



TOURO UNIVERSITY

C A L I F O R N I A

School of Nursing

Preceptor Handbook

Master of Science

Clinical Nurse Leader Program

2018

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Introduction

Thank you for agreeing to be a preceptor and contributing to the education of Touro University California ADN to MSN students. We appreciate the time and energy you spend as well as the expertise you provide our students; and recognize that you make a significant difference in preparing outstanding Clinical Nurse Leaders. This handbook serves as a reference and guide for your role, as well as the roles of the faculty and student. It also serves as the basis for a signed agreement between you, the School of Nursing, and the student.

Program Overview

Touro University California is proud to contribute to the region with the notable addition of a School of Nursing; admitting the first cohort in August 2014. The Post-Licensure program builds on the strong foundation of ADN education by enhancing existing nursing knowledge and skills; additionally students will be able to apply for a Public Health Nursing Certificate upon graduation. The MSN course of study allows students to sit for the certification exam for the Clinical Nurse Leader. As transformational nursing leaders, graduates will be positioned to create and implement programs, provide care management, and facilitate optimal outcomes to meet the needs of the complex health care environment.

Mission of Touro University California

To provide graduate and professional educational excellence in the fields of Health Sciences, Public Health, and Education.

School of Nursing Mission Statement

To serve the community and larger society through the preparation of professional nurses as transformational leaders to meet the needs of the complex and diverse health care environment.

Purpose

To achieve the mission and to prepare registered nurses with Associate, Baccalaureate, and Graduate Degrees for roles as advanced nursing leaders, clinicians, and educators.

Values

- Leadership
- Diversity
- Professionalism
- Collaboration
- Life-long Learning

Vision

To advance the level of nursing education in the region to achieve excellence in nursing.

Program Accreditation

Touro University California is located in Vallejo, California and is a branch campus of Touro College, New York. Touro University California is accredited by the Western Association of Schools and Colleges (WASC). The School of Nursing (SON) MSN program is accredited by the Commission on Collegiate Nursing Education and is approved by the California Board of Registered Nursing, giving students graduating from the program the ability to apply for Public Health Nurse Certification in the state of California.

The Clinical Nurse Leader Role (CNL)

The American Association of Colleges of Nursing (AACN, 2007) defines the CNL as “...a leader in the health care delivery system, not just the acute care setting but in all settings in which health care is delivered. The implementation of the CNL role, however, will vary across settings. The CNL role is not one of administration or management. The CNL assumes accountability for client care outcomes through the assimilation and application of research-based information to design, implement, and evaluate client plans of care. The CNL is a provider and manager of care at the point of care to individuals and cohorts of clients within a unit or healthcare setting. The CNL designs, implements, and evaluates client care by coordinating, delegating and supervising the care provided by the point of care to individuals and cohorts. The CNL designs, implements, and evaluates client care by coordinating, delegating and supervising the care provided by the health care team, including licensed nurses, technicians, and other health professionals.”

The CNL role encompasses the following broad areas (AACN, 2013):

Clinician: designer/coordinator/integrator/evaluator of care to individuals, families, groups, communities, and populations; able to understand the rationale for care and competently deliver this care to an increasingly complex and diverse population in multiple environments. The CNL provides care at the point of care to individuals across the lifespan with particular emphasis on health promotion and risk reduction services.

Outcomes Manager: synthesize data, information, and knowledge to evaluate and achieve optimal client outcomes.

Client Advocate: adept at ensuring that clients, families, and communities are well-informed and included in care planning and is an informed leader for improving care. The CNL also serves as an advocate for the profession and the interdisciplinary health care team.

Educator: uses appropriate principles and strategies as well as current information, materials, and technologies to teach clients, groups, and other health care professionals under their supervision.

Information Manager: able to use information systems and technology that put knowledge at the point of care to improve health care outcomes.

Systems Analyst/Risk Anticipator: able to participate in systems review to improve quality of client care delivery and at the individual level to critically evaluate and anticipate risks to client safety with the aim of preventing medical errors.

Team Manager: able to properly delegate and manage the nursing team resources (human and fiscal) and serve as a leader and partner in the interdisciplinary health care team.

Member of a Profession: accountable for the ongoing acquisition of knowledge and skills to effect change in health care practice and outcomes and in the profession.

Lifelong Learner: recognizes the need for and actively pursues new knowledge and skills as one's role and needs of the health care system evolves.

