

UCLA

School of Nursing



**Family Nurse Practitioner
Primary Care Graduate Program
Preceptor Handbook**

**UCLA School of Nursing
2024-2025**

Table of Contents



Welcome letterPage 2

Mission statementPage 3

UCLA Advanced Practice Program Learning
Outcomes.....Page 4

History of the FNP Program.....Page 5

Overview of the FNP Primary Care Program.....Page 6

FNP Primary Care Program Curriculum..... Page 7

Role of the Preceptor..... Page 8

Progress expectation by quarter..... Page 9

Expectations of student for Clinical Practicum Experience.Page 10

Appendix..... Page 13

 Clinical Performance Evaluation for 1st year UCLA FNP students for 429A&B... Page 14

 Clinical Performance Evaluation for 2nd year UCLA FNP students-429C&D&E...Page 19

 Essentials of Master’s Education in Nursing Page 24

Dear Preceptor,

Thank you for agreeing to precept a Family Nurse Practitioner (FNP) student from the UCLA School of Nursing's Advanced Practice Registered Nurse (APRN) Program. Our faculty appreciates your interest in being an integral part in the education of future family nurse practitioners. Your help is essential to provide a quality educational experience for our students and your participation is greatly appreciated.

The purpose of this handbook is to provide you with information about our nurse practitioner program at the UCLA School of Nursing and provide you guidelines for the preceptor's role including teaching, supervising, and evaluating students.

We hope the information contained in this handbook will assist you in your preceptor role. If you have any questions or suggestions, please do not hesitate to contact the clinical faculty, or program director.

We appreciate your participation in this educational experience and are looking forward to working with you in the next school year.

Sincerely,

Theresa Brown DNP, ACNP-BC, AACCC, FAANP

Program Director, Advanced Practice Program

Adjunct Assistant Professor

UCLA School of Nursing

tbrown@sonnet.ucla.edu

310-825-0405



UCLA School of Nursing's Mission Statement

The mission of the UCLA School of Nursing is to improve the health, wellness, quality of life and nursing care of people of California, the nation, and the world through education, research, nursing care, and community engagement.

UCLA Advanced Practice Learning Outcomes

After completing the MSN-APRN Master's Degree within an area of advanced practice, the graduates would achieve the following objectives:

1. Integrate evidence-based principles and strategies to design and deliver safe, effective health care, and health promotion/prevention education, for diverse individuals, families, and communities in all practice settings.
2. Provide primary, secondary and tertiary health care by assuming responsibility and accountability for the continuity of health care, regardless of the presence or absence of disease, consistent with the population-specific training of the selected APRN program.
3. Demonstrate effective communication, collaboration, mutual respect, and shared decision-making with all stakeholders to achieve quality patient-centered outcomes.
4. Synthesize existing nursing science and integrate into advanced nursing practice.
5. Translate and integrate best current evidence with clinical expertise and patient/family values and preferences for optimal health care outcomes.
6. Demonstrate leadership and advocacy to promote policies, regulations and initiatives supporting healthy communities and patient safety across diverse populations.
7. Implement strategies to address ethical dilemmas and evaluate outcomes in individual patients, populations, and systems of care that are based on laws, principles of ethics, and shared decision-making.
8. Demonstrate effective participation in a culture of inter-professional collaboration that promotes innovation, team building, conflict resolution, incorporation of values and ethics, understanding of roles and responsibilities, and analysis of impact of diversity in patient-centered care.
9. Analyze and evaluate outcomes data by using technologies and information systems to manage knowledge, mitigate error, and support clinical decision-making in all practice settings.
10. Demonstrate professional engagement to improve access of all patients to quality advanced nursing care through involvement in professional organizations at the local, state, and national level.

History of the FNP Program:

The UCLA FNP Program – "One of the Nation's Strongest"

In the late 1980s, Dr. Mary Ann Lewis and two other nurses testified before the California Legislature asking that nursing programs that were preparing family nurse practitioners, pediatric nurse practitioners, and gerontology clinical nurse specialists be able to compete for Song Brown funds that, at the time, only supported family practice residency programs. The legislature agreed about FNPs, and the Song Brown funds have made it possible for the school to update the FNP curriculum with the latest technology and thinking to provide quality primary care for persons across the life span.

“This funding has made the UCLA FNP program one of the strongest in the nation,” said Lewis. “It provided us with the opportunity to think about what would strengthen the theory and clinical components and then implement those elements.”

