

PACE
UNIVERSITY

College of Health Professions
LIENHARD SCHOOL OF NURSING



Clinical Evaluation of Nurse Practitioner (AGACNP, FNP & PMHNP) Students

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Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

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Clinical Evaluation of Nurse Practitioner Students

Pace University, the College of Health Professions (CHP), and the Lienhard School of Nursing (LSN) are committed to quality graduate nursing education. As such, faculty supervision, including observation of the adult-gerontology acute care nurse practitioner (AGACNP), family nurse practitioner (FNP) and psychiatric-mental health nurse practitioner (PMHNP) student's clinical performance with clinical partner agencies and patients is essential. In order to support the partnership between the student, faculty, school, preceptor, and site for the clinical immersion experience, the following document has been developed for use by all parties involved.

PART 1: OVERSIGHT FOR NURSE PRACTITIONER PRECEPTED CLINICAL HOURS

Roles and Responsibilities

Clinical Course Coordinator

The clinical course coordinator plays an important role in coordination and oversight of the student's clinical course requirements. A clinical course coordinator is assigned to each clinical course. The clinical course coordinator is responsible for overseeing each component of the clinical course as follows:

- Prior to the course, assigns clinical faculty for each student placement.
 - Ensures that all clinical faculty have reviewed the required clinical oversight documentation:
 - A brief overview of the College of Health Profession's vision, mission, and philosophy.
 - The Lienhard School of Nursing's masters student learning outcomes.
 - Clinical course syllabus and required number of precepted clinical hours.
 - A sample clinical hours log, which is to be signed by the preceptor on each day the student attends clinical.
 - Population specific clinical guides.
 - Sample of the Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student
 - A copy of this document which contains policies related to:
 - The clinical evaluation of the student.
 - Attendance in the clinical experiences.
 - Description of clinical faculty and preceptor role.
 - Notification procedure for preceptors who have a student who is having difficulty.
 - Description and frequency of site visits, faculty meetings with students regarding clinical experience, and expectations of preceptors.
- (This information can be found on the Pace University website: <https://chp.pace.edu/fnp-agacnp-and-pmhcp-course-syllabi-and-clinical-evaluation-guidelines>)
- Exxat training/reference materials (located in clinical course Classes site)
 - At the start of the semester, provides clinical faculty with names and contact information for their assigned students for each clinical course and notifies clinical faculty of any changes that occur in a student's clinical placement for the course.
 - Follows up with clinical faculty to assure student placement is progressing as planned.
 - Consults with clinical faculty on issues related to student progression of clinical hours.
 - Consults with the program director on issues related to student progression of clinical hours.
 - Sets up and maintains clinical rotations in Exxat as it pertains to student and faculty clinical documentation.
 - Assures that all necessary records/documents pertaining to student clinical hours are submitted by clinical faculty to Exxat.
 - Reviews the clinical faculty's evaluations of the student and the student's clinical hour timesheet submitted to Exxat to assure a student has successfully met the competencies for clinical evaluation for the course.
 - Submits students' grades (P or F) for clinical courses.

Clinical Site

The clinical site provides the context through which students apply their knowledge and advanced skills and observe the modeling of professional behavior. The site must therefore have the resources that will allow for student development and attainment of advanced clinical decision-making.

The clinical agency must assure the academic institution that it has adequate facilities and clinical preceptors to provide the type of clinical activities the student needs. These include, but are not limited to, the following:

- The appropriate patient population.
- The dedication of preceptors.
- The appropriate environment (e.g., rooms for student to conduct practice).
- The appropriate time frame students may need to conduct practice.

In rare situations, a clinical site may become non-conducive to student learning. All involved parties have a role in determining the effectiveness of a clinical site:

- *Preceptor Responsibility:* The preceptor has the responsibility to ensure that the student reaps the benefits that the site has to offer. In the event that the preceptor notes that the site is not conducive to student learning, the preceptor will discuss the situation with the student and together they will present their findings to the clinical faculty.
- *Student Responsibility:* The student is an adult learner and as such actively seeks experiences that would be beneficial in the enactment of the advanced practice role. The clinical faculty will provide students with clinical guides to help direct them and their preceptors in shaping comprehensive and focused clinical experiences. In the event that the student notes that the site is not conducive to learning, the student will discuss the situation with the preceptor and together they will present their findings to the clinical faculty.
- *Clinical Faculty Responsibility:* In the event that the clinical faculty notes that the site is not conducive to student learning, the clinical faculty will discuss the situation with the preceptor and student and will bring this to the attention of the clinical course coordinator.
- *Clinical Course Coordinator Responsibility:* In the event that the clinical course coordinator assesses a questionable site that has been brought to his/her attention by the clinical faculty and agrees with the assessment, the clinical course coordinator will present the findings to the director of graduate clinical placements and the program director.
- *Director of Graduate Clinical Placements Responsibility:* The director of graduate clinical placements, if necessary, will identify and secure another site for the student and ensure all requirements are in place prior to student placement.
- *Program Director Responsibility:* The program director, in partnership with all parties, determines if a particular site will be used again based on all information including the evaluations below.

Clinical Site Evaluation

At the end of every clinical course the student and clinical faculty will evaluate the clinical site (see Appendix A).

Preceptors

The preceptor is an essential facilitator throughout the process of student learning. The preceptor serves as a mentor in the application of knowledge and the development of expertise in clinical decision-making. In order to be selected as a preceptor, specific criterion have been set by Pace University, Lienhard School of Nursing, in compliance with New York State Department of Education requirements which include the requirement that the primary preceptor is either a Nurse Practitioner (NP) or a Licensed Physician (MD or DO). For PMHNP students, the primary preceptor can also be a licensed Psychiatric Mental Health Clinical Nurse Specialist (CNS), Licensed Clinical Social Worker (LCSW), or a psychologist). This criterion speaks to education, practice, and experience. Documentation of the following is essential to assure quality and appropriateness and includes:

- NP or CNS preceptor: RN license; profession (NP or CNS) license/certification in the state in which the student is being precepted; and national certification, as appropriate and acknowledged by the agency.
- MD/DO, LCSW, or psychologist preceptor: professional (MD/DO, LCSW, or psychologist) license in the state in which the student is being precepted and national certification, as acknowledged by the agency.
- Curriculum Vitae/Resume
 - Credentials and educational preparation appropriate to the type of service provided as evidenced in the curriculum vitae/resume.
 - Minimum of one year of clinical experience in area of specialty as documented in the curriculum vitae/resume.
- Online preceptor license verification for private practice placements.*
- Ongoing review of preceptor using results of student and clinical faculty evaluations of preceptor, if available.

*The above request for verification of information, which is retained by the preceptor's practice site, is submitted to the assistant dean, finance and human resources. Online preceptor license verification is conducted through and retained by the office of the assistant dean, finance and human resources.

Preceptor Responsibilities

The preceptor will assume the responsibilities inherent in the preceptor role and will carry out all processes outlined in this document.