The roles of the CNL include:

- Leadership in the care of the sick in and across all environments
- Design and provision of health promotion and risk reduction services for diverse populations
- Provision of evidence-based practice
- Population-appropriate health care to individuals, clinical groups/units, and communities
- Clinical decision-making
- Design and implementation of plans of care
- Risk anticipation
- Participation in identification and collection of care outcomes
- Accountability for evaluation and improvement of point-of-care outcomes
- Mass customization of care
- Client and community advocacy
- Delegation and oversight of care delivery and outcomes
- Team management and collaboration with other health professional team members
- Development and leveraging of human, environmental, and material resources
- Management and use of client-care and information technology
- Lateral integration of care for a specified group of patients

(American Association of Colleges of Nursing, 2007, p. 10-11)

Student Learning Outcomes:

At the end of this program the graduate of the program will demonstrate

1. Synthesizes knowledge from nursing and other academic disciplines (bio/psychosocial, computer science, genetics, communication, public health, ethics, and lifespan development) to continually improve the delivery of nursing care for diverse populations across complex health care environments.
2. Analyzes organizational and systems leadership skills to promote high quality and safe health care.
3. Designs, implements, and disseminates a quality/safety improvement project within a health care system to improve health care outcomes.
4. Integrates translational research concepts and evidence in increasingly complex and diverse practice settings to improve healthcare outcomes.
5. Integrates data from nursing, computer, and communication and information science to coordinate and improve health care outcomes.

6. Analyzes health care policy and advocates at the systems level through the policy development process to improve health and health care.
7. Implements relationship-centered leadership to build and sustain collaborative, inter-professional teams to coordinate care delivery.
8. Integrates health promotion/risk reduction and population health concepts in the design and delivery of health care.
9. Demonstrates advanced depth and breadth of nursing and related sciences, and integrates this knowledge into practice.

Curriculum

The CNL program is designed in an accelerated and hybrid format to provide students the opportunity to demonstrate achievement of the CNL Competencies as delineated in the *AACN Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (2013). The courses cover topics of: leadership, ethics, evaluation research, professional communication, resource and outcomes management, health policy and education, and population health.

All students complete a minimum of 400 clinical hours with the majority (310) in the final semester of the program. Students complete a quality improvement project during their final semester and display the project in a formal class poster presentation. Students must also complete a scholarly paper of the quality improvement project. Experiences within the precepted clinical immersion are facilitated by the preceptor and it is the student's responsibility to seek out the preceptor for guidance.

The clinical experience may take place in the same agency where a student is employed if approved by the health care agency. Hours spent during paid working hours are not counted toward the CNL immersion practice hours. The clinical hours may be completed, "...completed in one setting or in several settings with different preceptors depending upon the needs of the student" (AACN, 2013).

Students that enter the program with an Associate Degree in nursing complete the transition semester prior to entering the Master's portion of the program. The transition semester includes the *Essentials of Baccalaureate Education for Professional Nursing Practice* (American Association of Colleges of Nursing, 2008) and the Public Health Nurse requirements for the PHN Certification in California. Those students with Bachelor's Degrees in Nursing enter the program in the first semester of the Master's portion of the program.

At the successful completion of the program, students are eligible to sit for the examination for National Certification as a Clinical Nurse Leader.

COURSE OF STUDY
ADN and BSN to MSN Program

Course #	ADN to MSN		BSN to MSN	
	Fall Semester	Units		Units
NRSC 601 NRSC 602 NRSC 603	Transition to Graduate Education Community Health Nursing Community Health Nursing Clinical (90 hours for PHN certification)	8 3 2		
	Session 1 Spring Semester		Session 1 Spring Semester	
NRSC 604 NRSC 607 NRSC 608	Advanced Physical Assessment Advanced Pharmacology Advanced Pathophysiology	3 3 3	Advanced Physical Assessment Advanced Pharmacology * Advanced Pathophysiology	3 3 3
	Session 2 Spring Semester		Session 2 Spring Semester	
NRSC 605 NRSC 606 NRSC 609	Leadership in Health Care Systems CNL Role: Leadership (45 hours) Evidence Based Practice & Informatics	2 1 2	Leadership in Health Care Systems CNL Role: Leadership (45 hours) Evidence Based Practice & Informatics	2 1 2
	Session 3 Summer Semester		Session 3 Spring Semester	
NRSC 610 NRSC 611 NRSC 612	Health Care Policy and Ethics Resource Management in Health Care CNL Role: Care management (45 hours)	3 2 1	Health Care Policy and Ethics Resource Management in Health Care CNL Role: Care Management (45 hours)	3 2 1
	Session 4 Fall Semester		Session 4 Fall Semester	
NRSC 613 NRSC 614 NRSC 615	Health Promotion Risk Reduction Epidemiology/Population Statistics CNL Role: Education & Outcomes Improvement (90 hours)	3 2 2	Health Promotion Risk Reduction Epidemiology/Population Statistics CNL Role: Education & Outcomes Improvement (90 hours)	3 2 2
	Session 5 Fall Semester		Session 5 Fall Semester	
NRSC 616 NRSC 617	CNL Role Synthesis CNL Immersion (220 Hours)	3 3	CNL Role Synthesis CNL Immersion (220 hours)	3 3
	Total Units	46	Total Units	33

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Course Descriptions

***ADN to MSN (46 Units)**

BSN to MSN Course of Study (33 units)

***Transition to CNL Graduate Education (8 units):** Introduction to graduate nursing education builds on the foundational degree knowledge and experience. Integrative learning strategies focus on the baccalaureate essentials, knowledge, and competencies in the areas of: ethics, evidence-based practice, genetics and genomics, information management, leadership in health care, theory, professionalism, and writing in the discipline.

