



Touro University California
School of Nursing
DNP/FNP
Preceptor Handbook

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Introduction

Thank you for agreeing to precept a graduate student in the Family Nurse Practitioner program at Touro University California. Your participation in the educational process is of critical importance and greatly appreciated. The number of clinical hours will vary with each semester unless specified as otherwise by you and/or your clinical agency. Please feel free to discuss with the student the best way to coordinate and schedule clinical hours, and do not hesitate to contact the clinical supervisor if necessary. We particularly appreciate your management of this component of the student experience.

Your role is generally that of a teacher and mentor assisting the student with their clinical learning, being a resource, and providing assistance when necessary. This manual will provide information and guidance for you and your student as well as contact information for faculty members of the FNP program.

The Touro University California School of Nursing Family Nurse Practitioner program increases students' skills, abilities, and responsibilities in a gradual process with the end goal of being a capable independent practitioner with prescriptive authority. Initial shadowing of preceptors assists the student in learning the routine of your particular setting. Whether in roles of prescribing, diagnosis, or management, students will benefit from the process of increasing their independence based on your assessment of student readiness.

All notes and prescriptions must be co-signed by you, as students do not yet have licensure or certification at the advanced practice level, or prescriptive privileges. You or an equally qualified designee must be present at all times when the student is in the agency.

In addition to the supervision you provide, faculty will also provide regular supervision at the School of Nursing. This is done in order to integrate theory courses that students are taking with their clinical experience.

Thank you for your commitment to our profession, students, and Touro University California.

Touro University California

Historical Perspective

Touro University is a Jewish-sponsored independent institution of higher and professional education founded by Bernard Lander, PhD, LHD. The institution derives its name from Judah and Isaac Touro, leaders of colonial America who represented the ideal upon which we base our mission.

Touro College was chartered by the State of New York in 1970. The first students enrolled in 1971; the class consisted of 35 liberal arts and science students. Since those early days, the institution has experienced substantial growth.

Touro College has developed into a major institution of higher education, which includes the following schools: The College of Arts and Sciences (1971); the School of Health Sciences (1972); the School of General Studies (1974); the Graduate School of Jewish Studies (1979); the Jacob D. Fuchsberg Law Center (1980); the School for Lifelong Education (1989); the New York School of Career and Applied Science (1995); the Graduate School of Education and Psychology (1995); Touro University College of Osteopathic Medicine California (founded in 1997 as the San Francisco College of Osteopathic Medicine); the Lander College for Men in Kew Garden Hills (2001) created through a merger of two previously separate divisions, the School of General Studies (founded in 1974) and the School of Career and applied Studies (created in 1995); Touro University Nevada (2004); Touro College South in Florida (2006), and Touro University College of Osteopathic Medicine – New York (2007).

Touro opened a branch in Moscow in spring 1991 and its operations now include the Institute of Jewish Studies (branch campus) and a business program with Moscow University Touro (an independent entity) operated through an inter-institutional agreement. The branch campus in Jerusalem comprises the Graduate School of Jewish Studies, an undergraduate business program and the Touro Israel Option (year abroad program). In October 2003, Touro opened a small branch campus in Berlin.

Touro has long been interested in medical education. In 1983, Touro established the Center for Biomedical Education, a cooperative program leading to an M.D. from the Technion-Israel Institute of Technology, Israel's premier school of applied sciences. Success in this and other related programs led Touro to explore the possibility of establishing a college of osteopathic medicine. Touro sought incorporation in the State of California, and in 1997 located a campus in the San Francisco Bay Area. The campus was moved to Mare Island in Vallejo, California in 1999. In 2003, Touro University College of Osteopathic Medicine (TUCOM) became the Founding College of Touro University California. Touro University California is now composed of three colleges: College of Osteopathic Medicine (grants the Doctor of Osteopathic Medicine Degree – D.O. and the Master of Science in Medical Health Sciences); the College of Education and Health Sciences (grants Master's degrees in education and provides teacher credentials; the Master of Science in Physician Assistant Studies-MSPAS and Master of Public Health); the Master of Science in Nursing; and the College of Pharmacy (grants the Doctor of Pharmacy).

As Touro College looked to other potential sites for a college of osteopathic medicine, Nevada was chosen as a potential site due to the current physician shortage in Nevada and the rapidly growing population within Las Vegas and the surrounding communities. The branch campus, Touro University College of Osteopathic Medicine - Nevada, matriculated its first class in fall 2004 and provided programs in osteopathic medicine and physician assistant studies. Touro University – Nevada now consists of the College of Osteopathic Medicine and the College of Health and Human Services providing programs in nursing, occupational therapy, physical therapy and education.

