University of Massachusetts
Amherst

College of Nursing
Graduate Preceptor Handbook

2015-2016

The University of Massachusetts Amherst College of Nursing Preceptor Handbook—2015-2016, Prepared with the support of faculty and staff of the Office of the Associate Dean for Academic Affairs
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Introduction

Thank you for agreeing to be a preceptor for a graduate nursing student from the University of Massachusetts Amherst College of Nursing (CON). This handbook has been developed to assist you in this role by providing an overview of the CON, School values, mission, and vision, Graduate Programs and Tracks, preceptorship and the importance of the preceptor role for graduate students in their role development. It includes guidelines for the preceptor experience and preceptor selection, faculty and student responsibilities, sample agency agreements, specific course requirements and objectives, the University grading policy and student evaluation tools, along with means of communication with faculty.

The faculty member associated with the clinical or other experience for which you are preceptor will contact you for an appointment at a mutually-convenient time and place for a brief orientation to address any questions or concerns you may have about your role as preceptor. Although our goal is to provide this orientation prior to assignment of students, it is not always possible, given busy schedules, but it will take place as early in the semester as possible. In the meantime, familiarizing yourself with the enclosed materials will help a great deal.

Please feel free to contact the specific course faculty member with whom you are paired at any time, the Graduate Program - Director Dr. Linda Lewandowski, Lisa Turowsky or other resource persons listed below:

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I. College of Nursing History and Accreditation

History

At its founding in 1953, the College of Nursing offered the first baccalaureate nursing program in public higher education in the Commonwealth of Massachusetts. Four years later, the College launched the first such Master of Science degree program, and in 1994, the state's first publicly supported Ph.D. program in Nursing in collaboration with the University of Massachusetts Medical School and the Graduate College of Nursing. In 2005, the School offered its first PhD program sponsored uniquely by the College of Nursing and in 2006 the first Doctorate of Nursing Practice (DNP) program in the state.

Continuous accreditation first by the National League for Nursing, and currently by the Commission on Collegiate Nursing Education (CCNE), along with the success of graduates in passing both licensing and certification exams, testify to the enduring quality of the School's programs, faculty, and curriculum.

The College of Nursing is one of the eight schools and colleges comprising the University of Massachusetts Amherst, founded in 1863. The University is a Carnegie Designated Research University Very High (RUVH) and the flagship campus of the five-campus public university system. Sponsored research now totals over $100 million a year, with increasing emphasis on the life sciences and biotechnology applications.

Embodying the University's commitment to high-quality, accessible education, the College of Nursing is committed to meeting the challenges faced by the nursing profession in the context of the changing dynamics of society and the delivery of health care.

In 2008 the College of Nursing moved to the renovated Skinner Hall, the new home of the College of Nursing. The completion of this renovation project sends a clear message that the Commonwealth and the University are committed to building a solid future for nursing education and scholarship that will ultimately benefit residents of the State and beyond.

Accreditation

The Nursing Program is accredited by the Commission on Collegiate Nursing Education (CCNE), a national nursing education accrediting body, and approved by the Massachusetts Board of Registration in Nursing.
Values, Vision, Mission and Goals  (Approved by the Faculty Assembly May 21, 2008)

Vision
The College of Nursing is a force for innovation, learning and discovery in preparing culturally proficient nurses for leadership in health for a global society.

Mission
To provide an affordable and accessible education to enhance health and healing through nursing leadership in teaching, scholarship, practice and service.

Values
We, the faculty of the College of Nursing, are committed to:

Caring and Collaborative Relationships
- Caring and compassion as the heart of evidence-based nursing practice
- Collaboration with clients, nursing and interdisciplinary peers as essential to enhancing health and healing
- Attending to the needs and input of vulnerable and underserved populations

Leadership
- Nursing's contribution to reducing health disparities and promoting health in a global society.
- An environment that enhances the social conscience and professional development of all members of the College of Nursing.
- The knowledge that environments are interrelated systems that affect and are affected by nursing practice, culture, and public policy.
- Students developing their identity as agents for innovation in the world.

Excellence
- The reciprocal relationships among teaching, scholarship, and engagement.
- Encouraging integrity and high moral character in all members of the College of Nursing.
- Becoming reflective practitioners to increase the authenticity of our work (Boyer, 1990).

Innovation
- Creative ways of acquiring, managing and sharing knowledge.

Diversity
- Striving to design and provide culturally sensitive nursing care in a global society.
- Promoting diversity in our school and in the profession.

Life Long Learning
- Arts, humanities, and sciences as a foundation for nursing education.
- Learning as a dynamic, collaborative process that promotes mutual growth of students and teachers.

Engagement Goals

Establish innovative scholarly engagement models that define and respond to the health of the public. Our goals are to:
Contribute to the search for answers to the most pressing social, civic, economic and moral problems facing our profession and world today (Boyer, 1990).

Facilitate and enhance an organizational culture of diversity that promotes the success of collaborative partnerships, relationships, and affiliations within a global community.

Promote and expand faculty practice, which reflects the expertise of faculty needs and needs of our communities of interest.

Promote faculty development and systematic understanding through a variety of mechanisms that would include:

a. Coordinating access to all existing internal university resources.
b. Securing external global resources.
c. Mentoring faculty with the ongoing development of their academic careers.

Contribute to systematic and structural improvement of the University and U-Mass systems.

Promote service to the underserved and vulnerable populations in our region.

Teaching Goals

We prepare professional nurses by creating an innovative environment for inquiry, discovery, and learning with diverse populations. Our goals are to:

Ensure a flexible learner centered environment that utilizes information technology to its highest potential to ensure collaboration and inclusiveness.

Foster the advancement of students through graduate education.

Ensure a comprehensive, cohesive curriculum which prepares students for leadership in a changing and diverse sociopolitical world.

Scholarship Goals

Enhance the art and science of nursing by creating, translating, and disseminating knowledge. Our goals are to:

Facilitate the scholarship of discovery, integration, application and teaching.

Foster a creative environment that supports scholarship activities.

Enhance mechanisms for interdisciplinary scholarship.
The Graduate Program Terminal Objectives

The Graduate Program builds on the core competencies of the baccalaureate program as a basis for the curriculum. Therefore, the terminal objectives for the graduate program are defined at a more advanced level of practice and specialty.

- Incorporate the core knowledge of nursing into an advanced practice role to promote, maintain and restore health of clients.
- Utilize advanced knowledge of pharmacology, pathophysiology and health assessment in the provision of direct client care.
- Provide culturally competent care at an advanced level in response to human diversity and societal needs.
- Integrate research findings and professional standards and guidelines into advanced nursing practice.
- Collaborate with clients, health care providers and community leaders to effect change that improves health and the environments of care.

Graduate Program

The Graduate programs awards the Master of Science degree with a major in nursing, for the Clinical Nurse Leader Program and the Doctorate of Nursing Practice comprised of four tracks: Family Nurse Practitioner, Adult Gerontology Primary Care Nurse Practitioner, Psychiatric Mental Health Nurse Practitioner, and Public Health Nurse Leader.

