expose them to patients within different clinic settings.

1. Students may not have a clinical preceptorships at a practice setting where he/she is currently employed, nor may they be paid for clinical as part of their working hours.

2. Students may not have a clinical preceptorship with a provider with whom they are a patient of that provider.

3. The majority of clinical experiences during the clinical preceptorship must be at the participation level or higher. Total observation is not acceptable for more than one to two days.

4. Students must receive “Passing” on all clinical evaluations from faculty during clinical site visits (Standardized Patient observation may serve as a clinical site visit.)

5. The preceptorship component must be successfully completed in order to pass the course. The preceptorship component consists of:

   A. One clinical evaluation at midterm and at the conclusion of the experience through observation by the clinical course faculty and additional clinical evaluations by each preceptor, with each documenting on the appropriate clinical evaluation form, and;

   B. Clinical log documentation of student’s experiences.

   C. Students who are deemed unsafe or fail to meet the expected clinical course outcomes and clinical competencies in any clinical course in the required program of study will receive a course grade of “F”. Behaviors constituting clinical failure include, but are not limited to, the following:

      1. Demonstrates unsafe performance of an expected clinical competency
2. Needs continuous and specific detailed supervision to meet clinical competencies resulting in an inability to independently meet clinical competencies by the conclusion of the course.

3. Continues to make questionable decisions after multiple instances of faculty feedback and guidance.

4. Demonstrates the inability to adapt to new ideas and roles.

5. Fails to submit required written clinical assignments and documents.

6. Failure to maintain a current unrestricted license to practice nursing in the State of Texas or a compact state.

7. A declaratory order from the Texas State Board of Nursing or a compact state.

8. Request by the agency or preceptor for removal from a clinical agency or preceptor site for cause as defined in the clinical competence, professional integrity, or ethical standards that would preclude the student from being placed in another clinical agency.

9. Any behaviors defined in the provisions of §217.12 Unprofessional Conduct adopted to be effective September 28, 2004, 29 TexReg 9192, and including falsification of any course documents.

D. Procedure: A student who fails a clinical course will be dismissed from the program in accordance with set criteria (see Appendix E).

6. There are NO incompletes for clinical courses except for a major health problem. All clinical hours must be completed by the last official class day of the semester. NO extensions for unmet clinical hours will be granted. Failure to complete all clinical hours or falsification of clinical hours will result in failure of the course.

Responsibility for Clinical Practicum

I. Responsibility of the School of Nursing

1. Ensures that preceptors meet qualifications in Rule 214.10, Rule 215.10 or Rule 219.10, as appropriate.

2. Initiates a MOA between the preceptor’s organization and the School of Nursing (SON). The agreement will be signed by the preceptor’s organization and the appointed representative for the UTHSCSA.

3. Ensures that the written agreement delineates the functions and responsibilities of the affiliating agency, clinical preceptor and nursing program.

4. Provides the course work and laboratory experiences that establish the foundation for clinical practice.

5. Ensures that clinical experiences using preceptors occur only after the student has received applicable theory and clinical experiences necessary to safely provide care to clients (within course or curriculum), as appropriate.

6. Provides the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discusses student expectations, skills performance, student guidelines for performance of procedures, and methods of evaluation.

7. Facilitates 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/outcomes.

8. Provides the materials required for evaluation of the student's performance in the preceptor’s clinical setting.

9. Assumes overall responsibility for teaching and evaluation of the student.
10. Assures student compliance with standards on immunization, screening, OSHA standards, CPR, and current liability insurance coverage, as appropriate.

II. Responsibility of the Faculty

Track 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 in conjunction with UTHSCSA Clinical Liaison.
3. Responsible for assuring all documents are completed related to the preceptorship, including the letter of intent, preceptor profile (or resume), and Memorandum of Agreement (see Appendix A).
4. Provides recognition to the preceptor for participation as a preceptor. Ex: adjunct faculty status, certificate.
5. Orients the faculty, student and the preceptor to the clinical experience.

Clinical Faculty:
1. Responsible for meeting with the preceptor and student 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 evaluate and 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).
6. Provides feedback to preceptor regarding performance as preceptor and the clinical learning experience.

III. Agency Responsibilities

1. Retains ultimate responsibility for the care of clients.
2. Retains responsibility for preceptor’s salary, benefits, and liability.
3. Arrange preceptors’ work schedule so they are available on student clinical days.
4. Communicates the preceptor program and expectations of preceptee to other agency personnel who are not directly involved with preceptorship.

IV. Preceptor Responsibilities

1. Provides a setting in which the student will see patients and gain experience in clinical practice.
2. Participates in a preceptor orientation.
3. Functions as a role model to provide clinical teaching and supervision for the student in the practice of evaluation and management specific to patient care needs.
4. Discusses with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
5. Co-signs all records and orders written by the APN student unless otherwise restricted.
6. SIGNS the student’s clinical hours tracking log each day the student is present in his/her clinical site. An original signature must appear after each date that clinical
hours are logged. Only days where the student participated in direct patient care may be counted for hours (see Appendix C).

7. Makes contact during the semester with the student and faculty to discuss the student's progress and learning needs.

8. Provides input regarding clinical evaluation of the student and completes the clinical evaluation form at the midterm and at the end of the semester for the student(s) he/she is precepting. The preceptor is required to sit down with the student to go over the evaluation at which time the preceptor and student are to sign the evaluation form (see Appendix C).