In 2014, the California Endowment provided additional funding for FNPs to work in three of their 14 Health Communities. Known as the “Song Brown Special program,” the school received funding to allow five students to work in clinics caring for the poorest and underserved. The students worked in providing primary care for patients across the life span. By the end of the year, all five received job offers to continue with the clinic.

Overview of the FNP Primary Care Program:

The Family Nurse Practitioner (FNP) is a Registered Nurse educated at the Master's level as a nurse practitioner. The focus of care for the FNP is children and adults of all ages, in the context of the family unit. The FNP is educated to provide high quality, continual and comprehensive wellness and illness care to children and adults by providing preventive health services, patient

education, disease management, and illness prevention. The FNP is prepared to implement evidence-based practice guidelines and to critically analyze and adapt health care interventions based on individualized assessments of individual/family needs. The FNP practices in the context of community, with broad knowledge, sensitivity and awareness of the specific needs of people from diverse populations and cultural backgrounds. Family nurse practitioners practice primarily in ambulatory care settings.

Types of Care provided by the Family Nurse Practitioner:

- Episodic care for acute conditions for all ages, including minor acute injuries and illnesses
- Management of chronic conditions such as hypertension (HTN), diabetes, asthma
- Monitoring and case management/consultation of more acute conditions such as cardiac diseases and neuromuscular conditions
- Family assessments and interventions
- Preconception, prenatal and postpartum care
- Well-woman primary care, including family planning and illness care
- Well-child primary and illness care
- Culturally sensitive health promotion interventions

Advanced Practice Nurses also perform these general functions:

- Obtain health histories and perform comprehensive physical examinations, including psychosocial, functional, and developmental assessment
- Order and interpret lab results and other diagnostic studies
- Develop differential diagnoses
- Develop/order therapeutic plan of care including prescription medications
- Maintain patient records
- Evaluate patient's response to plan of care and modify as needed
- Provide patient/family counseling and education
- Arrange for patient referrals/consultations
- Participate in research studies
- Collaborate with other health team members

FNP Primary Care Program Curriculum:

The two-year program (3 quarters per year) consists of theory and clinical practica courses designed to prepare FNP Primary Care NPs to meet the health care needs of our changing population. Courses meet the criteria designated by state and national accreditation bodies and professional organizations including the

California Board of Registered Nursing, the American Association of Colleges of Nursing and the National Organization of Nurse Practitioner Faculty (NONPF).

Core Courses: Research Design and Critique (N 204) Advanced Pathophysiology for Advanced Practice Registered Nurses (N 231) Professional Role Issues in Advanced Practice Registered Nursing (N 264) Advanced Pharmacology for Advanced Practice Registered Nurses (N 224) Health Promotion and Assessment Across the Lifespan (N 200) Adult/Gerontology Primary Healthcare for Advanced Practice Nurses I, II, and III (N 239 A-C)

Clinical Lab and Practica Courses: Advanced Assessment and Clinical Diagnosis (N 440) Family Nurse Practitioner Clinical Practica I-V (N 429 A-E)

FNP Specialty Courses: Family Healthcare Perspectives (N 212) Pediatric Primary Care for Family Nurse Practitioners (N 236) Women's Health Primary Care (N 211)

Theory Elective(s): 4 units required. N 209 Human Diversity in Health and Illness and N249 Meeting Health-Related Needs in Underserved Populations highly recommended.

Clinical Elective: N 450 optional additional clinical hours by arrangement with individual faculty during summer months.

Comprehensive Examination: completed during last academic quarter.

Role of the Preceptor

1. Orient the student to the facility or office. This may include introduction to important personnel or policies that the student will need to be familiar with during the rotation.

2. Meet with the student regarding student specific objectives for the quarter. They must be realistic and measurable within the particular site.
3. Assist in the selection of appropriate patients for the student to follow.
4. Supervise, collaborate and counsel the student regarding the differential diagnosis, management and therapeutic plan of particular health problems.
5. Observe the student's clinical performance and patient interaction periodically.
6. Review and critique the student's documentation on the patient health records and countersign.
7. Provide student with ongoing evaluation of clinical performance.
8. Communicate with assigned UCLA faculty regarding student progress and/or problems regularly.