Mission of Touro College

Touro College is an independent institution of higher and professional education under Jewish sponsorship, established to perpetuate and enrich the Jewish heritage and to serve the larger

community in keeping with the Judaic commitment to social justice, intellectual pursuit, and service to humanity.

Vision Statement of Touro University California

Inspirational teaching and scholarship, transformative leadership, and exemplary service.

Mission of Touro University California

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

Values of Touro University California

- Respect for the inherent value and dignity of each individual
- Intellectual inquiry, discovery, and passion for life-long learning
- Acceptance and appreciation of diversity
- Compassion and service to society
- Student-centered education
- Collaboration and sense of community
- Promotion of interprofessionalism

Institutional Learning Outcomes

- To exemplify Judaic values of social justice, intellectual pursuit and service to humanity, Touro University students will demonstrate the ability to:
- Think critically to make evidence-informed decisions and evaluate conclusions in a real world context
- Act in a professional and ethical manner
- Use knowledge, skills and effective communication to benefit diverse communities
- Collaborate across disciplines toward a common goal

Accreditation

Touro University California (TUC), and its branch campus in Henderson, Nevada (TUN), are fully accredited by the [Western Association of Schools and Colleges \(WASC\)](#). The WASC Commission reaffirmed [Institutional Accreditation](#) on July 13, 2010 after a three stage review, which demonstrated core commitments to [Institutional Capacity and Educational Effectiveness](#). The next accreditation review is scheduled for spring 2018.

Doctor of Nursing Practice Program

As a new nursing program, the DNP Program has been accepted for application to the Commission on Collegiate Nursing Education (CCNE) with the site visit scheduled for 2018.

The Doctor of Nurse Practice degree is designed for nurses who are interested in assuming an advance practice-nursing role as a Family Nurse Practitioner (FNP). DNP graduates are prepared as clinical experts in the delivery of primary care, with a focus on critical thinking, leadership, and political policy skills needed to advocate and create changes in healthcare practice at all levels. The program includes up to 1000 hours of immersion in clinical practice to build and assimilate knowledge for advanced practice at a high level of complexity. These clinical experiences also provide the context within which the final DNP scholarly project is completed.

Graduates prepared for the advanced practice-nursing role as a FNP, will demonstrate practice expertise, specialized knowledge, and expanded responsibility, and accountability in the care and management of individuals and families.

The DNP degree is built upon the generalist foundation acquired through a master's in nursing. The post master's program consists of total 46-52 credit hours and is designed to prepare nurses for the highest level of practice in the clinical or leadership areas. The DNP/FNP program includes 20 credit hours of foundational core courses, 26 credit hours of advanced nursing practice coursework, and up to 6 credits of independent study if needed to fulfill the 1000 hours of post-baccalaureate clinical hours for the DNP.

The program is provided in a hybrid format, providing flexibility for students to remain in their current work positions and home communities using online and in class delivery methods; this format provides opportunities for personal interaction with faculty and peers in focused intensive sessions during each semester/session.

Clinical coursework and immersion experiences will be arranged in primary care settings across regional settings. Students will likely complete most clinical requirements in their home community, but may need to travel for specialized clinical experiences including rural health care settings.

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.

School of Nursing Purpose

To prepare students with Associate and Baccalaureate Degrees for roles as advanced nursing leaders, clinicians, and educators.

School of Nursing Values

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

School of Nursing Vision

To be a leader in progressive nursing education.