***Community Health Nursing (3 units):** Explores the role of the community health nurse presented within a public health framework; emphasizing the concept of community as client. Presents nursing interventions related to groups and aggregates identified as high risk for the development of health problems.

***Community Health Nursing Clinical (2 units):** Clinical learning experiences provided across community-based settings with emphases on community assessment and providing interventions designed to prevent and/or reduce risk of disease and injury and promote health and wellness of diverse populations across the lifespan.

Advanced Physical Assessment (3 units): Focuses on health and wellness and associated anatomical dimensions, including health within the context of disability; assessment criteria and techniques are examined and developed.

Advanced Pharmacology (3 units): Conceptual and systematic study of pharmacodynamics, pharmacokinetics, pharmacoeconomics and therapeutic implications for healthcare practitioners.

Advanced Pathophysiology (3 units): Explores the cellular mechanisms by which disease occurs, the body's response to the disease process, and the effects of the disease process and genetics on normal function.

Leadership in Health Care Systems (2 units): Explores the CNL role in creating and sustaining cultures of quality and safety in complex health care delivery systems; utilizing theories of change and intra and inter-professional communication and teamwork.

Evidence Based Practice & Informatics (2 units): Explores nursing research and information management as the foundation for clinical and organizational decision making and the improvement of outcomes in health care.

Epidemiology/Population Statistics (2 units): Overview of population-based public and institutional health including epidemiological concepts and applications, descriptive epidemiology, and measurements of morbidity and mortality.

Health Care Policy and Ethics (3 units): Examines issues of health policy, financing, and the organization and delivery of health services at the local, national, and global levels.

Health Promotion, Risk Reduction, and Disease Prevention and Management (3 units): Examines advanced health promotion, disease reduction, prevention, and management with a focus on risk assessment, health literacy, and health education to improve care outcomes.

Resource Management in Health Care (3 units): Overview of health care finance and management of human, financial and community resources to ensure quality, cost-effective and optimal outcomes of nursing care.

CNL Role Synthesis (3) Integrates principles of graduate education, CNL role development, and direct care experiences to design, implement, evaluate, and disseminate an outcome-based model of health care improvement; reflective of the CNL role in complex health care systems.

The role of the CNL is actualized through the following clinical experiences that provide the opportunity for students to observe, participate, and evaluate the role of the CNL at the microsystems level; providing a framework to facilitate optimal outcomes within the health care delivery system.

CNL Role Development in Leadership (1 unit-45 hours):

CNL Role Development in Management of Care (1 unit-45 hours):

CNL Role Development in Education and Improving Outcomes (2 units-90 hours):

CNL Immersion (3 units-220 hours):

Preceptor Role

The preceptor's role is to facilitate the Clinical Nurse Leader (CNL) student's achievement of the end of program competencies. The preceptor should have a clear understanding of the CNL role functions delineated in the AACN (2007) *White Paper on the Education and Role of the Clinical Nurse Leader*. Though several individuals or preceptors may be identified to provide the breadth of clinical experiences necessary for the students to attain the expected competencies, one individual should be designated as the preceptor of record. The preceptor must be able to guide the students toward clinical practicum experiences that will assist them to meet their learning goals and course objectives and enable them to reach optimum effectiveness in their practice.

Preceptors need not be in a position that utilizes all the aspects of CNL practice; however, they should be in a position to facilitate the student's ability to learn and practice in the CNL role. The preceptor should be knowledgeable about the health care system in which they operate and be able to arrange appropriate experiences for the student. For example, the preceptor should be able to arrange for the students to work with information technology system personnel to learn about clinical data collection and management - and should have the support of nursing and other administrative personnel to do this.

Preceptor Requirements

Preceptors shall be Clinical Nurse Leaders, staff development educators, or nursing leaders with a minimum of a Master's degree.

Preceptors shall:

- Review the student resume and specific learning objectives.
- Orient the student to the agency's procedures and policies.
- Meet with the student at the beginning of each semester and regularly during the semester to discuss the clinical experiences and review learning objectives.
- Meet with faculty advisor and/or student to review student progress in each clinical course.
- Review the course objectives and the student's personal goals for the clinical and assist student in modifying in accordance with available agency resources.
- Collaborate with the student to facilitate 400 hours of clinical experience that align with the organization's mission and are supportive of the student's goals in meeting the competencies for the CNL.
- Facilitate student access to the available resources to meet the learning, course, and certification requirements.
- Serve as a role model and mentor in the CNL educational process.
- Provide regular feedback to the student regarding his/her performance.
- May track student hours through Typhon, the clinical electronic tracking system.
- Facilitate an understanding of how the role of the CNL differs and/or overlaps with other professionals and leaders in the setting.
- Contact the student's faculty advisor for any concerns (as soon as an issue surfaces).
- Complete the final clinical evaluation of the student's performance in Typhon.
- Submit a current CV to the student to share with the School of Nursing faculty.

