School of Nursing
Clinical Preceptor Handbook
DNP Program & Post-Master’s APRN Certificates
Nurse Practitioner Clinical Courses
2019
Dear Preceptor,

The NMSU School of Nursing faculty thanks you for accepting this assignment to act as the preceptor for our advance practice nursing students. Your knowledge and skills will greatly enhance the student's experience and assist them to develop valuable critical thinking, decision-making, organizational and professional skills. We appreciate that you have agreed to share your expertise and consider this the highest form of professionalism.

Attached you will find a preceptor packet that provides general information about the NMSU School of Nursing and the advanced practice programs we offer. We also include information about preceptor role expectations, student responsibilities and performance measures, teaching tips, and contact information. Specific information about the courses and clinical experiences for the student that you will be provided by the student and the supervising NMSU SON faculty at the start of the precepting experience. Clinical evaluation forms for each specialty track are located in appendices. Course faculty are responsible for assuring that you are familiar with the use of these forms to document the student's clinical progress.

If at any time you have questions that cannot be addressed by the course faculty, please contact me. Again, I wish to extend my appreciation for your help in the process of educating advanced practice nurses.

Stephanie R Lynch, PhD, FNP, PMHNP, RN
Director, DNP

NMSU Graduate Programs
# Table of Contents

Mission Statement ............................................................................................................................................................................... 1
Program Accreditation ........................................................................................................................................................................... 1

Preceptor Information

Eligibility ................................................................................................................................................................................................. 2
Responsibilities ....................................................................................................................................................................................... 2
Teaching Methods .................................................................................................................................................................................... 3

Student Information

Student Responsibilities ................................................................................................................................................................................. 4
Course Faculty Responsibilities ............................................................................................................................................................ 4

Clinical Policies

Affiliation Agreements ........................................................................................................................................................................... 5
Student Behavior and Dress .................................................................................................................................................................... 5
Ethics ................................................................................................................................................................................................ 5
General Progression .............................................................................................................................................................................. 6

Clinical Requirements Psychiatric Mental Health Nurse Practitioner (PMHNP)

Expected Clinical Competencies ......................................................................................................................................................... 7

Clinical Requirements Family Nurse Practitioner (FNP)

Expected Clinical Competencies ........................................................................................................................................................ 12

Post MSN to DNP

Clinical Requirements ............................................................................................................................................................................. 13

Post Master’s Certificate

Clinical Requirements .............................................................................................................................................................................. 14

APPENDICES

APPENDIX A ...................................................................................................................................................................................... 15
APPENDIX B ...................................................................................................................................................................................... 16
APPENDIX C ...................................................................................................................................................................................... 17
APPENDIX D ...................................................................................................................................................................................... 18
APPENDIX E ...................................................................................................................................................................................... deleted
APPENDIX F ...................................................................................................................................................................................... 19
APPENDIX G ...................................................................................................................................................................................... 22
APPENDIX G ...................................................................................................................................................................................... 24
NMSU School of Nursing

Mission Statement
The mission of NMSU School of Nursing is to promote health and improve the quality of life for the people of New Mexico through nursing education, research, practice, and public service recognizing the state's multicultural heritage and dynamic border environment. The mission of the School of Nursing reflects a commitment to the mission of the university and the standards of professional nursing practice by demonstrating excellence in nursing education, research practice, and public service.

The primary responsibility of the School of Nursing is to provide the highest quality of professional nursing education including preparation for practice at the undergraduate BSN, and graduate MSN and doctoral levels. The intent reflects a commitment to the attainment of excellence in practice by designing innovative and challenging educational experience valuing diversity, providing evidence-based nursing care, and fostering lifelong learning for the professional nurse in a multicultural society. The faculty provides instructional strategies responsive to student needs for greater delivery of multimedia methods and distance education.

Program Accreditation
The NMSU School of Nursing Doctor of Nursing Practice (DNP) program is accredited by The Commission on Collegiate Nursing Education (CCNE). The post-graduate/post-Master’s APRN certificates are going up for accreditation in 2019. Information on accreditation may be obtained at: https://www.aacnnursing.org/CCNE.
Preceptor Information

Eligibility

All nurse practitioner (NP) students in the BSN to DNP, MSN to DNP, and post-masters APRN certificate programs engage in clinical practice under the guidance of a qualified clinical preceptor. NP students are licensed professional nurses who practice under their own licenses with an expanded scope of practice while enrolled in a clinical course at NMSU.