9. Evaluations may be emailed directly to the clinical faculty by the preceptor or hand delivered by the student. If the evaluation is hand delivered it must be in sealed and signed envelope. The preceptor's signature must be across the sealed seam of the envelope flap.

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

11. Gives feedback to the nursing program regarding clinical experience for student and suggestions for program development.

IV. Student Responsibilities

1. Completes the Student Profile (see Appendix B) in a timely fashion.

2. Is responsible for providing the preceptor with the Graduate Advanced Practice Nursing Program Handbook to include appropriate evaluation tools and intent of relationship documents (see Appendix A) as well as clinical objectives.

3. Responsible for assuring that an IOR and preceptor CV/Resume are submitted and approved before beginning clinical.

4. Submits a completed student profile to the preceptor on or before the first clinical day (see Appendix B).

5. Establishes 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.

6. Demonstrates ability to manage progressively complex patient care situations (including differential diagnosis, treatment plans, and patient teaching) in accordance with his/her academic progression.

7. Arranges for preceptor's supervision when performing procedures, as appropriate.

8. Follows policies and procedures established in the practicum site and keeps the preceptor informed about cases and learning activities.

9. Respects the confidential nature of all information obtained during clinical experience.

10. 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.

11. Participates in conferences with the preceptor and faculty to discuss progress, problems, and learning needs.

12. Contacts faculty by telephone, pager or email if faculty assistance is necessary.

13. Maintains accurate records of clinical time and experiences on the Clinical Hours Tracking Log and Typhon Clinical Log system. The Clinical Hours Log document will be completed, including the preceptor’s signature each day the student is in the clinical site. An original signature must appear after each date that clinical hours are logged. Only days where the student participated in direct patient care may be counted for hours. The original copy of the Clinical Log will be submitted to faculty (see Appendix C) as directed by program coordinator.
14. Completes the Typhon Clinical Log and submit reports at designated intervals to the faculty.

15. Assists faculty in completing the following forms: Student Site Evaluation & Student Preceptor Evaluation (see Appendix C).

16. 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 Catalog). Alternative arrangements may be negotiated with faculty.

**Other Related Policies**

**Student Health Policies**

The UTHSCSA SON immunization requirement can be found at [http://nursing.uthscsa.edu/shc/hc_immunization.asp](http://nursing.uthscsa.edu/shc/hc_immunization.asp). The healthcare agency will inform the student and nursing faculty of specific safety and professional requirements and documentation.

If an injury occurs during a clinical rotation experience, it is the responsibility of the Preceptor and the student to alert the nursing faculty as quickly as possible. Appropriate care and documentation must be completed for the satisfaction of all parties involved.

**Student Health: Illness/Injury During Clinical**

1. In a medical emergency or other clinical injury as defined by the clinical Preceptor, the student should be seen in the UTHSCSA Student Health Center, or if after hours, sent to the nearest emergency room. The student will be responsible for any bills incurred for these events. The Preceptor and student will immediately notify the nursing faculty of any such events.

2. In non-emergency situations, the student may verbally tell the nursing faculty that he/she elects to seek care from a private health care provider/clinic. Any costs incurred will be the responsibility of the student. The student's Preceptor will notify the nursing faculty of any of these events as soon as possible.

3. Documentation of an injury requires the completion of an occurrence report. The student is responsible for completing the form and obtaining the comments of the preceptor or agency representative. The student is responsible for forwarding the completed form to the course nursing faculty as soon as possible following the incident. The nursing faculty will review the information, make appropriate recommendations.

**Student Health: Needlestick Injury**

In the event of a needlestick or other sharps injury, TB exposure or percutaneous injury/blood borne pathogen exposure, follow the guidelines contained in the following links:

1. Needlestick Policy
2. Incident Form
3. Supervisory Checklist
4. TB Exposure
5. Percutaneous Injury/Blood Borne Pathogen

**Impaired Student Policy: Perception of Impairment**

Should the Preceptor, nursing faculty or other nursing students perceive that a student is mentally or physically impaired, immediate action must be taken to relieve the student of his/her duties and place the student in a safe area away from the clinical setting. The immediate goal is to provide for the safety of patients, the public, other students and the student who is suspected of being impaired.
Removing a Student Who is Suspected of Being Impaired from an Educational Setting
If the student is perceived to have the odor of alcohol, or marijuana, or observed behaviors such as, but not limited to, slurred speech, unsteady gait, confusion, sharp mood swings/behavior lack of manual dexterity, excessive health problems, increased absenteeism, tardiness or irritability, severe weight loss, needle track marks especially in the inner elbow, carelessness in appearance and hygiene, or euphoria, which causes the preceptor to suspect the student could be impaired by a substance, the preceptor must:

1. Immediately inform the student as to why actions are being taken to relieve the student of his/her duties.
2. Immediately notify the UTHSCSA Faculty for further action.
3. Do not send the student home or permit them to leave the building until the faculty arrives and arranges for safe transportation for the student.
4. For additional information – see the UTHSCSA catalog http://studentservices.uthscsa.edu/pdf/Catalog2011-2012.pdf.

Suggestions
Before you get started, here are a few suggestions:
• Become familiar with the course syllabus and learning objectives/outcomes.
• Review and clarify, if necessary, the required outcomes for the course.
• Establish a plan for communication with the course nursing faculty.
• Get to know your preceptee by learning how he/she learns best, reviewing his/her clinical learning objectives and learning about his/her strengths and areas for improvement.