SON Faculty Requirements:

- Facilitate student placement with director of education/designee.
- Conduct initial meeting with preceptor and student in person, to initiate the practice-academic relationship.
- Maintain ongoing contact with preceptor regarding student performance and progress in the course.
- Approve clinical activities, such as the CNL project.
- Evaluate student clinical activities, such as the journal, portfolio, and data analysis.
- Review and comment on the student's reflective journaling via Blackboard.
- Consider a written evaluation of the student by the preceptor in awarding a grade for the course.

Student Requirements:

The CNL student will:

- Represent the nursing profession and TUC School of Nursing in a professional manner at all times.
- Wear TUC identification and TUCSON lab coat when in the clinical site.
- Dress in a professional manner consistent with clinical facility guidelines.
- Maintain appropriate confidentiality regarding organizational proprietary information outside the realm of the clinical.
- Complete all required health/background checks requirements
- Complete preclinical requirements as mandated by the facility prior to starting clinical hours.
- Discuss course objectives and goals for the clinical with the preceptor prior to beginning the clinical.
- Negotiate details of course project with the preceptor and submit to course faculty for approval.
- Work in a mentored relationship with the preceptor with regard to achieving course objectives and student goals for the clinical.
- Maintain open communication with the preceptor and faculty.
- Assume accountability for own learning activities.
- Demonstrate accountability for own nursing actions while in the clinical setting including attendance as agreed upon with preceptor.
- Contact faculty by telephone or email with concerns and for any unexpected clinical outcomes.
- Develop expanded knowledge and skills in the defined area of the nursing clinical.
- Use problem solving and critical thinking to adapt scientific knowledge to the clinical area.
- Complete self-evaluation.
- Adhere to agency policies and procedures.
- Develop and maintain collaborative professional relationships with clients, preceptor, agency personnel, and other health care professionals.
- Provide copy of clinical course syllabi and assignments to preceptor each semester.
- Complete clinical course requirements.
- Participate in the evaluation of the course.

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Clinical Nurse Leader Preceptor Agreement

Student: _____ Date: _____

Agency: _____ Unit: _____

Preceptor Name: _____ Title: _____

Preceptor Contact Information: _____

The purpose of the clinical experience is to provide the Clinical Nurse Leader (CNL) student with the opportunity to function within a precepted experience in a clinical setting to actualize the role of the CNL. The clinical experience involves a minimum of 400 documented hours in which the student will focus on implementing the CNL role in the selected clinical environment. During the clinical experience, the student will not fill gaps in staffing patterns. The experience will be guided by the AACN *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice* (2013).

Student Signature

Date

Preceptor Signature

Date

TUC SON Faculty Signature

Date

Agency where student is conducting CNL hours **if different** from preceptor's:

TUCSON/Agency Contract expiration date: _____

**Touro University California School of Nursing
Clinical Nurse Leader
Student Evaluation of Preceptor**

Preceptor: _____ Site: _____

Student: _____ Date: _____

Please select ratings according to the following scale:

5 = Always 4 = Frequently 3 = Occasionally 2 = Rarely 1 = Never 0 = N/A

Quality	5	4	3	2	1	0	Comments
Available to student.							
Demonstrates understanding of CNL role.							
Utilizes student's strengths and Knowledge.							
Serves as a positive role model.							
Demonstrates effective rapport with student.							
Encourages student to assume increasing responsibility during clinical experience.							
Assists student in identifying goals and needs for experience.							
Provides immediate and insightful feedback.							
Offers constructive comments related to CNL practice.							
Encourages questions.							
Discusses alternative strategies for solving problems.							
Communicates clinical and didactic knowledge effectively.							

Preceptor Evaluation Continued							
Quality	5	4	3	2	1	0	Comments
Utilizes other members of the facility to broaden learning experiences.							
Suggests and provides additional learning experiences.							
Provides alternative experiences when appropriate.							
Encourages critical thinking and clinical reasoning.							
Communicates with university faculty.							
Familiar with the agency.							
Recommend this preceptor to future students.							

Comments:

Student Signature

Date

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Preceptor Evaluation of Student

Student: _____

Preceptor: _____

Date: _____

5 = Always 4 = Frequently 3 = Occasionally 2 = Rarely 1 = Never 0 = N/A

Activities of CNL Practice	1	2	3	4	5	Comment
Demonstrates clinical leadership.						
Measures client care outcomes.						
Utilizes and/or prepares practice guidelines.						
Maintains currency in professional practice.						
Coordinates care for a group of patients.						
Leads nurses and other members of the multidisciplinary teams in practice settings.						
Assesses readiness for change.						
Utilizes systems review to improve quality of client care delivery.						
Uses information systems and standardized language.						
Demonstrates fiscal stewardship.						
Integrates concepts of social justice in the planning of care.						
Incorporates varied technologies to evaluate patient care.						