The clinical preceptor must be:

- Formally educated with a Master’s degree or higher for professional and clinical practice and either a:
  - Master’s prepared advanced practice nurse (APRN) (*students must have clinical time with a nurse practitioner during clinical experiences*)
  - Physician (MD or DO)
  - Psychologist
  - Master's prepared social worker (*individual, family, group therapy clinical only*)
  - Master's prepared MFT (Marriage & Family Therapist)
  - Master’s prepared LPCC (Licensed Professional Clinical Counselor)
  - Master's prepared Physician Assistant

- Hold an unencumbered and current license to practice in the state where the clinical experience takes place.
- Nationally certified.
- Currently practicing with at least one year of experience in the clinical focal area.

Responsibilities

A preceptor works with the student for a defined period of time to assist in acquiring new competencies required for safe, ethical, and quality practice.

In this role, preceptor responsibility:

- Aligns and directs the clinical experience to help the student with achievement of overall goals and objectives provided by the student, and/or SON,
- Identifies and discusses the student's needs in order to meet course goals and objectives,
- Assess the nature of specific patient-care encounters that will enable the student to meet course specific objectives,
- Utilizes appropriate teaching methods to help student meet clinical objectives,
- Evaluates whether the student is achieving clinical goals and objectives,
- Provide feedback to the student and faculty representative,
- Initiates informal conference with student if student's performance is unsatisfactory on any given clinical day,
- And to monitor student's performance, if it does not improve, the preceptor will contact clinical faculty to discuss and develop a formal written corrective plan,
- Demonstrates leadership skills that include interdisciplinary collaboration, peer review, quality assurance and community involvement,
- Utilizes best evidence and research to improve practice processes and outcomes.
Teaching Methods

Although a variety of teaching methods may be used by individual preceptors, the table below includes common teaching methods used by preceptors in ambulatory clinical settings (Heidenreich, Lye, Simpson, & Laurich, 2000).

Teaching Tips for Preceptors

2. Prior to each clinical experience, behaviors determine the student's learning for objectives and developing a teaching learning plan that builds on clinical learning objectives.

3. Develop a problem-oriented concept for each clinical day that enhances variability order to in clinical learning (e.g., individual counseling, group therapy, physical examinations, medication management).

4. Preceptor-directed patient briefing of the development student regarding the patient and the beginning with tasks to accomplish prior to accompanying experiences, student in the patient encounter. relationships

5. Assist the students in the process of concept. recognizing signs and symptoms that occur in patterns and the student recognize the which relationship between the assessment data and hypotheses or working diagnoses.

6. The student presents signs and symptoms of the assessment and the preceptor "utilizes the teachable moment" in response to this student's presentation.

8. The student observes preceptor complimented by preceptor rationale selected actions and interventions.

9. Preceptor assesses learners' level of knowledge and understanding in formulate a plan for teaching related

10. Guides student's clinical through a process of experiences, student in the patient encounter. relationships between clinical experiences and general concepts and determining

11. Collaborative discussion is utilized, guides the student in making critical relationships between prior knowledge and new clinical experiences.


Adapted from Partners in NP Education: A preceptor manual for NP programs, faculty preceptors and students. (NONPF, 2017).

Student Information

Student Responsibilities

- Ensure chosen clinical site provides adequate patient diversity, appropriate population age, and sufficient volume per day to acquire the skills required to meet clinical goals and objectives,
- Submit all required clinical clearance documentation to course faculty per DNP student handbook,
- Identify clinical site and preceptor for the upcoming semester and present this information to the course instructor,
- Submit all required preceptor forms, a copy of the preceptor's license, certification, and CV to the course and to the data tracking system, for instructor approval,
- If the student is continuing with a preceptor from a prior semester, each semester an updated preceptor form, and updated preceptor's license, certification, and CV are required,
- Contact preceptor and arrange clinical schedule,
- Complete clinical goals form in collaboration with clinical faculty and preceptor,
- Meet planned time commitments,
- Maintain ongoing communication with preceptor and faculty regarding needs, limitations, progress and expectations,
- Demonstrate accountability for actions and safe practice,
- Display professionalism and appropriate social behaviors,
- Take initiative and actively participate in the learning process,
- Submit all course forms, including evaluations, to course instructor by assigned due date.

Course Faculty Responsibilities

- Maintain current APRN license in the State in which they are practicing, relevant clinical clearance requirements, and national certification.
- Review and approve preceptors and clinical sites.
- Communicate course objectives and goal, required clinical hours, and time commitments.
- Communicate with the preceptor and student together at least once during the course of the semester.
- Demonstrate responsibility through evaluation of clinical performance and clinical logs in a timely manner.
- Maintain ongoing communication with preceptor and student regarding needs, limitations, progress, and expectations.
- Be available by phone or email whenever students are in clinical practice.
- Recommend sites for non-renewal that are no longer appropriate for use.
- Review and forward completed clinical documentation to program coordinator.
Clinical Policies

Affiliation Agreements
The NMSU School of Nursing supports preceptored student experiences with a formal affiliation agreement between the University and the clinical organization at which the student is participating in clinical activities. No clinical practicum will be initiated without a formal affiliation agreement. Please contact the assigned faculty member if you have questions about this agreement.