Progress Expectations by Quarter:

The curriculum includes one quarter of laboratory work (N440: Advanced Assessment and Clinical Diagnosis) and five quarters of clinical work. Clinical practica begin in the Winter quarter of the first year. They are preceded by a laboratory course in diagnostic reasoning (N440), in which students learn to collect objective and subjective data, develop differential diagnoses, review focused physical exams, and evaluate laboratory and clinical data to reach a final diagnosis. The first three clinical courses are accompanied by a theory course, in which diagnosis and nursing/medical management of common disorders is studied. Clinical hours are distributed as follows:

Course	Placement in Curriculum	Clinical Hours/Days per Week	Total Hours
429 A	1 st Year (Winter)	8 hours / 1	80
429 B	1 st Year (Spring)	8 hours / 1	80
429 C	2 nd Year (Fall)	16 hours / 2	160
429 D	2 nd Year (Winter)	16 hours / 2	160
429 E	2 nd Year (Spring)	24 hours / 3	240
		Total hours	720

Expectations of Student for Clinical Practicum Experience

429A – First Practicum Course - Beginning Level Skills and Competencies

- Comprehensive and symptom focused history and physical assessment
- Evaluation of health risk behaviors
- Assessment of health protection status (immunizations, nutrition, safety)
- Screens for acute and chronic mental health problems and disorders
- Symptom analysis and data synthesis
- Orders/performs and interprets lab and diagnostic tests
- Functional Assessment
- Occupational and Environmental Assessment
- Sexual Health Assessment (adolescent through old age)

429B – Second Practicum Course - Beginning Level Skills and Competencies

- Continued development and refinement of 429A skills and competencies
- Advanced clinical reasoning
- Selective application of evidenced-based practice
- Health promotion
- Facilitate and plan for client's self-care
- Anticipatory guidance, teaching-learning
- Problem formulation and diagnosis
- Prescribe drug therapy
- Implement non-pharmacologic therapy
- Evaluate and modify treatment based on client's response

Expectations of Student for Clinical Practicum Experience

429 C – Third Practicum Course - Intermediate Level Skills and Competencies

- Continued development and refinement of 429 A&B skills and competencies
- Comprehensive assessment and management
- Ordering and adjusting medication regimens in the treatment of acute and chronic conditions
- Orders/performs and interprets lab and diagnostic tests
- Mental Status and Mental Health Assessment
- Functional Assessment: safety and risk reduction
- Advance Care Planning
- Care Transitions
- End of Life Care
- Inter -professional Practice
- Practice management: Quality and safety improvement
- Primary Care procedures - selected

Expectations of Student for Clinical Practicum Experience

429 D – Fourth Practicum Course - Intermediate Level Skills and Competencies

- Continued development and refinement of 429 A, B, and C skills and competencies
- Behavioral Risk Screening
- Functional Assessment: safety and risk reduction
- Transitions End of Life Care

429 E- Final practicum Course – Advanced Level Skills and Competencies

- Continued development and refinement of 429 A, B, C, and D skills and competencies
- Family Assessment, complex
- Behavioral Screening
- Community Assessment
- Primary Care Procedures-selected
- Formulation of a clinical question and a systematic inquiry
- Perform disability evaluation
- Home Health Assessment



Appendix (Preceptor Evaluation Forms and Additional Information)

**Clinical Performance Evaluation for 1st year UCLA FNP students for 429A
and 429B**

Student Name: _____ Clinical Facility: _____

Date: _____ Evaluator's name: _____

Quarter/Year: _____ Evaluator's signature _____

Grading criteria:

NAO-The student did not have the opportunity to perform the skill.

0- Not observed

1- Needs improvement: The student is not progressing as expected with minimal progression and/or competence, requires intense guidance.

2- Average: The student performs satisfactorily with considerable guidance and marginal to minimal progression and/or competence.

3- Above average: The student practices fairly with moderate to minimal supervision, has basic competence, and is safe with minimal guidance.

NP Skill development Assessment Criteria	N A O	0	1	2	3
A. Clinical Skills					
1. Establishes a trusting relationship with clients during the Client-NP student encounter.					
2. Able to collect a complete and comprehensive history of general health status, previous health status and current health problems.					