PROGRAM STUDENT LEARNING OUTCOMES

1. Provide the highest level of advanced nursing care resulting in high quality, cost-effective patient outcomes. **DNP Essential I/NP Competency: Area Scientific Foundation Competencies**
2. Evaluate healthcare programs and outcomes to improve and achieve quality healthcare services. **DNP Essential II/NP Competency Area: Leadership Competencies**
3. Analyze patient outcomes related to healthcare interventions built on evidence-based practice recommendations and professional standards of care. **DNP Essential III/NP Competency Area: Practice Inquiry Competencies**
4. Integrate Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care. **DNP Essential IV/NP Competency Area: Technology and Information Literacy Competencies**
5. Analyze the influence of public policy decisions on the health promotion, disease prevention, and health restoration services provided to diverse populations. **DNP Essential V/ NP Competency Area: Policy Competencies**
6. Collaborate with healthcare providers in intra-disciplinary and inter-disciplinary healthcare teams to provide patient-centered, quality, and safe healthcare services. **DNP Essential VI/ NP Competency Areas Health Delivery System Competencies and Quality Competencies**
7. Expand clinical judgment and decision-making abilities based on ethical and moral principles to promote the well-being of individuals, families, and health care providers and in local, national, and international communities. **DNP Essential VII/NP Competency Area: Ethics Competencies**
8. Apply theoretical and research-based knowledge from nursing and other disciplines to plan and implement safe, quality health care for vulnerable individuals and groups within the context of a specific APRN or advanced nursing practice (APN) role serving specified populations. **DNP essential VIII/NP Competency Area: Independent Practice Competencies**

DNP ESSENTIALS

Consistent with *The Essentials of Doctor of Nursing Practice* will demonstrate competency in the following areas:

Essential I: Scientific Underpinnings for Practice

The practice doctorate in nursing provides the terminal academic preparation for nursing practice. The scientific underpinnings of this education reflect the complexity of practice at the doctoral level and the rich heritage that is the conceptual foundation of nursing.

Essential II: Organizational and Systems Leadership for Quality Improvement and

Systems Thinking

Organizational and systems leadership are critical for DNP graduates to improve patient and healthcare outcomes. Doctoral level knowledge and skills in these areas are consistent with nursing and health care goals to eliminate health disparities and to promote patient safety and excellence in practice.

Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice

Scholarship and research are the hallmarks of doctoral education. Although basic research has been viewed as the first and most essential form of scholarly activity, an enlarged perspective of scholarship has emerged through alternative paradigms that involve more than discovery of new knowledge (Boyer, 1990). These paradigms recognize that (1) the scholarship of discovery and integration “reflects the investigative and synthesizing traditions of academic life” (Boyer, p. 21); (2) scholars give meaning to isolated facts and make connections across disciplines through the scholarship of integration; and (3) the scholar applies knowledge to solve a problem via the scholarship of application (referred to as the scholarship of practice in nursing).

Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care

DNP graduates are distinguished by their abilities to use information systems/technology to support and improve patient care and healthcare systems, and provide leadership within healthcare systems and/or academic settings. Knowledge and skills related to information systems/technology and patient care technology prepare the DNP graduate to apply new knowledge, manage individual and aggregate level information, and assess the efficacy of patient care technology appropriate to a specialized area of practice.

Essential V: Health Care Policy for Advocacy in Health Care

Health care policy--whether it is created through governmental actions, institutional decision making, or organizational standards--creates a framework that can facilitate or impede the delivery of health care services or the ability of the provider to engage in practice to address health care needs. Thus, engagement in the process of policy development is central to creating a health care system that meets the needs of its constituents.

Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes

Today’s complex, multi-tiered health care environment depends on the contributions of highly skilled and knowledgeable individuals from multiple professions. In order to accomplish the IOM mandate for safe, timely, effective, efficient, equitable, and patient- centered care in a complex environment, healthcare professionals must function as highly collaborative teams (AACN, 2004; IOM, 2003; O’Neil, 1998).

Essential VII: Clinical Prevention and Pop. Health for Improving the Nation’s Health

Clinical prevention is defined as health promotion and risk reduction/illness prevention for

individuals and families. *Population health* is defined to include aggregate, community, environmental/occupational, and cultural/socioeconomic dimensions of health. Aggregates are groups of individuals defined by a shared characteristic such as gender, diagnosis, or age.

Essential VIII: Advanced Nursing Practice

The increased knowledge and sophistication of healthcare has resulted in the growth of specialization in nursing in order to ensure competence in these highly complex areas of practice. The reality of the growth of specialization in nursing practice is that no individual can master all advanced roles and the requisite knowledge for enacting these roles. DNP programs provide preparation within distinct specialties that require expertise, advanced knowledge, and mastery in one area of nursing practice.

Incorporation of Specialty-Focused Competencies into DNP Curricula

DNP education is by definition specialized, and DNP graduates assume a variety of differing roles upon graduation. Consequently, a major component of DNP curricula focuses on providing the requisite specialty knowledge for graduates to enact particular roles in the larger healthcare system. While all graduates demonstrate the competencies delineated in *DNP Essentials* 1 through 8, further DNP preparation falls into two general categories: roles that specialize as an advanced practice nurse (APN) with a focus on care of individuals, and roles that specialize in practice at an aggregate, systems, or organizational level.