Student Behavior and Dress
All students enrolled in an NMSU SON clinical course must project a professional image while participating in learning experiences. Professional attire should be appropriate and specific to the clinical site, (i.e. medical scrubs or dress pants, slacks, etc.)

Specific guidelines include:
1. Comfortable footwear with an enclosed heel (no clogs) and closed toe. Heels should be no higher than 2 inches.
2. Clothing must be neat, clean, in good repair, with a professional fit and length for dresses, skirts and pants. Jeans are not acceptable.
3. Tattoos must be covered during clinical experience.
4. No smoking or use of tobacco products or e-cigarettes.
5. Hair must be clean and neat.
6. Identification must be worn and clearly visible:
   a. NMSU student ID badge.
   b. Institutional ID badge if the clinical agency requires and provides one.

Ethics
All students within the School of Nursing have a special concern with ethical standards because of the unique demands of nursing practice. The American Nurses Association Code of Ethics for Nurses with Interpretative Statements (2015) provides guidelines for ethical practice:

1. The nurse, in all professional relationships, practices with compassion and respect for the inherent dignity, worth, and uniqueness of every individual, unrestricted by considerations of social or economic status, personal attributes, or the nature of health problems.
2. The nurse's primary commitment is to the patient, whether an individual, family, group, or community.
3. The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.
4. The nurse is responsible and accountable for individual nursing practice and determines the appropriate delegation of tasks consistent with the nurse's obligation to provide optimum patient care.
5. The nurse owes the same duties to self as to others, including the responsibility to preserve integrity and safety, to maintain competence, and to continue personal and professional growth.
6. The nurse participates in establishing, maintaining, and improving healthcare environments and conditions of employment conducive to the provision of quality health care and consistent with the values of the profession through individual and collective action.
6. The nurse participates in the advancement of the profession through contributions to practice, education, administration, and knowledge development.

7. The nurse collaborates with other health professionals and the public in promoting community, national, and international efforts to meet health needs.

8. The profession of nursing, as represented by associations and their members, is responsible for articulating nursing values, for maintaining the integrity of the profession and its practice, and for shaping social policy.

**General Progression of the Advanced Practice Nursing Student:**

*Criteria for Passing Clinical (End of Rotation Evaluation)*

1. Completion of assigned clinical hours for the semester
2. Submit clinical evaluation forms by assigned date.
3. Submit documentation of clinical hours by assigned date.
4. Pass in all semester specific clinical elements as reflected on clinical evaluation form.
5. A **Satisfactory or Unsatisfactory** on any one element at final evaluation denotes clinical failure and course failure. The evaluator is asked to comment on any items rated "U" **Unsatisfactory**.

**S = Satisfactory:** Passing clinical performance demonstrates safe and adequate application of the clinical course objectives within a defined time frame. Clinical expectations are met with minimal supervision to independently.

**U = Unsatisfactory:** Failing clinical performance is defined as unsafe or inadequate application of the clinical course objectives within a defined time frame. Requires continuous verbal cues to function in the clinical setting, requires complete or moderate supervision, and does not demonstrate learning consistent with course objectives.
Clinical Requirements:

Psychiatric Mental Health Nurse Practitioner (PMHNP)

Psychiatric Mental Health NP students are required to complete a minimum of 500 hours practicum (in-person Student/Preceptor to patient) to qualify to sit for the national certification examination, along with an additional 500 clinical hours for a total of 1000 hours of practicum to complete the NMSU DNP program. Post-Master’s APRN Certificate students are required to complete a minimum of 500 hours within the specialty.

Practicum/Clinical courses included in this degree plan are:
- NURS 515 Advanced Health Assessment (Across the Lifespan): 64 Clinical Hours
- NURS 565 Advanced Leadership in Healthcare: 128 Clinical Hours
- NURS 660 Family, Psychiatric Mental Health Nursing I: 192 Clinical Hours
- NURS 662 Family, Psychiatric Mental Health Nursing II: 256 Clinical Hours
- NURS 664 Family, Psychiatric Mental Health Nursing III: 256 Clinical Hours
- NURS 678 Special Populations: 128 Hours
- NURS 698 Advanced Practice Nursing Immersion: As needed

Expected Clinical Competencies

PROGRAM PURPOSE & COMPETENCIES

The purpose of the PMHNP program is to prepare graduates who are competent and compassionate clinicians, leaders, scholars, and Nurse Therapists who are able to deliver care to groups across the lifespan.