Once the clinical experience has begun, you may want to:
• Introduce your preceptee to the staff and other providers; explain his/her role and your role as preceptor.
• Orient the student to your clinical agency. Review and sign the clinical preceptor agreement.
• Develop a calendar of clinical days.

***Because each clinical course has its own unique aspects, specific Preceptor and preceptee policies may vary. To determine the requirements for the course you will be precepting, refer to the specific documentation and forms that will be provided at the beginning of the semester.
Student Acknowledgement

Instructions: Please fill in the information and submit via the UTHSCSA BbLearn Assignment Drop Box. This information may be shared with the clinical healthcare agency.

Student Name: ________________________  Student ID Number: ____________

I have read and understand the course materials for the current semester, including the syllabus, policies, and assignments. I have also read and understand the UTHSCSA and School of Nursing GRADUATE ADVANCED PRACTICE NURSING PROGRAM PRECEPTOR, FACULTY AND STUDENT HANDBOOK (current versions). I agree to abide by the guidance, policies and expectations set forth in the course materials and the UTHSCSA and UTHSCSA School of Nursing GRADUATE ADVANCED PRACTICE NURSING PROGRAM PRECEPTOR, FACULTY AND STUDENT HANDBOOK Handbooks.

I understand how to communicate with course nursing faculty and acknowledge that it is my responsibility as an adult learner to seek clarification and assistance when needed.

I will abide by all mandated HIPAA and FERPA confidentiality guidelines during the clinical experience.

____________________________  __________________
Signature (electronic is acceptable, name and user ID)  (Date)

This agreement will be a part of my permanent student record in the School of Nursing.
APPENDIX A
Clinical Placement Process – Graduate Students

1. Distribute names to faculty and clinical liaison
2. Student Class Roster received
3. Communicate with students regarding desired clinical sites, preceptors
4. Students communicate to course faculty their preferences for clinical sites, preceptors
5. Notify student of placement confirmation via email or to course faculty
6. Student contacts preceptor or clinical site, point of contact to coordinate schedule
7. Contacts clinical site for placement confirmation
8. Office Manager, HI, preceptor approves or denies placement via phone, email or personal visit
9. Send MOA document to clinical site
10. Clinical site reviews and signs MOA
11. Current MOA on file?
12. Student completes paperwork and submits to clinical site, point of contact
13. Return signed MOA to Clinical Liaison
14. Complete documentation:
   a. Enter clinical site in Typhon
   b. Enter preceptor in Typhon
   c. Document student placement in course grid, including clinical site, preceptor and number of hours
15. Communication between faculty, student and clinical liaison on ongoing throughout semester
16. Student contacts preceptor or clinical site, point of contact to coordinate schedule
17. Send student clinical site instructions, paperwork
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 _______ hours, 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 which will be updated every three years, 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):

<table>
<thead>
<tr>
<th>Name of Site 1</th>
<th>Address</th>
<th>Signature of administrative representative/business manager</th>
<th>Phone</th>
<th>Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Site 2</th>
<th>Address</th>
<th>Signature of administrative representative/business manager</th>
<th>Phone</th>
<th>Printed Name</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

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 or Email completed form to “Attn: Clinical Liaison” at:

Fax: (210) 567 - 3813

Email: Nicholasc@uthscsa.edu

FOR COLLEGE USE ONLY (date & initial)

Approved □ Not Approved □

Signed __________________________ Date: ________________
THE UNIVERSITY OF TEXAS HEALTH SCIENCE CENTER AT SAN ANTONIO
SCHOOL OF NURSING

PRECEPTOR PROFILE

PRECEPTOR RESUME OR 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

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 (attached) and accept the role and function as a preceptor.

_________________________       ________________________       ________________________
Signature       Printed Name       Title
APPENDIX B
STUDENT PROFILE

Identification: Date:____________________________

Full Name _____________________ UTHSCSA e-mail 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 to preceptor
* Update 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>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Note:** The Clinical Hours Log document will be completed, including the preceptor’s signature each day the student is in the clinical site. An original signature must appear after each date that clinical hours are logged. Only days where the student participated in direct patient care may be counted for hours.
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:
- Request for removal from clinical site for cause by a clinical agency
- 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 documents

Preceptor Evaluation Grading Scheme:
The numerical value for each of the criteria rated by the preceptor on the evaluation form will be added and then average. The average score will then be converted to a percentage grade based on the table below. If the student has more than one preceptor the final score for each of the preceptors will be added and then averaged before conversion to the percentage grade.