- The preceptor will dialogue with clinical faculty and will provide input to the clinical faculty's evaluation of the student's progress and the student's ability to meet the objectives for the course.
- The preceptor will serve as a role model and mentor to the student.
- The preceptor will ensure in using the clinical guides (FNP, Appendix B; AGACNP, Appendix C; PMHNP, Appendix D) that experiences are appropriate for the student.
- The preceptor will provide ongoing feedback to the student regarding their progress in obtainment of course objectives.
- The preceptor will notify the clinical faculty **within 24 hours** if any conflict arises with the student or if the preceptor identifies a student who is having difficulty.
- Preceptors will review the clinical oversight documentation provided by Pace University, Lienhard School of Nursing to assist them in supporting the student's clinical experience:
 - A brief overview of the College of Health Profession's vision, mission and philosophy.
 - The Lienhard School of Nursing's masters student learning outcomes.
 - Clinical course syllabus and required number of precepted clinical hours.
 - A sample clinical hours log, which is to be signed by the preceptor on each day the student attends clinical.
 - Population specific clinical guides.
 - Sample of the Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student.
 - A copy of this document which contains policies related to:
 - The clinical evaluation of the student.
 - Attendance in the clinical experiences.
 - Description of clinical faculty and preceptor role.
 - Notification procedure for preceptors who have a student who is having difficulty.
 - Description and frequency of site visits, faculty meetings with students regarding clinical experience, and expectations of preceptors.

(This information can be found on the Pace University website: <https://chp.pace.edu/fnp-agacnp-and-pmhnp-course-syllabi-and-clinical-evaluation-guidelines>)

Should the preceptor not be able to access this information, the preceptor should request the clinical faculty and/or the student provide it to them.

Preceptor Evaluation

The preceptor will be evaluated by the student and clinical faculty at the end of the course (Appendix A).

Clinical Faculty

The clinical faculty is the conduit or the link between the clinical site/preceptor, student, clinical course coordinator, program director, and the Lienhard School of Nursing. The clinical faculty must ensure that all partners are aware of their specific roles and conduct themselves accordingly. Ultimately the clinical faculty provides the clinical supervision of the student who is learning with a preceptor. The clinical faculty is responsible for the evaluation of the student's clinical performance and includes the preceptor's objective input in the evaluation of the student. The clinical faculty documents the results of the evaluation on the Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (FNP Faculty Evaluation of Student Tool: Appendix E; AGACNP Faculty Evaluation of Student Tool: Appendix F; PMHNP Faculty Evaluation of Student Tool: Appendix G. The clinical faculty determines if the student has passed or failed the clinical course.

In order to be selected as clinical faculty specific criteria have been set by Pace University, Lienhard School of Nursing. These criteria speak to education, practice, and experience. Documentation of the following is essential to assure quality and appropriateness:

- RN license; New York State Nurse Practitioner Certification; and national certification, as appropriate
- Curriculum Vitae/Resume
- Credentials and educational preparation appropriate to the type of service provided as evidenced in the curriculum vitae/resume
- Minimum of one year of clinical experience in area of specialty as evidenced in the curriculum vitae/resume
- Ongoing review of clinical faculty using results of student evaluations, if available.
- Lienhard School of Nursing clinical clearance packet and Pace University employment requirements.

The clinical faculty must submit the above documentation to the assistant dean, finance and human resources. All documentation will be kept in the Dean's Suite and will be maintained on a yearly basis. The assistant dean, finance and human resources will ensure that all documentation is updated annually.

Clinical Faculty Responsibilities

- At the start of each semester, clinical faculty will receive from the clinical course coordinator a list of their assigned students for each clinical course. An updated assignment will be sent to the clinical faculty for any changes made after the start of the semester.
- Clinical faculty, **within 72 hours** of receiving their clinical student assignments, will respond to the clinical course coordinator and identify the course(s) and the name(s) of the students they are accepting for their assignments. Failure to do so may result in the reassignment of the students to another clinical faculty as students must be supervised once their clinical hours have begun. By accepting a clinical student assignment, the clinical faculty is committing to evaluating the student, including completing an in-person site visit and debriefing student simulation assessments as required in this document, for the period of the clinical course and mentoring the student as needed during the clinical course.
- The clinical faculty will make contact with each assigned student **within one week** of the start date of the clinical course/rotation and prepare them for the rotation, including the expectations described in this document. If the clinical faculty is unable to establish communication with a

student after three attempts and within one week of the start of the course, the clinical faculty must contact the clinical course coordinator and provide documentation of their contact attempts.

- The clinical faculty will review with the student the course and population specific clinical objectives as well as the student's prior clinical evaluations and established goals/action plans to assist the student in establishing goals for the current rotation.
- At the start of a rotation, the clinical faculty will direct the student to upload to Exxat a schedule indicating the dates and times when the student will be at the clinical site and the plan to complete the required number of clinical hours within the time frame of the clinical course/rotation. Based on this schedule, the clinical faculty will identify with the student an appointment for the required evaluation meeting.
- The clinical faculty will call each preceptor **within one week** of the start date of the course. The clinical faculty will provide his/her contact information to the preceptor. During this call, the clinical faculty will review and clarify with the preceptor all necessary clinical oversight documentation:
 - A brief overview of the College of Health Profession's vision, mission and philosophy.
 - The Lienhard School of Nursing's masters student learning outcomes.
 - Clinical course syllabus and required number of precepted clinical hours.
 - A sample clinical hours log, which is to be signed by the preceptor on each day the student attends clinical.
 - Population specific clinical guides.
 - Sample of the Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student
 - A copy of this document which contains policies related to:
 - The clinical evaluation of the student.
 - Attendance in the clinical experiences.
 - Description of clinical faculty and preceptor role.
 - Notification procedure for preceptors who have a student who is having difficulty.
 - Description and frequency of site visits, faculty meetings with students regarding clinical experience, and expectations of preceptors.

(This information can be found on the Pace University website: <https://chp.pace.edu/fnp-agacnp-and-pmhnp-course-syllabi-and-clinical-evaluation-guidelines>)

If the preceptor has not received the documents, the clinical faculty will obtain the preceptors email address and notify the clinical course coordinator to facilitate distribution of the above documentation. The clinical faculty then will contact the preceptor a second time to ensure that the preceptor received the materials and will answers any questions.

- The clinical faculty will assist the preceptor in any clinical issues that arise throughout the course and help resolve conflicts.
- The clinical faculty will maintain an electronic dossier for each student throughout the course. The dossier may be requested for review by the clinical course coordinator and/or program director as support for student, preceptor, and/or site evaluations. The dossier will include, but is not limited to:
 - Dates, times, and nature of contacts with student and preceptor throughout the course, including all emails.
 - Formative and summative evaluation of the student.
 - Preceptor input into the student's evaluation.
 - Site evaluation documentation.
- FNP and AGACNP clinical faculty are **required** to make at least one site visit for each student for each clinical course/rotation as outlined in this document.
- PMHNP clinical faculty will conduct virtual evaluation meetings as outlined in this document.

- Clinical faculty are **required** to view the student's simulation self-assessment/action plan (SA/AP) and incorporate the findings into the student's clinical evaluation and future goals.
- Clinical faculty will determine the need for additional simulation assessments based on their assessment of the student's performance as documented on the Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (FNP Faculty Evaluation of Student Tool: Appendix E; AGACNP Faculty Evaluation of Student Tool: Appendix F; PMHNP Faculty Evaluation of Student Tool: Appendix G and the clinical faculty's ability to directly observe the student during patient encounters at the clinical site (See Part 2: Oversight for Nurse Practitioner Simulated Clinical Scenarios).
- Clinical faculty will complete their evaluations of the student in Exxat as indicated below.
- Clinical faculty will complete an evaluation of the clinical site and preceptor (Appendix A) at the end of each clinical course/rotation.
- Clinical faculty are expected to be available to assigned students throughout the semester. If the clinical faculty becomes unavailable for any reason (e.g., conference, vacation, emergency), he/she must contact the clinical course coordinator to alert them of their absence. This communication will ensure that continuity is maintained. Generally, it is expected that the clinical faculty will not accept an assignment if it is known that he/she will be unavailable for any significant period of time during the semester.
- Communication among clinical faculty, students, preceptors, and the clinical course coordinator is essential. Clinical faculty are provided with a Pace email and are required to use their Pace email for all Pace communication. As email is the primary form of communication, clinical faculty are expected to check Pace email and respond to email at least **every 72 hours**.
- Clinical faculty are expected to participate in faculty orientation, clinical faculty development meetings, and conference calls regarding the oversight of nurse practitioner students.