Clinical Nurse Leader (CNL) Online Program

The Clinical Nurse Leader (CNL) masters concentration prepares nurse leaders who design, provide, manage and coordinate health promotion, risk reduction, disease prevention and illness management services to individuals and clinical populations.

The CNL is accountable for the application of research-based information and the efficient and cost effective use of resources to improve clinical and environmental care outcomes and effect change in health care organizations.

The graduate is prepared to lead both intradisciplinary and interdisciplinary health care teams and to function across clinical settings in order to meet the demands of a complex care delivery system.

The Master of Science Program in the College of Nursing was created through the collaborative efforts of faculty in the College of Nursing and local leaders in nursing practice.

This program addresses the competencies and knowledge specified by the American Association of Colleges of Nursing for Masters Education and for the specific Clinical Nurse Leader focus. The College of Nursing program is accredited by the Commission on Collegiate Nursing Education. The graduate is prepared to take the CNL certification examination prepared by The American Nurse Credentialing Center (ANCC).
The CNL program is an online program. All course work is offered through Continuing and Professional Education (CPE) www.umassulearn.net. Clinical practicum are arranged by the student in collaboration with the CNL director.

**CNL Program Objectives**

At the completion of the program the graduate will be prepared to:

- Implement the CNL role in a variety of clinical settings.
- Apply advanced knowledge (pharmacology, pathophysiology, health assessment) and core competencies (critical thinking, communication, nursing technology/resources) to the development and evaluation of a plan of care for individuals or populations at the point of care.
- Assume accountability for the efficient and cost effective use of human, environmental and national resources by applying principles of healthcare policy, finance, economics and ethics to improve quality of care delivery.
- Integrate knowledge of informatics, human diversity and ethics to address and manage variation in population outcomes and ensure culturally relevant care.
- Implement evidence-based practices and professional standards of care to affect change in health care organizations and improve outcomes of care.
- Apply principles of leadership and collaboration to improve the health outcomes of individuals and clinical populations.
- Improve clinical practice and optimize healthcare outcomes through use of information systems and technologies.
- Advocate for the client, interdisciplinary care team and profession in legislative and regulatory arenas.

**Course Requirements**

The master’s CNL concentration requires completion of 37 credit hours of course work and selected courses include practicum/project hours. The curriculum consists of: 27 didactic credit hours, 10 practicum credit hours (4:1 ratio; 56 contact hours per one credit hour = 560 contact hours)

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<tr>
<th>Course</th>
<th>Title</th>
<th>Credits</th>
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<tr>
<td>N614</td>
<td>Advanced Health Assessment and Clinical Reasoning</td>
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<td>N698A</td>
<td>Practicum: Advanced Health Assessment and Clinical Reasoning</td>
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<td>N615</td>
<td>Advanced Pathophysiology</td>
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<td>N619</td>
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<tr>
<td>N630</td>
<td>Research Methodology in Nursing</td>
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<tr>
<td>PUBHLTH630</td>
<td>Principles of Epidemiology</td>
<td>3</td>
</tr>
<tr>
<td>N725</td>
<td>Leadership in Public Health Systems</td>
<td>3</td>
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<tr>
<td>N603</td>
<td>Theoretical Components of Nursing Science</td>
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<tr>
<td>N735</td>
<td>Informatics for Nursing Practice</td>
<td>3</td>
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<tr>
<td>N701</td>
<td>Healthcare Quality</td>
<td>3</td>
</tr>
<tr>
<td>N698N</td>
<td>Clinical Practicum: Clinical Nurse Leader</td>
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<tr>
<td>N798N</td>
<td>Practicum: Clinical Nurse Leader – Advanced Clinical Practicum</td>
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<td><strong>TOTAL CREDITS</strong></td>
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Doctor of Nursing Practice (DNP) Online Program

The University of Massachusetts Amherst offers the Doctor of Nursing Practice (DNP) degree to prepare advanced practice nurses at the highest level. This professional nursing preparation will include advanced coursework in leadership, research translation, and clinical knowledge and skills. This change was driven by evolving nursing roles in an increasingly complex health care system, new scientific knowledge, and ongoing concerns about the quality and outcomes of patient care.

The College has expert faculty in four role areas:
- Family Nurse Practitioner (FNP)
- Public Health Nurse Leader (PHNL)
- Psychiatric Mental Health Nurse Practitioner (PMHNP)
- Adult Gerontology Primary Care Nurse Practitioner (AGPCNP)

DNP Expected Outcomes and Objectives

Graduates of the DNP program will practice at the highest level. Specific expected outcomes of the program are to graduate nurses who will:

- Engage in nursing practice using the advanced knowledge from nursing and related disciplines to improve health outcomes.
- Provide leadership and collaborate with leaders in other professions for change in systems of care.
- Synthesize and translate evidence from nursing and other disciplines to manage complex health problems.
- Provide culturally proficient care to respond to health disparities and societal needs.

Core competencies essential for those preparing for direct care roles and for population based roles build on eight essential content areas:

- Scientific underpinnings for practice
- Organizational and systems leadership for quality improvement, and systems thinking
- Clinical scholarship and analytic methods for evidence-based practice
- Technology and information for the improvement and transformation of healthcare
- Health care policy for advocacy in health care
- Interprofessional collaboration for improving patient and population healthcare outcomes
- Clinical prevention and population health for improving the nation’s health
- Advanced nursing practice for improving the delivery of patient care

DNP Program

Core Courses—All students will take core courses that include the following:

- N603 Theoretical Components of Nursing Science (3)
- N630 Research Methodology in Nursing (3)
- N735 Informatics for Nursing Practice (3)
- N715 Intermediate Biostatistics (3)
- N701 Healthcare Quality (3)
- SCH-MGMT 680 Organizational Behavior (3)
- N690E Nursing Ethics, Health Policy & Politics (3)
- N725 Leadership of Public Health Systems (3)
- N704 Health Disparities and Social Justice (3)
- N797E Capstone 1: Defining Evidence-Based Problems & Solutions (3)
- N790C Capstone II: Proposal Development (2)
- N798W DNP Project Proposal (1)
- N890A DNP Project Implementation & Monitoring (3)
- N898A DNP Project Completion, Evaluation and Dissemination (3)
DNP Role Concentration Courses

An individually tailored Plan of Study will be created for Post-Master's students based on transcript review.