<p>3. Obtains a complete and comprehensive history of family health, self-care, occupational and social practices, psychosocial status, coping behaviors and cultural/ethnic beliefs.</p>					
<p>4. Skillfully, applies pertinent physical assessment techniques for each system and able to differentiate between normal and abnormal findings from physical examination.</p>					
<p>B. Clinical Reasoning, Problem Solving and Management Skills</p>					
<p>5. Performs common screenings and orders appropriate diagnostic tests as appropriate with attention to cost, effective result outcome and patient’s age and correctly interprets the pertinent lab data for differential diagnoses.</p>					
<p>6. Analyzes correctly and interprets assessment findings in developing differential diagnoses and formulating a diagnosis.</p>					
<p>7. Able to list diagnoses and ongoing diagnoses and formulate and/or update a problem list.</p>					
<p>8. Able to navigate client’s ongoing diagnoses with a new diagnosis and its treatment planning in safe manner.</p>					
<p>9. Able to reconcile client’s current medications and to safely furnish medications.</p>					
<p>NP Skill development Assessment Criteria</p>					

<p>10. Applies research findings and updated evidence-based guidelines when providing a non-pharmacological and pharmacological treatment plans based on diagnoses across the lifespan.</p>					
<p>11. Incorporates the patient’s cultural and spiritual preferences, values and beliefs in treatment plans and involves the client and family/ caregivers in planning individualized treatment care plan, follow up plan and provision of appropriate resources from the community.</p>					
<p>C. Organization and Time Management Skills</p>					
<p>12. Recognizes client’s cultural and ethical issues and interacts with patients in culturally sensitive ways throughout the NP-Client encounters from interviews, physical examination, treatment plans and client education.</p>					
<p>13. Recognizes at risk population from recent research updates and applies screening assessments, prevention and intervention treatment on timely basis.</p>					
<p>14. Able to write SOAP documents which are logical, sequential, clear, and concise, which would include pertinent information to correctly describe the client and his/her status and situation.</p>					
<p>15. Applies ongoing self-evaluation to own clinical performance, clinical practice knowledge and problem solving skills.</p>					

D. Communication and Interaction with Patients, Preceptors, and Staff					
16. Communicates the client’s health status using appropriate terminology to clinicians in giving reports, clients and their caregivers in providing education and interdisciplinary team members in updating on the client’s condition.					
17. Makes appropriate referrals to interdisciplinary team and specialist consultant members and enhances cooperation with respectful communication.					
18. Consults and seeks assistance from preceptor in a timely, safe and professional manner.					
19. Listens to client and family/caregivers’ concerns and answers their questions in a way they can understand in calm manner and creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect.					
20. Presents own accountability with timeliness, respectfulness, professionalism, appropriate self-presentation and mannerism.					

Comments: # _____ -



Comments: # _____ -

**Clinical Performance Evaluation for 2nd year UCLA FNP students-429C,
429D & 429E**

Student Name: _____ Clinical Facility: _____

Date: _____ Evaluator's name: _____

Quarter/Year: _____ Evaluator's signature: _____

Grading criteria:

NAO-The student did not have the opportunity to perform the skill.

0- Not observed

1- Needs improvement: The student is not progressing as expected with minimal progression and/or competence, requires intense guidance.

2- Average: The student performs satisfactorily with considerable guidance and marginal to minimal progression and/or competence.

3- Above average: The student practices fairly with moderate to minimal supervision, has basic competence, and is safe with minimal guidance.



School of Nursing

4- Good: The student is able to perform with more self-direction with safe practice with minimal supervision

5- Excellent: The student is able to perform almost independently with minimal guidance, is competent and excels in most skills.

NP Skill development Assessment Criteria	N A O	0	1	2	3	4	5
A. Clinical Skills							
1. Establishes a trusting relationship with clients during the Client-NP student encounter.							
2. Able to collect a complete and comprehensive history of general health status, previous health status and current health problems.							
3. Obtains a complete and comprehensive history of family health, self-care, occupational and social practices, psychosocial status, coping behaviors and cultural/ethnic beliefs.							
4. Skillfully, applies pertinent physical assessment techniques for each system and able to differentiate between normal and abnormal findings from physical examination.							
B. Clinical Reasonings, Problem Solving and Management Skills							

<p>5. Performs common screenings and orders appropriate diagnostic tests as appropriate with attention to cost, effective result outcome and patient’s age and correctly interprets the pertinent lab data for differential diagnoses.</p>						
<p>6. Analyzes correctly and interprets assessment findings in developing differential diagnoses and formulating a diagnosis.</p>						
<p>7. Able to list diagnoses and ongoing diagnoses and formulate and/or update a problem list.</p>						
<p>NP Skill development Assessment Criteria</p>						
<p>8. Able to navigate client’s ongoing diagnoses with a new diagnosis and its treatment planning in safe manner.</p>						
<p>9. Able to reconcile client’s current medications and to safely furnish medications.</p>						
<p>10. Applies research findings and updated evidence based guidelines when providing a non-pharmacological and pharmacological treatment plans based on diagnoses across the lifespan.</p>						
<p>11. Incorporates the patient’s cultural and spiritual preferences, values and beliefs in treatment plans and involves the client and family/ caregivers in planning individualized treatment care plan, follow up plan and provision of appropriate resources from the community.</p>						