Clinical Faculty Evaluation

The clinical faculty will be evaluated by the student and the clinical course coordinator at the end of the course (Appendix A). Additionally, the clinical course coordinator will evaluate the clinical faculty's timeliness in submission of student documentation.

Clinical Faculty: Program Director Responsibilities

The program director will review all data, including the clinical faculty's evaluations by the student and the clinical course coordinator, to determine if the clinical faculty meets the criteria set by Pace University, Lienhard School of Nursing and if the relationship is a beneficial one that should be continued.

Nurse Practitioner Student

Students enter the clinical arena to be precepted when they have progressed to a specific point in their education. It is important for the student to understand the role and responsibilities of a student nurse practitioner. Meeting the clinical requirements will assist the student in optimizing the learning experience. Within the partnership between the student, clinical faculty, preceptor, clinical site, clinical course coordinator, program director, and the director of graduate clinical placements, the roles of each partner will be enacted. In order to progress to clinical courses, specific criteria have been set by Pace University, Lienhard School of Nursing. Adherence of the following is essential to assure quality and appropriateness:

- LSN Clinical Course Clearance
 - Students are **required** to maintain health/clinical clearance as outlined in the *LSN Department of Graduate Studies Student Handbook* at all times while engaged in a clinical course.
 - **Students may not attend clinical if any part of their clearance requirements is missing or expired.** Should a student with any expired clearance requirements attend

clinical, any hours completed are considered unauthorized and cannot be included in the total clinical hours for the course. Additionally, this is a policy violation for which the student will be counseled.

- Lienhard School of Nursing, Pace University, or clinical agency policy statements:
 - The student must follow the policies and procedures set forth by Pace University and the Lienhard School of Nursing.
 - The student must dress professionally, which includes wearing the Pace University ID badge and any other clinical site attire, e.g., lab coat. Students are not permitted to wear jeans, open-toed shoes, flip-flops, sneakers, scrubs, tee shirts, or shorts to clinical. Students are not permitted to wear large dangling earrings, bracelets, strong perfumes or scents, or to have artificial or excessively long fingernails that could injure a patient on physical exam.
 - Students are expected to exhibit appropriate professional behavior. Students are expected to be respectful to preceptors, faculty, staff, colleagues, clients, and their families. Reports of unprofessional behavior will result in the student being counseled and action will be guided by the *LSN Department of Graduate Studies Student Handbook*. Any student asked not to return to a clinical site due to unprofessional behavior may not be assigned an alternative clinical placement for that rotation. This may result in failure of the clinical course.
 - Communication between students and clinical faculty is essential and is expected to be professional and timely. Students are provided with a Pace email and are required to use their Pace email for Pace communication. As email is the primary form of communication, students are expected to check and respond to Pace email accounts for messages at least **every 72 hours**.

Student responsibilities

- Students will receive their clinical placement memos in advance of the start date of each clinical rotation. Students are to make contact with the clinic site contact person/preceptor upon receipt of the memo to establish a clinical schedule to meet the required hours within the time frame of the clinical course/rotation.
- Clinical faculty will establish contact with the student within the first week of the rotation. If a student has not communicated with clinical faculty by the end of the first week of a rotation, the student must reach out to the clinical faculty and clinical course coordinator to establish contact.
- Students are to review with clinical faculty the clinical and course objectives as well as any prior evaluations and action plans to construct student-specific clinical objectives for each clinical practicum based on the population specific clinical guides (FNP, Appendix B; AGACNP, Appendix C; PMHNP, Appendix D).
- The student must provide the preceptor with the approved student-specific clinical objectives as indicated on the student self-evaluation tool (FNP, Appendix H; AGACNP, Appendix I; PMHNP Appendix J).
- At the start of each clinical course/rotation, the student must provide the clinical faculty and preceptor with a schedule for the rotation based on the preceptor's availability that indicates the student's plan to meet the required hours within the time frame of the clinical course/rotation. This scheduled must also be uploaded to Exxat by the end of the first week of a rotation.
- The student will maintain his/her own clinical hours log using the timesheet in Exxat. In addition, the student must maintain an hour log record (Appendix K) and obtain the preceptor's signature at each clinical visit. This preceptor validated log is to be uploaded to Exxat at the completion of the rotation.

- The student must complete a patient log in Exxat for each patient seen during a clinical day. Patient logs are used to support the completion of the required precepted clinical hours. Patient logs must be entered in Exxat within **7 days** of a clinical day. Patient log report summaries will provide the clinical faculty with data regarding the number of patients seen during a clinical day, the complexity of care delivered, diagnostic categories, level of student participation, and time spent with patients and consulting with the preceptor or other professionals. Patient log summaries will be reviewed by clinical faculty as part of their evaluation of the student.
- Students will submit to Exxat at least **one sample SOAP/progress note for each week** of clinical rotation. No patient identifying information should be included in the submitted documents to comply with HIPPA regulations.
- The student will use Exxat to maintain an electronic dossier for all courses/rotations of the clinical experience. The dossier may be requested for review by clinical faculty, the clinical course coordinator, and/or program director as support for the student's clinical experience and evaluations. The dossier will include, but is not limited to:
 - Clinical hour timesheet/ preceptor validated clinical hour log.
 - Patient logs for each clinical day.
 - Sample SOAP/progress notes.
 - Student self-evaluations.
 - Faculty evaluations of the student.
 - Any additional documentation that supports the student's clinical experience.
- The student must partner with the clinical faculty and preceptor throughout the course pertaining to site visits and formative and summative evaluations. **It is the student's responsibility to coordinate evaluation appointments at the time frame indicated in this document between themselves, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule the evaluation appointment are at risk for not progressing in the program.**
- Students will document the date/time of the faculty evaluation on their clinical hour logs (time spent with clinical faculty as part of an evaluation when the student is not engaged in direct patient care does not count toward the student's total clinical hours for a rotation).
- Students will post their self-evaluation using the Nurse Practitioner Student Self-Evaluation Tool (FNP Student Self-Evaluation Tool, Appendix H; AGACNP Student Self-Evaluation Tool, Appendix I; PMHNP Student Self-Evaluation Tool, Appendix J) and complete their clinical hour timesheet to date to in Exxat prior to a site visit/evaluation with the clinical faculty.
- Students will post their end-of-rotation reflections in Exxat (Appendix L), complete all timesheets indicating the total number of clinical hours completed during the rotation in Exxat, and submit to Exxat their verified clinical hour log with preceptor signatures within **24 hours** of completing their clinical hours.
- Students will complete an evaluation of their clinical faculty, the preceptor, and the clinical site (Appendix A) at the completion of each clinical course/rotation.
- The student must confer with the clinical course coordinator if and when there are any issues that the preceptor and clinical faculty are unable to resolve (Refer to the *LSN Department of Graduate Studies Student Handbook* and Pace University policies for further steps).