**Family Nurse Practitioner (FNP)**

- N614 Advanced Health Assessment and Clinical Reasoning (3)
- N615 Advanced Pathophysiology (3)
- N619 Advanced Pharmacology (3)
- N670 Family Systems and Intervention (3)
- N703 Pharmacotherapy Management (3)
- N610 Primary Health Care of Children, Adolescents & Young Adults (3)
- N620 Primary Health Care of Middle Aged and Older Adults (3)
- N797 Complex Health Problems in Primary Care I & II (total 4 credits)
- N698 & N798 Practicum & Role Seminars & Final practicum

**Public Health Nurse Leader (PHNL)**

- PUBHLTH 620 Introduction to the U.S. Health Care System (3)
- PUBHLTH 565 Environmental Health Practices (3)
- PUBHLTH 601 Application of Social & Behavioral Theories in Pub Health Education and Intervention (3)
- PUBHLTH 628 Financial Management of Health Institutions (3) (or equivalent PH course)
- PUBHLTH 630 Principles of Epidemiology (3)
- N640 Advanced Public Health Nursing I (3)
- N790P Advanced Public Health Nursing II (3)
- N790L Contemporary Issues in Public Health Practice (3)
- N698G Practicum: Advanced Public Health Nursing I (3)
- N798LL Practicum: Advanced Public Health Nursing II (3)
- N798M Practicum: Contemporary Issues in Public Health Practice (3)

**Adult Gerontology Primary Care Nurse Practitioner (AGPCNP)**

- N614 Advanced Health Assessment and Clinical Reasoning (3)
- N615 Advanced Pathophysiology (3)
- N619 Advanced Pharmacology (3)
- N670 Family Systems and Intervention (3)
- N690M Assessment and Diagnosis of Psychiatric and Mental Health Disorders (3)
- N703 Pharmacotherapy Management (3)
- N697AA Primary Health Care of Adolescents & Young Adults (2)
- N698AA Practicum: PHC of Adolescents & Young Adults (2)
- N620 Primary Health Care of Middle Aged and Older Adults (3)
- N698X Practicum: PHC of Middle Aged and Older Adults (3)
- N705 Complex Health Problems in Primary Care for Patients with MCC (part I) (2)
- N798 Practicum: Complex Health Problems in Primary Care for Patients with MCC (part I) (2)
- N706 Complex Health Problems in Primary Care for Patients with MCC (part 2) (2)
- N798 Practicum: Complex Health Problems in Primary Care for Patients with MCC (part 2) (2)
- Final Practicum

**Psychiatric Mental Health Nurse Practitioner (PMHNP)**

- N614 Advanced Health Assessment and Clinical Reasoning (3)
- N615 Advanced Pathophysiology (3)
- N619 Advanced Pharmacology (3)
- N670 Family Systems and Intervention (3)
- N703 Pharmacotherapy Management (3)
N690M Assessment and Diagnosis of Psychiatric and Mental Health Disorders (3)
N612 Psychiatric Mental Health I – Children & Adolescents (3)
N622 Psychiatric Mental Health II – Middle-aged & Older Adults (3)
N712 Psychiatric Mental Health III – Advanced Psychotherapy (2)
N722 Psychiatric Mental Health IV – Complex Psychiatric Problems (2)
N6xx to N8xx Practicum & Role Seminar & Final Practicum

DNP Completion (for currently certified APN's)

PUBHLTH 630 Principles of Epidemiology (3) or
N690M Assessment and Diagnosis of Psychiatric and Mental Health Disorders (3)
N735 Informatics for Nursing Practice (3)
N715 Intermediate Biostatistics (3)
N701 Healthcare Quality (3)
SCH-MGMT 680 Organizational Behavior (3)
N690E Nursing Ethics, Health Policy & Politics (3)
N725 Leadership of Public Health Systems (3)
N704 Health Disparities and Social Justice (3)
N797E Capstone 1: Defining Evidence-Based Problems & Solutions (3)
N790C Capstone II: Proposal Development (2)
N798W DNP Project Proposal (1)
N890A DNP Project Implementation & Monitoring (3)
N898A DNP Project Completion, Evaluation and Dissemination (3)
The student, with assigned faculty advisor assistance, will select a mentor/preceptor with whom to work. This mentor/preceptor will be an acknowledged expert in the field of interest. The student may prefer or need more than one mentor and/or preceptor to fulfill identified teaching/learning goals. The residency must provide access to and authority for expanded scope of practice (for example: temporary entry into secured data systems, medical records) which will allow students to practice at the highest level.

Although the residency must take place in an approved setting, this setting may or may not be located within the New England area. However, attendance at scheduled presentations and seminars at UMass Amherst CON is required. During the residency, the capstone project is refined and actualized and the academic portfolio is completed and submitted as a required criterion for degree completion.

Overview of the DNP Capstone Research Project

The DNP program is a practice-focused program that prepares advanced practice nurses for an increasingly complex evidence-based nursing practice. This includes translating research into practice, evaluating evidence, applying research in decision-making, implementing viable clinical innovations to change practice, and conducting and evaluating program development projects. The Final Scholarly Requirement of the DNP program is the Capstone Project.
II. PRECEPTORSHIP

The Preceptor Role

A Preceptorship is a professional relationship that assists a student to acquire professional knowledge, attitudes and skills. Because nursing is a practice-based profession, it is critical for nursing students to be able to increase their competency and confidence in decision-making, clinical skills and application of knowledge, within the clinical setting to which they are assigned. While Preceptorships are typically time-limited, they often can evolve into mutually satisfying mentoring relationships between preceptor and student.

As a preceptor, you have a unique opportunity to share your knowledge, attitudes and skills with an advanced practice nursing student who has only limited experience in your clinical area. As a preceptor, you are the expert and will facilitate the student’s learning about your practice setting and your clinical specialty, thus you will play an important role in the student’s transition to advanced practice nursing and beyond.

As a guide and director, you will be allowing the student to provide direct patient care or other activities under your supervision. You and the student will decide what specific learning experiences need to take place to meet the course objectives and the student’s goals for professional growth. The student is under your guidance as the preceptor; so working closely together will be a challenging opportunity.

While serving as a role model, it is helpful to remember what it was like for you when you first began your clinical career. The student will need your empathy as well as your knowledge to support effective learning. Not all students are alike, and the faculty at the CON value and support the individuality and diversity of each student, encouraging flexibility in learning and teaching to accomplish educational goals.

Students as Adult Learners

Graduate students are adult learners who are motivated by professional and personal attributes. While every student experiences some anxiety and uncertainty, he/she is here to learn. Knowles (1990) identified the characteristics of an adult learner:

1. Adults prefer to know the rationale for learning something before undertaking to learn it.
2. Adults will invest considerable energy to learn what they perceive as valuable in learning.
3. Adult learners wish to be treated with respect and they are capable of self-direction.
4. Adults bring with them a volume of past experiences, including experiences with learning. These past experiences can be positive or serve as a barrier.
5. Adults want to learn materials that have practical application.

Teaching Learning Methods

There is no one “right way” or method to teach clinical or leadership skills. It is a process with choice of methods to consider, depending on the learner's needs and style of learning, and the characteristics of the learning setting.

Experiential Learning. This provides the opportunity for direct practice and for interaction with other members of the health care team. The student develops critical thinking and problem solving skills by confronting unfamiliar situations with preceptor support and supervision. Students log cases into Typhon and reflect in class discussions with their clinical faculty member. The faculty member is responsible for evaluating the quality of the work with input on clinical performance from the preceptor for purposes of student grading.