C. Organization and Time Management Skills							
12. Recognizes client’s cultural and ethical issues and interacts with patients in culturally sensitive ways throughout the NP-Client encounters from interviews, physical examination, treatment plans and client education.							
13. Recognizes at risk population from recent research updates and applies screening assessments, prevention and intervention treatment on timely basis.							
14. Able to write SOAP documents which are logical, sequential, clear, and concise, which would include pertinent information to correctly describe the client and his/her status and situation.							
15. Applies ongoing self-evaluation to own clinical performance, clinical practice knowledge and problem-solving skills.							
D. Communication and Interaction with Patients							
16. Communicates the client’s health status using appropriate terminology to clinicians in giving reports, clients and their caregivers in providing education and interdisciplinary team members in updating on the client’s condition.							
17. Makes appropriate referrals to interdisciplinary team and specialist consultant members and enhances cooperation with respectful communication.							

<ul style="list-style-type: none"> - 18. Consults and seeks assistance from preceptor in a timely, safe and professional manner. 						
<ul style="list-style-type: none"> - 19. Listens to client and family/caregivers' concerns and answers their questions in a way they can understand in calm manner and creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust and respect. 						
<ul style="list-style-type: none"> - 20. Presents own accountability with timeliness, respectfulness, professionalism, appropriate self presentation and mannerism. 						

Comments: # _____ -

Comments: # _____ -

- **Domain 1: Knowledge of Nursing Practice**

Integration, translation, and application of established and evolving disciplinary nursing knowledge and ways of knowing, as well as knowledge from other disciplines, including a foundation in liberal arts and natural and social sciences. This distinguishes the practice of professional nursing and forms the basis for clinical judgment and innovation in nursing practice.

- **Domain 2: Person-Centered Care**

Person-centered care focuses on the individual within multiple complicated contexts, including family and/or important others. Person-centered care is holistic, individualized, just, respectful, compassionate, coordinated, evidence-based, and developmentally appropriate. Person-centered care builds on a scientific body of knowledge that guides practice regardless of specialty or functional area.

- **Domain 3: Population Health**

Population health spans the healthcare delivery continuum from public health prevention to disease management of populations and describes collaborative activities with both traditional and non-traditional partnerships from affected communities, public health, industry, academia, health care, local government entities, and others for the improvement of equitable population health outcomes (Centers for Disease Control and Prevention [CDC], 2020; Kindig, 2007; Kindig & Stoddard, 2003; Swartout & Bishop, 2017).

- **Domain 4: Scholarship for the Nursing Discipline**

The generation, synthesis, translation, application, and dissemination of nursing knowledge to improve health and transform health Care (AACN, 2018).

- **Domain 5: Quality and Safety**

Employment of established and emerging principles of safety and improvement science. Quality and safety, as core values of nursing practice, enhance quality and minimize risk of harm to patients and providers through both system effectiveness and individual performance.

- **Domain 6: Interprofessional Partnerships**

Intentional collaboration across professions and with care team members, patients, families, communities, and other stakeholders to optimize care, enhance the healthcare experience, and strengthen outcomes.

- **Domain 7: Systems-Based Practice**

Responding to and leading within complex systems of health care. Nurses effectively and proactively coordinate resources to provide safe, quality, and equitable care to diverse populations.

- **Domain 8: Informatics and Healthcare Technologies**

Information and communication technologies and informatics processes are used to provide care, gather data, form information to drive decision making, and support professionals as they expand

knowledge and wisdom for practice. Informatics processes and technologies are used to manage and improve the delivery of safe, high-quality, and efficient healthcare services in accordance with best practice and professional and regulatory standards.

- **Domain 9: Professionalism**

Formation and cultivation of a sustainable professional nursing identity, accountability, perspective, collaborative disposition, and comportment that reflects nursing's characteristics and values.

- **Domain 10: Personal, Professional, and Leadership Development**

Participation in activities and self-reflection that foster personal health, resilience, and well-being, lifelong learning, and support the acquisition of nursing expertise and the assertion of leadership.