Accrual of clinical hours

Attendance in the clinical experience and accrual of clinical hours is guided by the following:

- The student must accomplish clinical hours at the availability of the preceptor. Students are not to ask preceptors to conform to a schedule that meets the student's personal and employment needs.

- Students must contact their assigned preceptor as soon as possible after receiving their clinical assignment to establish a schedule that allows the student to complete the required number of clinical hours within the time frame of the clinical course/rotation. A copy of this schedule is to be uploaded to Exxat by the end of the first week of rotation and provided to the clinical faculty and preceptor.
- The student must conduct clinical hours at the negotiated times with the preceptor. Attention must be paid to attend clinical on the days that the preceptor can accommodate the student.
- Students may only complete clinical hours with the preceptor they have been assigned to by the director of graduate clinical placements. Students must seek written approval from clinical faculty, the clinical course coordinator, and the director of graduate clinical placements to participate in clinical hours with another provider within a clinical site or at an alternative clinical site.
- The student must monitor the number of clinical hours completed and plan to complete the required number of clinical hours for the clinical course/rotation by the end date for the clinical course/rotation indicated in their placement memo/Exxat.
- The student must adjust personal and employment commitments so that the required number of clinical hours can be completed within the timeframe for the clinical course/rotation.
- Completion of the required clinical hours for a clinical course/rotation cannot continue beyond the end date of the clinical course/rotation. For extenuating circumstances beyond the student's control, an extension may be requested. For such extenuating circumstances, students must obtain agreement for an extension from the clinical faculty, clinical course coordinator, director of graduate clinical placements, preceptor, clinical agency, and the Lienhard School of Nursing. See the policy for incompletes below.
- The student must immediately notify the preceptor if the student cannot attend clinical on a previously agreed upon day. The student must verify that the preceptor has received the message (e.g., verbal contact or a response to an e-mail). Texting is not an acceptable form of communication unless specifically requested by the preceptor. Failure to communicate an absence to the preceptor is unprofessional and unacceptable and may place the student and clinical placement in jeopardy.
- The student must notify the clinical faculty of any clinical absence(s) as soon as possible and discuss with the clinical faculty and preceptor the proposed plan to make up the clinical time within the timeframe of the clinical course.
- Students may not begin to accrue clinical hours for a clinical rotation prior to the start date of the clinical course/rotation.
- Students must track their own clinical hours using the timesheet in Exxat. In addition, students are required to maintain a clinical hours log (Appendix K) and obtain the preceptor's signature for each clinical day. Signed clinical hours logs are to be uploaded to Exxat at the conclusion of the rotation for verification by clinical faculty.
 - Clinical hours are those hours spent at the clinical site engaged in the clinical care of patients within the clinical setting. Breaks, meals, and time spent engaged in other activities not related to the care of patients may not be included.
 - Time spent with patients and consulting the preceptor or other professionals entered on the patient logs in Exxat should approximate the total clinical hours entered in the timesheet. Students may be required to justify any large discrepancy in the time logged.
 - Students must document on the clinical hours log the date/time of the site visit with clinical faculty and obtain the clinical faculty's signature on the clinical hours log. Time spent with clinical faculty during the site visit while not engaged in direct patient care does not count toward the total clinical hours for the course.
 - Simulation experience and case conferences cannot count toward clinical hours for a rotation.

- Students completing more than 7.5 hours in a single clinical day are required to take a 30-minute meal break. Meal breaks do not count toward clinical time and must be accounted for on the time sheet in Exxat and the clinical hours logs.

Director of Graduate Clinical Placements

The director of graduate clinical placements, in conjunction with the assistant dean, finance and human resources, must ensure that clinical affiliation agreements and contracts are in place according to the policies and procedures of Pace University, the Lienhard School of Nursing, and the specific clinical agencies.

The Office of Academic Affairs, in conjunction with the director of graduate clinical placements and the assistant dean, finance and human resources ensures that all materials documented above are sent to all appropriate sites.

The director of graduate clinical placements will work with the LSN Department of Graduate Studies chairperson, program director(s), and clinical course coordinator(s) in the clinical placement of students and will assign and monitor student progression to assure that students meet the required population foci through their assigned placements.

- FNP foci:
 - Adult/Gerontology – level I and level II
 - Pediatrics – level I and level II
 - Women’s Health

- AGACNP foci:
 - Adult/Gerontology – level I and level II
 - AGACNP students will complete three rotations of 180-185 hours on three different units/services to gain exposure to a variety of patient populations and diagnoses. AGACNP students will be expected to be at level 2 for their second and third rotations.

- PMHNP foci:
 - Across the lifespan – level I, level II, and level III
 - PMHNP students will complete three rotations of 180-185 hours at a minimum of two different clinical locations. PMHNP students will be expected to be at level 2 for their second and third rotations.
 - Level I: Diagnosis
 - Level II: Psychotherapeutic interventions
 - Level III: Treatment

The director of graduate clinical placements will facilitate placement based on the student’s program plan that is on file in the LSN department of graduate studies.

Program Director

The program director will ensure the quality of the students’ clinical hours by overseeing, enforcing, and as necessary, will recommend improving and refining the processes and responsibilities described above. The program director will oversee the management and use of Exxat in conjunction with the director of graduate clinical placements and clinical course coordinator(s). The program director will participate in any conflict management that ensues throughout a clinical course.

FNP Clinical Evaluation Process

There are *two* definitive evaluations for the FNP student during each 110-hour clinical rotation, although additional evaluations may also be performed. The two definitive evaluations are:

- The mid-course (mid-rotation) evaluation (between 50-75 hours) and
- The end-of-course (final) evaluation. (at completion of 110-hours).

The mid-course evaluation is completed at the time of the site visit after 50 clinical hours have been accrued (but not more than 75 hours). Briefly, the mid-course evaluation will consist of a review of the student's self-evaluation, patient log summary, SOAP notes, the preceptor's input into the student's progress, the clinical faculty's assessment of the student's performance and progress on meeting established goals/action plans, and a review of the number of clinical hours completed at the time of the site visit. The end-of-course evaluation is completed at the conclusion of the required clinical hours for the course. Briefly, the end-of-course evaluation will consist of a review of the student's final reflection, patient log summary, SOAP notes, the preceptor's input into the student's progress, the clinical faculty's assessment of the student's performance and progress on meeting established goals/action plans, and a review of the total number of clinical hours completed (as indicated on the timesheet in Exxat and the submitted clinical hour log with preceptor's signature verifying hours). A more thorough discussion of the evaluation process is outlined below.

The Family Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix E) is used to guide the evaluation process.

- FNP students are evaluated at Level I or the following:
 - Adult (including the older adult) – 1st 110-hour rotation
 - Pediatrics – 1st 110-hour rotation
 - Women's health, including prenatal assessment – 110-hour rotation
- Level I competency: of the 20 evaluation criteria behaviors, by completion of the 1st 110-hours, students must have a minimum of 15 behaviors rated at "3" or better.
- FNP students are evaluated at Level II for the following:
 - Adult (including the older adult) – 2nd 110-hour rotation
 - Pediatrics – 2nd 110-hour rotation
- Level II competency: of the 20 evaluation criteria behaviors, by completion of the 2nd 110-hours in a specialty, students may not have any "1" or "2" ratings and must have a minimum of 15 behaviors rated at "4" or better.