Problem Solving. This method allows the learner to analyze a clinical, or other, situation in depth. It can be initiated by asking the student to clearly explain a specific problem related to individuals or groups and consider multiple interventions, or make differential diagnoses and management decisions based on patient historical and assessment data. As gaps in knowledge are identified, they can become learning goals.

Conference. This is a discussion involving two or more individuals. Problem solving is encouraged as well as the development of communication skills and group process skills. Problem solving, time management and clinical problem presentation are all possible areas for conference topics.

Observation. This method allows a student to experience an area on a short-term basis. An observation may be participatory in which the student contributes by performing limited activities or the student can observe a new professional role or procedure being performed.

Learning Styles

Students learn in many ways, but often they have preferred learning styles that sometimes differ from those of their preceptors. It is helpful but not necessary for the preceptor and student to have similar learning styles. If the preceptor and student can recognize their differences in preferred learning styles, teaching or learning methods can be adjusted for maximum student benefit (Anderson, 1998).

Extrovert versus Introvert. “Extroverts” prefer to learn by talking. They enjoy being active, as seen in their preference for performing psychomotor skills and working as a member of a group. In contrast, “introverts” prefer to read and use internal processing for learning. They need time to do this and do not like to have their thoughts interrupted. They also prefer to work individually.

Thinking versus Feeling. “Thinkers” prefer organization as a trait of the individual doing the
teaching, enjoy objective materials to study and learn from, and find specific performance criteria useful. In contrast, those who learn best through “feeling” enjoy having a good rapport with the person doing the teaching and learning is enhanced by personal relationships.

**Doing versus Watching.** “Doers” prefer a hands-on approach to learning. They may never feel they have learned something until they have “done it themselves.” In contrast, “watchers” prefer to observe an activity one or more times to assimilate it before practicing it themselves.

**Creating an Environment for Learning**

A welcoming manner not only creates a sense of being valued but also assists the student to work at his or her best level of performance. Other ways to create an environment for learning include the following:

- Introduce the student to the other members of the health care team and give them a physical tour of the unit.
- Share information needed to work successfully on the unit. These include codes to supply rooms, break rooms, and the location of items such as policies and procedures, key items, phone lists, and others.
- Choose over time assignments that will be challenging but will not cause unnecessary frustration and impede student success. Learning usually proceeds better when following a “simple to complex” pattern.
- Seek out and share complex or difficult patient situations so the student can learn to manage them while in the “protected” or supported student role.
- Acknowledge that no one knows everything, but be open to finding and sharing information with the student.
- Set aside a specified short period each day to communicate with the student solely about his or her learning.
- Celebrate the student’s successes.

**Useful Communication Techniques**

To maximize a student’s learning in the clinical setting, communication must be open and honest:

- Be generous in providing praise, support, and encouragement (remember what it felt like to be a student).
- Listen fully and openly to what the student is saying.
- Be gentle, honest and constructive when critiquing performance.
- Use a “feedback sandwich” approach when critiquing performance. Begin with a positive comment, add constructive comments, and end with a positive comment. Be sure to be specific and genuine.
- Provide feedback immediately after a new skill or other event.
- Provide feedback in a safe environment away from patients, families, or other staff.
- Make it a habit to provide daily feedback as well as the more formal weekly feedback.
- Self-evaluate the nature of your feedback. (Specific vs. general, Factual vs. opinionated, Descriptive vs. judgmental)
- Encourage questions from the student and reassure them that no question is unimportant.
- Share questions and concerns with the faculty member. It is far easier to address a problem that is identified early in the semester than near the end.
Strategies for communication to enhance ongoing learning:

- "Think out loud." Explain the rationale for actions as they occur so the student hears the decision-making and prioritization processes. This is especially useful near the beginning of the learning experience when the student may be more self-conscious about asking questions independently.
- Ask questions. This stimulates the student’s thinking about what is important in any given clinical situation. Allow the student time to formulate a response.
- Answer questions. Provide answers and also show the student where to find the answer to similar questions, so the student can be more self-reliant in the future.
- Use demonstration and return demonstration to assist students in skill development.

Assessing Student Progress

Always develop clear and specific plans regarding those aspects of care for which the student will be held responsible. Continuously communicate with the student. Share responsibility. Evaluate the student’s performance with both positive and constructive feedback.

The student will ultimately be evaluated to the degree that he or she meets the course objectives, which are listed on the course’s clinical evaluation tool. Each course objective has specific behaviors written beneath it, to help guide decision-making about the degree to which the overarching objective has been met. It is the faculty member’s responsibility to officially evaluate the student, but preceptors are asked to provide input using weekly communication tools and at specified points, such as mid-course and end-of-course.

Criteria for Preceptor Selection

1. Preceptors are chosen on the basis of their knowledge of the agency, their interest in working with students, and ability to be a realistic role model.
2. Current licensure as an APRN, MD or PA in the state where the practicum is held.
3. Master of content or certification in a specialty area.
4. Educational requirements/preparation for the specialty area.
5. Recognized expertise in clinical practice.
6. Ability to guide students in meeting the objectives for the practicum.
7. Effective interpersonal skills for supporting a beginner, providing orientation to the experience, identifying student strengths and weaknesses, and giving feedback in a constructive manner.
8. Agency support for the experience and preceptor recommendation.
9. Students are encouraged to be active participants in the preceptor selection process by identifying appropriate potential preceptors. All student-identified preceptors or clinical experiences must be appropriate for meeting practicum objectives and must be approved by the student’s College of Nursing program faculty member.
Student Health Requirements

Prior to beginning the first clinical experience, the student is required to provide documentation of findings of a physical examination, evidence of immunizations against or positive titers for measles, mumps, rubella, tetanus/diphtheria/varicella, and chicken pox, along with evidence of serology testing and 2-step Tuberculin (TB) testing. Immunizations against Hepatitis B and flu are required.

Thereafter, all students must submit evidence of TB testing with date and result to the College of Nursing annually. Students are required to notify the College of Nursing of any significant change in their health status that may affect participation in clinical experiences.

Students must provide the College of Nursing with the required appropriate documentation of health status to participate in the clinical practicum. A delay in returning the necessary documentation may result in the loss of a preferred clinical placement.

All clinical absences due to illness or injury must be made up. The nature of the make-up clinical experience will be the decision of the faculty in consultation with the preceptor.

Student Illness/Injury during the Preceptorship Sessions

If an injury occurs during the scheduled hours of the clinical rotation or other precepted experience, agency policy should be followed. For example, in a medical emergency, needle stick, or other serious clinical injury as defined by the clinical or other preceptor, the student may be seen in the agency's health service or emergency room or if none, sent to the nearest emergency room. It is the responsibility of the preceptor to alert the faculty member and together they will determine if and what forms are to be completed to the satisfaction of both agencies. In non-emergency situations, the student may verbally tell the faculty that they elect to seek care from a private physician/clinic. The student's preceptor will notify the faculty member of any of these events. The student will cooperate with the preceptor in providing information necessary for the faculty member to report the event and/or for the preceptor to complete any required agency forms.

