

UCLA

School of Nursing



**Pediatric Primary and Acute Care
Graduate Program Preceptor Handbook**

**UCLA School of Nursing
2024 -2025**

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Dear Preceptor,

Thank you for agreeing to precept a Pediatric Nurse Practitioner student from the UCLA School of Nursing's Advanced Practice Nursing Program. Our faculty appreciates your interest in being an integral part in the education of future pediatric 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, program coordinator, 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,

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Program Director, Advanced Practice Program

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UCLA School of Nursing

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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 Program Goals

After completing the MSN-APRN Degree, graduates will 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 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 UCLA Advanced Practice Nursing Program:

The UCLA 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 (FNP), pediatric nurse practitioners (PNP) and gerontology clinical nurse specialists (CNS) be able to compete for Song Brown funds that, at the time, only supported family practice physician 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."*

Overview of the PNP Program:

The Pediatric Nurse Practitioner (PNP) is a registered nurse educated at the Master's level as a nurse practitioner. The population focus of care for the PNP is infants and young adults (up to age 21). The PNP is educated in primary care, acute care, or both to provide high quality, restorative and/or continual care by providing immediate resuscitation and stabilization, acute and chronic disease management, comprehensive well child and preventive health services, and patient/family education. The PNP is prepared to implement evidence-based practice guidelines and to critically analyze and adapt health care interventions based on individualized assessments of child and family needs. Based on the PNP specialty focus (primary, acute, or both), the PNP can practice in a variety of settings (ambulatory care to inpatient intensive care) and possesses the knowledge, skills, and sensitivity to meet needs of children and families from diverse populations and cultural backgrounds.

General Functions Performed by all PNPs (Acute or Primary Care):

- 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

Types of Care Provided by the Primary Care PNP:

- Continuous and comprehensive well-child primary care in the ambulatory setting.
- Episodic care for acute conditions, including minor injuries and common illnesses.
- Management of chronic conditions such as diabetes, hypertension and asthma.
- Monitoring and case management/consultation of more acute or complex medical conditions such as cardiac, seizure or neuromuscular disorders.

Types of Care Provided by the Acute Care PNP:

- Continuous and comprehensive care in a variety of inpatient and outpatient settings
- Episodic care for acute and critically ill patients / conditions
- In hospital care of patients with acute / chronic or terminal illness
- Specialty care of patients with acute / chronic illness
- Management of chronic conditions such as congenital heart disease and pulmonary dysfunction.
- Diagnosing, monitoring, and management of more acute medical conditions such as cardiac, seizure or neuromuscular disorders.

General Functions of the Pediatric Clinical Nurse Specialist:

- Comprehensive, holistic wellness and illness assessment
- Design, implementation, and evaluation of innovative individual, aggregate, and/or population-based programs of care
- Identification and measurement of nurse-sensitive patient outcomes
- Multidisciplinary collaboration
- Diagnosis of systems-level problems and development and evaluation of systems-level change strategies
- Evidence-based practice at the patient, nursing, and systems level
- Patient and nursing advocacy
- Provides education for staff and families
- Clinical and professional leadership

Pediatric Advanced Practice Nursing Program Curriculum:

The two-year program (3 quarters per year; and one summer in between years for dual students) consists of theory and clinical practicum courses designed to prepare PNPs to meet the health care needs of our diverse 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.

Core Courses: Research Design and Critique (N204), Pathophysiology for Advanced Practice Nurses (N231), Professional Role Issues in Advanced Practice Nursing (N264), Pharmacology for Advanced Practice Nurses (N224), Health Promotion and Assessment Across the Lifespan (N200), Assessment and Management in Pediatric Primary Care I (N238A), Assessment and Management in Pediatric Chronic Care II (N238B), and Assessment and Management of Pediatric Acute Care I and II (N237A and N237B).

Clinical Lab and Practicum Courses: Advanced Assessment and Clinical Diagnosis (N440), Advanced Pediatric Diagnostics (N441), Advanced Practice Clinical Practicum (N438 A-C and N437 A-C), and/or Clinical Nurse Specialist Practicum (N445)

PNP Specialty Courses: Family Healthcare Perspectives (N212), and Childhood Development: Research and Application to Nursing (N223)

Pediatric CNS Courses: Theoretical Foundations for the Clinical Nurse Specialist Practice (N245), Theories of Instruction and Learning in Nursing (N220), and Quality Improvement & Population-Based Quality of Practice (N269)

Theory Elective(s): 4 units required for primary care students only (students may select a course of interest either inside or outside the school of nursing or elect to do an independent study N596 with a selected faculty member)

Clinical Elective: N450 optional additional clinical hours by arrangement with individual faculty during summer months.