Clinical Evaluation incorporates the following program competencies elaborated below:

1. Therapeutic relationship
2. Psychiatric evaluation, diagnosis, & therapeutic modalities
3. Assess family functioning
4. Use evidence-based treatments
5. Psychopharmacology
6. Documentation
7. Professional accountability
8. Communication and collaboration
9. Ethical Practice
10. Utilize supervision appropriately
PMHNP Program Competencies and Related Components

Upon graduation, students in the PMHNP program will be able to:

1. Develop therapeutic relationships as a basis for assessment and for delivering evidence-based interventions to children, adolescents, families, and adults across the lifespan and in multiple and diverse settings.

   Related components:
   a. Apply therapeutic communication skills when using a variety of treatment models and interventions including therapy;
   b. Demonstrates sensitivity when addressing topics including sexuality, substance abuse, violence, and risk-taking or self-harm behaviors;
   c. Manage the phases of the nurse practitioner-patient relationship(s);
   d. Consider the impact of duty to report and other ethical, legal, and advocacy actions on the therapeutic relationship;
   e. Demonstrate awareness of transference and countertransference and their impact on therapeutic relationships;
   f. Maintains boundaries.

2. Conduct psychiatric evaluations, diagnose common mental health problems and psychiatric disorders, conduct therapy sessions utilizing specific modalities in children and adolescents, adults and older adults.

   Related Components:
   a. Obtain and interpret a mental health history and current assessment of clinical presentation using interviews, mental status exams, observational methods, and standardized tools.
   b. Obtain a relevant medical history, including physical and laboratory data.
   c. Assess and consider factors that affect mental health, including the influence of culture, ethnicity, spirituality, genetics, functional status, and developmental stage.
   d. Assess level of client risk for harm to self, and/or others, including environmental and contextual risk/protective factors.
   e. Involve patients, significant others and interdisciplinary team members in data collection and analysis.
   f. Develop a complete diagnostic formulation, including factors that affect mental health, typical and atypical presentations of disorders, co-morbidity, use of substances, and/or the emergence of new disorders, as well as medical conditions which may present as psychiatric symptoms, or result from psychiatric treatments.
   g. Develop a DSM-V diagnosis, including differential diagnostic considerations and rule-outs.
   h. Monitor diagnostic thinking to avoid subjective errors in diagnosis and reporting.
   i. Conduct therapy sessions for children and adolescents, adults and older adults.
3. **Develop a comprehensive diagnostic formulation of factors affecting the functioning of a family system.**

**Related components:**
- a. Assess and analyze multigenerational family processes that affect the mental health of family members and the functioning of the family system.
- b. Assess the impact of stressors and the health of individual family members on the family system.
- c. Include the influence of the family's developmental phase, stage, and life crises in the assessment and interpretation of family system functioning.
- d. Include the influence of culture, ethnicity, and spirituality in the assessment and interpretation of family system functioning.
- e. Evaluate the impact of therapeutic interventions on outcomes of care, quality of life, and functional status, including the client and family's cultural, ethnic, & spiritual identity.

4. **Utilize evidence-based therapeutic models when intervening with individuals, group, or families, or when making treatment recommendations.**

**Related components:**
- a. Select and apply individual, group, or family treatment/therapy approaches based on existing evidence, client clinical presentation and diagnosis, level of safety, family, cultural, ethnic and spiritual characteristics, readiness for change, and ability to engage in treatment.
- b. Apply and adapt individual therapy skills, group process and facilitation skills, and family therapy process and facilitation skills, to a variety of clinical situations.
- c. Educate client and family about intended effects and potential adverse outcomes of treatment options, and advocate for least restrictive environments and interventions.
- d. Manage psychiatric emergencies by determining level of risk and initiating and coordinating emergency care.
- e. Assess, educate and/or refer the client in regard to the appropriate use of complementary and alternative therapies.
- f. Evaluate effectiveness of evidence-based interventions on outcomes of care, including quality of life and functional status.

5. **Provide psychopharmacological interventions to treat symptoms of a full range of psychiatric illnesses in children, adolescents, adults and older adults.**

**Related components:**
- a. Use available assessment and DSM-V diagnostic data to identify target symptoms.
- b. Treat identified symptoms based on current understanding of neurobiological etiology and risk-benefit analysis, as well as research and clinical evidence.
- c. Consider individual characteristics of each patient, and his/her family, including culture, belief system, spirituality, ethnicity, gender, age and physical co-morbidities in conducting assessments, planning interventions and providing patient and family psychopharmacologic education.
- d. Obtain relevant baseline data and provide follow up monitoring of medication interventions, including all relevant laboratory findings.
e. Identify behavioral and physiological symptoms unlikely to respond to psychopharmacological interventions and collaborate with patient and other providers to develop a treatment plan to address these symptoms via evidence-based interventions.

f. Integrate the role of substance use and abuse into assessment, diagnosis, treatment and evaluation of outcomes for children, adolescents, and adults.