Advanced Practice Nursing Focus

The DNP graduate prepared for an APN role must demonstrate practice expertise, specialized knowledge, and expanded responsibility and accountability in the care and management of individuals and families. By virtue of this direct care focus, APNs develop additional competencies in direct practice and in the guidance and coaching of individuals and families through developmental, health-illness, and situational transitions (Spross, 2005). The direct practice of APNs is characterized by the use of a holistic perspective; the formation of therapeutic partnerships to facilitate informed decision-making, positive lifestyle change, and appropriate self-care; advanced practice thinking, judgment, and skillful performance; and use of diverse, evidence-based interventions in health and illness management (Brown, 2005).

NURSE PRACTITIONER CORE COMPETENCIES

Scientific Foundation Competencies

- Critically analyzes data and evidence for improving advanced nursing practice.
- Integrates knowledge from the humanities and sciences within the context of nursing science.
- Translates research and other forms of knowledge to improve practice processes and outcomes.

- Develops new practice approaches based on the integration of research, theory, and practice knowledge

Leadership Competencies

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

Quality Competencies

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

Practice Inquiry Competencies

- Provides leadership in the translation of new knowledge into practice.
- Generates knowledge from clinical practice to improve practice and patient outcomes.
- Applies clinical investigative skills to improve health outcomes.
- Leads practice inquiry, individually or in partnership with others.
- Disseminates evidence from inquiry to diverse audiences using multiple modalities.
- Analyzes clinical guidelines for individualized application into practice

Technology and Information Literacy Competencies

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

Policy Competencies

- Demonstrates an understanding of the interdependence of policy and practice.
- Advocates for ethical policies that promote access, equity, quality, and cost.
- Analyzes ethical, legal, and social factors influencing policy development.
- Contributes in the development of health policy.
- Analyzes the implications of health policy across disciplines.
- Evaluates the impact of globalization on health care policy development.

Health Delivery System Competencies

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

Ethics Competencies

- Integrates ethical principles in decision making.
- Evaluates the ethical consequences of decisions.
- Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.

Independent Practice Competencies

- Functions as a licensed independent practitioner.
- Demonstrates the highest level of accountability for professional practice.
- Practices independently managing previously diagnosed and undiagnosed patients.
- Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care.
- Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings.
- Employs screening and diagnostic strategies in the development of diagnoses.
- Prescribes medications within scope of practice.
- Manages the health/illness status of patients and families over time.
- Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.
- Works to establish a relationship with the patient characterized by mutual respect, empathy,

and collaboration.

- Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.
- Incorporates the patient’s cultural and spiritual preferences, values, and beliefs into health care.
- Preserves the patient’s control over decision making by negotiating a mutually acceptable plan of care.

CURRICULUM

Course #	DNP/FNP Course of Study		
	Session 1 Spring Semester	Units	Clinical Hours
NRSC 701	DNP Role of Advanced Nursing Practice Nursing	2	
NRSC 702	Informing Healthcare Improvement through Data	3	
NRSC 703	Translational Research and Evidenced Based	3	
Session 2 Summer Semester			
NRSC 704	Family and Behavioral Approaches to Pop Health	2	
NRSC 705	DNP/FNP Leadership for Healthcare Systems DNP	3	
NRSC 706	Project Proposal	1	
Session 3 Fall Semester Session I			
NRSC 604	Advanced Physical Assessment	3	
NRSC 607	Advanced Pathophysiology	3	
NRSC 608	Advanced Pharmacology	3	
NRSC 707	Diagnostics and Procedures for the FNP	1	
Session 4 Fall Semester Session II			
NRSC 708	FNP Role I	2	
NRSC 709	Management of Common Chronic and Acute Health Problems I*	3	135*
NRSC 710	DNP Project Management I	1	
Session 5 Spring Semester Session I			
NRSC 711	FNP Role II	2	
NRSC 712	Management of Common Chronic and Acute Health Problems II*	3	135*
NRSC 713	Advanced Clin Mgmt of Diabetes Across the Lifespan	2	
Session 6 Spring Semester Session II			
NRSC 714	Family Nurse Practitioner Residency I*	3	180*
Session 7 Summer Semester			

NRSC 715	Family Nurse Practitioner Residency II*	3	180*
NRSC 716	Perspectives in Healthcare Policy and Ethics DNP	2	
NRSC 717	Project Defense	1	
NRSC 718	DNP Independent Study (only if needed to complete 1000 DNP hours)	(3-6)	
	Total Units	46-52	630*

COURSE DESCRIPTIONS

NRSC 701 DNP Role of Advanced Practice Nursing

Assists students to create a vision for them as doctoral prepared advanced practice nurse leaders in healthcare. Course content focuses on the evaluation of leadership theories, models and concepts for the application and transformation in healthcare. Special emphasis is placed on the DNP student's personal and professional development as a leader with a clear individual vision for impacting the health of specific populations.