Demonstrates appropriate delegation of care.						
Demonstrates effective interpersonal, interprofessional and group communication skills.						
Considers ethical implications in the delivery of care.						
Integrates evidence-based practice concepts in quality and safety improvement.						
Utilizes lateral integration of care to facilitate optimal care outcomes.						
Employs teaching/learning strategies to facilitate health promotion/risk reduction.						
Exhibits professionalism: behavior, attitude, accountability, and dress.						

Additional Comments:

Preceptor Signature

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Clinical Nurse Leader

Student Evaluation of the Clinical Agency

Date: _____

Student: _____

Please complete a score for each of the items below:

Item	Strongly Agree	Agree	Disagree	Strongly Disagree
Orientation was adequate and effective.				
Supportive learning environment.				
Able to meet learning objectives.				
Resources available for meeting objectives.				
Recommend agency in the future.				

Comments:

References

- American Association of Colleges of Nursing (2007). *White Paper on the Education and Role of the Clinical Nurse Leader*. Washington DC: Author
- American Association of Colleges of Nursing (2008). *Essentials of Baccalaureate Education for Professional Nursing Practice*. Washington, DC: Author
- American Association of Colleges of Nursing (2011). *The Essentials of Master's Education in Nursing*. Washington, DC: Author
- American Association of Colleges of Nursing (2013). *Competencies and Curricular Expectations for Clinical Nurse Leader Education and Practice*. Washington, DC: Author

APPENDIX A: CNL Clinical Experiences/Competencies

Students report achievement of competencies in Typhon Group electronic tracking system.

**Touro University California School of Nursing
CNL Competencies - Student Evaluation**

Student:

Date:

Preceptor:

Agency

This form delineates the competencies expected of every graduate of a CNL master's degree education program. A minimum set of clinical experiences required to attain the end-of-program competencies are included. **Describe the activities you completed through the 400 clinical hours.**

Graduate Level Curriculum Elements	CNL Role Function	CNL Role Expectations	End of Program Competencies	Required Clinical Experiences
<p style="text-align: center;">Nursing Leadership</p>	<p style="text-align: center;">Advocate</p>	<ul style="list-style-type: none"> • Keeps clients well informed • Includes clients in care planning • Advocates for the profession • Works with interdisciplinary team • Strives to achieve social justice in the microsystem 	<p>Effects change through advocacy for the profession, interdisciplinary health care team, and the client.</p> <p>Communicates effectively to achieve quality client outcomes and lateral integration of care for a cohort of clients.</p>	<p>Identify clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality and client-centered care.</p> <ul style="list-style-type: none"> • Communicate within a conflict milieu with nurses and other health care professionals who provide care to the same clients in that setting and in other settings. • Review and evaluate patient care guidelines/protocols and implement a guideline to address an identified patient care issue like pain management or readiness for discharge; follow-up to evaluate the impact on the issue. • Discover, disseminate and apply evidence for practice and for changing practice. •

				<p>Participate in development of or change in policy within the health care organization.</p> <ul style="list-style-type: none"> Identify potential equity and justice issues within the health care setting related to client care. Present to appointed/elected officials regarding a health care issue with a proposal for change Analyze the care of a patient cohort and the care environment in light of ANA Nursing Standards of Care and the Code of Ethics. Analyze interdisciplinary patterns of communication and chain of command both internal and external to the unit that impact care.
Nursing Leadership	Member of a Profession	<p>Effects change in health care practice</p> <p>Effects change in health outcomes</p> <p>Effects change in the profession</p>	Actively pursues new knowledge and skills as the CNL role, needs of clients, and the health care system evolve.	<p>Develop a life-long learning plan for self.</p> <ul style="list-style-type: none"> Speak at a public engagement to a public forum. Participate in a professional organization/or agency wide committee.

<p>Care Environment Management</p>	<p>Team Manager</p>	<p>Properly delegates and manages</p> <ul style="list-style-type: none"> • Uses team resources effectively • Serves as leader/partner on interdisciplinary team 	<p>Properly delegates and utilizes the nursing team resources (human and fiscal) and serves as a leader and partner in the interdisciplinary health care team.</p> <p>Identifies clinical and cost outcomes that improve safety, effectiveness, timeliness, efficiency, quality, and the degree to which they are client-centered.</p>	<p>Design, coordinate, & evaluate plans of care for a cohort of patients incorporating patient/family input and team member input.</p> <ul style="list-style-type: none"> • Monitor/delegate care in the patient care setting. • Present to the multidisciplinary team a cost saving idea that improves patient care outcomes and improves efficiency. • Conduct a multidisciplinary team meeting; incorporate client and/or family as part of the team meeting.
<p>Care Environment Management</p>	<p>Information Manager</p>	<p>Uses information systems/ technologies</p> <p>Improves health care outcomes</p>	<p>Uses information systems and technology at the point of care to improve health care outcomes.</p>	<p>Using patient information system data, design and implement a plan of care for a cohort of patients.</p> <ul style="list-style-type: none"> • Use aggregate data sets to prepare reports and justify needs for select care improvements. • Evaluate the impact of new technologies on nursing staff, patients and families. •
<p>Care Environment Management</p>	<p>Systems Analyst/Risk Anticipator</p>	<p>Participates in system reviews</p> <p>Evaluates/anticipates client</p>	<p>Participates in systems review to critically evaluate</p>	<p>Participate in establishing and reviewing interdisciplinary patient care plans with team.</p>