6. **Integrate the role of substance use and abuse into assessment, diagnosis, treatment and evaluation of outcomes for children, adolescents, adults, and older adults.**

*Related components:*

a. Apply therapeutic communication techniques in discussions regarding the assessment of substance use and abuse, and for health promotion and risk reduction.

b. Assess the patient's own, as well as his/her family's historical and current use patterns for a broad range of legal and illicit substances, including first and most recent use, quantity and frequency of use, and any past or current treatment for substance abuse.

c. Determine the role of substance use/abuse in the current clinical presentation: distinguish between primary substance abuse disorders, co-occurring disorders, and maladaptive use of substances related to other underlying psychiatric mental health issues.

d. Consider the potential impact of past and current substance use/abuse on the various relevant psychopharmacological treatment interventions.

f. Develop and maintain a current knowledge base of referral resources to augment treatment plans for patients struggling with substance abuse and/or co-occurring disorders.

e. Document and communicate psychiatric evaluation, intervention, and follow up data in a retrievable form.

7. **Document and communicate psychiatric evaluation, intervention, and follow up data in a retrievable form.**

*Related components:*

a. Select and organize salient data to concisely describe the patient's clinical presentation and response to treatment, and to justify diagnostic and treatment decisions.

b. Consider ethical and legal principles while prioritizing and communicating diagnostic findings and treatment recommendations.

c. Monitor countertransference to avoid subjective errors in reporting.

d. Convey a professional, nonjudgmental, and respectful attitude toward clients and their families when documenting and communicating diagnostic findings and treatment recommendations.
8. Demonstrate professional accountability through collaborative education and communication with the interdisciplinary team and system of care.

Related components:

a. Refer to published professional practice guidelines and peer-reviewed literature when differentiating diagnoses and constructing treatment recommendations appropriate to client.
b. Make meaningful, evidence-based contributions to interdisciplinary clinical discussions.
c. Engage and collaborate effectively with other members of the treatment team and the system of care, including mental health care settings, medical settings, and community agencies when making appropriate referrals and facilitating continuity of care for clients, families, and professionals, and when working as a health care system change agent.

9. Implement relevant and ethical strategies for mental health care delivery for a specific community or population

Related components:

a. Assess the current and evolving mental health needs of a community or population
b. Assess the community’s mental health care system and its ability to meet the mental health needs of that community or population, including mental health promotion and risk reduction, obstacles to access, and strategies to improve access.
c. Understand other health and mental health provider roles in the community while implementing the role of the FPMHNP, including being a health-care system change agent.
d. Develop treatment plans with consideration of client needs as influenced by community resources, ethical and legal issues, patient advocacy, and strategies for accessing care.

10. Obtain supervision/consultation to enhance one's own ability to deliver safe and effective therapeutic interventions.

Related components:

a. Participate in regular supervision with expert practitioner(s).
b. Incorporate supervisory consultation and guidance in clinical situations that exceed clinical expertise.
Clinical Requirements:

**Family Nurse Practitioner (FNP):**

The focus of the Family NP is to provide patient-centered, quality care to children and adolescents, and the entire adult-older adult across the wellness-illness continuum. The patient population of the FNP practice includes children and adolescents, young adult (including late adolescents and emancipated minors), adults and older adults (including young-old, old, and old-old adults). The FNP is a provider of direct health care services and applies evidence in practice designed to improve quality of care and health outcomes in diverse settings. Within this role, the FNP synthesizes theoretical, scientific, and contemporary clinical knowledge for the assessment and management of both health and illness states. Clinical competencies incorporate the health promotion, health protection, disease prevention, and management focus of the entire family population across the lifespan.

The FNP students are required to complete a minimum of 1000 clinical hours to complete the DNP program. Post-Master’s APRN Certificate students are required to complete a minimum of 500 hours within the certificate. Some students may require more time to master entry-level competencies as defined by the American Association of Colleges of Nursing.