NRSC 702 Informing Healthcare Improvement through Data

Provides students with the knowledge and skills to use, and interpret output from, statistical analysis techniques that are frequently encountered in the clinical literature of nursing, medicine, psychology and epidemiology. The emphasis is on application and solid conceptual understanding of statistical inference with different study designs.

NRSC 703 Translational Research and Evidenced Based Practice

Focuses on translational research and evidence-based practice as a form of nursing inquiry for doctoral practice. The conceptualization, definition, theoretical foundations, rationale, methods, and dissemination of translational research and evidence-based practice are explored and applied to clinical practice.

NRSC 704 Family and Behavioral Approaches to Population Health

Explores existing theories across disciplines relevant to health promotion and risk reduction. Students will review and critique individual, interpersonal and community level models used in health promotion and risk reduction research.

NRSC 705 DNP/APN Leadership for Health Care Systems

This course provides knowledge and skill for nursing leaders to effectively manage and influence organization in health care environments. Emphasis is on the development of skills related to management of change, conflict management, strategic planning, and interprofessional and intraprofessional teamwork.

NRSC 706 DNP Project Proposal Seminar

First in a series of three courses to facilitate the development of the scholarly culminating project. This course focuses on the development of an evidence-based project PICOT question and literature review. Emphasis is placed on reviewing the literature and evaluating the evidence using established rating systems.

NRSC 604 Advanced Physical Assessment

This course provides the student with knowledge and clinical experience in advanced health assessment of diverse clients across the life span within the context of the advanced practice role. Emphasis is on acquisition and analysis of relevant data for the development of a comprehensive and holistic assessment.

NRSC 608 Advanced Pathophysiology

Course Description: The course builds on a basic understanding of pathophysiology, providing in-depth understanding of adaptation and alteration in cellular function, biorhythms, cardiovascular system, pulmonary system, neuroendocrine system, immune system, and musculoskeletal system. Alterations due to internal/external stressors and aging will be identified.

NRSC 607 Advanced Pharmacology

This course is designed to prepare advanced practice nurses to manage drug therapy for clients across the lifespan. Pharmacokinetic and pharmacodynamic principles and current research form the foundation for discussion of selected drug groups. Emphasis is given to indications, mechanisms of action, dosages, adverse side effects and control, cost containment, and client education.

NRSC 707 Diagnostics for Family Nurse Practitioner

This course provides the diagnostic reasoning skills, which enables the family nurse practitioner to order and interpret appropriate clinical laboratory tests. Students apply these skills during clinical experiences throughout the family nurse practitioner curriculum for the management of chronic and acute illnesses.

NRSC 708 FNP Role I

This seminar analyzes family health theories and frameworks. Emphasis is on the integration and application of theoretical and methodological approaches to family health care. The family nurse practitioner's role and function as a member of an interdisciplinary team are introduced.

NRSC 709 Management of Common Chronic and Acute Health Problems I

Focus of the course is on the recognition and management of common chronic and acute health problems of clients across the lifespan encountered in primary care. The course integrates assessment, current research findings, and theory into the diagnostic reasoning and management of healthcare. Clinical experiences are used to apply knowledge to practice.

NRSC 710 DNP Project Management Seminar

Second in a series of three courses to facilitate the scholarly culminating project. This course focuses on the implementation and evaluation of an evidence based project for translating evidence into practice. Emphasis is placed on collecting and evaluating data to assess the impact on health care processes and patient outcomes.

NRSC 711 FNP Role II

This seminar explores issues related to advanced practice roles and functions. Attention is also given to the individual's exploration of a personal/professional ideology and clinical style.

NRSC 712 Management of Common Chronic and Acute Health Problems II

This course is a continuation of Management of Common Chronic and Acute Health Problems I.
September 2017

The focus continues on the family nurse practitioner's role in the recognition and management of selected common chronic and acute health problems of clients across the lifespan that are encountered in primary health care settings. The course integrates assessment, current research findings, and theory into the diagnostic reasoning and management of health care. Concepts of health promotion and maintenance, anticipatory guidance, health education, behavioral management strategies, and family-focused health care are emphasized. Clinical experiences are utilized for the application of knowledge to practice.