<table>
<thead>
<tr>
<th>Score</th>
<th>Percentage</th>
<th>Score</th>
<th>Percentage</th>
<th>Score</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>&gt;3.9</td>
<td>100%</td>
<td>3.4</td>
<td>89%</td>
<td>2.9</td>
<td>79%</td>
</tr>
<tr>
<td>3.8</td>
<td>97.5%</td>
<td>3.3</td>
<td>87.5%</td>
<td>2.8</td>
<td>77.5%</td>
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<tr>
<td>3.7</td>
<td>95%</td>
<td>3.2</td>
<td>85%</td>
<td>2.7</td>
<td>75%</td>
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<td>92.5%</td>
<td>3.1</td>
<td>82.5%</td>
<td>2.6</td>
<td>72.5%</td>
</tr>
<tr>
<td>3.5</td>
<td>90%</td>
<td>3.0</td>
<td>80%</td>
<td>2.5</td>
<td>70%</td>
</tr>
</tbody>
</table>

Note: a score < 2.5 is considered a clinical failure.
## ASSESSMENT PROCESS (FIRST SEMESTER)

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

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

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Identifies health risks and implements health maintenance and illness prevention for problems identified.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Begins to manage care of common illnesses.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. 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>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Considers cultural and spirituality issues, psychosocial care, counseling and referral as appropriate</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); develops and/or updates patient problem list.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. In collaboration with preceptor, provides safe patient care.</td>
<td></td>
<td></td>
</tr>
</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>
<td></td>
</tr>
<tr>
<td>3. Presents cases to preceptor in a clear, concise, and pertinent manner.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Professional roles and responsibilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Is punctual in attendance at clinical;</td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Maintains patient confidentiality</td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Accepts guidance in learning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**COMMENTS:**

**MIDTERM:**
By signing below I attest that I have reviewed the above evaluation with the student.

Preceptor Signature: ___________________________ Date: ____________

Student Signature: ___________________________ Date: ____________

Faculty Signature: ___________________________ Date: ____________

**FINAL:**
By signing below I attest that I have reviewed the above evaluation with the student.

Preceptor Signature: ___________________________ Date: ____________

Student Signature: ___________________________ Date: ____________

Faculty Signature: ___________________________ Date: ____________
SECOND 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:
- Request for removal from clinical site for cause by a clinical agency
- 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 documents

Preceptor Evaluation Grading Scheme:
The numerical value for each of the criteria rated by the preceptor on the evaluation form will be added and then average. The average score will then be converted to a percentage grade based on the table below. If the student has more than one preceptor the final score for each of the preceptors will be added and then averaged before conversion to the percentage grade.

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<tr>
<th>Score</th>
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<tbody>
<tr>
<td>&gt;3.9</td>
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<td>80%</td>
<td>2.5</td>
<td>70%</td>
</tr>
</tbody>
</table>

Note: a score < 2.5 is considered a clinical failure.
## ASSESSMENT PROCESS (SECOND SEMESTER)

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

**COMMENTS:**
MANAGEMENT OF HEALTH AND ILLNESS (SECOND SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>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>
</tr>
<tr>
<td>2.</td>
<td>Manages patient care across the life span (or as appropriate for student's academic focus).</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>3.</td>
<td>Participates in the management of complex patient problems (although does not assume primary responsibility).</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>4.</td>
<td>Includes cultural and spirituality issues, psychosocial care, counseling, developmental in collaboration with preceptor makes referrals as appropriate</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>5.</td>
<td>Plans appropriate follow-up of patients.</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>6.</td>
<td>Records patient visits with accuracy using problem-oriented recording (SOAP); develops and/or updates patient problem list.</td>
<td>4 3 2 1 0</td>
</tr>
<tr>
<td>7.</td>
<td>In collaboration with preceptor, provides safe patient care.</td>
<td>4 3 2 1 0</td>
</tr>
</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. Implements the role of the APN within the preceptorship and interprets role to patients and professionals.</td>
<td>4 3 2 1 0</td>
<td></td>
</tr>
<tr>
<td>2. Builds a professional relationship with preceptor, staff, and patients.</td>
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<td></td>
</tr>
<tr>
<td>3. Presents cases to preceptor in a clear, concise manner; formulates plans prior to consultation.</td>
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<td></td>
</tr>
<tr>
<td>4. Makes decisions independently and presents to preceptor.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Accepts responsibility for own learning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Professional roles and responsibilities:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. Is punctual in attendance at clinical;</td>
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<td></td>
</tr>
<tr>
<td>b. Maintains patient confidentiality</td>
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</tr>
<tr>
<td>c. Accepts guidance in learning</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMMENTS:

MIDTERM:
By signing below I attest that I have reviewed the above evaluation with the student.

Preceptor Signature: ___________________________ Date: ___________

Student Signature: ___________________________ Date: ___________

Faculty Signature: ___________________________ Date: ___________

FINAL:
By signing below I attest that I have reviewed the above evaluation with the student.

Preceptor Signature: ___________________________ Date: ___________

Student Signature: ___________________________ Date: ___________

Faculty Signature: ___________________________ Date: ___________
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:

- Request for removal from clinical site for cause by a clinical agency
- 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 documents

Preceptor Evaluation Grading Scheme:
The numerical value for each of the criteria rated by the preceptor on the evaluation form will be added and then average. The average score will then be converted to a percentage grade based on the table below. If the student has more than one preceptor the final score for each of the preceptors will be added and then averaged before conversion to the percentage grade.