**Family Nurse Practitioner Primary Care Clinical Courses:**

- NURS 515 Advanced Nursing Assessment (Across the Lifespan): 64 Clinical Hours
- NURS 565 Advanced Leadership in Healthcare: 128 Clinical Hours
- NURS 671 Primary Care I: 192 Clinical Hours
- NURS 672 Primary Care II: 256 Clinical Hours
- NURS 673 Primary Care III: 256 Clinical Hours
- NURS 678 Special Populations: 192 Clinical Hours
- NURS 698 Advanced Clinical Residency: As needed

**Expected Clinical Competencies**

**PROGRAM PURPOSE & COMPETENCIES**

The purpose of the FNP program is to prepare graduates who are competent and compassionate clinicians, leaders, and scholars with diverse populations across the entire lifespan. Clinical competencies are based on the National Organization of Nurse Practitioner Faculties Domains and Core Competencies of Nurse Practitioner Practice (2017) and are incorporated into the clinical evaluation. These domains/areas of competencies include:

- Management of Patient Health/Illness Status with focus on Health Promotion, Health Protection, Disease Prevention, And Treatment,
- Nurse Practitioner-Patient Relationship,
- Teaching-Coaching Function,
- Professional Role,
- Managing and Negotiating Health Care Delivery Systems,
- Monitoring and ensuring the Quality of Health Care Practice,
- Cultural and Spiritual Competence.
Clinical Requirements for Post-MSN to DNP

Students enrolled in the post-MSN to DNP program will be expected to complete a clinical residency experience with a qualified preceptor. This clinical experience differs from the BSN-DNP clinical residency in that these students are already certified advance practice nurses (generally NPs) in a specific specialty. This clinical residency is not intended to expand upon the clinical knowledge and skills represented by specialty certification. Instead, this clinical residency is an opportunity for these graduate students to acquire and refine clinical leadership skills in leading others, evaluating practice, and developing strategies for system changes that result in timely, effective, efficient, evidence-based and client focused care.

Post-MSN to DNP students must complete a DNP Project meant to showcase these acquired skills so this clinical residency should be sufficient to support the Project. At minimum, these students will be completing 128 hours of precepted clinical experience in Advanced Leadership (NURS 565).

All MSN to DNP students must have the national requirement of 1,000 clinical hours to graduate. Therefore, student’s transcripts from the MSN-NP program must show the clinical hours completed, then subtract from the 1,000. This will be the required clinical hours in the NMSU DNP program. If a MSN/NP student has 1,000 hours a minimum of 128 must be completed in this program, mainly in the advanced Leadership role.

Post MSN to DNP students in the NURS 698 Advanced Practice Nursing Immersion should be able to:

a. Demonstrate effective communication, collaboration, consultative and leadership skills to promote positive organizational and client outcomes,
b. Collaborate with all members of the health care team and relevant stakeholders,
c. Able to utilize appropriate fiscal, human and organizational resources for developing and evaluating a plan for practice improvement and change,
d. Facilitate effective practice change that improves care and care delivery,
e. Demonstrate effective critical thinking and decision-making strategies that include the legal, ethical and social aspects of advanced nursing care,
f. Integrate data from information systems and technology to develop and evaluate a plan for practice improvement and change,
g. Translate current evidence into practice to promote timely, effective, efficient and client-centered advanced nursing care,
h. Evaluate delivery systems of care to ensure client safety and quality health care,
i. Integrate principles of clinical prevention, biostatistics, population health and cultural competence into the advanced practice role.
Clinical Requirements for Post-Master’s Certificate

Students enrolled in the one year will be expected to three semesters of clinical rotations with a qualified preceptor for a minimum of 500 supervised hours.

Post Masters APRN Certificate Program:
This may be either for the FNP or the PMHNP specialty tracks. The same responsibilities listed above are required for these students and their preceptors. Post-masters students must have already completed the 3 P’s from another program or completed at NMSU:

1) Advanced Pharmacology,
2) Advanced Physical Health Assessment (must have been across the lifespan)
3) Advanced Pathophysiology

Related Components:
Post-Master’s certificate students must complete 18 credit hours, including 576 practicum hours in the new specialty area. 1 course credit = 64 clinical hours

FNP Example Plan:
1st semester Fall: NURS 671 Primary Care I (3): a total of 192 clinical hours
2nd semester Spring: NURS 672 Primary Care II (2): a total of 128 clinical hours
3rd semester Summer: NURS 673 Primary Care III (4): a total of 256 clinical hours

Students will also be taking the accompanying didactic courses and in Spring, NURS 678 Health Needs of Special Populations with no clinical hours.
**APPENDIX A**

NEW MEXICO STATE UNIVERSITY SCHOOL OF NURSING - GRADUATE PROGRAM

**Preceptor Biographical Data Form**

Date: ____________  
Name of Student: ________

Preceptor: ________________  
Contact Information:

**Address:** ______  
Fax: ________________

____________________  
Email: ______

Phone: ________________

Present Position (Title and Description):

________________________________________________________________________

**Education:**

<table>
<thead>
<tr>
<th>Degree</th>
<th>Institution</th>
<th>Major Area of Study</th>
<th>Year Awarded</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>___________</td>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td>___________</td>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>3.</td>
<td>___________</td>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>4.</td>
<td>___________</td>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>5.</td>
<td>___________</td>
<td>________________</td>
<td></td>
</tr>
<tr>
<td>6.</td>
<td>___________</td>
<td>________________</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX B
NEW MEXICO STATE UNIVERSITY SCHOOL OF NURSING - GRADUATE PROGRAM