NRSC 713 Advanced Clinical Management of Diabetes across the Lifespan

This course will focus on diabetes (T1 and T2) throughout the lifespan. Course will include epidemiology and detection of diabetes through the lifespan; pathophysiology, clinical disease management, treatment, education and self-care management expectations for the patient and their families.

NRSC 714 Family Nurse Practitioner Residency I

This clinical practicum provides the student with an in-depth focus on the development of leadership and clinical management skills and the application, refinement, and synthesis of knowledge and skills developed in previous didactic and clinical courses. Interdisciplinary collaborative practice and the student's own advanced nursing practice model are emphasized.

NRSC 715 Family Nurse Practitioner Residency II

This course is a continuation of Family Nurse Practitioner Residency I. This clinical practicum provides the student with an in-depth focus on the development of leadership and clinical management skills and the application, refinement, and synthesis of knowledge and skills developed in previous didactic and clinical courses. Interdisciplinary collaborative practice and the student's own advanced nursing practice model are emphasized.

NRSC 716 Perspectives in Healthcare Policy, Finance and Ethics

This course provides knowledge and understanding needed to participate in health policy development, analysis and implementation. The impact of policies on the delivery of health care and nursing services will be explored. The relationship of health policies to ethics and financing of health care will be presented.

NRSC 717 DNP Project Defense Seminar

Third in a series of three courses to facilitate the scholarly capstone project. This course focuses on the dissemination of findings of an evidence based project for translating evidence into practice. Emphasis is placed on multiple modalities for disseminating project findings. Students will continue to explore the various roles of the DNP. Prior to completion of this course the student's will defend their respective culminating project before their Culminating Project Committee.

NRSC 718 DNP Independent Study Residency

This course allows for the student to complete any hours needed to meet the requirements for the DNP. This course provides leadership experiences in a healthcare setting commensurate with the student's advanced practice area. It provides an opportunity to further synthesize learning gained through the program, effectively incorporating new knowledge and skills in advanced practice.

CLINICAL HOURS FOR COMPLETION

Family Nurse Practitioner

Behavioral Health/Counseling (includes ADHD, anxiety, depression, addictions, smoking cessation, medication education, and lifestyle modification)	50 hours
Management of Uncomplicated Pregnancy (Ambulatory Prenatal Management – Includes pregnancy to 8 weeks postpartum) Women’s Health/Gynecological Care (Includes contraception management, STDs, annual exams, hormone therapy, breast health, bone density evaluation)	115 hours (20hrs*)
Pediatric Management: Newborn (< 1 year), Pre-School, School-Aged and Adolescent (18 years or younger)	155 hours (30hrs*)
Adult Management (Ages 19-59 years)	155 hours (50hrs*)
Geriatric Management (Ages 60+ years)	155 hours (50hrs*)

Total: 630 hours (150 hours in management of Metabolic Dysfunction (pre-diabetes, T1DM and T2DM)) *Hours required in addressing Metabolic Dysfunction (pre-diabetes, T1DM and T2DM)

No more than 120 hours can be acquired in an Emergency Department and/or inpatient setting managing routine problems seen in a primary care clinic.

Benefits of Precepting Students

We understand that having a student takes extra time and organization, and increases your own responsibilities within your practice. Nonetheless, we hope that you will discover many benefits to working with our students both professionally and personally. Some preceptors find they are able to be more productive as their students develop assessment and diagnostic skills. Many of our preceptors have found that working with students challenges them to expand their own base of knowledge and discover new ideas. Students often bring information about recent research and a desire to gather information that you have not had time to seek out given your busy clinical practice. Additionally, you will gain teaching and mentoring skills, and enjoy the satisfaction of watching your students grow and develop into safe, effective, and successful practitioners.

Preceptor hours can contribute to the renewal of state licensure and national certification. You will receive a certificate at the end of each term with the hours you have spent precepting for this purpose. FNPs may request an attestation of precepting hours to use for ANCC recertification (see ANCC website).