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<tr>
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</thead>
<tbody>
<tr>
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<td>3.0</td>
<td>80%</td>
<td>2.5</td>
<td>70%</td>
</tr>
</tbody>
</table>

Note: a score < 2.5 is considered a clinical failure.
### ASSESSMENT PROCESS (THIRD SEMESTER)

<table>
<thead>
<tr>
<th></th>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</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</td>
<td>3</td>
</tr>
<tr>
<td>2. Performs a physical examination appropriate to the presenting complaint and orders diagnostic test as necessary.</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>3. Interprets diagnostic tests correctly.</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>4. Formulates a reasonable differential diagnosis based on historic data and physical examination.</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>5. Based on history and physical examination makes appropriate diagnosis.</td>
<td>2</td>
<td>1</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Mid-Term</th>
<th>Final</th>
</tr>
</thead>
<tbody>
<tr>
<td>4</td>
<td>10</td>
</tr>
<tr>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>

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)

2. Includes patient education regarding course of acute or chronic illnesses in the treatment plan.

3. Participates in the management of complex patient problems; may assume primary responsibility.

4. Includes cultural and spirituality issues, psychosocial care, counseling and referral for problems beyond the APN scope of practice.

5. Plans appropriate follow-up of patients.

6. Records patient visits with accuracy using problem-oriented recording (SOAP) or designated format; develops and/or updates patient problem list.

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.

8. In collaboration with preceptor, provides safe patient care.

**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.</td>
<td>Develops a productive relationship with patients, preceptor, and staff.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>Interprets the APN role to patients and other health professionals.</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>Makes and implements decisions with appropriate level of independence and consultation with preceptor as needed.</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>Accepts responsibility for own learning and continued need to learn.</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:

**MIDTERM:**
By signing below I attest that I have reviewed the above evaluation with the student.

Preceptor Signature: ___________________________  Date: ___________

Student Signature: ___________________________  Date: ___________

Faculty Signature: ___________________________  Date: ___________

**FINAL:**
By signing below I attest that I have reviewed the above evaluation with the student.

Preceptor Signature: ___________________________  Date: ___________

Student Signature: ___________________________  Date: ___________

Faculty Signature: ___________________________  Date: ___________
# Student Evaluation of Clinical Preceptor

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

*Please complete the boxes below.*

<table>
<thead>
<tr>
<th>Semester / Year:</th>
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<tbody>
<tr>
<td>Course# / Name:</td>
<td></td>
</tr>
<tr>
<td>Preceptor:</td>
<td></td>
</tr>
<tr>
<td>Completed By:</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>

*Did you have access to Electronic Health Records?*

- [ ] 1. Yes
- [ ] 2. No

*Did you have permission to read (ONLY) or chart?*

- [ ] 1. Read
- [ ] 2. Chart
### Role of Preceptor

**I. Advocate**

Did your preceptor:

<table>
<thead>
<tr>
<th>1. Assist you with setting goals and providing constructive feedback?</th>
<th>1. Never</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. Maintains confidentiality of patients?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Maintain confidentiality of your work performance?</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Demonstrate understanding of and promotes the N.P. (Advance Practice Nurse) role?</td>
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</tbody>
</table>

**II. Clinical Role Model**

Did your preceptor:

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<thead>
<tr>
<th></th>
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</thead>
<tbody>
<tr>
<td>2. Interact well with co-workers and ancillary personnel?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Consider your individual learning needs?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Communicate clinical knowledge well?</td>
<td></td>
<td></td>
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<tr>
<td>5. Utilize other members of the health care team? (i.e. dietitian, social worker, allied health professionals)</td>
<td></td>
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</tbody>
</table>
### III. Teacher

**Did your preceptor:**

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<thead>
<tr>
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</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Suggest or provide additional learning experiences (i.e. related cases etc.)</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Collaborate with you in making drug treatment choices, monitoring dosages and length of treatment, and reviewing lab and x-rays.</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>4. Provide immediate and adequate feedback with questions and patient presentations.</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>5. Review differential diagnoses with you?</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>7. Encourage questions?</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>8. Provide alternative experiences when there were few or no patients?</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>9. Help you recognize weaknesses and offer suggestions on improving them?</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

### IV. Consultant

**Did your preceptor:**

<table>
<thead>
<tr>
<th>1. Encourage you to be independent as you gained experience?</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>2. Help you recognize and utilize resource persons other than himself/herself?</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>3. Remain accessible for consultation as you gained competence?</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
<td>No</td>
</tr>
</tbody>
</table>

---

**Note:** This form will be sent as a link via email from the Academic Affairs Office.
# Student Evaluation of Clinical Site

*Please complete the boxes below*

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Semester/Year</td>
<td></td>
</tr>
<tr>
<td>Course#Name</td>
<td></td>
</tr>
<tr>
<td>Site</td>
<td></td>
</tr>
<tr>
<td>Completed By</td>
<td></td>
</tr>
<tr>
<td>Date</td>
<td></td>
</tr>
</tbody>
</table>
### Directions:

Please answer each question by choosing the number on the scale, which best represent your response.

*Please answer each question by choosing the number on the scale, which best represent your response.*

<table>
<thead>
<tr>
<th>Number</th>
<th>1. Never</th>
<th>2. Sometimes</th>
<th>3. Always</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Is adequate space provided?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>2. Is adequate time given to see patients?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>3. Are there sufficient numbers of patients?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>4. Are the types patients varied as to age, type of problem, etc?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>5. Are students allowed to select patients according to their needs?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>6. Are students given the opportunity to follow-up with patients and/or problems of interest?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>7. Are diagnostic test results readily accessible?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>8. Is support staff appropriately helpful to students?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>9. Is support staff accepting of student's role?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>10. Does the philosophy of the clinic directed toward quality care, health promotion and disease prevention?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>11. Does the clinical site use procedure and protocol manuals, educational materials, and have personnel to adequately support a student in advance practice nursing?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>12. Are community resources, other agencies, and professional disciplines involved with patient welfare?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>13. Would this site be recommended for future student placement?</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
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</tbody>
</table>