Mid-Course (Mid-Rotation) Evaluation/Site Visit

The clinical faculty will conduct an **in-person** site visit during which the clinical faculty will review all objective input. **It is the student's responsibility to coordinate the site visit between the student, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule the site visit are at risk for not progressing in the program.**

- If the clinical faculty has not been contacted by the student by the mid-point of the clinical course (week 4 of a 7-week rotation or week 7 of a 14-week rotation), the clinical faculty will contact the student for an update on the progression of the student's clinical hours and direct the student to coordinate a date for the site visit with the clinical faculty and preceptor. (Ideally, the date for the site visit should be established at the initial call between the clinical faculty and the student when the plan for completing the required number of clinical hours is discussed.)
- For FNP students, **the site visit should occur sometime after completing 50 hours of clinical but prior to the completion of 75 hours of clinical.** In an instance where a student failed to

schedule a site visit at the mid-rotation point, the site visit should occur as soon as possible. In such as case, the student may not count any hours beyond 75 hours toward the total hours for the course until after the completion of the site visit. A student may not progress to the next clinical course without completing the site visit.

- Prior to the site visit, the student is required to complete in Exxat the self-evaluation document including goals for the remaining clinical hours (FNP Student Self-Evaluation Tool, Appendix H), submit all patient logs for clinical days completed to date, submit at least one SOAP note (de-identified) for each clinical week (a minimum of 3 SOAP notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed to date.
- The clinical faculty will review the student's formative self-evaluation as submitted in Exxat at the mid-rotation site visit along with any goals/action plans established at prior evaluation points. Goals for the remaining clinical hours at the site are to be included in the student's self-evaluation and will be incorporated into the faculty's formative evaluation.
- At this site visit, the clinical faculty will:
 - Review with the student his/her clinical hours timesheet to date and the student's plan for completing the remaining clinical hours for the course.
 - Clinical faculty will sign the student's clinical hours log to indicate the date and time the site visit took place (time spent with clinical faculty not engaged in direct patient care does not count toward the student's total clinical hours for a rotation).
 - Observe the student during clinical encounters with patients. In addition, the student should present patient encounters to the clinical faculty with a review of the established management plans as part of the mid-course evaluation. If direct observation of the student with patients is not possible, the student may be referred for a simulation assessment with a standardized patient to further evaluate the student's clinical level (See Part 2: Oversight for Nurse Practitioner Simulated Clinical Scenarios).
 - Review a minimum of 3 student SOAP notes (de-identified) submitted to Exxat as well as past patient records and SOAP notes documented in patient records at the clinical site, if possible. If the student is not able to chart at the site and/or SOAP notes are not utilized, clinical faculty may instruct the student to complete additional SOAP notes beyond the 3 minimum required notes for the evaluation.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans for the student for the remainder of their clinical hours.
 - Collect information about the site.
- The clinical faculty will ask the preceptor to provide objective input into the student's mid-course evaluation using the criteria delineated on the Family Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix E) to guide their verbal input. Clinical faculty will provide a summary of the preceptor's input on the faculty evaluation form.
- Clinical faculty will check off as complete the student's self-evaluation and complete the student evaluation tool (Family Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student [Appendix E]) in Exxat within **48 hours** of the site visit.
- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

End-of-course Evaluation

At the completion of each clinical course, the clinical faculty will determine if the student has met the clinical objectives for the course. This determination is based on the student's mid-course self-evaluation, the student's end-of-course self-reflection, the preceptor's input, and the clinical faculty mid-course and end-of-course evaluation of the student. **It is the student's responsibility to coordinate the end-of-course evaluation between the student, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule the end-of-course evaluation are at risk for not progressing in the program.**

- Prior to the end-of-course evaluation, the student is required to complete in Exxat the self-evaluation document including the end-of-rotation reflection of the clinical experience and goals for the next clinical course or practice (FNP Student Self-Evaluation Tool, Appendix H; End -of-rotation Reflection, Appendix L), submit all patient logs, submit at least one SOAP note (de-identified) for each clinical week (a minimum of 3 SOAP notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed.
- For FNP students, **the end-of-course evaluation should occur within 48 hours of completing the 110-hours required for the clinical course.**
- The clinical faculty will review the student's summative self-evaluation and end-of rotation reflection as submitted in Exxat as part of the end-of-course evaluation along with any goals/action plans established at prior evaluation points. Goals for the clinical course or practice are to be included in the student's self-evaluation and will be incorporated into the faculty's summative evaluation.
- At the end-of-course evaluation, the clinical faculty will:
 - Verify the total number of clinical hours completed for the clinical course as indicated on the student's timesheet in Exxat and as verified by the preceptor on the clinical hour log submitted to Exxat. Students must complete the required number of clinical hours by the end date for the clinical course/rotation as indicated on their clinical assignment memo and posted in Exxat. The exact completion date for each clinical course/rotation applies to all students.
 - Ask the student to present patient encounters to the clinical faculty with a review of the established management plans as part of the end-of-course evaluation.
 - Review a minimum of 3 student SOAP notes (de-identified) submitted to Exxat. Clinical faculty will instruct the student to complete a minimum of 3 SOAP notes (de-identified) for patients seen at the site and review these as part of the late-course evaluation.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the outcomes of the evaluation including the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans with the student for the next clinical course or practice.
 - Collect information about the site.
- Near the completion of the student's clinical hours, the clinical faculty will confer with the preceptor for input on the student's summative evaluation using the criteria delineated on the Family Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix E) to guide their verbal input. The preceptor's input is a valuable part of the evaluation and must be considered in the clinical faculty's determining if the student has successfully achieved the objectives for the clinical course. A summary of the preceptor's input is to be included on the faculty evaluation form.
- The clinical faculty will review and check off as complete the student's end-of-rotation reflection as posted in Exxat and complete the end-of-course evaluation of the student (including a summary of the preceptor's input) within **72 hours** of the student's completion of the clinical hours for the

clinical course using the Family Nurse Practitioner Student Evaluation Tool: Faculty Evaluation of Student (Appendix E). At this time, a determination is made indicating whether or not the student has passed the clinical course.

- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

The clinical faculty must review the patient log summary, timesheet, and all posted clinical documentation in Exxat for all assigned students, acknowledge accuracy and completion, and notify the student if they are inaccurate and/or incomplete. The clinical faculty must submit through Exxat all assigned students' mid-course and end-of-course clinical evaluations. All evaluations are to be submitted **within 72 hours** of the end date of the clinical course; final evaluations are due within **48 hours** of the final semester prior to graduation. This date will be announced (via e-mail communication) within a week of the start date of the clinical course/rotation. If there are extenuating circumstances that cause a delay in posted documentation, it must be discussed with the clinical course coordinator in a timely manner prior to the due date.

AGACNP Clinical Evaluation Process

There are *three* definitive evaluations for the AGACNP student during each 180-185-hour clinical rotation, although additional evaluations may also be performed. The three definitive evaluations are:

- The early-course evaluation (between 50-75-hours),
- The late-course evaluation (between 120-140-hours), and
- The end-of-course (final) evaluation (at completion of 180-185-hours).

The early-course evaluation is completed during a site visit after 50 clinical hours have been accrued (but not more than 75 hours). The late-course evaluation is completed after 120 clinical hours have been accrued (but not more than 140 hours). The late-course evaluation can be done in person or virtually. Briefly, the early-course and late-course evaluations will consist of a review of the student's self-evaluation, patient log summary, SOAP notes, the preceptor's input into the student's progress, the clinical faculty's assessment of the student's performance and progress on meeting established goals/action plans, and a review of the number of clinical hours completed at the time of the site visit. The end-of-course evaluation is completed at the conclusion of the required clinical hours for the clinical course. Briefly, the end-of-course evaluation will consist of a review of the student's final reflection, patient log summary, SOAP notes, the preceptor's input into the student's progress, the clinical faculty's assessment of the student's performance and progress on meeting established goals/action plans, and a review of the total number of clinical hours completed (as indicated on the timesheet in Exxat and the submitted clinical hour log with preceptor's signature verifying hours). A more thorough discussion of the evaluation process is outlined below.

The Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix F) is used to guide the evaluation process.

- AGACNP students are evaluated at Level I for their first 180 clinical hours in NURS 662A.
 - Level I competency: of the 20 evaluation criteria behaviors, by completion of the 180-hours, students must have a minimum of 15 behaviors rated at "3" or better.
- AGACNP students are evaluated at Level II for their 185 clinical hours in NURS 664A and NURS 668A
 - Level II competency: of the 20 evaluation criteria behaviors, by completion of the 185-hours in NURS 664A and NURS 668A, students may not have any "1" or "2" ratings and must have a minimum of 15 behaviors rated at "4" or better.

Early-Course Evaluation/Site Visit

The clinical faculty will conduct an **in-person** site visit during which the clinical faculty will review all objective input. **It is the student's responsibility to coordinate the site visit between the student, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule the site visit(s) are at risk for not progressing in the program.**

- If the clinical faculty has not been contacted by the student by week 4 of the clinical course, the clinical faculty will contact the student for an update on the progression of the student's clinical hours and direct the student to coordinate a date for the site visit with the clinical faculty and preceptor. (Ideally, the date for the site visit should be established at the initial call between the clinical faculty and the student when the plan for completing the required number of clinical hours is discussed.)
- For AGACNP students, **the site visit should occur sometime after completing 50 hours of clinical but prior to the completion of 75 hours of clinical.** In an instance where a student failed to schedule a site visit at this early point of the rotation, the site visit should occur as soon as possible. In such a case, the student may not count any hours beyond 75 hours toward the total

hours for the course until after the completion of the site visit. A student may not progress in the clinical course without completing the early-course evaluation and site visit.

- Prior to the site visit, the student is required to complete in Exxat the self-evaluation document including goals for the remaining clinical hours (AGACNP Student Self-Evaluation Tool, Appendix I), submit all patient logs for clinical days completed to date, submit at least one SOAP note (de-identified) for each clinical week (a minimum of 3 SOAP notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed to date.
- The clinical faculty will review the student's formative self-evaluation as submitted in Exxat at the early-course site visit along with any goals/action plans established at prior evaluation points. Goals for the remaining clinical hours at the site are to be included in the student's self-evaluation and will be incorporated into the faculty's formative evaluation.
- At this site visit, the clinical faculty will:
 - Review with the student their clinical hours timesheet to date and the student's plan for completing the remaining clinical hours for the course.
 - Clinical faculty will sign the student's clinical hours log to indicate the date and time the site visit took place (time spent with clinical faculty not engaged in direct patient care does not count toward the student's total clinical hours for a rotation).
 - Observe the student during clinical encounters with patients. In addition, the student should present patient encounters to the clinical faculty with a review of the established management plans as part of the early-course evaluation. If direct observation of the student with patients is not possible, the student may be referred for a simulation assessment with a standardized patient to further evaluate the student's clinical level (See Part 2: Oversight for Nurse Practitioner Simulated Clinical Scenarios).
 - Review a minimum of 3 student SOAP notes (de-identified) submitted to Exxat as well as past patient records and SOAP notes documented in patient records at the clinical site, if possible. If the student is not able to chart at the site and/or SOAP notes are not utilized, clinical faculty may instruct the student to complete additional SOAP notes beyond the 3 minimum required notes for the evaluation.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans with the student for the remainder of their clinical hours.
 - Collect information about the site.
- The clinical faculty will ask the preceptor to provide objective input into the student's early-course evaluation using the criteria delineated on the Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix F) to guide their verbal input. Clinical faculty will provide a summary of the preceptor's input on the faculty evaluation form.
- Clinical faculty will check off as complete the student's self-evaluation and complete the student evaluation tool (Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student [Appendix F]) in Exxat within **48 hours** of the site visit.
- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

Late-Course Evaluation

The clinical faculty will conduct a late-course evaluation either virtually or in-person during which the clinical faculty will review all objective input. **It is the student's responsibility to coordinate the late-course evaluation between the student, the clinical faculty, and the preceptor. Students who do not**

establish and maintain effective communication with the clinical faculty to schedule the late-course evaluation are at risk for not progressing in the program.

- If the clinical faculty has not been contacted by the student by week 8 of the clinical course, the clinical faculty will contact the student for an update on the progression of the student's clinical hours and direct the student to coordinate a date for the late-course evaluation. (Ideally, the date for the late-course evaluation should be established at the initial call between the clinical faculty and the student when the plan for completing the required number of clinical hours is discussed.)
- For AGACNP students, **the late-course evaluation should occur sometime after completing 120 hours of clinical but prior to the completion of 140 hours of clinical.** In an instance where a student failed to schedule the evaluation at this point of the rotation, the evaluation should occur as soon as possible. In such a case, the student may not count any hours beyond 140 hours toward the total hours for the course until after the completion of the late-course evaluation. A student may not progress in the clinical course without completing the late-course evaluation.
- Prior to the late-course evaluation, the student is required to complete in Exxat the self-evaluation document including goals for the remaining clinical hours (AGACNP Student Self-Evaluation Tool, Appendix I), submit all patient logs for clinical days completed to date, submit at least one SOAP note (de-identified) for each clinical week (a minimum of 3 SOAP notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed to date.
- The clinical faculty will review the student's formative self-evaluation as submitted in Exxat as part of the late-course evaluation along with any goals/action plans established at prior evaluation points. Goals for the remaining clinical hours at the site are to be included in the student's self-evaluation and will be incorporated into the faculty's formative evaluation.
- At the late-course evaluation, the clinical faculty will:
 - Review with the student his/her clinical hours timesheet to date and the student's plan for completing the remaining clinical hours for the course. (Time spent with clinical faculty not engaged in direct patient care does not count toward the student's total clinical hours for a rotation)
 - Ask the student to present patient encounters to the clinical faculty with a review of the established management plans as part of the late-course evaluation.
 - Review a minimum of 3 student SOAP notes (de-identified) submitted to Exxat. Clinical faculty may instruct the student to complete additional SOAP notes beyond the 3 minimum required notes for ongoing evaluation.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans with the student for the remainder of their clinical hours.
 - Collect information about the site.
- The clinical faculty will contact the preceptor so the preceptor can provide objective input into the student's late-course evaluation using the criteria delineated on the Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix F) to guide their verbal input. Clinical faculty will provide a summary of the preceptor's input on the faculty evaluation form.
- Clinical faculty will check off as complete the student's self-evaluation and completed the student evaluation tool (Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student [Appendix F]) in Exxat within **48 hours** of the late-course evaluation.

- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

End-of-course Evaluation

At the completion of each clinical course, the clinical faculty will determine if the student has met the clinical objectives for the course. This determination is based on the student's early and late-course self-evaluations, the student's end-of-course self-reflection, the preceptor's input, and the clinical faculty's evaluation of the student. **It is the student's responsibility to coordinate the end-of-course evaluation between the student, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule the end-of-course evaluation are at risk for not progressing in the program.**

- Prior to the end-of-course evaluation, the student is required to complete in Exxat the self-evaluation document including the end-of-rotation reflection of the clinical experience and goals for the next clinical course or practice (AGACNP Student Self-Evaluation Tool, Appendix I; End-of-rotation Reflection, Appendix L), submit all patient logs, submit at least one SOAP note (de-identified) for each clinical week (a minimum of 3 SOAP notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed.
- For AGACNP students, **the end-of-course evaluation should occur within 48 hours of completing the 180-185-hours required for the clinical course.**
- The clinical faculty will review the student's summative self-evaluation and end-of rotation reflection as submitted in Exxat as part of the end-of-course evaluation along with any goals/action plans established at prior evaluation points. Goals for the clinical course or practice are to be included in the student's self-evaluation and will be incorporated into the faculty's summative evaluation.
- At the end-of-course evaluation, the clinical faculty will:
 - Verify the total number of clinical hours completed for the clinical course as indicated on the student's timesheet in Exxat and as verified by the preceptor on the clinical hour log submitted to Exxat. Students must complete the required number of clinical hours by the end date for the clinical course/rotation as indicated on their clinical assignment memo and posted in Exxat. The exact completion date for each clinical course/rotation applies to all students.
 - Ask the student to present patient encounters to the clinical faculty with a review of the established management plans as part of the end-of-course evaluation.
 - Review a minimum of 3 student SOAP notes (de-identified) submitted to Exxat.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the outcomes of the evaluation including the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans with the student for the next clinical course or practice.
 - Collect information about the site.
- Near the completion of the student's clinical hours, the clinical faculty will confer with the preceptor for input on the student's summative evaluation using the criteria delineated on the Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix F) to guide their verbal input. The preceptor's input is a valuable part of the evaluation and must be considered in the clinical faculty's determining if the student has successfully achieved the objectives for the clinical course. A summary of the preceptor's input is to be included on the faculty evaluation form.
- The clinical faculty will review and check off as complete the student's end-of-rotation reflection as posted in Exxat and complete the end-of-course evaluation of the student (including a summary of

the preceptor's input) within **72 hours** of the student's completion of the clinical hours for the clinical course using the Adult-Gerontology Acute Care Nurse Practitioner Student Evaluation Tool: Faculty Evaluation of Student (Appendix F). At this time, a determination is made indicating whether or not the student has passed the clinical course.

- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

The clinical faculty must review all patient log summaries, timesheets, and posted documentation in Exxat for all assigned students, acknowledge accuracy and completion, and notify the student if they are inaccurate and/or incomplete. The clinical faculty must submit through Exxat all assigned students' early-course, late-course, and end-of-course clinical evaluations. All evaluations are to be submitted **within 72 hours** of the end date of the clinical course; final evaluations are due within **48 hours** of the final semester prior to graduation. This date will be announced (via e-mail communication) within a week of the start date of the clinical course/rotation. If there are extenuating circumstances that cause a delay in paperwork/posted documentation, it must be discussed with the clinical course coordinator in a timely manner prior to the due date.

PMHNP Clinical Evaluation Process

There are *three* definitive evaluations for the PMHNP students in addition to ongoing formative clinical evaluation during clinical conferences in each 180-185-hour clinical rotation, although additional evaluations may also be performed. The three definitive evaluations are:

- The early-course evaluation (between 50-75-hours),
- The mid-course evaluation (between 120-140 hours), and
- The end-of-course (final) evaluation (at completion of 180-185 hours).

Clinical evaluations for PMHNP students are completed during a virtual meetings. The early-course evaluation is completed after 50 clinical hours have been accrued (but not more than 75 hours). The mid-course evaluation is completed after 120 clinical hours have been accrued (but not more than 140 hours). Briefly, the early-course and mid-course evaluations will consist of a review of the student's self-evaluation, patient log summary, progress notes, the preceptor's input into the student's progress, the clinical faculty's assessment of the student's performance and progress on meeting established goals/action plans, and a review of the number of clinical hours completed at the time of the evaluation. The end-of-course evaluation is completed at the conclusion of the required clinical hours for the clinical course. Briefly, the end-of-course evaluation will consist of a review of the student's final reflection, patient log summary, progress notes, the preceptor's input into the student's progress, the clinical faculty's assessment of the student's performance and progress on meeting established goals/action plans, and a review of the total number of clinical hours completed (as indicated on the timesheet in Exxat and the submitted clinical hour log with preceptor's signature verifying hours). A more thorough discussion of the evaluation process is outlined below.

The Psychiatric-Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix G) is used to guide the evaluation process.

- PMHNP students are evaluated at Level I for their first 180 clinical hours in NURS 630A.
 - Level I competency: of the 18 evaluation criteria behaviors, by completion of the 180-hours, students must have a minimum of 14 behaviors rated at "3" or better.
- PMHNP students are evaluated at Level II for their 185 clinical hours in NURS 631A.
 - Level II competency: of the 18 evaluation criteria behaviors, by completion of the 185-hours in NURS 631A, students may not have any "1" or "2" ratings and must have a minimum of 14 behaviors rated at "4" or better.
- PMHNP students are evaluated at Level III for their 185 clinical hours in NURS 695A.
 - Level III competency: of the 18 evaluation criteria behaviors, by completion of the 185-hours in NURS 695A, students may not have any "1" or "2" ratings and must have a minimum of 14 behaviors rated at "4" or better.

Early-Course Evaluation

The clinical faculty will conduct a virtual evaluation during which the clinical faculty will review all objective input. **It is the student's responsibility to coordinate the virtual evaluation appointment between the student, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule evaluation appointments are at risk for not progressing in the program.**

- If the clinical faculty has not been contacted by the student by week 4 of the clinical course, the clinical faculty will contact the student for an update on the progression of the student's clinical hours and direct the student to coordinate a date for the meeting between the clinical faculty and preceptor. (Ideally, the time frame for the evaluation should be established at the initial call between

the clinical faculty and the student when the plan for completing the required number of clinical hours is discussed.)

- For PMHNP students, **the virtual evaluation should occur sometime after completing 50 hours of clinical but prior to the completion of 75 hours of clinical.** In an instance where a student failed to schedule a virtual evaluation appointment at this early point of the rotation, the virtual evaluation should occur as soon as possible. In such a case, the student may not count any hours beyond 75 hours toward the total hours for the course until after the completion of the evaluation appointment. A student may not progress in the clinical course without completing the early-course evaluation.
- Prior to the virtual evaluation, the student is required to complete in Exxat the self-evaluation document including goals for the remaining clinical hours (PMHNP Student Self-Evaluation Tool, Appendix J), submit all patient logs for clinical days completed to date, submit at least one progress note (de-identified) for each clinical week (a minimum of 3 progress notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed to date.
- The clinical faculty will review the student's formative self-evaluation as submitted in Exxat at the early-course virtual evaluation appointment along with any goals/action plans established at prior evaluation points. Goals for the remaining clinical hours at the site are to be included in the student's self-evaluation and will be incorporated into the faculty's formative evaluation.
- As part of the early-course evaluation, the clinical faculty will:
 - Review with the student his/her clinical hours timesheet to date and the student's plan for completing the remaining clinical hours for the course.
 - The student should present patient encounters to the clinical faculty with a review of the established management plans as part of the early-course evaluation.
 - Review a minimum of 3 student progress notes (de-identified) submitted to Exxat. Clinical faculty may instruct the student to complete additional SOAP notes beyond the 3 minimum required notes for ongoing evaluation.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans with the student for the remainder of their clinical hours.
 - Collect information about the site.
- The clinical faculty will ask the preceptor to provide objective input into the student's early-course evaluation using the criteria delineated on the Psychiatric Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix G) to guide their verbal input. Clinical faculty will provide a summary of the preceptor's input on the faculty evaluation form.
- Clinical faculty will check off as complete the student's self-evaluation and complete the student evaluation tool (Psychiatric Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student [Appendix G]) in Exxat within **48 hours** of the site visit.
- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