		risks to improve patient safety	and anticipate risks to client safety to improve quality of client care delivery.	<ul style="list-style-type: none"> • Apply evidence-based practice as basis for client care decisions. • Conduct a microsystem analysis by: <ul style="list-style-type: none"> •Identifying a clinical issue with a focus on a population. •Conducting a trend analysis of incident reports •Evaluating a sentinel event and conducting a root cause analysis (RCA) • Incorporating analysis of outcome data •Analyzing barriers and facilitators within the organization related to the identified issue •Writing an action plan related to the analysis •Presenting/disseminating to appropriate audience. • Work with quality improvement team and engage in designing and implementing a process for improving patient safety.
Clinical Outcomes Management	Clinician	<ul style="list-style-type: none"> •Designs/coordinates/evaluates care • Delivers care in a timely, cost effective manner • Emphasizes health promotion/risk reduction 	Assumes accountability for healthcare outcomes for a specific group of clients within a unit or setting recognizing the influence of the meso- and	<ul style="list-style-type: none"> • Plan and delegate care for clients with multiple chronic health problems, identify nursing interventions to impact outcomes of care. • Using an existing database, evaluate aggregate care outcomes for a designated microsystem with focus on

			<p>macrosystems on the microsystem.</p> <p>Assimilates and applies research-based information to design, implement and evaluate client plans of care.</p>	<p>specific nursing interventions.</p> <ul style="list-style-type: none"> • Contribute to interdisciplinary plans of care based on best practice guidelines and evidence-based practice.
Clinical Outcomes Management	Outcomes Manager	<ul style="list-style-type: none"> • Uses data to change practice and improve outcomes. • Achieves optimal client outcomes 	<p>Synthesizes data, information and knowledge to evaluate and achieve optimal client and care environment outcomes.</p>	<p>Coordinate care for a group of patients based on desired outcomes consistent with evidence-based guidelines and quality care standards.</p> <ul style="list-style-type: none"> • Revise patient care based on analysis of outcomes and evidence-based knowledge. • Analyze unit resources and set priorities for maximizing outcomes. • Conduct a patient care team research review seminar.
Clinical Outcomes Management	Educator	<ul style="list-style-type: none"> • Uses teaching/learning principles/strategies • Uses current information/materials/techniques • Facilitates clients learning, anticipating their health trajectory needs. • Facilitates client care using evidence-based resources. 	<p>Uses appropriate teaching/learning principles and strategies as well as current information, materials and technologies to facilitate the learning of clients, groups and other health care</p>	<p>Present a seminar or case study at a grand rounds or team meeting.</p> <ul style="list-style-type: none"> • Conduct health education of individual patient or cohort based on risk profile. • Create or review an education module directed at patients and staff; develop a self-management guide for patients and families. •

		<ul style="list-style-type: none"> • Facilitates group & other health professions' learning and professional development 	professionals.	<p>Develop and implement a professional development session for other professional nursing and ancillary staff.</p> <ul style="list-style-type: none"> • Develop a health education plan for a unit-specific issue common to multiple clients. • Implement & evaluate the health education plan, evaluating the role of the team, the teaching learning methods used, the client interactions, the expected & actual outcomes, including health status changes
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APPENDIX B: Quality Improvement Project

The Capstone Assignment is a Quality Improvement Project and includes a scholarly paper and poster presentation of the intervention and the results.

Paper Organization: Utilize the assignment titles as headings to construct the final paper. The paper should be no more than 10 pages and free of spelling, grammar, and punctuation errors and **must** be formatted in APA with a cover sheet, running head, and appropriate margins, font, citations and reference list.

Introduction (Squire 2.0, 2015)

Background

- Microsystem assessment (Root cause analysis/Ishikawa Diagram in appendices)
 - Purpose
 - Patients
 - Process
 - Professionals
 - Patterns
- Rationale
 - Theory, model, and/or framework
- PICO(T) Question/Problem Statement
- Specific Aims

Literature Review (Roush, 2015, p.19)

- A. Synthesis of selected articles from EBP table (minimum 5 articles)
- B. Summarize the relevant finding of current literature

Methods (Squire 2.0, 2015)

- Design of Project
 - Describe setting
 - Sample (size, who, and how recruited)
 - Intervention
 - Measures (tools) for studying the outcome(s) include rationale for using, reliability and validity if available and how it will be scored (include as appendix)
 - Ethical Considerations
 - Consent (copy of consent as appendix)
 - Procedure for Data collection
 - Data analysis (this is how you plan to analyze any data)
 - Qualitative and/or quantitative methods used to draw inferences from the data and must align with PICOT, aims, and measures

Results – (Squire 2.0, 2015)

- Description of sample including demographics, size
- Give details of the intervention to include the process and timelines and any

- modifications to the intervention
- Outcome(s) (descriptive and/or statistical analysis)
- Project evaluation to include unintended consequences such as unexpected benefits, problems, failures, barriers, or costs associated with the intervention(s).