Note: This form will be sent as a link via email from the Academic Affairs Office
APPENDIX D
Clinical Performance Tool  
Graduate Nursing Program  
UT Health Science Center at San Antonio SON

Student Name: __________________________  
Semester: _______________

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></td>
<td></td>
<td>6. Selects age and condition specific diagnostic tests and screening procedures.</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Diagnosis</th>
<th>COMMENTS:</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>

<table>
<thead>
<tr>
<th>Met</th>
<th>Minimally Met</th>
<th>Not Met</th>
<th>Not Observed</th>
<th>Plan and Implementation</th>
<th>COMMENTS:</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></td>
<td>6. Promotes self-care for individuals as appropriate.</td>
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<td>Evaluation</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>1. Uses outcome measures to evaluate effectiveness of therapeutic plan.</td>
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<td></td>
<td>2. Follow-up calls and visits documented.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3. Modifies plan of care based on evaluation.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met</td>
<td>Minimally Met</td>
<td>Not Met</td>
<td>Not Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Patient Relationship</td>
<td></td>
<td></td>
<td>1. Establishes therapeutic rapport with patient/ family.</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>2. Assists patient in resolving troubling issues.</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3. Assists patient with health promotion decision making.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met</td>
<td>Minimally Met</td>
<td>Not Met</td>
<td>Not Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Teaching</td>
<td></td>
<td></td>
<td>1. Provides anticipatory guidance, teaching, counseling, and information to patients.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Provides patient specific educational materials, as appropriate.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>3. Identifies special learning needs of clients, families/caregivers.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met</td>
<td>Minimally Met</td>
<td>Not Met</td>
<td>Not Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional Role</td>
<td></td>
<td></td>
<td>1. Demonstrates commitment to caring for patient and family.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Maintains standards of professional behavior, dress, and decorum.</td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Relates well to patients and their family/significant others, staff and preceptors/ faculty.</td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>4. Accepts responsibility for own actions and learning.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Met</td>
<td>Minimally Met</td>
<td>Not Met</td>
<td>Not Observed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Communications</td>
<td></td>
<td></td>
<td>1. Language is appropriate for client’s age and culture.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>2. Oral report to preceptor is effective and accurate.</td>
<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>3. Written record is complete, organized, and legible.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Additional Comments:

Faculty Signature: ________________________ Date: ______________
Preceptor Signature: ________________________ Date: ______________
Student Signature: ________________________ Date: ______________
APPENDIX E
CRITERIA FOR CLINICAL PRACTICE IN A GRADUATE PROGRAM

Students are required to meet the expected clinical competencies defined in each clinical course syllabus and the graduate program preceptor handbook. In addition, students are responsible for knowing and abiding by the regulations of the Texas Higher Education Coordinating Board, the Board of Regents, the University, and the School of Nursing as presented at the graduate program new student orientation and defined in the University Catalog and any other written communications. Students are also responsible for their nursing practice by knowing and abiding by the provisions of the laws set forth in the Texas State Board of Nursing Nurse Practice Act, the rules and regulations set forth in the Texas State Board of Nursing Rules and Regulations and the standards set forth in the American Nurses Association Code of Ethics.

Students share the responsibility with faculty for creating an environment that supports adherence to standards of academic performance, clinical competence, principles of professional integrity and ethical practice. Inability to meet standards of academic performance and/or clinical competence or violations of any policy, law, regulation, or any applicable standard of nursing practice which compromises clinical competence, professional integrity, and/or ethical practice related to the course in which the student is enrolled will result in a course failure and a grade of “F” or a grade of “fail”.

Clinical Competency

The criteria for expected clinical competencies are defined in each clinical course syllabus and the graduate program preceptor handbook. Behaviors constituting a failure to meet clinical competencies include, but are not limited to, in any one of the following:

1. Demonstrates unsafe performance of an expected clinical competency
2. Needs continuous and specific detailed supervision to meet clinical competencies resulting in an inability to independently meet clinical competencies by the conclusion of the course
3. Continues to make questionable decisions after multiple instances of faculty feedback and guidance
4. Demonstrates the inability to adapt to new ideas and roles
5. Fails to submit required written clinical assignments and documents

Professional Integrity

The criteria for professional integrity and ethical practice are defined in the current University Catalog as well as the Texas State Board of Nursing Nurse Practice Act and Rules and Regulations and the American Nurses Association Code of Ethics. Standards for professional integrity and ethical practice are intended to protect clients from incompetent, unethical, or illegal conduct of students. Actual injury to a client need not occur. Given the intent of professional integrity and ethical standards, a student may be removed from clinical practice at any time during the semester and not be allowed to progress until such time that the violations of professional integrity and/or ethical standards have been investigated and a
disposition determined. Behaviors constituting immediate removal from clinical practice include, but are not limited to, any one of the following:

1. Failure to maintain a current unrestricted license to practice nursing in the State of Texas or a compact state
2. A declaratory order from the Texas State Board of Nursing or a compact state
3. Request by the agency or preceptor for removal from a clinical agency or preceptor site for cause as defined in the clinical competence, professional integrity, or ethical standards that would preclude the student from being placed in another clinical agency
4. Any behaviors defined in the provisions of §217.12 Unprofessional Conduct adopted to be effective September 28, 2004, 29 TexReg 9192, and including falsification of any course documents.