Plan for Advanced Clinical

Student Name:
Credit Hours enrolled for current semester: Semester: Year:
Faculty Coordinator:
Preceptor/Field Supervisor (s):
Location of field experience: Phone:

Plan:
Objectives:

Plan of Action:

_________________________  _________________________  _______________________
Student Signature          Preceptor Signature          Faculty Signature

Distribution: Student for Portfolio: Academic File
## APPENDIX C

NEW MEXICO STATE UNIVERSITY SCHOOL OF NURSING - GRADUATE PROGRAM

DN P and Post Master's APRN Certificate Students

Suggested Reflective Journal Sample in Clinical Courses

<table>
<thead>
<tr>
<th>Date</th>
<th>Observation/Experience</th>
<th>Reflective Thoughts/Analysis</th>
<th>Course of Action</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
NURS 698: Advanced Practice Nursing Immersion

Goals: Clinic Rotations

Student Name: ____________________________ Semester: ____________________________ Date: ____________________________

Name of Clinic/Site: ____________________________

Preceptor: ____________________________

Number of Clinical Hours Required This Semester: ____________________________

GOALS: (Three broad goals are required with measurable objectives for each goal.)

1. ____________________________

2. ____________________________

3. ____________________________

Student Signature: ____________________________

Preceptor Signature: ____________________________
APPENDIX F
NEW MEXICO STATE UNIVERSITY SCHOOL
OF NURSING - GRADUATE PROGRAM

Preceptor Evaluation of Student Clinical Performance:
Psychiatric Mental Health Nurse Practitioner Specialty Track

Student: ____________________________________________ Preceptor: ________________________________
Course #: _________ Semester: ____________ Site: ________________________________

Thank you for completing this evaluation for your current student(s) before the end of this semester. Your evaluation of student progression is vital to assessing performance and readiness to move forward in the program. It also provides us with information about how we can support the student's development in didactic classes, supervision, and in clinical placement.

Definition of Clinical Grades:

**P = Pass** Passing clinical performance demonstrates safe and adequate application of the clinical course objectives within a defined time frame. Clinical expectations are met with minimal supervision to independently.

**F = Fail** Failing clinical performance is defined as unsafe or inadequate application of the clinical course objectives within a defined time frame. Requires continuous verbal cues to function in the clinical setting, requires complete or moderate supervision, and does not demonstrate learning consistent with course objectives.

Criteria for Passing Clinical (End of Rotation Evaluation)
Pass in all elements. A *Fail* on any one element at final evaluation denotes clinical failure and course failure. The evaluator is asked to comment on any items rated *Fail.*
<table>
<thead>
<tr>
<th>Practice Domain</th>
<th>Pass</th>
<th>Fail</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Management of Patient Health/Illness Status (NONPF Domain 1)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assessment of Client Data Base</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Performs comprehensive organized history and physical examinations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Elicits a periodic focused history and physical examinations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Differentiates between normal and abnormal findings</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Evaluation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2a. Identifies client differential diagnoses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2b. Determines priorities of findings for intervention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Management Plan</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3a. Selects appropriate diagnostic testing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3b. Determines appropriate pharmacologic therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3c. Prescribes appropriate non-pharmacologic therapy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3d. Refers clients to appropriate community/institutional resources</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Documentation</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4a. Accurately documents comprehensive data base in SOAP format</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>The Nurse Practitioner-Patient Relationship (NONPF Domain 2)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sa. Maintains confidentiality and privacy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sb. Develops a mutually acceptable plan of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Teaching-Coaching Function (NONPF Domain 3)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ga. Provides education regarding current health problems, health promotion, and disease prevention</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6b. Evaluates the outcomes of patient education</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Professional Role (NONPF Domain 4)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7a. Utilizes an evidence-based approach to care using current standards</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7b. Refers clients to other health care providers as needed</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7c. Collaborates effectively with members of the health care team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7d. Provides care recognizing professional limitations</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7e. Accepts feedback and constructive criticism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Practice Domain</td>
<td>Pass</td>
<td>Fail</td>
<td>Comments</td>
</tr>
<tr>
<td>-----------------</td>
<td>------</td>
<td>------</td>
<td>----------</td>
</tr>
<tr>
<td>7f. Demonstrates self-direction and seeks opportunities to assist other health care team members</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7g. Utilizes time effectively and efficiently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7h. Demonstrates professional and approach to clients and colleagues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7i. Cooperates with preceptor with initial planning of clinical</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Systems (NONPF Domain 5)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8a. Practices within scope of practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8b. Identifies how situations related to access, cost, efficacy and quality influence care decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Monitoring and Ensuring the Quality of Health Care Practice (NONPF Domain 6)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9a. Demonstrates responsibility monitoring quality of care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Culturally-Sensitive Care (NONPF Domain 7)</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10a. Provides care considering client cultural values and beliefs</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10b. Provides culturally sensitive care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Preceptor Signature: __________________________ Date: ____________