Frequently Asked Questions

How many hours each week will the student need to be in the clinical facility?
This varies depending on the course. Students will be logging their clinical hours into our electronic tracking system Typhon and are responsible for reporting them to their clinical faculty member. Preceptors will be asked to verify that these hours have been completed. Each clinical course has a set number of hours required which students may split between placements. The student should negotiate a schedule with the agency that is mutually beneficial.
Can they work with only one preceptor?  
No. One preceptor is assigned by the agency as the primary supervisor for the student. However, due to scheduling issues, such as sick calls or cancellations, or other unforeseen circumstances, a second preceptor may be assigned to the student. The primary Preceptor may also assign the student to others during the Preceptorship experience to further achievement of course objectives.

How much time will be required?  
Time requirements will vary depending upon the course and background experience of the student. Faculty will provide this specific information. It is suggested that at least a one half hour meeting with the student each week be planned to discuss weekly goals/objectives and progress. The faculty member prior to the beginning of a semester will provide all educational materials and evaluation forms to the preceptors.

How much flexibility do the student and the preceptor have in designing the clinical experience?  
There is a significant amount of flexibility in terms of the type of activities students are involved with. The goal is to provide the student with educational activities specific to their individual needs and career aspirations. Each course has objectives that guide the preceptor in helping the student select experiences intended to meet these objectives. Please feel free to check in with the course faculty with any questions.

How available are faculty members during each student experience?  
Faculty members will be available by phone or e-mail, on an on-going basis. Faculty members and our clinical coordinator will be present at our regional agencies by request, for periodic site visits, and as mutually agreed upon between the faculty member, the preceptor and the student.

Is there payment for being preceptor?  
No. The College of Nursing is unable to provide financial compensation at this time. However, the College will be offering select continuing education seminars free of charge to preceptors, and will complete ANCC certification forms for hours served on request for APRNs seeking recertification.
REFERENCES


### III. Course Specific Information (Additions)

**PRECEPTOR CURRICULUM VITAE**

<table>
<thead>
<tr>
<th>Name:</th>
<th>__________________________________________</th>
</tr>
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<tbody>
<tr>
<td>Date and Place of Birth:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Mailing Address:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>Work Tel. &amp; Fax:</td>
<td>__________________________________________</td>
</tr>
<tr>
<td>E-Mail Address:</td>
<td>__________________________________________</td>
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</table>

#### HIGHER EDUCATION

<table>
<thead>
<tr>
<th>From</th>
<th>To</th>
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<tbody>
<tr>
<td>Degree and Date</td>
<td>Institution</td>
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<tr>
<td>Field/Specialty</td>
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</tbody>
</table>

#### CERTIFICATION AND LICENSURE

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<tr>
<th>Date</th>
<th>Expiration Date</th>
<th>Agency</th>
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</table>

#### PROFESSIONAL PRACTICE

<table>
<thead>
<tr>
<th>Dates</th>
<th>Activity</th>
<th>Location</th>
<th>Institution and Affiliation</th>
</tr>
</thead>
</table>

(Please print or type all information.)

Page 1 of 2
Please circle the appropriate role and answer to the two questions below.

1) How many years have you been in clinical practice (NP/MD/DO/CNM/PA)?
   a) > 15 years
   b) 11-15 years
   c) 6-10 years
   d) 3-5 years
   e) 0-2 years

2) How many years have you precepted students (NP, MD)?
   a) >10 years
   b) 5-9 years
   c) 1-4 years
   d) < 1 year
   e) 0

Please provide the names and contact information for three professional references.

______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

______________________________________________________________________________

Preceptor’s Signature                         Date

______________________________________________________________________________

Printed Name

Please email to ajuno@nursing.umass.edu
or return this 2-page form to: Andrea Juno, College of Nursing, University of Massachusetts, 651 North Pleasant Street, Amherst, MA 01003-9299.
Course # ______________________________

The preceptor agreement permits nursing students of the College of Nursing, University of Massachusetts Amherst to participate in a student preceptorship in your facility.

______________________________  (Clinical Site Name) Please print

Conditions of this program are as follows:

The Affiliation period will be: ______________________________ to ______________________________

The student, ____________________________________________

Will be under the supervision of ________________________________, acting as preceptor.

(Preceptor Name)

of the College of Nursing serves as the liaison with Professor ________________________________, your facility for the above course(s).

Preceptor Responsibilities:
1. Function as a role model in the practicum setting.
2. Facilitate learning activities for no more than two students per day.
3. Orient the student(s) to the practicum site.
4. Provide feedback to the student regarding practicum performance.
5. Contact the faculty if assistance is needed or if any problem with student performance occurs.
6. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
7. Give feedback to the nursing program regarding practicum experience for student and suggestions for program development.

Agency Responsibilities:
1. Retain ultimate responsibility for the care of clients or the maintenance of programs.
2. Retain responsibility for preceptor’s salary, benefits, and liability.
Nursing Program/Faculty Responsibilities:

1. Ensure that preceptors meet qualifications.
2. Ensure that there are current written agreements which delineate the functions and responsibilities of the clinical preceptor and associated agency and nursing program.
3. Ensure that practicum experiences using preceptors occur only after the student has received basic theory and clinical experiences necessary to safely provide care to clients (within course or curriculum).
4. Orient both the student and the preceptor to the practicum experience.
5. Provide the preceptor with course syllabus that covers course requirements and clinical objectives. Discuss student expectations, skills' performance, student guidelines for performance of activities and/or procedures, and methods of evaluation.
6. Assume overall responsibility for teaching and evaluation of the student.
7. Assure student compliance with standards on immunization, screening, HIPAA compliance, OSHA standards, CPR, criminal background check as needed, current liability insurance coverage, and current professional nursing licensure.
8. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
9. Collaborate with preceptor and student to identify appropriate student assignments.
10. Communicate assignments and other essential information to the preceptors.
11. Maintain contact with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
12. Monitor student's progress through student-faculty-preceptor meetings; practicum seminars and review of student practicum assignments.
13. Be available, e.g., telephone or e-mail for consultation with preceptors.
14. Receive feedback from the preceptor regarding student performance.
15. Provide recognition to the preceptor for participation as a preceptor.

Student Responsibilities:

1. Verify clinician's/administrator's eligibility to function as preceptor.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own learning activities.
4. Completely prepare for each practicum experience.
5. Be accountable for own nursing actions while in the practicum setting.
6. Arrange for preceptor's supervision when performing procedures and/or new activities.
7. Contact faculty by telephone or e-mail if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during practicum experiences.
9. Wear appropriate professional attire and university name tags when in the practicum site.