Procedure: A student who fails a clinical course will be dismissed from the program in accordance with the School of Nursing Dismissal Policy. When indicated, the incident will be reported to the local law enforcement agency and/or other appropriate agencies, institutions, and/or regulatory bodies by the faculty of record.

PROBATION POLICY AND PROCEDURE

1. Definition: Probation is the status of the student whose progression in the program may be delayed, interrupted or conditional due to the criteria listed below.

2. Criteria for Probation in the Nursing Program include any one of the following:

   A. Earning a grade of “C” in a graduate course required for the program
   B. Earning a grade in a required graduate course that drops the GPA below 3.0
   C. Failure to meet any of the School of Nursing Policies related to academic or professional conduct
   D. Failure to meet the terms of professional integrity standards defined in the current University Catalog, the Texas State Board of Nursing Nurse Practice Act, the Texas State Board of Nursing Rules and Regulations and the American Nurses Association Code of Ethics.

3. Probation Procedure

   A. Initial Review of Recommendation for Probation

      1. The faculty member of record for each course will notify, in writing, a student who meets the criteria set forth in provision 2 and refer the student to the Associate Dean for Academic Affairs within 2 business days of the occurrence of the criteria set forth in provision 2.

      2. The student may present his/her case to the Associate Dean for Academic Affairs, if requested in writing within 3 business days of notification of the probation recommendation. If the student wishes to bring a person outside of the
School of Nursing to the meeting, he/she must indicate this in the request to the Associate Dean for Academic Affairs. If the person attending the meeting with the student is an attorney, the meeting will be held with the University attorney present. The student may be accompanied by her/his academic advisor during the Associate Dean for Academic Affairs review process.

B. If the review results in validation of the criteria set forth in provision 2, the Associate Dean for Academic Affairs will recommend in writing one or more of the following actions to the Dean of the School of Nursing:

1. Earning a Grade of C or a grade that drops the GPA below 3.0
   a. A written “Probation Letter of Expectation” that determines the length and conditions of the probation period which may include, but are not limited, any one of the following:
      • Referral of the student to resources and support services for academic success
      • Referral of the student to the faculty to devise a written plan for academic success.
      • Referral of the student to the Associate Dean for Admissions and Student Services for non-academic support

2. Failure to meet School of Nursing Policies or failure to meet the terms of professional integrity standards defined in the current University Catalog, the Texas State Board of Nursing Nurse Practice Act the Texas State Board of Nursing Rules and Regulations and the American Nurses Association Code of Ethics
   a. The associate Dean will present a recommendation for the “Probation Letter of Expectation” that determines the length and conditions of the probation to the Committee on Graduate Studies.
   b. The Committee on Graduate Studies will act on the recommendation for the “Probation Letter of Expectation”.

1. The final decision for probation and the terms of the probation will be made by the Committee on Graduate Studies and will be delivered to the student in writing by certified letter to the student’s address of record and copied to the Dean of the School of Nursing.

2. When indicated, the incident will be reported to the local law enforcement agency and/or other appropriate agencies, institutions, and/or regulatory bodies by the Associate Dean for Academic Affairs.
3. If the review of the recommendation for probation results in a recommendation for dismissal, the policy and procedure for dismissal will supersede the policy and procedure for probation.

**DISMISSAL POLICY AND PROCEDURE**

1. **Definition:** Dismissal is the removal of a student from the School of Nursing Graduate Program. A student who is dismissed from the graduate program may not continue in the graduate nursing program and is not eligible for readmission.

2. **Criteria for Dismissal from the Graduate Nursing Program includes any one of the following:**

   A. Earning a grade of “D”, “F” or “Fail” in any required graduate course
   B. Earning a grade of “C” in 6 or more credit hours of required graduate coursework regardless of GPA or in two required graduate courses regardless of the number of credit hours and GPA
   C. Failure to meet the conditions of the School of Nursing “Probation Letter of Expectation”
   D. Failure to meet the terms of professional integrity and ethical standards defined in the current University Catalog, the Texas State Board of Nursing Nurse Practice Act, the Texas State Board of Nursing Rules and Regulations and the American Nurses Association Code of Ethics.
   E. Failure to notify the school of non-matriculation for three consecutive semesters (excluding summers). Students must re-apply for admission.

3. **Dismissal Procedure for Academic Reasons or Failure to Meet the Terms of Professional Integrity and Ethical Standards.**

   A. The faculty member of record for each course will notify, in writing, a student who meets the criteria set forth in provision 2 and refer the student to the Associate Dean for Academic Affairs within 2 business days of the occurrence of the criteria set forth in provision 2.

   B. The Associate Dean for Academic Affairs will notify the student, in writing, that his/her case will be presented to the Committee on Graduate Studies. The written communication will include the date and time of the presentation to the Committee on Graduate Studies.

The student may present her/his case to the Committee on Graduate Studies, if requested in writing to the Committee of Graduate Studies within 3 business days of notification by the Associate Dean for Academic Affairs of the dismissal recommendation. The student must indicate in the request to the Committee on Graduate Studies for a meeting that they wish to bring a person outside of the School of Nursing to the meeting. If the person attending the meeting with the student is an attorney, the meeting will be held with the University attorney present.
The student may be accompanied by her/his academic advisor during the Committee on Graduate Studies review process.