Student Signature: __________________________ Date: ____________

Faculty Signature: __________________________ Date: ________________
APPENDIX G
Preceptor Evaluation of Student Clinical Performance
Post-MSN to DNP Clinical Residency (NURS 698)

Student Name ____________________________

Clinical Site ____________________________

Semester: ____________________________

Preceptor ____________________________

<table>
<thead>
<tr>
<th>NONPF Competency Area: Scientific Foundation</th>
<th>Met</th>
<th>Not Met</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Translates research and data to anticipate, predict, and explain variations in practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes accurate knowledge acquired from prior education and experience in the development of new practices, policies or programs.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NONPF Competency Area: Leadership</th>
<th>Met</th>
<th>Not Met</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates a leadership style that uses critical and reflective thinking.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides leadership to foster interprofessional collaboration among members of the interdisciplinary health care team</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accepts feedback and constructive criticism</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Utilizes time effectively and efficiently</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates self-direction and seeks opportunities to enhance learning</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Demonstrates professional and approach to clients and colleagues</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Collaborates with preceptor for initial planning of clinical hours</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NONPF Competency Area: Quality</th>
<th>Met</th>
<th>Not Met</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Designs systems -level quality initiatives and evaluation plans that foster program sustainability.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Evaluates how organizational, structural, financial, marketing and policy decisions affect cost, quality, and accessibility of health care</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>NONPF Competency Area: Practice Inquiry</td>
<td>Met</td>
<td>Not Met</td>
<td>Comments</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-----</td>
<td>---------</td>
<td>----------</td>
</tr>
<tr>
<td>Demonstrates skills in peer review that promote a culture of excellence</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Disseminates evidence from inquiry to diverse audiences using multiple methods</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provides leadership in the translation of new knowledge into practice</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies clinical investigative skills for evaluation of health outcomes at the patient/family/population/unit/systems and/or community levels.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NONPF Competency Area: Technology and Information Literacy</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Demonstrates information literacy in complex decision-making.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Participates in the development and evaluation of clinical information systems.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NONPF Competency Area: Policy and Ethics</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Analyzes ethical, legal and social factors in policy development.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Influences health policy</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Applies ethically sound solutions to complex issues.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>NONPF Competency Area: Health Delivery System</th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Identifies how situations related to access, cost, efficacy and quality influence care decisions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Assesses and analyzes organizational structure, functions and resources to affect delivery of care</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Evaluation notes: Please include student strengths, details about student clinical progress; list any competencies that you were unable to assess.

Please comment on all areas that you marked at "Not Met:"

Preceptor Signature: ____________________________ Date ________________

Student Signature: ____________________________ Date ________________

Faculty Signature: ____________________________ Date ________________
APPENDIX H

NEW MEXICO STATE UNIVERSITY
SCHOOL OF NURSING - DNP PROGRAM

VERIFICATION OF CLINICAL / FIELD PLACEMENT HOURS FORM

Student Name ______________________ Semester ______ Credit hours _____
Instructor/Advisor __________________________ __________________________

Course Number and Name ________________________________

Area of Practice ___________________________ Focus: □ Individual or □ Population

Based Total Number of Clinical/Field Placement Hours Completed this semester ______

__________________________ ___________ __________________________ ___________
Student Signature/ Date Preceptor/Field Supervisor Signature/Date

__________________________ ___________
Course Faculty Signature/Date

Please check or list the course appropriate for which you were registered.

Psychiatric-Mental Health Nurse Practitioner
☐ NURS 515 Advanced Health Assessment (Clinical)
☐ NURS 660 Family Psychiatric Mental Health Nursing I (Clinical)
☐ NURS 662 Family Psychiatric-Mental Health Nursing II (Clinical)
☐ NURS 664 Family Psychiatric-Mental Health Nursing II (Clinical)

Familu Nurse Practitioner
☐ NURS 515 Advanced Health Assessment (Clinical)
☐ NURS 671 Primary Care I (Clinical)
☐ NURS 672 Primary Care II (Clinical)
☐ NURS 673 Primary Care II (Clinical)

MSN-DNP
☐ NURS 698 Advanced Clinical Residency

For Academic File: Revised 1/5/2019