Signatures, on the following page, confirm that the above conditions reflect correctly your understanding and agreement to this affiliation.
University of Massachusetts Amherst, College of Nursing – Student

(Print) ......................................................... (Sign) ......................................................... (Date) .........................................................

Preceptor/Clinical Agency

(Print) ......................................................... (Sign) ......................................................... (Date) .........................................................

University of Massachusetts Amherst, College of Nursing - Clinical Faculty

(Print) ......................................................... (Sign) ......................................................... (Date) .........................................................

Site Name: ____________________________________________
Site Address: __________________________________________
City, State, Zip________________________________________
Location Phone #: ______________________________________
Email: _________________________________________________

Curriculum Vitae or Resume Required with this Form.

Please mail or scan and email this signed form and your CV or Resume to: Andrea Juno
ajuno@nursing.umass.edu
College of Nursing, University of Mass, 651 North Pleasant Street, Amherst, MA 01003-9299.
Preceptor will receive the following documents:

Course Outline and Evaluations Tools
UNIVERSITY OF MASSACHUSETTS COLLEGE OF NURSING

GUIDE TO ESTABLISHING GRADUATE PRACTICUM

An account should be established with Certified Background Check after admission to the program. It must be complete at least two months before starting your first clinical rotation. All of the required information should be uploaded into your certified background account.

Student Affiliate Health Record Due Date

_____ Complete the Student Affiliate Health Record Form.
   Immunizations – Data is on the Student Affiliate Health Record Form.

Liability Insurance

_____ Liability Insurance – You must have independent liability insurance. It cannot be through your work setting as this type of insurance only covers you in your employment setting. You can obtain malpractice insurance from NSO by applying on-line (www.nso.com).

CPR Certification

_____ CPR Certification – Current copy of CPR certification (front and back of card)

RN License

_____ Current Copy of RN License

Materials for Practicum Preceptor

Students should start planning their next clinical practicum six months prior to starting it in order to have all necessary paperwork completed and processed. Lori Lyne llyne@nursing.umass.edu is available to help you look for clinical placements and we do suggest all FNP students apply early to do one of their practicums at a Minute Clinic which has a central application process on their website.
NOTE:

An individual agency may require you to complete forms that have been generated by their agency. Be sure this is discussed with the agency and provide the documentation necessary.

_____ Materials to be sent to an Approved Preceptor: (will be sent by Mail)
   • Preceptor Letter of Agreement (once preceptor receives this letter of agreement it must be mailed back to Andrea Juno after student and preceptor signs the form with a copy of the Preceptor’s CV and/or Resume)
   • Course Outline and Evaluation Tools
   • Preceptor Handbook

In separate mailing:
   • Signed Preceptor Agreement (once Preceptor agreement is returned and Faculty of Record has signed the form, it will be copied and sent back to the preceptor)

_____ Upon completion of the Practicum Experience, the Preceptor will receive a thank you letter and Certificate of Appreciation.

NOTE:

Please email: Andrea Juno at ajuno@nursing.umass.edu

with your preceptor contact information so that she can mail out the preceptor packet discussed above:

   • Preceptor Name and Title
   • Facility Mailing Address
   • Preceptor email

You can also email/attach the preceptor’s CV/Resume if it is available in electronic copy
University of Massachusetts Amherst  
College of Nursing  

Mid Semester Clinical Evaluation  
For Student and Preceptor to complete together.  
Student: ___________________________ Date: ________________  
Preceptor: ___________________________  

<table>
<thead>
<tr>
<th>Behavioral Objectives</th>
<th>Excellent</th>
<th>Good</th>
<th>Needs improvement</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Does appropriate history and makes correct assessment of patient problems.</td>
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<tr>
<td>2. Management of health problems is competent and realistic.</td>
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<td>3. Attends to patient counseling, and health education.</td>
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<tr>
<td>4. Writes clear and concise chart notes.</td>
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<td>5. Is sensitive to cultural and family issues of patients.</td>
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<tr>
<td>6. Is developing independence and assertiveness while displaying good judgment in seeking consultation and referral.</td>
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Please note any areas of practice to which the student needs exposure which are not available in your practice.  

Please note any problems with the student or our program which you would like addressed.  

Signed: ___________________________  

If unable to complete on Typhon please PLEASE RETURN COMPLETED FORM TO: Karen Ayotte College of Nursing, University of Mass., 651 North Pleasant Street, Amherst, MA 01003-9299. Fax to me at: (413) 577-2550, or scan and email to kayotte@nursing.umass.edu
END OF SEMESTER CLINICAL EVALUATION TOOL

Name: ____________________________  Semester: ____________
Clinical Placement: ____________________  Preceptor: ____________

A. Professional Profile

1. CLINICAL SKILLS AND JUDGEMENT

   a. HISTORY TAKING INTERVIEW

<table>
<thead>
<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>LEVEL 4</th>
<th>LEVEL 5</th>
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</thead>
<tbody>
<tr>
<td>Sketchy, incomplete, or inaccurate histories.</td>
<td>History is adequate but of marginal quality.</td>
<td>Careful history with most significant issues covered.</td>
<td>History is complete, orderly, accurate, systematic</td>
<td>History is complete and rich in relevant details.</td>
</tr>
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</table>

   b. PHYSICAL EXAMINATION

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<th>LEVEL 1</th>
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<th>LEVEL 4</th>
<th>LEVEL 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Superficial or incomplete, physicals misses important findings.</td>
<td>Conducts systematic examination but sometimes fails to identify significant findings.</td>
<td>Careful, systematic physical with most findings detected.</td>
<td>Conducts complete, systematic examinations. Recognizes all significant findings</td>
<td>Careful, thorough complete physicals. Detects and can question abnormal findings.</td>
</tr>
</tbody>
</table>

   c. QUALITY OF CASE PRESENTATIONS AND DIFFERENTIAL DIAGNOSIS

<table>
<thead>
<tr>
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   d. PROBLEM SOLVING

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<tbody>
<tr>
<td>Fails to consider available data, lacks common sense</td>
<td>Occasionally overlooks important data or fails to synthesize correctly.</td>
<td>Uses available data to develop an accurate formulation of the problem.</td>
<td>Intelligently considers all available information and uses sound judgment in problem solving.</td>
<td>Consistently solves problems based on comprehensive knowledge and intelligent interpretation of data.</td>
</tr>
</tbody>
</table>
### e. MANAGEMENT SKILLS

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<th>LEVEL 4</th>
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</thead>
<tbody>
<tr>
<td>Poor judgment, inappropriate, poorly integrated plans.</td>
<td>Superficial care plans. Considers only major aspects of care.</td>
<td>Careful, well organized care plan; integrated most medical information.</td>
<td>Careful, well organized care plan; integrates social and medical issues.</td>
<td>Integration of medical and social care data into complete care plan; includes family issues.</td>
</tr>
</tbody>
</table>