C. If the review results in validation of the criteria set forth in provision 2, the Committee on Graduate Studies may recommend one or more of the following actions:

1. Probation
2. Dismissal from the School of Nursing

D. A written recommendation from the Chairperson of the Committee on Graduate Studies will be made to the Dean of the School of Nursing.

E. The final decision will be made by the Dean and will be delivered to the student in writing by certified letter to the student's address of record.

F. When indicated, the incident will be reported to the local law enforcement agency and/or other appropriate agencies, institutions, and/or regulatory bodies.
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 Texas Board of Nursing 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 Texas Medical Board. The Texas Medical Board has a web site at: http://www.tmb.state.tx.us/rules/rules/bdrules.php

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

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***THANK YOU!***
APPENDIX G
Frequently Asked Question about Precepting

1. Should the student work with only one preceptor?
   
   Yes. Ideally, one preceptor should be assigned by the agency as the primary supervisor for the student. However, due to scheduling issues and clinical experience needs, a second preceptor may work with the student. With approval from the nursing faculty, the primary preceptor may assign the student to other NP or physician preceptors during the clinical experience, to achieve the course objectives in a timely manner.

2. How are clinical experiences chosen?

   The FNP Track Coordinator and course nursing faculty works closely with the UTHSCSA Clinical Liaison, healthcare agencies, and the students for placement in the appropriate clinical settings that meet program requirements and student clinical experience needs. The clinical healthcare agency identifies the appropriate preceptor, with final approval from the FNP Track Coordinator and/or course nursing faculty. Because we are a rural focused program with a mission to prepare APNs for rural family primary care practice, we strive to provide clinical sites for our primary care nurse practitioner students that are rural or medically underserved primary care sites.

3. Can someone who does not work in the agency be my preceptor in that agency?

   No. For the preceptor to effectively act as a mentor, she/he needs to be familiar with the agency and working colleagues.

4. How much time will be required of the preceptor?

   Time requirements will vary depending upon the clinical course requirements. The first clinical course is 90 hours total for the semester; the second semester course students must complete 180 hours for the semester, and; the final semester students must complete a total of 360 hours. At the completion of the program each student has completed approximately 675 clinical practicum hours.

   It is suggested that at least a one half hour meeting with the student each week be planned to discuss patient cases, weekly goals/objectives, and student progress.

5. Is the preceptor responsible for being with the student every minute of their clinical experience?

   For NP students, the primary preceptor is responsible for being with the student during their clinical rotation or to assure that the student is under the supervision of another qualified preceptor.

   Students are to see patients to complete the relevant history and physical exam. The student will present to the preceptor a brief (3-5 minutes) oral presentation on each patient seen using the SOAP format, and will collaborate with the preceptor on developing the assessment (diagnosis) and plan of care for the patient. See the Evaluation Forms for each semester (in Appendices) for clinical expectations for each semester of the clinical practicum. Each student will provide the course objectives for the current semester. Students will increase the number and complexity of patients seen and will assume more independence in formulating diagnoses and plans of care as they progress through the three clinical practicums. The expectation is that by the end of the third clinical practicum students are able to see 12-15 patients in an 8-hour day, formulating diagnoses and plans of care with minimal preceptor collaboration, while
at the same time giving a formal brief oral presentation on each patient seen and seeking concurrence with the preceptor on the diagnosis and plan. Students will complete a patient clinical note on each patient seen and have it co-signed by the preceptor. Feedback on clinical notes will be provided to student by the preceptor.

6. Can students be precepted on evenings, nights and weekends?

Students will schedule their clinical days in collaboration with their preceptor and clinical nursing faculty. Clinical days in most cases will be Monday through Friday during regular business hours (7a-7p or variant thereof). If clinical hours are to be completed during evening, night, or weekend hours the student must have discussed this with the course faculty and have obtained permission to have clinical hours outside of the normal clinical days.

7. What sort of support will the School of Nursing provide to the preceptor?

Nursing faculty may conduct an orientation for preceptors at the beginning of the semester (usually one-on-one with preceptor). Faculty will be available to the preceptors either in person, by phone, pager, and/or electronically. The course faculty and NP student will ensure that the preceptor is supplied the appropriate clinical course paperwork.

8. Why would anyone want to be a preceptor?

Preceptors are an essential component of NP educational programs and, along with their clinical practice sites, comprise our community partners without which our program could not exist. Precepting NP students provides an exciting and challenging teaching/learning opportunity for clinicians. Preceptors actively participate in preparing future clinicians for practice, especially for rural and underserved populations that are in need of quality health care. For many clinicians who precept NP students, they understand this as an opportunity to give back as they were once students who also needed high quality clinical preceptors and clinical learning experiences. Preceptors enjoy working with students who challenge their thinking and because of their shear love of being expert role models, mentors, and teachers of students who will be their future colleagues.

9. Will there be a nursing faculty member on site during each student experience?

No. Faculty members will be available by phone, e-mail, and/or pager. The course faculty make 1-2 clinical site visits a semester (unless otherwise noted) to evaluate the student and the clinical experience. These site visits will be scheduled in cooperation with the student and the preceptor. During the site visit the faculty tries to meet briefly with the preceptor to give and receive feedback on how the student is progressing and discuss other relevant clinical issues.