Discussion – (Squire 2.0, 2015)

- Key findings and the relationship to the project aims and PICOT
- What do your results mean?
 - Nature of the association between the intervention(s) and the outcomes
 - Comparison of results with findings from review of literature
 - Impact of the project on nursing, patients and/or systems
 - Reasons for any differences between observed and anticipated outcomes, including the influence of the setting/population
 - Limitations, bias, generalizability, reliability, and/or validity

Conclusion – pg. 101 (Roush, 2015)

- Usefulness of the work
- Sustainability
- Potential for spread to other settings
- Implications for nursing practice, finance, and policy, and for further study in the field
- Suggested next steps related to the project

Abstract (Written after all chapters completed)

- Single spaced, 120-250 words maximum
- Reflecting:
 - QI question
 - Methods
 - Intervention(s)
 - Results
 - Conclusion

Appendices (tables, charts, graphs, etc.)

References (5 articles minimum)

Poster Presentation: See following page for layout template. Posters should be professionally formatted, 36”by 48”. See the next page for general poster outline or download a PowerPoint template at the following URL: <http://www.posterpresentations.com> or www.makesigns.com

APPENDIX C: Picot Question Form

INTERVENTION

In _____ (P), how does _____ (I) compared to _____ (C) affect _____ (O) within _____ (T)?

THERAPY

In _____ (P), what is the effect of _____ (I) compared to _____ (C) on _____ (O) within _____ (T)?

PROGNOSIS/PREDICTION

In _____ (P), how does _____ (I) compared to _____ (C) influence _____ (O) over _____ (T)?

DIAGNOSIS OR DIAGNOSTIC TEST

In _____ (P) are/is _____ (I) compared with _____ (C) more accurate in diagnosing _____ (O)?

ETIOLOGY

Are _____ (P), who have _____ (I) compared with those without _____ (C) at _____ risk for/of _____ (O) over _____ (T)?

MEANING

How do _____ (P) with _____ (I) perceive _____ (O) during _____ (T)?

APPENDIX D: IRB Quality Improvement Project Instructions

Projects that are thought to be quality improvement (QI) projects may be submitted to the TUC SON IRB for an authoritative determination of their status by using the “Request for Determination that Project is QI Form”. As a result of this IRB review, the submission will be declared to be exempt from further IRB review, or determined to be a QI project project involving humans that is subject to further IRB review.

The template presented below is designed for projects involving the translation of existing knowledge into clinical practice. Evaluating the effectiveness of knowledge implementation in creating clinical practice change is measured by the QI project outcomes. Since the focus of these projects does not fit the definition of research under 45 CFR 46.102(d), they will be evaluated as not involving research with humans. For such projects, privacy and confidentiality regulations (HIPAA) must still be followed. The TUC SON IRB will review and provide consultative assistance, but is not responsible for approving how privacy, data storage and confidentiality measures are implemented in the quality improvement project. A clinical site letter is requested to document support and agreement with this practice change by individuals engaged in direct clinical care at the site where the practice change is to occur.

The project summary for the IRB should be no more than 5 pages. Please use the template in Appendix F to complete the proposal. A letter of support from the clinical site where the project is to be implemented should be included as well.

Project Title

Statement of the Problem/PICO(T)

I. Introduction

Purpose

Concisely describe the issue addressed by this quality improvement project. Provide support that the focus of this project is to implement existing knowledge in clinical practice and not to generate new knowledge. Identify the purpose of this project and list specific aims or goals to be accomplished.

Quality/Safety process or patient experience to be addressed

II. Background and Significance

Why is this issue a problem?

How do you know it is a problem?

Why should we care?

What are the outcomes now? What is the anticipated outcome?

III. Literature Review and Synthesis

Include search strategies and critically summarize the evidence that supports the quality improvement project. The evidence should be convincing to clearly support practice change. Demonstrate how the translation of evidence will be implemented in clinical practice. Emphasize that this project will not produce new knowledge (research) but is to implement evidence into clinical practice (quality improvement).

IV. Project Details

Include the following information in this section:

- Describe the setting for the QI project (unit, number of patients/nurses)
- Describe the sample (who will be involved, how many, inclusion criteria)
- Quality improvement that will change practice
- Who are the stakeholders; who needs to be involved in the planning, intervention, and evaluation processes?
- Identify the quality improvement strategy (provide details of how the evidence will influence practice change and the specific strategies or steps for implementation; include discussion of key clinical staff engaged in the project; describe the evidence implementation's potential for sustainability)
- Describe the timeline for completion of the project. Include when data collection is to be initiated, when the project implementation phase occurs, and when post implementation data will be collected.
- Identify the level of risk to the sample population and how the risk (if any) will be mitigated

V. Data Collection and Evaluation

Tools: Provide a concise description of how data will be collected (include copies of surveys, questionnaires, focus group questions etc.)