### 2. KNOWLEDGE

#### a. FUND OF KNOWLEDGE AND APPLICATION

<table>
<thead>
<tr>
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<th>LEVEL 5</th>
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<tbody>
<tr>
<td>Lacks minimal fund of knowledge or is unable to apply knowledge in clinical situations.</td>
<td>Minimal knowledge which is occasionally connected to the clinical situation.</td>
<td>Average knowledge which is usually applied appropriately and without major errors.</td>
<td>Has an unusual fund of knowledge which is applied effectively and promptly in clinical problems.</td>
<td>Extensive knowledge; aware of controversial areas. Exhibits intellectual aggressiveness.</td>
</tr>
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</table>

#### b. ABILITY TO STUDY INDEPENDENTLY

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<tr>
<th>LEVEL 1</th>
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<th>LEVEL 5</th>
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</thead>
<tbody>
<tr>
<td>Has not demonstrated evidence of any outside reading.</td>
<td>Reads less than the minimum standards.</td>
<td>Reviews standard textbook.</td>
<td>Spontaneously reads extra material related to patient’s problems.</td>
<td>Omnivorous reader; reads and integrates information from outside reading.</td>
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</table>

#### c. KNOWLEDGE OF THERAPEUTICS

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<th>LEVEL 5</th>
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</thead>
<tbody>
<tr>
<td>Clear pattern of inappropriate doses; incorrect or contraindicated medications.</td>
<td>Understands general classes of medications; usually prescribes safely.</td>
<td>Good understanding of therapeutics; applies appropriate classes of medications.</td>
<td>Good understanding of therapeutics; can integrate several different problems into plan.</td>
<td>Superior level of understanding; able to prescribe drugs on clearly individual case basis. E.g. Ace Inhibitors for HTN in DM patients.</td>
</tr>
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#### d. KNOWLEDGE OF DISEASE PROCESS

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<th>LEVEL 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Misses Dx. Doesn’t understand many disease process.</td>
<td>Can generally apply symptoms and signs to obtain correct diagnosis.</td>
<td>Good understanding of disease process; able to discuss course of disease.</td>
<td>Better understanding of disease process and physical illness; can consider disease modifiers.</td>
<td>Complete understanding of pathophysiology of disease process and effect of therapeutic intervention.</td>
</tr>
</tbody>
</table>
3. INTERPERSONAL SKILL

a. RELATIONSHIPS WITH PATIENTS

<table>
<thead>
<tr>
<th>LEVEL 1</th>
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<th>LEVEL 4</th>
<th>LEVEL 5</th>
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</thead>
<tbody>
<tr>
<td>Avoids personal contact with patients and is frequently tactless or inappropriate.</td>
<td>Unskilful in eliciting or managing personal and emotional problems of patients but tries and is not indifferent.</td>
<td>Aware of personal and emotional problems of patients and relates appropriately.</td>
<td>Empathic and comfortable in dealing with patient and families.</td>
<td>Exerts a positive influence upon the outlook of patients and begins to gain confidence of their families.</td>
</tr>
</tbody>
</table>

b. RELATIONSHIPS WITH OTHERS

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<th>LEVEL 5</th>
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</thead>
<tbody>
<tr>
<td>Malcontent A source of many complaints.</td>
<td>Little understanding of teamwork; excessively demanding. Not thoughtful of others, causes friction.</td>
<td>Thoughtful, considerate, respects the rights and needs of others. Good team member.</td>
<td>Unusually aware of others' needs. Effective team member.</td>
<td>Promotes harmony, anticipates and corrects potential problems. Highly valued team member.</td>
</tr>
</tbody>
</table>

c. PROFESSIONAL RELATIONSHIPS

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<th>LEVEL 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior is unacceptable to preceptor; does not cooperate; makes a poor impression.</td>
<td>Behavior is usually acceptable to preceptor, cooperates when necessary; makes little impression.</td>
<td>Maintains acceptable and workable co-worker relationships; appropriate interaction with preceptor.</td>
<td>Establishes atmosphere of mutual respect and dignity with co-workers; able to interact with preceptor in a positive fashion.</td>
<td>Receives admiration and respect of co-workers and preceptors and behaves as a true professional within the office.</td>
</tr>
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</table>

4. PERSONAL ATTRIBUTES

a. PROFESSIONALISM

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<tr>
<th>LEVEL 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Inappropriate behavior, unkempt, does not get along well with others.</td>
<td>Occasionally loud or withdrawn. Unprofessional attire.</td>
<td>Aware of professional position and responsibilities; behavior and appearance are appropriate.</td>
<td>Usually mature and professional. Always courteous and well groomed.</td>
<td>Professional attributes. Possesses leadership qualities. Earns respect.</td>
</tr>
</tbody>
</table>
### b. RESPONSIBILITY

<table>
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<tr>
<th>LEVEL 1</th>
<th>LEVEL 2</th>
<th>LEVEL 3</th>
<th>LEVEL 4</th>
<th>LEVEL 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>__Accepts no responsibility for patient care, does not write charts,</td>
<td>__Accepts basic responsibility for patient care, charts partially</td>
<td>__Accepts responsibility as delegated by preceptor, finishes charts,</td>
<td>__Actively pursues all aspects of patient care from initiation to</td>
<td>__Actively pursues all aspects of patient care; negotiates with</td>
</tr>
<tr>
<td>difficult to find.</td>
<td>written, no extra effort.</td>
<td>does no more, no less.</td>
<td>closure or each contact, charts well done.</td>
<td>preceptor for increased, appropriate responsibility, draws lab, calls</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>for labs, can be trusted to complete assignments always.</td>
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### c. SOCIAL SENSITIVITY

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<th>LEVEL 4</th>
<th>LEVEL 5</th>
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</thead>
<tbody>
<tr>
<td>__Clearly bases care and comments on socioeconomic status; crude</td>
<td>__Socially aware but not always sensitive to patient.</td>
<td>__Clearly cares for patient regardless of socioeconomic status.</td>
<td>__Socially aware; able to integrate care plans with an understanding</td>
<td>__Able to deliver care in a totally unbiased fashion and in a manner</td>
</tr>
<tr>
<td>comments on patients personal cultures.</td>
<td></td>
<td></td>
<td>of patient’s culture.</td>
<td>that considers patients culture into the treatment plan.</td>
</tr>
</tbody>
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### 5. DEDICATION AND RELIABILITY

#### a. MOTIVATION

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<th>LEVEL 3</th>
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#### b. RELIABILITY

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#### c. LEARNING ATTITUDES

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</table>
a. **PRECEPTOR GRADE**

____Inadequate  ____Adequate  ____Excellent

Additional Comments:

Preceptor Signature ____________________________

Student Signature ____________________________

At the end of Clinical Practicum I, first year students should achieve level 3.
At the end of Clinical Practicum II, second year students should achieve level 3-4
At the end of Clinical Practicum III, second year student should achieve level 4-5

*Note: Please comment on areas where the student did not achieve expected level.

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University of Massachusetts
Amherst
College of Nursing
Mid Semester Clinical Evaluation
Advanced Public Health Nurse Leader Program

For Student and Preceptor to complete together.

Student: ____________________________  Date: ____________________________

Preceptor: ____________________________

<table>
<thead>
<tr>
<th>Behavioral Objective</th>
<th>Excellent</th>
<th>Good</th>
<th>Needs Improvement</th>
<th>Not Observed</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Completes community assessment and makes appropriate recommendations considering the needs of the</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Correctly identifies the populations’ health</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Works effectively in public health setting, making good use of time spent on site.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>4. Management of health projects is competent and realistic.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>5. Is sensitive to social, cultural, and economic issues in population.</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>6. Is developing independence and assertiveness while displaying good judgement in the practicum</td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Please note any areas of public health practice that the student would benefit from that are not available in this practicum setting.

Please note any problems with the student or program?

Signed: ____________________________

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### END OF SEMESTER CLINICAL EVALUATION TOOL

**A. Professional Profile**

1. **PUBLIC HEALTH SKILLS AND JUDGEMENT**

   a. **COMMUNITY HEALTH ASSESSMENT**

<table>
<thead>
<tr>
<th>LEVEL 1</th>
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</tr>
</thead>
<tbody>
<tr>
<td>Incomplete, or inaccurate.</td>
<td>Assessment is adequate but of marginal quality.</td>
<td>Careful assessment with most significant</td>
<td>Assessment is complete, orderly, accurate, and</td>
<td>Assessment is complete, accurate,</td>
</tr>
</tbody>
</table>

   b. **IDENTIFIED HEALTH DETERMINANTS**

<table>
<thead>
<tr>
<th>LEVEL 1</th>
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<tbody>
<tr>
<td>Superficial or incomplete.</td>
<td>Systematic evaluation but sometimes fails to identify significant determinants.</td>
<td>Careful, systematic assessment with most determinants detected.</td>
<td>Conducts complete, systematic assessment and recognizes all significant health determinants.</td>
<td>Assessment is complete and recognizes all significant determinants. Detects and can question complex</td>
</tr>
</tbody>
</table>

   c. **INTERVENTION DESIGNED TO IMPROVE POPULATION HEALTH STATUS.**

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<tr>
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<tbody>
<tr>
<td>Fails to identify an appropriate intervention for defined population.</td>
<td>Intervention overviews important data or fails to address intended population needs.</td>
<td>Designs, implements and evaluates an appropriate intervention for the identified population.</td>
<td>Designs, implements and evaluates an intervention to meet the needs of the identified population using an evidence-based intervention framework.</td>
<td>Designs, implements and evaluates a comprehensive intervention to address identified needs in the population using an evidence-based intervention framework.</td>
</tr>
</tbody>
</table>
d. Program evaluation

<table>
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<tbody>
<tr>
<td>Fails to evaluate program.</td>
<td>Considers only major aspects of program in evaluation.</td>
<td>Well-organized evaluation plan.</td>
<td>Well organized evaluation using an evidence-based framework.</td>
<td>Utilizes evidence-based frameworks to evaluate practice in a clearly systematic,</td>
</tr>
</tbody>
</table>

2. KNOWLEDGE

a. FUND OF KNOWLEDGE AND APPLICATION

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<tbody>
<tr>
<td>Lacks minimal fund of knowledge or is unable to apply knowledge in community situations.</td>
<td>Minimal knowledge that is occasionally connected to the public health situation.</td>
<td>Average knowledge that is usually applied appropriately and without major errors.</td>
<td>Has above average knowledge that is applied effectively and promptly in community</td>
<td>Extensive knowledge; aware of controversial areas. Exhibits intellectual aggressiveness.</td>
</tr>
</tbody>
</table>

b. ABILITY TO STUDY INDEPENDENTLY

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<tbody>
<tr>
<td>Has not demonstrated evidence of any outside reading.</td>
<td>Reads less than the minimum standards.</td>
<td>Reviews standard textbook.</td>
<td>Spontaneously reads extra material related to public health problems.</td>
<td>Omnivorous reader and integrates information from outside reading</td>
</tr>
</tbody>
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c. KNOWLEDGE OF PUBLIC HEALTH NURSING INTERVENTIONS

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<tr>
<td>Clear pattern of inappropriate, incorrect, or contraindicated interventions.</td>
<td>Has some understanding of interventions, has difficulty applying appropriate interventions</td>
<td>Good understanding of appropriate interventions; applies appropriate interventions in the population.</td>
<td>Good understanding of levels of interventions; can integrate several different</td>
<td>Superior level of understanding; able to implement nursing interventions at many levels of practice.</td>
</tr>
</tbody>
</table>
3. INTERPERSONAL SKILL

a. RELATIONSHIPS WITH OTHERS

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b. PROFESSIONAL RELATIONSHIPS

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<td>Behavior is unacceptable to preceptor; does not cooperate; makes a poor impression.</td>
<td>Behavior is usually acceptable to preceptor, cooperates when necessary; makes little impression.</td>
<td>Maintains acceptable and workable co-worker relationships; appropriate interaction with preceptor.</td>
<td>Establishes atmosphere of mutual respect and dignity with co-workers; able to interact with preceptor in a positive fashion.</td>
<td>Receives admiration and respect from co-workers and preceptors and behaves as a true professional within</td>
</tr>
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4. PERSONAL ATTRIBUTES

a. PROFESSIONALISM

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<tr>
<td>Inappropriate behavior, unkempt, does not get along well with others.</td>
<td>Occasionally loud or withdrawn. Unprofessional attire.</td>
<td>Aware of professional position and responsibilities; behavior and appearance are</td>
<td>Usually mature and professional. Always courteous and well groomed.</td>
<td>Professional attributes. Possesses leadership qualities. Earns respect.</td>
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b. RESPONSIBILITY

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<tr>
<td>Accepts no responsibility for own work, does not contribute to the organization.</td>
<td>Accepts basic responsibility for assigned work, no extra effort.</td>
<td>Accepts responsibility as delegated by preceptor, finishes all expected work in a timely fashion.</td>
<td>Actively pursues and engages in work, which is completed in a timely fashion and is well done.</td>
<td>Actively pursues assignments; negotiates with preceptor for increased, appropriate responsibility, can always be trusted to complete assignments.</td>
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c. SOCIAL SENSITIVITY

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<td>Clearly bases care and comments on socioeconomic status; inappropriate</td>
<td>Socially aware but not always sensitive to social issues in the community.</td>
<td>Clearly accepts members of the community regardless of socioeconomic status.</td>
<td>Socially aware; able to develop program plans with an understanding of social and cultural</td>
<td>Is highly sensitive to cultural, social, and economic differences when developing a</td>
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5. DEDICATION AND RELIABILITY

a. MOTIVATION

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a. PRECEPTOR GRADE

__Excellent

Additional Comments:

Preceptor Signature__________________________

Student Signature _________________________

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