Accepting a student into your practice

Initial contact is made by the designated Clinical Coordinator for the DNP/FNP program to request your assistance with clinical teaching at your practice site. The clinical coordinator will ask questions about type of practice, patient volume and services offered. The clinical

coordinator will also need contact information for the representative at your site who has authority to sign contracts. The TUCA SON staff person responsible for contracts will prepare an agreement between your site and TUCA School of Nursing. For accreditation purposes, the School of Nursing will need a copy of your current resume, and verification of a current California RN and NP license. We will need to update these documents periodically. Specific requirements to precept include:

- Education for professional practice: (NP, MD/DO, PA),
- One year experience in practice
- Minimum of 3 months experience at current site
- Hold current unencumbered license and certification applicable to state of practice
- Preceptor may not be a work supervisor if student is placed in place of employment

We seek strong preceptors and appreciate not only your willingness to work with our students but to document these criteria for our program.

The FNP faculty strives to select students that are a good match with you and your site. We will provide you with this handbook, the time frame for commitment, and information about the student. We will work with you to coordinate days and hours for the clinical placement. The student will then contact you for orientation.

Expectations and Strategies for Preceptors

Please conduct an orientation to your site and practice for the new student. A sample orientation checklist is in attached. A solid orientation should provide them with understanding of the practice, facility, people, record keeping procedures and expectations for the student within your facility. For the returning student, an orientation at the beginning of each term should include discussing the goals for that term and a plan for meeting those goals. Student evaluations, provided by the School of Nursing, must be completed at the end of each term.

Preceptors, or an equally qualified designee, must be physically present at the clinical site when the student is there. The preceptor, or equally qualified designee, must sign all student notes and entries into the patient health record and must sign all prescriptions, as the students are not yet licensed in advanced clinical practice and do not have prescriptive authority. The student's time cannot be advertised as a low-cost option for patients, nor can the patient be billed for the student's services. The preceptor's actual time in consultation with the patient can be billed. For example, coding should be appropriate to the amount of time the preceptor has spent face to face with the patient following the student's management appointment.

Students who are already licensed in another advanced practice specialty (i.e., midwifery, APRN) must be supervised as unlicensed students.

All California Board of Nursing guidelines and policies regarding preceptorship and the student's scope of practice must be adhered to.

Expectations of Students

Students are expected to always arrive on time or early in order to prepare for the start of patient visits. They should be professionally attired, as appropriate and standard to the agency, and wear an Touro University California nametag at all times. Students should have reference materials and any equipment identified as necessary for the site. While students may have templates for intakes and progress notes, site forms are used according to preceptor and agency specifications. It is expected that students coordinate with the preceptor about any schedule changes or absences and obtain approval for them.

Students track their hours in clinical based on “direct”, face-to-face with patient, and “indirect” patient time (e.g. patient staffing and documentation) in an Touro University California SON system called Typhon. Students may need some extra time to keep notes of care provided for recording into Typhon. They will need to document prescriptions and medication management carefully. Please be assured that no confidential patient information is entered into this system. Students will work with their Clinical Supervisor to arrange a site visit with preceptors to facilitate learning needs and goals. Consultation and site visits for each student takes place every term. Students in multiple sites for a single term may not always be visited at every site. We will minimize the disruption to your schedule for this site visit.

Students must be familiar with the California Nurse Practice Act as a basis for the legal practice in the role of the student and in the future role as a family nurse practitioner. Students will collaborate and seek guidance from the preceptor, or equally qualified designee, for the management of all patients. Additionally, students will obtain the preceptor’s, or equally qualified designee’s, collaboration and signature on all notes and prescriptions. TUCA SON students licensed in another advanced practice specialty must follow this expectation for all clinical experiences in their new specialty.

Students will plan and implement continuous self-evaluation of personal and course objectives and discuss unmet needs and goals with the preceptor.

Expectations of SON Clinical Faculty

Each term students are assigned to a clinical supervision faculty and seminar. The clinical supervision faculty of record for each student will make contact with you each term about the student’s goals and to receive feedback on progress during the term. The role of the clinical supervision faculty is to support you and the student during the term in order to make the clinical experience positive for all; please do not hesitate to call the clinical supervision faculty if you have any questions or concerns during the term.

Expectations of the Clinical Coordinator

The **Clinical Coordinator** is responsible for placing students at your agency and will periodically check with you about preceptorships at your location. The clinical coordinator will also make sure contracts are current and coordinate any other general agency/site issues.

Evaluation of Students

Students are formally evaluated by their preceptors near the end of each term. The student will provide you with this form. Once you have completed this form, please discuss your assessment with the student. The student will return it to the clinical supervision faculty of record. The clinical supervision faculty will use your input to help determine the final grade for the term.