Data Collection Instructions: Include how patient data will be identified, who is involved with data collection, and what data will be obtained. Describe where this information is found and how it will be extracted. Is consent needed (include form with this packet)?

Data Security:

- Discuss how the patient's and/or nurse's privacy will be protected.
- Describe what media type will be used to store the data (paper or electronic file or both).
- Describe what Protected Health Information (PHI), if any, will be stored.
- Specify whether PHI will be destroyed once all data collection is completed.

- Specify how data will be de-identified.
- Specify the location where the paper or electronic file will be stored.
- Specify the location where the data will be secured, who will have access to this information and measures to assure confidentiality is maintained.
- Indicate how you intend to use Protected Health Information of patients whose information is used to measure the change in practice as a result of the evidence-based implementation project.

Outcome Indicators: Describe how the quality improvement project will be evaluated and what statistical measures will be used.

Descriptive Statistics: What information will be identified to describe the population/sample for the QI project?

VI. Conclusion

Compose a summary of the project to include a statement of the purpose, the intervention, and the evaluation processes.

VI. References

Include all references in APA format.

Letter of support from the clinical setting

A clinical site letter from a manager or director of the department where the project is being conducted should be included to document support and agreement with this practice change by individuals engaged in clinical care. The support letter should include the signature of the clinical administrator or clinical leader who has the authority to approve the implementation of practice change (**should not be the preceptor; unless the preceptor is the department manager/director who has authority over that clinical area**).

APPENDIX E: Administrative Approval for QI Project
Touro University California, School of Nursing

Student Name: _____

Title of QI Project: _____

Institution where the project will be conducted: _____

Unit/clinic/community organization where the project will be conducted:

Name of Administrator: _____

Contact Information of Administrator: _____

As the administrator of the clinical area listed above, I am aware of the risks and benefits of this QI project and support the student in conducting this project.

Signature

Date

APPENDIX F: End of Program Checklist

Item	Completed
1. QI Project Paper (Canvas)	
2. QI Project Poster	
3. CNL Competency Form (Typhon)	
4. Student Evaluation of Preceptor (Typhon)	
5. Preceptor Evaluation of Student (Typhon)	
6. Student Evaluation of Agency (Typhon)	
7. Course and Faculty Surveys (link will be sent)	
8. SON Exit Survey (link will be sent)	
9. CNL Hour Verification Form (Typhon)	
10. Turn In "End of Semester Student Checklist" Form to Faculty Advisor	

APPENDIX G: Typhon Sign-in Screen

As a preceptor you will receive an email inviting you to sign-in to Typhon, the electronic clinical tracking system. When you click on the link, it will take you to this page. Here you are able to view the student's time log and competencies. This is optional but one more way to stay engaged with your student.

The screenshot shows the Typhon web application interface. At the top left is the Typhon logo. At the top right, it says "NSST Student Tracking System - Preceptor/EASI MAIN MENU". Below the header, it displays "Touro University California - CNL (Acct #8260)" and "Gallegos, Julian is logged in." with a "Log Out" button and a "Change Password" link. A green notification message states "Your information has been updated." Below this, a "QUESTIONS?" section provides contact information for the program administrator, Julian Gallegos. The main content area is divided into several sections: "EVALUATIONS & SURVEYS" with a link to begin; "STUDENT REPORTS" with links for Case Log Details, Case Log Highlights, and Time Logs; "YOUR SCHEDULE" with a link to view the schedule of events; "ACCOUNT INFORMATION" with a link to edit information; and "HELP TOPICS" with a link to instructions.

Typhon NSST Student Tracking System - Preceptor/EASI MAIN MENU
Touro University California - CNL (Acct #8260) Gallegos, Julian is logged in. Log Out Change Password

Your information has been updated.

QUESTIONS? General instructions are below, but specific questions can be directed to the Touro University California - CNL program administrator, [Julian Gallegos, PhDc MS RN FNP-BC CNL](#).

EVALUATIONS & SURVEYS

The following evaluations and surveys can be completed by you. Click on a link to begin:

- There are no evaluations or surveys set up or open at this time.
If you were told to complete an evaluation, ask your program administrator to make sure they opened the evaluation to respondents.

STUDENT REPORTS

- [Case Log Details](#)
View the details of each patient encounter where students entered you as the supervisor
- [Case Log Highlights](#)
View a summary list of patient encounters where students entered you as the supervisor
- [Time Logs](#)
Review and approve student time logs for each day where students entered you as the supervisor

YOUR SCHEDULE

- [View Schedule of Events](#)
View all of your events in a chronological list or in calendar format. These events are entered by the program and usually include your schedule with students.

ACCOUNT INFORMATION

- [Edit Your Information](#)
Edit certain personal information that is stored in the system for you

HELP TOPICS

- [Instructions](#)
Instructions for using the Typhon Group system