Comprehensive Examination: Completed during last academic quarter (2nd Year Spring) for dual students or 2nd Year Winter quarter for primary care students.

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 Dual Primary and Acute Care Curriculum includes one quarter of laboratory work (N440: Diagnostic Reasoning) and 6 quarters of clinical work (3 primary and 3 acute care). During the Fall quarter of the first year, students will complete a laboratory course (N440) that focuses on diagnostic reasoning where they will build skills in collecting subjective/objective data, developing differential diagnoses, performing focused physical examinations, evaluating clinical data, and creating comprehensive care plans. Clinical practicum courses will begin in Winter quarter during the first year of the program and students will have the opportunity to take advanced diagnostics for acute care (N441) in the Spring quarter of the first year. Four clinical courses [N438 A and B (primary and chronic care) and N437A and B (both acute care)] are accompanied by a theory course in which diagnosis and nursing/medical management of common disorders is studied. Clinical hours are distributed as follows per pediatric focus:

Dual Primary and Acute Care PNP Students

Course	Year / Quarter	Clinical Hours / Days Per Week	Total Hours
N438A	1 st Year (Winter)	8 hours / 2 days	90
N438B	1 st Year (Spring)	16 hours / 2 days	160
N438C	2 nd Year (Summer)	30 hours / 3-4 days	280
N437A	2 nd Year (Fall)	16 hours / 2 days	160
N437B	2 nd Year (Winter)	24 hours / 3 days	220
N437C	2 nd Year (Spring)	24 hours / 3 days	220
		Primary (530) / Acute (600)	1130

Dual Acute Care / Clinical Nurse Specialist PNP Students:
Acute Care Students [same except no N445 in summer]
CNS Students [N445 only]

Course	Year / Quarter	Clinical Hours / Days Per Week	Total Hours
N438A	1 st Year (Winter)	6 hours / 1 days	60
N438B	1 st Year (Spring)	6 hours / 1 days	60
N445	2 nd Year (Summer)	CNS Hours	500
N437A	2 nd Year (Fall)	16 hours / 2 days	160
N437B	2 nd Year (Winter)	24 hours / 3 days	220
N437C	2 nd Year (Spring)	24 hours / 3 days	220
		Primary (130) / Acute (600) / CNS (500)	1230

Primary Care PNP Students

Course	Year / Quarter	Clinical Hours / Days Per Week	Total Hours
N438A	1 st Year (Winter)	8 hours / 2 days	90
N438B	1 st Year (Spring)	16 hours / 2 days	160
N437A	2 nd Year (Fall)	16 hours / 2 days	160
N438C	2 nd Year (Winter)	24 hours / 3 days	220
		Primary (630)	630

Expectations of Student for Clinical Practicum:

N438A – First Clinical Practicum: Primary Care

Beginning Level Skills and Competencies

- Comprehensive and symptom focused history and physical assessment
- Orders/performs and interprets lab and diagnostic tests
- Symptom analysis and data synthesis
- Performs HEADSSS assessment
- Developmental assessment
- Evaluation of health risk behaviors and provides anticipatory guidance
- Assessment of health protection status (immunizations, nutrition, safety)

N438B – Second Clinical Practicum: Primary Care

Beginning Level Skills and Competencies

- Continued development and refinement of 438A skills and competencies
- Advanced clinical reasoning
- Selective application of evidenced-based practice
- Facilitate and plan for client's self-care
- Problem formulation and diagnosis
- Prescribe drug therapy
- Implement non-pharmacologic therapy
- Evaluate and modify treatment based on client's response

N438 C – Third Clinical Practicum: Primary Care

Advanced Level Skills and Competencies in Primary Care

- Continued development and refinement of 438 B skills and competencies
- Comprehensive assessment and management
- Ordering and adjusting medication regimens in the treatment of acute illness or chronic conditions
- Orders/performs and interprets lab and diagnostic tests
- Formulates a Diagnosis and Treatment Plan
- Evaluate and modify treatment based on client's response

- Care Transitions – subspecialty or adult providers
- Inter-Professional Practice
- Practice Management: Quality and safety improvement
- Primary Care Procedures - selected

N437 A – First Clinical Practicum: Acute Care

Intermediate Level Skills and Competencies in Acute Care

- Utilizing primary care skills in 438 A, B, and C to build upon acute care skills and competencies
- Comprehensive Assessment and Management
- Collaborates with Consulting Services
- Ordering and adjusting medication regimens in the treatment of acute or chronic conditions in the hospital or subspecialty clinic setting
- Orders/performs and interprets lab and diagnostic tests
- Formulates a Differential Diagnosis List
- Inter-Professional Practice
- Practice Management: Quality and Safety Improvement
- Acute Care Procedures - selected

437B - Second Clinical Practicum: Acute Care

Intermediate Level Skills and Competencies in Acute Care

- Utilizing primary care skills in 438 A, B, and C to build upon acute care 437A skills and competencies.
- Comprehensive Assessment and Management
- Collaborates with Consulting Services
- Ordering and adjusting medication regimens in the treatment of acute or chronic conditions in the hospital or subspecialty clinic setting
- Orders/performs and interprets lab and diagnostic tests
- Formulates a Diagnosis and Treatment Plan
- Discharge Planning and Home Health Services / Supplies
- Palliative or End of Life Care

- Inter-Professional Practice
- Practice Management: Quality and Safety Improvement
- Acute Care Procedures - selected

437C - Third Clinical Practicum: Acute Care

Advanced Level Skills and Competencies in Acute Care

- Utilizing primary care skills in 438 A, B, and C to build upon acute care 437A and 437B skills and competencies
- Comprehensive Assessment and Management
- Collaborates with Consulting Services
- Ordering and adjusting medication regimens in the treatment of acute or chronic conditions in the hospital or subspecialty clinic setting
- Orders/performs and interprets lab and diagnostic tests
- Formulates a Diagnosis and Treatment Plan
- Discharge Planning and Home Health Services / Supplies
- Palliative or End of Life Care
- Inter-Professional Practice
- Practice Management: Quality and Safety Improvement
- Acute Care Procedures-selected
- Formulation of a Clinical Question and Systematic Inquiry

Appendix

The American Association of Colleges of Nursing (AACN) Essentials

- **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. (Kindig & Stoddard, 2003; Kindig, 2007; Swartout & Bishop, 2017; CDC, 2020).

- **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 identity, including 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 fosters personal health, resilience, and well-being; contributes to lifelong learning; and supports the acquisition of nursing expertise and the assertion of leadership.

UCLA SCHOOL OF NURSING

Pediatric Advanced Practice Nurse Program

Pediatric Nurse Practitioner

Clinical Faculty Evaluation Summary

Name_____

Clinical Facility_____

Date_____

Evaluator's name_____

Quarter/Year_____

Evaluator's signature_____

Grading criteria:

- 1- Not observed
- 2- Needs improvement: The student is not progressing as expected with minimal progress, requires intense guidance which is unsatisfactory.
- 3- Average: The student performs with considerable guidance with student's marginal to minimal competence and progress.
- 4- Above Average: The student performs with moderate guidance-minimal competence and safe practice with supervision.

NP Skill development Assessment Criteria	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.				

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 Reasoning, Problem Solving and Management Skills				
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.				
6. Analyzes correctly and interprets assessment findings in developing differential diagnoses and formulating a diagnosis.				
7. Able to list diagnoses and ongoing diagnoses and formulate and/or update a problem list.				
8. Able to navigate client's ongoing diagnoses with a new diagnosis and its treatment planning in safe manner.				
9. Able to reconcile client's current medications and to safely furnish medications.				
10. Applies research findings and updated evidence-based guidelines when providing a non-pharmacological and pharmacological treatment plans based on diagnoses across the lifespan.				
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.				

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.				
18. Consults and seeks assistance from preceptor in a timely, safe and professional.				
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.				

<p>20. Presents own accountability with timeliness, respectfulness, professionalism, appropriate self-presentation and mannerism.</p>				
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Student Strengths	Areas for Development / Improvement

UCLA SCHOOL OF NURSING
Pediatric Advanced Practice Nurse Program
Pediatric Nurse Practitioner
Clinical Faculty Evaluation Summary N438C / N437B-C

Name _____ Clinical Facility _____

Date _____ Evaluator's name _____

Quarter/Year _____ Evaluator's signature _____

Grading criteria:

- 1- Not observed
- 2- Needs improvement: The student is not progressing as expected with minimal progress, requires intense guidance which is unsatisfactory.
- 3- Average: The student performs with considerable guidance with student's marginal to minimal competence and progress.
- 4- Above Average: The student performs with moderate guidance-minimal competence and safe practice with supervision.
- 5- Good: The student is able to perform with more self-direction with safe practice and minimal supervision.
- 6- Excellent: The student is able to demonstrate progressive independence with minimal guidance, is competent and excels in most skills.

NP Skill development Assessment Criteria	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 Reasoning, Problem Solving and Management Skills						
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.						
6. Analyzes correctly and interprets assessment findings in developing differential diagnoses and formulating a diagnosis.						
7. Able to list diagnoses and ongoing diagnoses and formulate and/or update a problem list.						
8. Able to navigate client's ongoing diagnoses with a new diagnosis and its treatment planning in safe manner.						
9. Able to reconcile client's current medications and to safely furnish medications.						

10. Applies research findings and updated evidence-based guidelines when providing a non-pharmacological and pharmacological treatment plans based on diagnoses across the lifespan.							
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.							
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.							

18. Consults and seeks assistance from preceptor in a timely, safe and professional.						
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.						

Student Strengths	Areas for Development / Improvement

UCLA SCHOOL OF NURSING

**PEDIATRIC ACUTE CARE ADVANCED PRACTICE NURSING
N445 CLINICAL NURSE SPECIALIST (CNS) PRACTICUUM**

PROGRESS REPORT ON STUDENT'S CLINICAL PERFORMANCE

Student: _____ Quarter/year: _____

Preceptor: _____ Clinical site: _____

PLEASE RETURN THIS FORM TO: _____ EMAIL: _____

To Clinical Preceptor:

In order to finalize a clinical grade, the faculty at the School of Nursing must have a report from you on the progress that the clinical nurse specialist student has made in your clinical setting. This report form is designed to provide input in which we are expecting our students to show growth and development.

Further definition of evaluation terms used in this form:

Not observed (NO): The skill or competency was not observed during this clinical rotation i.e., the opportunity did not arise

Unsafe/Unsatisfactory: The student consistently failed to demonstrate minimal safety or appropriate growth in this competency.

Progressing slowly: The student's growth and development in mastering this skill has been slow and does not consistently attain the level expected of a beginning CNS student. Close supervision and mentoring were required to maintain safe patient care.

Progressing satisfactorily: The student demonstrated progressive, consistent growth and development in mastering this skill /competency. Required supervision was appropriate for any student who is learning the CNS role.

Progressing excellently: The student either demonstrated solid, steady growth and development in mastering this skill/competency or entered this clinical rotation already able to perform this skill /competency safely and reliably. Minimal supervision required. Mastery of this skill is evident.

NOTE: Students are expected to maintain a “satisfactory” level for all categories

Comments: Use this area to include any comments you may have for improvement or other observations of the student.

Skill /Competency	NO	Unsafe / Unsatisfactory	Progressing Slowly	Progressing Satisfactorily	Progressing Excellent	Comments
ASSESSMENT						
Clinical assessment of patients and families (including physiologic, psychosocial, and educative needs)						
Assessment of staff educational and supportive needs						
Assessment of organizational systems and systems-related problems						
Assessment and evaluation of patient-care practices using research-based evidence						
PLANNING AND INTERVENTION						
Clinical decision-making and reasoning (development, implementation and evaluation of individual patient/family care)						
Development, implementation and evaluation of educational programs (for patient, families or staff)						
COMMUNICATION						

Communicates in timely manner with preceptor re: individual patient care issues and unit/systems activities						
Describes personal learning needs & objectives in measurable terms.						
Communicates effectively (with other health care team members and with patients and families)						
Initiates and maintains collaborative relationships with patients, families, and other members of the multidisciplinary health care team						
PROFESSIONALISM						
Demonstrates preparation for the clinical assignment e.g. answers questions based on independent reading of references						
Demonstrates appropriate initiative e.g. seeks out learning experiences						
Demonstrates accountability & responsibility with preceptor, patients, health care team, & supervising faculty, for example: <ul style="list-style-type: none"> - Works with healthcare team, preceptor & faculty in collaborative, productive manner; - Reliable to follow up on delegated 						

assignment from preceptor; - Adheres to agreed-upon schedule at clinical site, with minimal tardiness - Controls own anxiety maturely									
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OVERALL COMMENTS (optional):

Signature of Preceptor: _____ Date: _____

Reviewed by School of Nursing Faculty: _____ Date: _____