The evaluation tool was developed to assess core critical skills each term based on the FNP competencies as outline by the National Organization of Nurse Practitioner Faculties (NONPF) (Appendix A). We expect students to master all skills for each term through demonstration and incorporation into practice.

If you are concerned that a student is not meeting one or more of the clinical expectations, please contact the clinical supervision faculty to work out a remediation plan.

Clinical grades for students are based on your evaluation in combination with the evaluation of their performance in weekly clinical supervision, as determined by their clinical supervisor. Please contact the clinical supervisor any time during the term if you have concerns about student progress; feedback does not have to wait for the end of the term evaluation.

Orientation Checklist

General Orientation

Introduction to practice agency

- Student workspace(s), reference materials
- Dress code, name tag
- Building access, parking
- Phone system, computers, printers
- Staff introductions and roles
- Providers and roles
- How to contact agency and preceptor
- Agency population served, community issues

Overview of Rotation

- Dates of rotation
- Expectations for attendance, absences, make up days
- Clarifying clinical supervisor role and site visits

Introduction to student

- Past experience and school rotations completed
- Skills mastered, skills to work on

Clarifying Expectations

Expectations of School

- Course and program objectives related to student term
- Preceptor evaluation forms with specific criteria
- Confirm need for preceptor presence on site, co-signature & prescribing regulations.

Student Objectives

- Share specific knowledge and skills to work on, set goals for rotation
- Identify areas of weakness, needing extra supervision

Preceptor Expectations

- Confirm hours & days student is in office
- Identify days of preceptor absences and plan alternative days/experiences
- Issues related to agency values and expected behaviors
- Review any issues that may be related to agency and/or populations served
- Length of patient encounters and time for documentation
- Documentation, expectations and forms
- Set expectations for requesting supervision and guidance, e.g. case presentation
- Process for feedback, expectations for student self-reflection
- Emergency procedures, safety policy

The One Minute Preceptor – 5 Microskills

The One-Minute Preceptor method consists of a number of skills that are employed in a stepwise fashion at the end of the learner's presentation. Each step is an individual teaching technique or tool, but when combined they form one integrated strategy for instruction in the health care setting.

1. **Get a Commitment**: Asking students how they interpret the data is the first step in diagnosing student learning needs. Asking for their interpretation first helps the student feel more responsibility for the patient's care while enjoying a collaborative role.
Examples: What do you think is going on with this patient? What other information do you need? What would you like to accomplish in this visit?

2. **Probe for Evidence**: Students problem solve logically based on their knowledge and data base. Asking them to reveal their thought process allows you to find out what they know and identify any gaps.
Examples: What were the findings that lead you to our conclusion? What else did you consider? What kept you from that choice?

Pitfalls: This is not list making or grilling about the problem (what are the signs and symptoms of schizophrenia?). It is not passing judgment (no it's not that, don't you have any other ideas?). It is not asking for more data (what do you know about the patient's family?).

3. **Teach General Rules**: Instruction is more transferable if it is offered as a general rule or a guiding metaphor. Students value approaches that are stated as more general approaches for a class of problems or as key features.

Examples: Patients who hear voices are not always psychotic; it helps to probe for the circumstances and find out how the patient interprets his symptoms.

Pitfalls: answering the question "it's not psychosis it is..." or giving an idiosyncratic, unsupported personal opinion.

4. **Provide Positive Feedback**: Reinforce competencies so that they become established

Examples: You didn't jump into solving her problem but kept an open mind until the patient revealed the deeper issue concerning her mood" or "your sensitivity to the patient's finances will certainly enhance your relationship and perhaps increase her medication adherence"

Pitfalls: General praise such as "that was great" or "You did that really well"

5. **Correct Mistakes**: Mistakes left unattended have a good chance of being repeated. By allowing the student the chance to discuss what was wrong and what could be done differently in the future, you are in a better position to assess both their knowledge and standards for care.

Examples: You may be right about the child's symptoms, but until you talk to the parents, you cannot be sure.

Pitfalls: vague, judgmental statements "you did what?"

You can find out more about the One-Minute Preceptor and other precepting skills at:
http://www.practicalprof.ab.ca/teaching_nuts_bolts/one_minute_preceptor.html

“One to One Teaching and Feedback” article

Gordon, J. (2003). ABC of learning and teaching in medicine: One to one teaching and feedback. *BMJ*, 326, March 8, available online at: