UNIVERSITY OF PORTLAND

School of Nursing & Health Innovations

Doctor of Nursing Practice Program
Preceptor Handbook
2025-2026

University of Portland

Dear Preceptor,

Thank you so much for agreeing to precept a University of Portland School of Nursing & Health Innovations (UPSONHI) Doctor of Nursing Practice (DNP) family nurse practitioner student! We deeply appreciate your contribution to the preparation of the next generation of nurse practitioners!

We hope you find this DNP Preceptor Handbook useful! In particular, please review the following sections:

1. Clinical Preceptor Responsibilities
2. General Expectations of the Student
3. Expectations of the Student by Level/Clinical Course
4. Evaluation of Student Performance
5. Appendix A: DNP Program Clinical Roles & Responsibilities

Prior to the start of the semester, the student will contact you to arrange the best clinical schedule for you. Please know that the student is to accommodate your schedule.

The faculty will call or email you during the first three weeks of the semester and again during the last three weeks of the semester to address any concerns you may have regarding the student's performance. In addition, the faculty will conduct a site visit at approximately mid-semester. During the site visit, faculty will observe patient workups and discuss with you the student's progress and any areas that could be strengthened. However, please feel free to contact the faculty at any time regarding questions or concerns about the student's clinical activities.

The student will be documenting their patient encounters and hours in a web-based clinical tracking system called Typhon. Faculty, preceptors, and students also use Typhon to complete student clinical performance evaluations. You will receive an email asking you to complete an evaluation of your student's clinical performance in Typhon at the end of the semester.

We will send you a letter at the completion of your precepting, which can be credited towards maintenance of your professional licensure. Please feel free to call or email us at any time if you have questions or concerns.

Thank you again for being an important component of our program!

Joy Moceri
Joy Moceri, DNP, FNP-C
Assistant Professor & Graduate Program Director
joymoceri@up.edu

Table of Contents

INTRODUCTION 1

UPSONHI MISSION STATEMENT 1

ACCREDITATION & APPROVAL 1

OVERVIEW OF THE DNP PROGRAM 2

DNP PROGRAM OUTCOMES 2

DNP PROGRAM CURRICULUM 2

DNP PROGRAM LEADERSHIP, FACULTY & STAFF 3

DNP PROGRAM CLINICAL TRACKING SYSTEM: TYPHON 4

CLINICAL PRECEPTOR RESPONSIBILITIES 4

GENERAL EXPECTATIONS OF THE STUDENT 5

EXPECTATIONS OF THE STUDENT BY LEVEL/CLINICAL COURSE 6

- NRS 630: FNP Clinical I (180 clinical hours) 7
- NRS 631: FNP Clinical II (120 clinical hours) 8
- NRS 633: FNP Clinical III (120 clinical hours) 8
- NRS 634: FNP Clinical IV (180 clinical hours) 9
- NRS 675: DNP Directed Clinical (360 clinical hours) 10

EVALUATION OF STUDENT PERFORMANCE 10

EVALUATION OF PRECEPTOR AND SITE 12

APPENDIX A: DNP PROGRAM CLINICAL ROLES & RESPONSIBILITIES 13

APPENDIX B: DNP-FNP PROGRAM OF STUDY 16

APPENDIX C: DNP COURSE INFORMATION 17

APPENDIX D: QUALIFICATIONS OF CLINICAL PRECEPTORS 21

APPENDIX E: GUIDELINES FOR SELECTING CLINICAL PRACTICE SITES 22

APPENDIX F: DNP PROGRAM FACULTY & STAFF CONTACTS 23

APPENDIX G: CLINICAL EVALUATION OF STUDENT PERFORMANCE BY FACULTY 24

APPENDIX H: CLINICAL EVALUATION OF STUDENT PERFORMANCE BY PRECEPTOR 31

APPENDIX I: STUDENT SELF EVALUATION OF CLINICAL PERFORMANCE 38

APPENDIX J: STUDENT EVALUATION OF PRECEPTOR AND SITE 45

INTRODUCTION

The enclosed materials have been assembled for those who have agreed to serve as clinical preceptors for University of Portland (UP) School of Nursing & Health Innovations (SONHI) graduate nursing students pursuing a Doctor of Nursing Practice (DNP) degree. The purpose of this handbook is to orient you to the program and enhance your understanding of the students' capabilities and the school's expectations of the clinical rotation experience.

UPSONHI MISSION STATEMENT

Mission

The School of Nursing & Health Innovations is a community that transforms the education of health professionals, empowering students to cultivate an equitable, inclusive, sustainable, and just health care system.

Vision

As a Community, the School of Nursing & Health Innovations will actively engage in creating a future where:

- Today's students are prepared to solve tomorrow's problems
- Community members overcome adversity through adaptability and endurance
- Students are empowered to develop and nurture relationships based on mutual respect that honors differences
- Community members advocate for and model wellness and vitality
- Innovative health care education programs are informed by the diverse populations we serve
- Community members cultivate an environment full of hope, vibrant joy, and beauty
- Community members foster imagination, curiosity, and innovation

Values

As a Community, the School of Nursing & Health Innovations values:

- Academic Excellence & Integrity
- Empathy & Compassion
- Innovative Transformation
- Holistic Wellness & Vitality
- Professional Advocacy & Social Responsibility
- Human Differences & Diversity

We inspire leaders of the future through academic excellence to create systems and environments that support optimal health and wellness.

ACCREDITATION & APPROVAL

The Doctor of Nursing Practice (DNP) program at University of Portland is accredited by the Commission on Collegiate Nursing Education (http://www.ccneaccreditation.org) and approved by the Oregon State Board of Nursing.

OVERVIEW OF THE DNP PROGRAM

The SONHI offers an innovative DNP program with a focus on primary care, developing a sustained partnership with patients, and providing integrated, accessible health care services in the primary care setting. Students admitted to the DNP program are registered nurses who hold a bachelor of science degree in nursing or a master's degree in nursing and become primary care Family Nurse Practitioners (FNPs) and earn the DNP degree.

The DNP program prepares nurses to provide health services at the highest level of clinical nursing practice. The curriculum is designed to develop leaders able to expand their impact on the health of society by improving quality of care, patient outcomes, and health policy. Graduates are prepared as holistic practitioners who understand many different healing methodologies and who practice collaboratively with those who seek care. There is also an emphasis on caring for disadvantaged populations and using evidence-based interventions in care to advance health equity.

Graduates are eligible for FNP national certification through the American Academy of Nurse Practitioners Certification Board or American Nurses Credentialing Center.

DNP PROGRAM OUTCOMES

The DNP program prepares graduates to:

1. Practice independently in a variety of primary care health environments, translate best evidence into practice, employ a population focus, incorporate integrative health and/or palliative care perspectives, and collaborate with multiple disciplines with the goal of providing effective, comprehensive healthcare;
2. Demonstrate leadership in macro and micro healthcare system change and personal practice improvement; and
3. Proactively strive for social justice, actively address health disparities and function as culturally competent practitioners who relate effectively with diverse and underserved individuals, families, and populations.

DNP PROGRAM CURRICULUM

The DNP-FNP program integrates *The Essentials: Core Competencies for Professional Nursing Education* (AACN, 2021), *Division 21* of the Oregon Nurse Practice Act (OSBN), the *Nurse Practitioner Core Competencies* (NONPF, 2022), and the *Population-Focused Nurse Practitioner Competencies: Family/Across the Lifespan* (NONPF, 2013). The DNP-FNP program incorporates the *Criteria for Evaluation of Nurse Practitioner Programs* (NTF, 2016) and is guided by the *Graduate Competencies and Recommendations for Educating Nursing Students* (AACN, 2022) and the *Integrative Health Competencies for Primary Care Professionals* (NCIPH, 2017). *Note:* The DNP-FNP program is in the process of transitioning to the *Standards for Quality Nurse Practitioner Education* (NTF, 2022).

The program of study for DNP-FNP students is 3 years (9 semesters) and 76 credits. The program is delivered in a hybrid format of online courses and required on-campus weekend

immersions. The program begins with the DNP "core" coursework (e.g., leadership, epidemiology, informatics, quality improvement, translation science), followed by advanced pathophysiology, advanced pharmacology, and advanced health assessment courses to prepare students for clinical practice. All students complete a DNP scholarly project related to advanced nursing practice in *NRS 665: DNP Scholarly Project*. Additionally, all students complete *NRS 675: Directed DNP Clinical* in their final semester of the program. The directed clinical course is designed for students to demonstrate synthesis of knowledge gained throughout the program and use evidence to improve practice or patient outcomes for specific program competencies.

See **Appendix B** for the program of study and **Appendix C** for course titles and descriptions.

DNP PROGRAM LEADERSHIP, FACULTY & STAFF

The *graduate program director* provides direct oversight for the DNP program. This includes reviewing and verifying preceptor qualifications (see Appendix D for the list of preceptor qualifications), reviewing and verifying the appropriateness of clinical sites (see Appendix E for the guidelines for selecting clinical sites), ensuring all DNP students have adequate clinical placements and experiences, and ensuring preceptors and clinical sites have been evaluated at the conclusion of each semester.

The ***clinical faculty*** is the faculty of record for a clinical course. Clinical faculty are responsible for monitoring and assessing individual student clinical competencies, ensuring all clinical evaluation steps are complete, and submitting final grades for clinical courses.

The ***faculty site visitor*** (may be the same as or different from the clinical faculty) contributes to the assessment and documentation of each student's clinical experience. Near the beginning and end of the semester, the faculty site visitor asks the preceptor specific questions about their student's clinical performance. At mid-semester, the faculty site visitor goes to the clinical site to observe the student interacting with patients and talk with the preceptor about the student's strengths and any areas of concern. Immediately after the visit, the faculty site visitor completes an evaluation of the student's clinical performance. (For more details, see the "Evaluation of Student Performance" section.)

The ***SONHI support staff*** manage many of the technical and logistical aspects of DNP student clinical placements and evaluations. They collaborate with the graduate program director to secure clinical placements, facilitate the signing of clinical affiliation agreements, manages Typhon (see the "DNP Program Clinical Tracking System: Typhon" section), and support preceptor and site evaluation processes.

Please see **Appendix A** for a chart of the responsibilities of the SONHI support staff, student, clinical faculty, faculty site visitor, preceptor, and graduate program director at various points in the semester.

Please see **Appendix F** for a list of key DNP program faculty and staff contacts.

DNP PROGRAM CLINICAL TRACKING SYSTEM: TYPHON

Each student is required to document their clinical hours and patient encounters in a web-based clinical tracking system called Typhon. The student can login to Typhon using a computer at the clinical site or they can bring a laptop – preceptors should discuss this with their student and let them know their preference. While documentation in Typhon is important and required to pass the course, the focus of the student's work with the preceptor should be patient care, not entering data into Typhon.

The clinical faculty uses Typhon to monitor student hours and evaluate the mix of patients they are seeing and the types of workups and procedures they are practicing. In addition, the faculty site visitor, preceptor, and student each complete an evaluation of student clinical performance in Typhon (see "DNP Program Clinical Roles & Responsibilities" in Appendix A).

The SONHI's support staff facilitates access to Typhon for preceptors so they can complete an evaluation of their student's clinical performance. **When a student has completed approximately half of their assigned clinical hours at the site, the preceptor will receive an email from Typhon Group Notification Systems requesting that they login to their Typhon account to complete an evaluation on the student they are precepting.** This email provides a direct link for logging into Typhon. Any preceptors who have issues accessing or logging into Typhon should contact the SONHI support staff (see **Appendix F**) for guidance and support.

CLINICAL PRECEPTOR RESPONSIBILITIES

The UPSONHI requests that DNP student clinical preceptors:

- Ensure the Clinical Affiliation Agreement is signed. Students cannot provide client care in the facility until the Clinical Affiliation Agreement is signed by the University of Portland and the practice site's official signatory.
- Immediately notify the UPSONHI graduate program if the clinical preceptor is or becomes the subject an investigation by a Board of Nursing.
- Provide the UPSONHI graduate program with a current Curriculum Vitae (resume).
- Review the UPSONHI DNP Preceptor Handbook.
- Review all materials provided by the clinical faculty and student (e.g., emails, course syllabus).
- Orient the student to the physical space, staff, flow of patients, and policies.
- Orient the student to the documentation method used at clinical site, such as charts or electronic medical records.
- Allow the student to shadow you for the first week, unless the student has worked with you previously.
- Provide the student with instructions on your preferred method for reporting of patients to you.
- Be on site and available to students during the agreed upon times. Notify the student if unavailable on designated student clinical day.
- Assist the student in communication with staff and navigating the practice site.

- Discuss with the student their individual objectives and methods for meeting them in the particular setting.
- Agree to guide and direct the student through the clinical experience, allowing sufficient time for ongoing communication with the student.
- Be familiar with national and state nurse practitioner standards and regulations and the UPSONHI DNP program outcomes and encourage the student to seek relevant clinical learning opportunities over the course of the clinical rotation.
- Provide feedback on clinical performance to the student throughout the clinical experience.
- Respond to faculty emails/phone calls regarding student clinical performance near the beginning and at end of the semester.
- Inform the faculty member of any concerns regarding student performance in the clinical setting. The sooner feedback is provided during a student's experience, the more likely the concern can be addressed with a positive outcome.
- Co-host (with the student) a faculty site visit at approximately mid-semester.
- Meet with the student at the end of the semester to complete the evaluation tool in Typhon (see the "DNP Program Clinical Tracking System: Typhon" section).

Please see **Appendix A** for a chart of the responsibilities of the SONHI support staff, student, clinical faculty, faculty site visitor, preceptor, and graduate program director at various points in the semester.

Please see **Appendix F** for a list of DNP program faculty and staff members preceptors may contact for support.

GENERAL EXPECTATIONS OF THE STUDENT

Students begin their formal direct patient care clinical experiences in the second year of the program, and after successful completion of the "core" DNP coursework (e.g., leadership, epidemiology, informatics, quality improvement, translation science), *NRS 607: Advanced Pathophysiology and Genetics*, *NRS 608: Advanced Pharmacotherapeutics*, and *NRS 610: Advanced Health Assessment* (see **Appendix B** for the DNP-FNP program of study).

For preceptors who are not NPs, it is important to understand that UP DNP-NP students are new to the role of directing patient care and management. While they have a variety of levels of clinical experience as RNs, they will have been recently introduced to the medical concepts of illness scripts and differential diagnosis and will be applying this knowledge for the first time as student clinicians with their preceptors. Please reach out to the clinical faculty if you have questions or concerns about how to guide NP students in clinical practice.

Although the students are RNs, they are expected to be involved in clinical activities similar to the other providers at the clinical site. Students should not be asked to perform RN-type activities unless these activities are also performed by the other providers at the clinical site.

Prior to the start of the semester, the student will contact the preceptor to arrange the schedule for the clinical hours for the semester. The schedule is made subject to the requirements of the preceptor's clinical schedule. It is expected that the student will prioritize this time and allow adequate time for alterations in the schedule if required for extenuating conditions.

At the beginning of the semester, the student will identify goals for their clinical experience. The student will also initiate contact with the faculty site visitor and preceptor to coordinate a date/time for a site visit at approximately mid-semester.

Throughout the semester, the student will document their patient encounters and log their hours in a web-based clinical tracking system called Typhon (see the "DNP Program Clinical Tracking System: Typhon" section). The student can login to Typhon using a computer at the clinical site or by bringing their own laptop to clinic for this purpose.

At the end of the semester, the student will complete a self-evaluation of their clinical performance in Typhon. The student will also evaluate their preceptor and clinical site.

Please see **Appendix A** for a chart of the responsibilities of the SONHI support staff, student, clinical faculty, faculty site visitor, preceptor, and graduate program director at various points in the semester.

EXPECTATIONS OF THE STUDENT BY LEVEL/CLINICAL COURSE

There are five clinical courses in the program and all but the final clinical course (NRS 675) have corequisite management courses, as shown below and in the DNP program of study in **Appendix B**. The management courses cover the assessment, diagnosis, and management of various conditions encountered in primary care in different populations. In each clinical course, students apply principles learned in their management courses to the direct care of patients and synthesize competencies. Course descriptions for each DNP course are provided in **Appendix C**. Syllabi for clinical and management courses are available upon request from the clinical faculty or student.

The skills around providing and managing patient care are learned and honed throughout the clinical curriculum and into independent clinical practice. Prior to starting precepted clinical learning, the students will have had courses about how to gather a variety of patient histories and perform the relevant physical examination but will not have applied this in the clinical setting yet. As the curriculum continues, the students begin learning about various patient presentations and how to consider a differential diagnosis, as well as various treatment interventions and management plans. **Please keep in mind that students in their first several rotations will still be novices at the complete process of patient care but should be showing improvement in their clinical thought process.** By the fourth and fifth rotations, students should be performing most of the patient visit, including the assessment and plan portions, with less guidance but still with total supervision.

During the first week at each clinical site, students should shadow their preceptor. This enables the student to see the preceptor's style, learn the process, and become more comfortable at the site. After the first week, students should be ready to start seeing patients. To develop competence as a nurse practitioner, all students require some degree of assistance from the preceptor. In the student's first and second clinical rotations, the focus is on gathering the history and performing the physical exam with more assistance needed in the assessment and plan portion of the patient encounter. The degree of assistance a student requires should decrease over time as the degree of independence and competence increases. **At no time should a student be expected to perform without assistance from the preceptor, which includes the preceptor examining the patient and documenting the visit.**

NRS 630: FNP Clinical I (180 clinical hours)

Corequisite Management Course: NRS 670 - Management of Adults with Acute Conditions

In this first clinical course, the student will come prepared to collect focused and comprehensive histories and perform physical exams. However, the student will be a novice at working with the concepts of differential diagnosis, assessments, and plans and will be strengthening this skillset through the clinical experience.

Upon completion of this course, students will be able to:

1. Collect a relevant health history, including integrative health perspectives, for patients with acute conditions.
2. Articulate and perform a pertinent symptom-focused physical examination.
3. Safely demonstrate primary care procedures with clinical guidance.
4. Distinguish between normal and abnormal changes in adult patients with acute conditions.
5. Identify health and psychosocial risk factors specific to patients with acute conditions.
6. Incorporate screenings and diagnostic tools in clinical decision making.
7. Describe interventions, including integrative and complementary health modalities, that promote health and minimize risk.
8. Demonstrate effective motivational interviewing techniques.
9. Demonstrate cultural humility in NP practice.
10. Discuss preliminary differential diagnoses.
11. Develop and document evidence-based management plans grounded in best practice.
12. Collaborate with the patient, family, and health care team to implement management plans and coordinate transitions in care.
13. Demonstrate continuous quality improvement in clinical practice.

NRS 631: FNP Clinical II (120 clinical hours)

Corequisite Management Courses: NRS 672 - Management of Common Mental Health Conditions in Primary Care & NRS 681 - Management of Common Gender Specific and Adolescent Health Conditions

In this second clinical course, students should be competent at gathering histories and performing many aspects of a physical exam independently. They have been introduced to and have practiced working through a differential diagnosis in the outpatient setting and have begun to learn how to recognize illness scripts for common patient presentations. The students are focusing on expanding their knowledge around caring for adolescent patients, patients with mental health concerns and patients with gender-related health concerns. The students continue to work on how to use a differential when appropriate and expand their knowledge around evidence-informed interventions for patient conditions.

Upon completion of this course, students will be able to:

1. Collect a relevant health history, including integrative health perspectives.
2. Articulate and perform a pertinent symptom-focused physical examination.
3. Safely demonstrate primary care procedures with clinical guidance.
4. Distinguish between normal and abnormal changes in patients.
5. Identify health and psychosocial risk factors specific to patients with mental health and gender health conditions or to adolescent patients.
6. Incorporate screenings and diagnostic tools in clinical decision making.
7. Describe interventions, including integrative and complimentary health modalities, that promote health and minimize risk.
8. Demonstrate effective motivational interviewing techniques.
9. Demonstrate cultural humility in NP practice.
10. Discuss preliminary differential diagnoses.
11. Develop and document evidence-based management plans grounded in best practice.
12. Collaborate with the patient, family, and health care team to implement management plans and coordinate transitions in care.
13. Demonstrate continuous quality improvement in clinical practice.

NRS 633: FNP Clinical III (120 clinical hours)

Corequisite Management Course: NRS 673 - Management of Pediatric Patients in Primary Care

In this third clinical course, students should be competent at gathering histories and performing many aspects of a physical exam independently. They continue to practice working through a differential diagnosis in the outpatient setting and have begun to learn how to recognize illness scripts for common pediatric presentations. Students are focusing on expanding their knowledge around caring for pediatric patients. The students continue to work on working with patients with acute presentations, mental health conditions and gender-related health concerns. Students should be gaining competence and confidence in the assessment and plan portions of the patient interaction.

Upon completion of this course, students will be able to:

1. Collect a relevant health history, including integrative health perspectives, for pediatric patients.
2. Perform a pertinent symptom-focused physical examination.
3. Safely demonstrate primary care procedures with clinical guidance.
4. Distinguish between normal and abnormal changes in pediatric patients.
5. Identify health and psychosocial risk factors specific to pediatric patients and their families.
6. Incorporate screenings and diagnostic tools in clinical decision making.
7. Implement interventions, including integrative and complementary health modalities, that promote health and minimize risk.
8. Demonstrate effective motivational interviewing techniques.
9. Demonstrate cultural humility in NP practice.
10. Develop preliminary differential diagnoses.
11. Develop and document evidence-based management plans grounded in best practice.
12. Collaborate with the patient, family, and health care team to implement management plans and coordinate transitions in care.
13. Demonstrate continuous quality improvement in clinical practice.

NRS 634: FNP Clinical IV (180 clinical hours)

Corequisite Management Course: NRS 674 - Management of Adults & Older Adults with Chronic Conditions

In this fourth clinical course, students are competent in gathering histories and performing many aspects of a physical exam independently. The students are now focusing on the management of care for patients with chronic conditions. The students continue to work on how to use a differential when appropriate and expand their knowledge around evidence-informed interventions for various patient conditions.

Upon completion of this course, students will be able to:

1. Collect a relevant health history, including integrative health perspectives for adult patients with chronic conditions.
2. Perform a pertinent focused physical examination.
3. Safely demonstrate primary care procedures with clinical guidance.
4. Distinguish between normal and abnormal changes in adult patients with chronic conditions.
5. Identify health and psychosocial risk factors specific to patients with chronic conditions.
6. Incorporate screenings and diagnostic tools in clinical decision making.
7. Evaluate interventions, including integrative and complementary health modalities, that promote health and minimize risk.
8. Demonstrate effective motivational interviewing techniques.
9. Demonstrate cultural humility in NP practice.
10. Develop comprehensive differential diagnoses.

11. Develop and document evidence-based management plans grounded in best practice.
12. Collaborate with the patient, family, and health care team to implement management plans and coordinate transitions in care.
13. Demonstrate continuous quality improvement in clinical practice.

NRS 675: DNP Directed Clinical (360 clinical hours)

Note: There are no corequisite courses for NRS 675.

In this final clinical course, students apply the knowledge gleaned from all previous program courses and prepare to enter independent nurse practitioner practice. In addition to the clinical hours, NRS 675 students complete a portfolio demonstrating integration and achievement of program outcomes and competencies and prepare to sit for the national nurse practitioner certification board exam. At this point in the program, students should be competent at gathering histories and performing most aspects of a physical exam independently. They should be competent in working through a differential process when appropriate, and formulating, communicating, and documenting the plan of care to patients and clinical colleagues. Students will continue to need access to resources, their preceptors, and other clinical colleagues for clinical support and oversight.

Upon completion of this course, students will be able to:

1. Function as a competent entry-level practitioner in the assessment, diagnosis, and management of health conditions.
2. Promote the health of individuals and populations while proactively advocating for social justice and incorporating integrative health.
3. Demonstrate cultural humility in NP practice.
4. Demonstrate continuous quality improvement in clinical practice.
5. Develop an individualized plan for passing the national certification exam.
6. Demonstrate achievement of the AACN DNP Essentials and UPSONHI DNP program outcomes.

EVALUATION OF STUDENT PERFORMANCE

Near the beginning and end of the semester (or as needed), the faculty site visitor discusses aspects of the student's clinical performance via phone or email. Questions that may be used to guide these touchpoints are:

1. What areas of strength has the student demonstrated?
2. In what areas could the student improve?
3. Is the student able to interview patients incorporating required clinical elements? Comments?
4. Are there any parts of the exam the student is missing or exam techniques that the student needs to improve? Comments?
5. Is the student able to develop a priority list of differential diagnoses? Please explain.
6. Are there any concerns with the student's documentation? Please explain.
7. Any additional thoughts or comments?

The faculty site visitor documents their discussion with the preceptor in Typhon (see the "DNP Program Clinical Tracking System: Typhon " section). The purpose of the touchpoint near the beginning of the semester is to ensure the student is progressing to standard or to identify as early as possible if a student is struggling so that appropriate support can be provided. The purpose of the touchpoint near the end of the semester is to provide additional documentation that supports the student's continued progression and the earning a grade of Pass in the clinical course.

At mid-semester, the faculty site visitor goes to the clinical site to observe the student interacting with patients and talk with the preceptor about the student's strengths and any areas of concern. This visit is scheduled between the student, the preceptor, and the faculty site visitor. Site visits are typically 3-4 hours in length and should give the faculty site visitor the opportunity to see the student interact with at least 4 patients. During the visit, the faculty site visitor should also review the clinical learning goals the student set for themselves at the beginning of the semester and, if necessary, co-create new goals with student for the remainder of the clinical experience. Immediately after the visit, the faculty site visitor evaluates the student's clinical performance in Typhon. Any competencies that the site visitor was unable to observe during the visit should be documented on the evaluation tool so the student and preceptor know the areas of focus moving forward.

To facilitate the evaluation of students, a tool that addresses their performance in the areas of patient-centered care, teamwork and collaboration, evidence-based practice, quality improvement, safety, informatics, and professional role development is used. All clinical courses are graded on a Pass/No Pass basis. The information you, as a preceptor, provide to faculty will be used to help determine the student's clinical course grade.

The following evaluation of student performance tools are required for each clinical rotation:

1. Clinical Evaluation of Student Performance by Faculty
    - Completed by the faculty site visitor immediately following site visit at midterm (once the student has completed approximately half of the total number of clinical hours for the course)
    - See **Appendix G** for a copy of the tool that is completed in Typhon
2. Clinical Evaluation of Student Performance by Preceptor
    - Completed by the preceptor at the end of the clinical experience
    - See **Appendix H** for a copy of the tool that is completed in Typhon
3. Clinical Evaluation of Self (Student)
    - Completed by the student at the end of the semester
    - See **Appendix I** for a copy of the tool that is completed in Typhon

All clinical courses are graded on a Pass/No Pass basis. The evaluation scale used on the clinical evaluation tool is:

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)

- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

In order to receive a grade of Pass in a clinical course, all evaluation tools must be completed in Typhon and all clinical competencies must be evaluated at a Level I or II by the faculty site visitor. A Level III on any clinical competency on the faculty site visit evaluation results in remediation through a second faculty site visit. If the student is unable to obtain a Level I or II on the faculty site visit by the end of the clinical rotation, this results in failure of the clinical course.

EVALUATION OF PRECEPTOR AND SITE

DNP students complete a "Student Evaluation of Preceptor & Site" tool (see **Appendix J**) to evaluate and provide feedback on their preceptor and clinical site. The evaluation tool is provided as a link on the clinical course Moodle page. An evaluation is to be submitted for each clinical placement in which a student completes at least 20% of the total clinical hours required for the course. It is the responsibility of the clinical faculty to ensure students complete this evaluation tool.

At the end of the semester, the SONHI support staff facilitates the review of the completed evaluations by the clinical faculty member. The SONHI support staff compiles the preceptor and site feedback from the students and clinical faculty and provides it to the graduate program director.

APPENDIX A: DNP PROGRAM CLINICAL ROLES & RESPONSIBILITIES

Role	Prior to Semester	Beginning of Semester	Mid-Semester	End of Semester
SONHI Support Staff (SSS)	• Collaborate with the graduate program director on preceptor outreach and clinical placement processes • Preceptor CV request • Ensure clinical affiliation agreements are in place for all sites • Student clinical requirement compliance (e.g., immunizations) and onboarding • Typhon set up/access for students, clinical faculty, faculty site visitors, and preceptors • Send DNP Preceptor Handbook to preceptors • Co-facilitate (with the graduate program director) a clinical orientation for all clinical faculty and faculty site visitors • Provide clinical faculty and/or faculty site visitor with each student's preceptor and site contact information	• Available for support • Ensure students have Typhon link for case and time entry	• Available for support • Ensure faculty site visitor has Typhon link for evaluation of student	• Send Typhon link to preceptors for student evaluation • Ensure students have Typhon link for Student Self Evaluation • Download completed Student Evaluation of Preceptor & Site forms from clinical course Moodle sites • Prepare Student Evaluation of Preceptor & Site Report, send to clinical faculty, and record their recommendations • Send Student Evaluation of Preceptor & Site Report to graduate program director, record their final decisions, and update Typhon accordingly • Send letter to preceptors documenting preceptor hours completed
Student	• Coordinate preceptor outreach process with SSS and graduate program director • Clinical requirement compliance (e.g., immunizations) and onboarding • Initiate contact with preceptor once cleared by SSS	• Form clinical learning goals • Initiate contact with faculty site visitor to schedule mid-semester site visit • Begin case and time entry in Typhon	• Co-host faculty site visit with preceptor • Refine clinical learning goals as part of the site visit • Continue case and time entry in Typhon	• Complete Student Self Evaluation in Typhon • Ensure case log is complete in Typhon • Ensure hours log is complete in Typhon • Complete Student Evaluation of Preceptor & Site* in Moodle

Role	Prior to Semester	Beginning of Semester	Mid-Semester	End of Semester
	• Setup clinical schedule			*To be completed for every clinical placement in which the student completes at least 20% of the total clinical hours required for the course.
Clinical Faculty	• Send an email of introduction to preceptors, including the course syllabus • For NRS 630: Introduce students to Typhon	• Ensure students know the deadline for completion of all clinical hours and paperwork • Ensure the link to the Student Evaluation of Preceptor & Site form is on the clinical course Moodle page • Ensure that the SSS has access to the clinical course Moodle page • Available for support • Monitor student case and time entry in Typhon on a weekly basis	• Available for support • Monitor student case and time entry in Typhon on a weekly basis	• Ensure student clinical hours are entered in Typhon and that each student completed the min. number of hours required for the course • Ensure student case logs are entered in Typhon • Ensure all faculty, preceptor, and student self evaluations are completed in Typhon • Ensure all students complete a Student Evaluation of Preceptor & Site on the clinical course Moodle page • Review all Student Evaluation of Preceptor & Site forms and send recommendations about preceptors and/or sites that should not be used in the future to the SSS • Submit a final course grade for each student
Faculty Site Visitor	• Initiate contact with clinical faculty and assigned students • Familiarize self with clinical evaluation tool and Typhon	• Email preceptors with questions about their student's clinical performance (touchpoint #1) • Enter preceptor responses into Typhon	• Complete site visit (touchpoint #2) • Document site visit by completing the clinical evaluation tool in Typhon	• Email preceptors with questions about their student's clinical performance (touchpoint #3) • Enter preceptor responses into Typhon
Preceptor	• Ensure clinical affiliation agreement is signed • Send up-to-date CV to SSS • Review DNP Preceptor Handbook	• Orient the student to the clinical site space, staff, flow of patients, policies, and EHR	• Inform the clinical faculty of any concerns regarding student clinical performance	• Inform the clinical faculty of any concerns regarding student clinical performance • Respond to faculty site visitor email/ questions (touchpoint #3)

Role	Prior to Semester	Beginning of Semester	Mid-Semester	End of Semester
	• Review email and course syllabus sent by the clinical faculty	• Inform the clinical faculty of any concerns regarding student clinical performance • Respond to faculty site visitor email/questions (touchpoint #1)	• Co-host faculty site visit (touchpoint #2) with student	• Complete evaluation of student in Typhon
Graduate Program Director	• Collaborate with the SSS on preceptor outreach and clinical placement processes • Review preceptor CVs and verify qualifications • Review and verify appropriateness of clinical sites • Ensure all students have clinical placements secured • Set the deadline for completion of all clinical hours and paperwork for the semester • Schedule and facilitate (with the SSS) a clinical orientation for all clinical faculty and faculty site visitors	• Available for support	• Available for support	• Assist clinical faculty with any final grade questions/issues • Review clinical faculty recommendations about preceptors and/or sites that should not be used in the future and send final decisions to SSS

APPENDIX B: DNP-FNP PROGRAM OF STUDY

YEAR 1

Summer	Fall	Spring
NRS 601 Professional Role Development for Advanced Practice Nursing (3 cr.)	NRS 605 Analytical Methods for Practice Improvement (3 cr.)	NRS 606 Quality Improvement Processes for Practice Improvement (3 cr.)
NRS 602 Leadership in a Complex Healthcare Environment (3 cr.)	NRS 614 Health Organization Systems & Resource Management (3 cr.)	NRS 607 Advanced Pathophysiology and Genetics (4 cr.)
NRS 604 Nursing Science and Ethics for Advanced Practice (3 cr.)	NRS 649 Policy and Politics for the Nurse Leader (2 cr.)	NRS 650 Informatics in a Complex Healthcare Environment (2 cr.)
9 credits	**8 credits**	**9 credits**

YEAR 2

Summer	Fall	Spring
NRS 651 Epidemiology and Clinical Prevention in Population Health (3 cr.)	NRS 670 Management of Adults with Acute Conditions (3 cr.)	NRS 681 Management of Common Gender Specific & Adolescent Health Conditions (4 cr.)
NRS 609 Botanicals in Primary Care (1 cr.)	NRS 630 FNP Clinical I (3 cr.) *180 Clinical Hours*	NRS 631 FNP Clinical II (2 cr.) *120 Clinical Hours*
NRS 608 Advanced Pharmacotherapeutics (3 cr.)	NRS 652 Translation Science (2 cr.)	NRS 672 Management of Common Mental Health Conditions in Primary Care (2 cr.)
NRS 610 Advanced Health Assessment for Primary Care Nurse Practitioners (4 cr.)	NRS 665 DNP Scholarly Project* (1 cr.) *Includes Clinical Hours*	NRS 665 DNP Scholarly Project* (1 cr.) *Includes Clinical Hours*
11 credits	**9 credits**	**9 credits**

YEAR 3

Summer	Fall	Spring
NRS 673 Management of Pediatric Patients in Primary Care (3 cr.)	NRS 674 Management of Adults & Older Adults with Chronic Conditions (3 cr.)	NRS 675 Directed DNP Clinical (6 cr.) *360 Clinical Hours*
NRS 633 FNP Clinical III (2 cr.) *120 Clinical Hours*	NRS 634 FNP Clinical IV (3 cr.) *180 Clinical Hours*	
NRS 665 DNP Scholarly Project* (1 cr.) *Includes Clinical Hours*	NRS 676 Integrative Health: Adult Health Promotion and Acute Health Problems (3 cr.)	
6 credits	**9 credits**	**6 credits**

Total Credit Hours Required: 76 **Total Clinical Hours Required: 1,000**

*NRS 665: Students are required to take this course a minimum of 3 times but will continue to register for it every semester until successful completion and dissemination of the final project. A minimum of 40 clinical hours total is required across the first 3 iterations of the course.

APPENDIX C: DNP COURSE INFORMATION

Course #	Title	Credits	Description
NRS 601	Professional Role Development for Advanced Practice Nursing	3	This course focuses on the role development of the nurse practitioner as an advanced practice nurse prepared at the doctor of nursing practice degree level. Historical, legal, ethical, social, and policy aspects of the role will be examined. Topics such as hallmark competencies, professional behaviors, financial relationships with health systems and interdisciplinary relationships also will be included.
NRS 602	Leadership in a Complex Health Care Environment	3	This course provides the theoretical and practical foundation that guides the formation of a DNP-prepared leader. Leadership theories and processes will be appraised for applicability within a complex health care environment. Factors that impact the leader's ability to design and evaluate safe, quality, cost-effective care will be analyzed. The development of personal leadership will be explored.
NRS 604	Nursing Science and Ethics for Advanced Practice	3	Scientific underpinnings from a variety of disciplines will be explored as they apply to the scholarship and practice of advanced nursing practice. Theoretical foundations of nursing and related disciplines will be applied to enhance health and health care delivery in a variety of settings among diverse populations.
NRS 605	Analytical Methods for Practice Improvement	3	Analytical methods will be examined to appraise multiple sources of evidence to determine its applicability for translating the evidence into practice to improve health outcomes and health delivery systems. Evidence-based practices, statistical analyses and appraisal processes are foundational for this course.
NRS 606	Quality Improvement Processes for Practice Improvement	3	Quality improvement concepts, principles, models and strategies used to improve processes for health care delivery and quality of health outcomes will be explored. The process of new program development and evaluation will be examined.
NRS 607	Advanced Pathophysiology and Genetics	4	This course is designed to provide students with the advanced pathophysiological foundation required for understanding diseases and genetic implications across the lifespan. Focus will be placed on key pathophysiologic processes common to many diseases, specific pathophysiologic processes underlying diseases commonly encountered by nurse practitioners, and the human biopsychosocial response to these processes.
NRS 608	Advanced Pharmacotherapeu-tics	3	This course focuses on the clinical application of pharmacotherapeutics commonly prescribed by nurse practitioners in primary care settings, including drug selection, dosing, monitoring, evaluation, and patient education. This course examines the nurse practitioner role as prescriber.
NRS 609	Botanicals in Primary Care	1	This course explores the clinical indications, potential risks, and evidence for alternative approaches to herbal and dietary supplement therapies. Conceptual approaches to herbal therapy and botanical medicine are explored. Emphasis is on the safety of herbs and supplements.
NRS 610	Advanced Health Assessment	4	This course focuses on the development of advanced health assessment skills as the foundation for clinical decision making. The advanced health assessment process includes appropriate histories, physical exams, labs/diagnostic testing, use of screening tools, diagnosing physical variations and

Course #	Title	Credits	Description
			abnormalities, identification of health needs, and documentation for multiple patient presentations across the lifespan. Fee: $230. Prerequisites: NRS 601, NRS 602, NRS 604, NRS 605, NRS 606, NRS 607, NRS 614, NRS 649, NRS 650, Corequisites: NRS 608
NRS 614	Health Organization Systems & Resource Management	3	This course focuses on complexities of health care organizational systems and their impact on approaches to care delivery and relativeness to quality and safety outcomes. Principles of organizational culture, resource management and organizational policy will be explored.
NRS 630	FNP Clinical I	3	In this clinical course, students apply principles from management courses in direct care to patients. Emphasis is placed on relevant history collecting and physical examination of patients with acute conditions. Students complete 180 hours of supervised clinical experience. Course is graded P/NP. Prerequisite: NRS 610 (or instructor permission). Corequisite: NRS 670
NRS 631	FNP Clinical II	2	In this clinical course, students apply principles from management courses in direct care to patients. Emphasis is placed on synthesizing competencies developed in NRS 630, in addition to preliminary differential diagnosis and management plans for mental health and gender health conditions, as well as adolescent populations. Students complete 120 hours of supervised clinical experience. Course is graded P/NP. Prerequisites: NRS 630, NRS 670 Corequisites: NRS 672, NRS 681
NRS 633	FNP Clinical III	2	In this clinical course, students apply principles from management courses in direct care to patients. Emphasis is placed on synthesizing the competencies developed in NRS 630 and NRS 631, in addition to preliminary differential diagnosis and management plans for pediatric patients. Students complete 120 hours of supervised clinical experience. Course is graded P/NP. Prerequisites: NRS 631, NRS 672, NRS 681 Corequisite: NRS 673
NRS 634	FNP Clinical IV	3	In this clinical course, students apply principles from management courses in direct care to patients. Emphasis is placed on synthesizing the competencies developed in NRS 630, NRS 631, and NRS 633, in addition to comprehensive differential diagnosis and management plans for adults and older adults with chronic conditions. Students complete 180 hours of supervised clinical experience. Course is graded P/NP. Prerequisites: NRS 633, NRS 673 Corequisite: NRS 674
NRS 649	Policy and Politics for the Nurse Leader	2	The influence of health care and other policies on organizations and the nursing profession will be analyzed from multiple perspectives including, ethical, social justice, financial and professional impact. The process of policy formation will be

Course #	Title	Credits	Description
			examined and applied. The roles of advocate and political activist in promoting innovative and just policies will be fostered.
NRS 650	Informatics in a Complex Health Care Environment	2	This course addresses the application and critical impact of informatics on health care delivery and health care systems. Health information systems and technology to improve health outcomes and approaches to health care delivery will be examined. Current and potential future issues that impact the role and use of informatics and technology in health care will be analyzed.
NRS 651	Epidemiology and Clinical Prevention in Population Health	3	The development, implementation and evaluation of health promotion/illness prevention programs and interventions for populations at the microsystem level are the foci of this course. Analysis of epidemiological and research data related to populations, concepts of public health including environmental, occupational health and disaster preparedness and determinants of health are examined as essential components of programs for population health.
NRS 652	Translation Science	2	In this course, students acquire knowledge, skills, concepts and strategies from implementation and dissemination sciences to translate evidence into practice.
NRS 665	DNP Scholarly Project	1	DNP Scholarly Project focuses on practice change in primary care, reflects the integration of coursework and DNP Essentials, and serves as a "foundation for future scholarly practice" (AACN, 2006, p.20). The project includes planning, implementation, evaluation, and dissemination. Students register a minimum of 3 semesters and continue registering until successful completion and dissemination of the final project. Includes clinical hours. Course is graded P/NP.
NRS 670	Management of Adults with Acute Conditions	3	This course covers the assessment, diagnosis, and management of acute conditions encountered in primary care within a family context. Students will incorporate preventive care, differential diagnosis, evidence-based care, and integrative modalities. Prerequisite: NRS 610 (or instructor permission) Corequisite: NRS 620 or NRS 630
NRS 672	Management of Common Mental Health Conditions in Primary Care	2	This course covers the assessment and appropriate diagnosis of mental health conditions encountered in primary care. Emphasis is on differentiating between appropriate referral to a mental health specialist versus management by the primary care nurse practitioner. Safety, ethical, legal and policy issues will be examined. Students will incorporate preventive care, differential diagnosis, evidence-based care, and integrative modalities. Prerequisite: NRS 670 Corerequisites: NRS 621 or NRS 631
NRS 673	Management of Pediatric Patients in Primary Care	3	This course covers the assessment, diagnosis, and management of pediatric conditions encountered in primary care, in addition to focusing on preventive care from birth through middle childhood. Students will incorporate preventive care, differential diagnosis, evidence-based care, and integrative modalities. Prerequisites: NRS 672, NRS 681 Corerequisite: NRS 633

Course #	Title	Credits	Description
NRS 674	Management of Adults and Older Adults with Chronic Conditions	3	This course covers the assessment, diagnosis, and management of adults and older adults with chronic conditions. Students explore chronic care models and incorporate preventive care, differential diagnosis, evidence-based care, and integrative modalities. Prerequisites: NRS 673 or NRS 683 Corequisites: NRS 624 or NRS 634
NRS 675	Directed DNP Clinical	6	This clinical course prepares students for independent, entry-level nurse practitioner practice. Expectations include successful application of knowledge gleaned from all previous program courses. Students will complete a portfolio demonstrating integration and achievement of DNP program outcomes and competencies. Includes 360 clinical hours. Course is graded P/NP. Prerequisite: Successful completion of all prior required courses in the DNP curriculum.
NRS 676	Integrative Health: Adult Health Promotion and Acute Health Problems	3	This course explores integrative perspectives for facilitating wellness, restoration of health, and the management of chronic and acute conditions in adults. Strategies include mind body approaches, nutrition, spirituality, complementary and alternative modalities and botanicals. The course examines opportunities for nurse practitioner students to incorporate integrative health principles into their practices.
NRS 681	Management of Common Gender Specific & Adolescent Health Conditions	4	This course covers the assessment, diagnosis, and management of gender specific and adolescent health conditions encountered in primary care. Gender theories, adolescent growth and development, and biological science will be explored. Students will incorporate preventive care, differential diagnoses, evidence-based care, and integrative modalities. Prerequisite: NRS 670. Corequisites: NRS 621 or NRS 631.

APPENDIX D: QUALIFICATIONS OF CLINICAL PRECEPTORS

Ideally, the DNP student preceptor is an advanced practice registered nurse (APRN), although students may also be precepted by MDs, DOs, PAs, Clinical PharmDs, or other allied health professionals as appropriate (OSBN 851-021-0045).

Preceptors who are APRNs must possess at least a master's degree, have current and unencumbered registered nurse (RN) and appropriate APRN licensure (CNS, CRNA, or NP) in the state in which the clinical rotation occurs, be nationally certified (except for CNSs), and have a minimum of 2,080 hours of licensed practice (approximately one year of full-time experience).

Preceptors who are not APRNs must be appropriately prepared, experienced, licensed without encumbrance by their regulatory body, and certified.

Preceptors may not be relatives or personal friends of the student they precept.

Preceptors are chosen based on experience level and special skills, with a focus on the appropriate types of clients for the rotation. Each preceptor is required to submit a current resume to the graduate program for verification of skills, experience, licensure, certification, and readiness to precept.

APPENDIX E: GUIDELINES FOR SELECTING CLINICAL PRACTICE SITES

DNP students and faculty are expected to collaborate in setting up clinical sites. The following guidelines are considered when seeking clinical partnerships:

- Appropriate practice sites will provide opportunity for learners to meet course outcomes and DNP program competencies.
- The clinical setting must provide appropriate space and facilities for students to utilize during clinical times scheduled.
- Clinical sites will utilize problem-oriented records.
- Clinical sites will be more conducive to learning if the client volume is moderate. Therefore, high-volume practices (>20 pts/day) may not be appropriate.
- Generalized clinical practices are preferred. Those learners who wish more specialized clinical settings may have to arrange for additional precepted time to meet all course objectives.
- All clinical sites will be arranged with a formal Clinical Affiliation Agreement with the UPSONHI.
- Specific requests by the student will be considered according to the above criteria and the following:
    - Preceptors will be chosen based on qualifications, experience level, and special skills, with a focus on the appropriate types of clients for each course.
    - Preceptor will have a minimum of 2,080 hours of licensed practice (approximately one year of full-time experience).
    - Preceptors must not be relatives or personal friends of the students they precept.
    - The preceptor must be a critical part of the health care team at the clinical site.
    - The organizational environment must be conducive to student learning.
    - The student to individual preceptor ratio must not be greater than 2:1 at any time.
- Clinical sites for Oregon residents with an Oregon RN license will be located throughout Oregon. To complete the required clinical hours, students may be required to drive long distances and will be responsible for any travel/lodging expenses.
- Clinical sites for students living outside Oregon will be located by UPSONHI with assistance from the students. The student must have a current and unencumbered RN license in the state of the clinical experience.
- Clinical placements can take place in a variety of settings, such as:
    - Hospitals
    - Private practice
    - Community clinics
    - Non-profit clinics
    - School-based clinics

Note: The UPSONHI does not provide any payment or funding to clinical sites or preceptors.

Note: The University of Portland is approved by the Washington State Nursing Care Quality Assurance Commission to conduct practice experiences in the state of Washington for the DNP-FNP program.

APPENDIX F: DNP PROGRAM FACULTY & STAFF CONTACTS

Associate Dean
September Nelson, PhD, RN, CNL
nelson@up.edu
503.943.7982

Assistant Dean
Elisa Majors
majorse@up.edu
503.943.7187

Graduate Program Director
Joy Moceri , DNP, FNP-C
joymoceri@up.edu
503.943.8736

SONHI Support Staff
clinical@up.edu

University of Portland School of Nursing & Health Innovations
(Main Office for General Support and Questions)
nursing@up.edu
503.943.7211

APPENDIX G: CLINICAL EVALUATION OF STUDENT PERFORMANCE BY FACULTY

1

Evaluation Key:

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Final clinical grade is either Pass or No Pass.

A Level III on any clinical competency will result in a second site visit by the faculty.

A Level III on any clinical competency on the final evaluation will result in a grade of No Pass.

In order that course faculty may assist students who are having difficulty in clinical, preceptors should notify course faculty immediately when they evaluate a student at a Level III on one or more clinical competency.

2

For which of the following courses is this tool being completed?

▸ Response Required

Select Option

3

Brief description of patients seen during this visit

▸ Response Required

Patient 1:	Enter a response
Patient 2:	Enter a response
Patient 3:	Enter a response
Patient 4:	Enter a response
Patient 5:	Enter a response

4

Preceptor Name and Title

▸ Response Required

Enter a response

5

Clinic Name and Location:

▸ Response Required

Enter a response

EVALUATION OF CLINICAL COMPETENCIES
Patient Centered Care

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Elicits patient values, preferences, and expressed needs as part of the clinical interview, diagnosis, implementation of care plan, and evaluation of care.	O	O	O	O
Elicits relevant history (episodic, follow-up or comprehensive) demonstrating sensitivity, empathy, and respect for diverse groups of patients by including patient values and preferences.	O	O	O	O
Performs appropriate/relevant physical examination (age-appropriate, comprehensive, or focused).	O	O	O	O
Assesses and manages pain and suffering based on patient's values, preferences, and expressed needs.	O	O	O	O
Demonstrates knowledge of pathophysiology of patient conditions for differential diagnosis and associated pharmacological interventions, using past experiences to improve quality of life for all patients in a comprehensive therapeutic plan of care.	O	O	O	O
Demonstrates cultural humility and respect for diversity when evaluating health promotion/self-care activities of patient/family and in promoting health maintenance/health promotion plan.	O	O	O	O
Advocates for and includes the patient and family as the center of the caregiving team when setting and modifying care goals.	O	O	O	O
Demonstrates appropriate teaching/counseling skills re: patient/family identified health problems, risk factors, and preventative care.	O	O	O	O

7

EVALUATION OF CLINICAL COMPETENCIES
Teamwork and Collaboration

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Functions competently to the fullest scope of the advanced practice role as a member of the health care team.	○	○	○	○
Consults and solicits guidance with diagnostic reasoning from appropriate individuals/sources.	○	○	○	○
Uses appropriate communication with patients, families, and healthcare team members by analyzing and improving own communication skills.	○	○	○	○
Engages patient and family in a collaborative relationship by asking for and respecting their input, and providing relevant information, resources, access, and support with attention to health care literacy.	○	○	○	○
Collaborates with others (i.e. specialists, pharmacists, social workers) to empower patient/family to achieve goals.	○	○	○	○

8

EVALUATION OF CLINICAL COMPETENCIES
Evidence Based Practice

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Employs efficient and effective search strategies to answer focused clinical questions.	○	○	○	○
Exhibits comprehensive knowledge of best evidence related to practice specialty and incorporates one's own clinical expertise when developing list of appropriate differential diagnoses.	○	○	○	○
Discusses/performs appropriate evidence-based diagnostic work-up.	○	○	○	○
Analyzes how the strength of available evidence impacts policy changes and influences the provision of care (assessment, diagnosis, treatment, and evaluation).	○	○	○	○

9

EVALUATION OF CLINICAL COMPETENCIES
Quality Improvement

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Demonstrates awareness of cost-effectiveness of diagnostic work-up and management options.	○	○	○	○
Uses data to review processes and outcomes of care and identify potential areas for improvement.	○	○	○	○
Uses systematic, data driven approaches (i.e. PDSA cycles) to change processes of care.	○	○	○	○

10

EVALUATION OF CLINICAL COMPETENCIES
Safety

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Participates as a team member to design, promote, and model effective use of technology and standardized practices that support safety and quality.	○	○	○	○
Employs effective strategies to reduce reliance on memory (i.e. checklists, forcing functions) and improve organization/time management.	○	○	○	○
Supports a Just Culture and systems focus by communicating concerns related to hazards and errors without engaging in blame behaviors.	○	○	○	○
Identifies and corrects system failures and hazards in care.	○	○	○	○
Prevents escalation of conflict by responding appropriately to aggressive behavior.	○	○	○	○

11

EVALUATION OF CLINICAL COMPETENCIES
Informatics

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Documents data in an organized and comprehensive manner utilizing appropriate technology safety and security.	○	○	○	○
Champions communication technologies that support tracking and interpretation of outcomes, clinical decision-making, error prevention, care coordination, and protection of patient privacy.	○	○	○	○

EVALUATION OF CLINICAL COMPETENCIES
Professional Role Development

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Manages time with increasing competency - Conducts patient visits and other on-site activities within expected timeframe.	O	O	O	O
Presents self in accordance with clinical agency, School of Nursing, and professional standards for appearance and conduct.	O	O	O	O
Demonstrates personal responsibility and accountability for accurate history and assessment, plan of care, treatment outcomes, and follow-up.	O	O	O	O
Assumes full accountability for professional behavior and performs within accepted ethical and legal standards.	O	O	O	O
Accepts constructive feedback, self reflects, and develops an action plan for improvement.	O	O	O	O
Engages in reflective practice to critique, develop, and monitor own learning needs; seeks/negotiates clinical experiences to meet those needs.	O	O	O	O
Is prepared for clinical experience.	O	O	O	O

13

Comments:

Enter a response

14

Clinical goals and plan:

Response Required

1) Enter a response

2) Enter a response

3) Enter a response

15

ELECTRONIC SIGNATURE

Response Required

SIGN HERE

Please Type Name

Please Type Name

16

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APPENDIX H: CLINICAL EVALUATION OF STUDENT PERFORMANCE BY PRECEPTOR

1

Evaluation Key:

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Final clinical grade is either Pass or No Pass.

A Level III on any clinical competency will result in a second site visit by the faculty.

A Level III on any clinical competency on the final evaluation will result in a grade of No Pass.

In order that course faculty may assist students who are having difficulty in clinical, preceptors should notify course faculty immediately when they evaluate a student at a Level III on one or more clinical competency.

2

For which of the following courses is this tool being completed?

Response Required

Select Option

3

Preceptor Name and Title

Response Required

Enter a response

4

Clinic Name and Location:

Response Required

Enter a response

EVALUATION OF CLINICAL COMPETENCIES
Patient Centered Care

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Elicits patient values, preferences, and expressed needs as part of the clinical interview, diagnosis, implementation of care plan, and evaluation of care.	O	O	O	O
Elicits relevant history (episodic, follow-up or comprehensive) demonstrating sensitivity, empathy, and respect for diverse groups of patients by including patient values and preferences.	O	O	O	O
Performs appropriate/relevant physical examination (age-appropriate, comprehensive, or focused).	O	O	O	O
Assesses and manages pain and suffering based on patient's values, preferences, and expressed needs.	O	O	O	O
Demonstrates knowledge of pathophysiology of patient conditions for differential diagnosis and associated pharmacological interventions, using past experiences to improve quality of life for all patients in a comprehensive therapeutic plan of care.	O	O	O	O
Demonstrates cultural humility and respect for diversity when evaluating health promotion/self-care activities of patient/family and in promoting health maintenance/health promotion plan.	O	O	O	O
Advocates for and includes the patient and family as the center of the caregiving team when setting and modifying care goals.	O	O	O	O
Demonstrates appropriate teaching/counseling skills re: patient/family identified health problems, risk factors, and preventative care.	O	O	O	O

6

EVALUATION OF CLINICAL COMPETENCIES
Teamwork and Collaboration

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Functions competently to the fullest scope of the advanced practice role as a member of the health care team.	○	○	○	○
Consults and solicits guidance with diagnostic reasoning from appropriate individuals/sources.	○	○	○	○
Uses appropriate communication with patients, families, and healthcare team members by analyzing and improving own communication skills.	○	○	○	○
Engages patient and family in a collaborative relationship by asking for and respecting their input, and providing relevant information, resources, access, and support with attention to health care literacy.	○	○	○	○
Collaborates with others (i.e. specialists, pharmacists, social workers) to empower patient/family to achieve goals.	○	○	○	○

7

EVALUATION OF CLINICAL COMPETENCIES
Evidence Based Practice

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Employs efficient and effective search strategies to answer focused clinical questions.	○	○	○	○
Exhibits comprehensive knowledge of best evidence related to practice specialty and incorporates one's own clinical expertise when developing list of appropriate differential diagnoses.	○	○	○	○
Discusses/performs appropriate evidence-based diagnostic work-up.	○	○	○	○
Analyzes how the strength of available evidence impacts policy changes and influences the provision of care (assessment, diagnosis, treatment, and evaluation).	○	○	○	○

8

EVALUATION OF CLINICAL COMPETENCIES
Quality Improvement

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Demonstrates awareness of cost-effectiveness of diagnostic work-up and management options.	○	○	○	○
Uses data to review processes and outcomes of care and identify potential areas for improvement.	○	○	○	○
Uses systematic, data driven approaches (i.e. PDSA cycles) to change processes of care.	○	○	○	○

9

EVALUATION OF CLINICAL COMPETENCIES
Safety

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Participates as a team member to design, promote, and model effective use of technology and standardized practices that support safety and quality.	○	○	○	○
Employs effective strategies to reduce reliance on memory (i.e. checklists, forcing functions) and improve organization/time management.	○	○	○	○
Supports a Just Culture and systems focus by communicating concerns related to hazards and errors without engaging in blame behaviors.	○	○	○	○
Identifies and corrects system failures and hazards in care.	○	○	○	○
Prevents escalation of conflict by responding appropriately to aggressive behavior.	○	○	○	○

10

EVALUATION OF CLINICAL COMPETENCIES
Informatics

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Documents data in an organized and comprehensive manner utilizing appropriate technology safety and security.	○	○	○	○
Champions communication technologies that support tracking and interpretation of outcomes, clinical decision-making, error prevention, care coordination, and protection of patient privacy.	○	○	○	○

11

EVALUATION OF CLINICAL COMPETENCIES
Professional Role Development

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Manages time with increasing competency - Conducts patient visits and other on-site activities within expected timeframe.	○	○	○	○
Presents self in accordance with clinical agency, School of Nursing, and professional standards for appearance and conduct.	○	○	○	○
Demonstrates personal responsibility and accountability for accurate history and assessment, plan of care, treatment outcomes, and follow-up.	○	○	○	○
Assumes full accountability for professional behavior and performs within accepted ethical and legal standards.	○	○	○	○
Accepts constructive feedback, self reflects, and develops an action plan for improvement.	○	○	○	○
Engages in reflective practice to critique, develop, and monitor own learning needs; seeks/negotiates clinical experiences to meet those needs.	○	○	○	○
Is prepared for clinical experience.	○	○	○	○

12

Comments:

Enter a response

13

ELECTRONIC SIGNATURE

Response Required

SIGN HERE

Please Type Name

Please Type Name

14

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APPENDIX I: STUDENT SELF EVALUATION OF CLINICAL PERFORMANCE

1

Evaluation Key:

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Final clinical grade is either Pass or No Pass.

A Level III on any clinical competency will result in a second site visit by the faculty.

A Level III on any clinical competency on the final evaluation will result in a grade of No Pass.

2

For which of the following courses is this tool being completed?

Response Required

Select Option

3

Preceptor Name and Title

Response Required

Enter a response

4

Clinic Name and Location

Response Required

Enter a response

EVALUATION OF CLINICAL COMPETENCIES
Patient Centered Care

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Elicits patient values, preferences, and expressed needs as part of the clinical interview, diagnosis, implementation of care plan, and evaluation of care.	O	O	O	O
Elicits relevant history (episodic, follow-up or comprehensive) demonstrating sensitivity, empathy, and respect for diverse groups of patients by including patient values and preferences.	O	O	O	O
Performs appropriate/relevant physical examination (age-appropriate, comprehensive, or focused).	O	O	O	O
Assesses and manages pain and suffering based on patient's values, preferences, and expressed needs.	O	O	O	O
Demonstrates knowledge of pathophysiology of patient conditions for differential diagnosis and associated pharmacological interventions, using past experiences to improve quality of life for all patients in a comprehensive therapeutic plan of care.	O	O	O	O
Demonstrates cultural humility and respect for diversity when evaluating health promotion/self-care activities of patient/family and in promoting health maintenance/health promotion plan.	O	O	O	O
Advocates for and includes the patient and family as the center of the caregiving team when setting and modifying care goals.	O	O	O	O
Demonstrates appropriate teaching/counseling skills re: patient/family identified health problems, risk factors, and preventative care.	O	O	O	O

6

EVALUATION OF CLINICAL COMPETENCIES
Teamwork and Collaboration

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Functions competently to the fullest scope of the advanced practice role as a member of the health care team.	○	○	○	○
Consults and solicits guidance with diagnostic reasoning from appropriate individuals/sources.	○	○	○	○
Uses appropriate communication with patients, families, and healthcare team members by analyzing and improving own communication skills.	○	○	○	○
Engages patient and family in a collaborative relationship by asking for and respecting their input, and providing relevant information, resources, access, and support with attention to health care literacy.	○	○	○	○
Collaborates with others (i.e. specialists, pharmacists, social workers) to empower patient/family to achieve goals.	○	○	○	○

7

EVALUATION OF CLINICAL COMPETENCIES
Evidence Based Practice

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Employs efficient and effective search strategies to answer focused clinical questions.	○	○	○	○
Exhibits comprehensive knowledge of best evidence related to practice specialty and incorporates one's own clinical expertise when developing list of appropriate differential diagnoses.	○	○	○	○
Discusses/performs appropriate evidence-based diagnostic work-up.	○	○	○	○
Analyzes how the strength of available evidence impacts policy changes and influences the provision of care (assessment, diagnosis, treatment, and evaluation).	○	○	○	○

8

EVALUATION OF CLINICAL COMPETENCIES
Quality Improvement

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Demonstrates awareness of cost-effectiveness of diagnostic work-up and management options.	○	○	○	○
Uses data to review processes and outcomes of care and identify potential areas for improvement.	○	○	○	○
Uses systematic, data driven approaches (i.e. PDSA cycles) to change processes of care.	○	○	○	○

9

EVALUATION OF CLINICAL COMPETENCIES
Safety

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Participates as a team member to design, promote, and model effective use of technology and standardized practices that support safety and quality.	○	○	○	○
Employs effective strategies to reduce reliance on memory (i.e. checklists, forcing functions) and improve organization/time management.	○	○	○	○
Supports a Just Culture and systems focus by communicating concerns related to hazards and errors without engaging in blame behaviors.	○	○	○	○
Identifies and corrects system failures and hazards in care.	○	○	○	○
Prevents escalation of conflict by responding appropriately to aggressive behavior.	○	○	○	○

10

EVALUATION OF CLINICAL COMPETENCIES
Informatics

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
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- N/O: No opportunity to observe this clinical competency

▸ Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Documents data in an organized and comprehensive manner utilizing appropriate technology safety and security.	○	○	○	○
Champions communication technologies that support tracking and interpretation of outcomes, clinical decision-making, error prevention, care coordination, and protection of patient privacy.	○	○	○	○

11

EVALUATION OF CLINICAL COMPETENCIES
Professional Role Development

- Level I: Rarely requires assistance (meets this clinical competency most of the time independently)
- Level II: Requires some assistance (meets this clinical competency half of the time independently)
- Level III: Requires substantial assistance (rarely meets this clinical competency independently)
- N/O: No opportunity to observe this clinical competency

Response Required

	LEVEL I	LEVEL II	LEVEL III	N/O
Manages time with increasing competency - Conducts patient visits and other on-site activities within expected timeframe.	○	○	○	○
Presents self in accordance with clinical agency, School of Nursing, and professional standards for appearance and conduct.	○	○	○	○
Demonstrates personal responsibility and accountability for accurate history and assessment, plan of care, treatment outcomes, and follow-up.	○	○	○	○
Assumes full accountability for professional behavior and performs within accepted ethical and legal standards.	○	○	○	○
Accepts constructive feedback, self reflects, and develops an action plan for improvement.	○	○	○	○
Engages in reflective practice to critique, develop, and monitor own learning needs; seeks/negotiates clinical experiences to meet those needs.	○	○	○	○
Is prepared for clinical experience.	○	○	○	○

12

Comments:

Enter a response

13

Student Summary:

Response Required

Enter a response

14

ELECTRONIC SIGNATURE

Response Required

SIGN HERE

Please Type Name

Please Type Name

15

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APPENDIX J: STUDENT EVALUATION OF PRECEPTOR AND SITE

1 Evaluation of Preceptor & Site

2 Please select the most appropriate answer after each statement below regarding the preceptor mentioned above.

(Space is provided after each statement if you choose to add any written statements.)

▸ Response Required

	Never	Occasionally	Frequently	N/A
Was available to student throughout the clinical day	○	○	○	○
Comments				
Established effective rapport with student	○	○	○	○
Comments				
Served as effective role model	○	○	○	○
Comments				
Enjoyed working with student	○	○	○	○
Comments				
Communicated with student regarding performance throughout semester	○	○	○	○
Comments				
Encouraged student to assume increasing responsibility during semester	○	○	○	○
Comments				
Assisted student in identifying goals and needs for experience	○	○	○	○

	Never	Occasionally	Frequently	N/A
Comments				
Considered student limits according to level of training	○	○	○	○
Comments				
Assisted student through decision making process	○	○	○	○
Comments				
Reviewed and signed each clinic note	○	○	○	○
Comments				

	Never	Occasionally	Frequently	N/A
Offered constructive comments about chart notes	○	○	○	○
Comments				
Encouraged questions	○	○	○	○
Comments				
Allowed student to offer differential diagnoses	○	○	○	○
Comments				
Allowed student to offer management plans	○	○	○	○

	Never	Occasionally	Frequently	N/A
Comments				
Utilized other health professionals (i.e., nutritionist, PHN, school nurse, social worker, etc.) when appropriate	○	○	○	○
Comments				
Offered learning opportunities beyond student's own client panel such as interesting exam findings, onsite conferences, etc	○	○	○	○
Comments				
Reviewed final evaluation with constructive feedback and recommendations	○	○	○	○
Comments				

3

General Comments

4

List ways this preceptor provides an effective clinical experience for students.

▸ Response Required

Enter a response

5

List areas in which this preceptor could improve in order to provide optimal student learning.

Response Required

Enter a response

6

Would you recommend this preceptor be used in the future for DNP student clinical experiences?

- YES
- NO

7

Site Evaluation

8

Please select your primary clinical site with the preceptor named above.

Response Required

Select Option

9

Please select the most appropriate answer after each statement below regarding the preceptor mentioned above.

(Space is provided after each statement if you choose to add any written statements.)

▸ Response Required

	Yes	No	N/A
Is adequate space provided?	○	○	○
Additional Comment			
Is adequate time given to see clients?	○	○	○
Additional Comment			
Are there sufficient numbers of clients?	○	○	○
Additional Comment			
Are the types of clients varied as to age, type of problem, etc.?	○	○	○
Additional Comment			
Are students allowed to select clients according to their needs?	○	○	○
Additional Comment			
Are students given the opportunity to follow-up with clients and/or problems of interest?	○	○	○
Additional Comment			
Are reports from lab and x-ray accessible to student?	○	○	○

	Yes	No	N/A
Additional Comment			
Is support staff appropriately helpful to student?	○	○	○
Additional Comment			
Does clinical site have strong health promotion focus?	○	○	○
Additional Comment			
Are instructional materials available for clients to supplement their learning (i.e., pamphlets, outside class opportunities, etc.)?	○	○	○
Additional Comment			
Are community resources, other agencies, and professional disciplines involved with client welfare?	○	○	○
Additional Comment			

10 **General Comments**

11 List ways this clinical site provides an effective clinical experience for students.

▸ Response Required

Enter a response

12 List areas in which this clinical site could improve in order to provide optimal student learning.

Response Required

Enter a response

13 Would you recommend this clinical site be used in the future for DNP student clinical experiences?

- YES
- NO

14 ELECTRONIC SIGNATURE OF THE STUDENT

Response Required

SIGN HERE

Please Type Name

Please Type Name

Additional Comments:

Additional Comments


University
of Portland
SCHOOL OF NURSING
& HEALTH INNOVATIONS