Mid-Course Evaluation

The clinical faculty will conduct a virtual evaluation during which the clinical faculty will review all objective input. **It is the student's responsibility to coordinate the mid-course evaluation between the student, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule the late-course evaluation are at risk for not progressing in the program.**

- If the clinical faculty has not been contacted by the student by week 8 of the clinical course, the clinical faculty will contact the student for an update on the progression of the student's clinical hours and direct the student to coordinate a date for the meeting between the clinical faculty and preceptor. (Ideally, the time frame for the evaluation should be established at the initial call between the clinical faculty and the student when the plan for completing the required number of clinical hours is discussed.)
- For PMHNP students, **the mid-course evaluation will occur sometime after completing 120 hours of clinical but prior to the completion of 140 hours of clinical.** In an instance where a student failed to schedule the evaluation at this point of the rotation, the evaluation should occur as soon as possible. In such a case, the student may not count any hours beyond 140 hours toward the total hours for the course until after the completion of the late-course evaluation. A student may not progress in the clinical course without completing the mid-course evaluation.
- Prior to the mid-course evaluation, the student is required to complete in Exxat the self-evaluation document including goals for the remaining clinical hours (PMHNP Student Self-Evaluation Tool, Appendix J), submit all patient logs for clinical days completed to date, submit at least one progress note (de-identified) for each clinical week (a minimum of 3 progress notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed to date.
- The clinical faculty will review the student's formative self-evaluation as submitted in Exxat as part of the late-course evaluation along with any goals/action plans established at prior evaluation points. Goals for the remaining clinical hours at the site are to be included in the student's self-evaluation and will be incorporated into the faculty's formative evaluation.
- AS part of the mid-course evaluation, the clinical faculty will:
 - Review with the student his/her clinical hours timesheet to date and the student's plan for completing the remaining clinical hours for the course. (Time spent with clinical faculty not engaged in direct patient care does not count toward the student's total clinical hours for a rotation)
 - The student should present patient encounters to the clinical faculty with a review of the established management plans as part of the early-course evaluation.
 - Review a minimum of 3 student progress notes (de-identified) submitted to Exxat. Clinical faculty may instruct the student to complete additional SOAP notes beyond the 3 minimum required notes for ongoing evaluation.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans with the student for the remainder of their clinical hours.
 - Collect information about the site.
- The clinical faculty will contact the preceptor so the preceptor can provide objective input into the student's mid-course evaluation using the criteria delineated on the Psychiatric-Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix G) to guide their verbal input. Clinical faculty will provide a summary of the preceptor's input on the faculty evaluation form.
- Clinical faculty will check off as complete the student's self-evaluation and completed the student evaluation tool (Psychiatric-Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student [Appendix G]) in Exxat within **48 hours** of the mid-course evaluation.
- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

End-of-course Evaluation

At the completion of each clinical course, the clinical faculty will determine if the student has met the clinical objectives for the course. This determination is based on the student's early and mid-course self-evaluations, the student's end-of-course self-reflection, the preceptor's input, and the clinical faculty's evaluation of the student. **It is the student's responsibility to coordinate the mid-course evaluation between the student, the clinical faculty, and the preceptor. Students who do not establish and maintain effective communication with the clinical faculty to schedule the late-course evaluation are at risk for not progressing in the program.**

- Prior to the end-of-course evaluation, the student is required to complete in Exxat the self-evaluation document including the end-of-rotation reflection of the clinical experience and goals for the next clinical course or practice (PMHNP Student Self-Evaluation Tool, Appendix J; End-of-rotation Reflection, Appendix L), submit all patient logs, submit at least one progress note (de-identified) for each clinical week (a minimum of 3 progress notes must be available in Exxat for the clinical faculty to review as part of the evaluation), and complete the timesheet for all clinical hours completed.
- For PMHNP students, **the end-of-course evaluation should occur within 48 hours of completing the 180-185-hours required for the clinical course.**
- The clinical faculty will review the student's summative self-evaluation and end-of rotation reflection as submitted in Exxat as part of the end-of-course evaluation along with any goals/action plans established at prior evaluation points. Goals for the clinical course or practice are to be included in the student's self-evaluation and will be incorporated into the faculty's summative evaluation.
- At the end-of-course evaluation, the clinical faculty will:
 - Verify the total number of clinical hours completed for the clinical course as indicated on the student's timesheet in Exxat and as verified by the preceptor on the clinical hour log submitted to Exxat. Students must complete the required number of clinical hours by the end date for the clinical course/rotation as indicated on their clinical assignment memo and posted in Exxat. The exact completion date for each clinical course/rotation applies to all students.
 - The student should present patient encounters to the clinical faculty with a review of the established management plans as part of the early-course evaluation.
 - Review a minimum of 3 student progress notes (de-identified) submitted to Exxat. Clinical faculty may instruct the student to complete additional SOAP notes beyond the 3 minimum required notes for ongoing evaluation.
 - Review the student's patient log summary in Exxat and debrief with the student any problems/challenges identified.
 - Review with the student the outcomes of the evaluation including the student's self-evaluation, preceptor input, faculty impressions, and student's goals/objectives.
 - Establish goals/action plans with the student for the remainder of their clinical hours.
 - Collect information about the site.
- Near the completion of the student's clinical hours, the clinical faculty will confer with the preceptor for input on the student's summative evaluation using the criteria delineated on the Psychiatric-Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student (Appendix G) to guide their verbal input. The preceptor's input is a valuable part of the evaluation and must be considered in the clinical faculty's determining if the student has successfully achieved the objectives for the clinical course. A summary of the preceptor's input is to be included on the faculty evaluation form.
- The clinical faculty will review and check off as complete the student's end-of-rotation reflection as posted in Exxat and complete the end-of-course evaluation of the student (including a summary of

the preceptor's input) within **72 hours** of the student's completion of the clinical hours for the clinical course using the Psychiatric-Mental Health Nurse Practitioner Student Evaluation Tool: Faculty Evaluation of Student (Appendix G). At this time, a determination is made indicating whether or not the student has passed the clinical course.

- Clinical faculty will notify the student when the evaluation is complete, so the student may review it in Exxat.

The clinical faculty must review all patient log summaries, timesheets, and posted documentation in Exxat for all assigned students, acknowledge accuracy and completion, and notify the student if they are inaccurate and/or incomplete. The clinical faculty must submit through Exxat all assigned students' early-course, mid-course, and end-of-course clinical evaluations. All evaluations are to be submitted **within 72 hours** of the end date of the clinical course; final evaluations are due within **48 hours** of the final semester prior to graduation. This date will be announced (via e-mail communication) within a week of the start date of the clinical course/rotation. If there are extenuating circumstances that cause a delay in paperwork/posted documentation, it must be discussed with the clinical course coordinator in a timely manner prior to the due date.

Policy for Incompletes

- If extenuating circumstances (circumstances beyond the student's control) interfere with a student's ability to complete the clinical hours by the posted completion date of a clinical course/rotation, the student must notify via email the clinical faculty and the clinical course coordinator. The email must include:
 - the reason(s) for the delay,
 - the number of hours expected to be completed by the end-of-rotation date,
 - a plan for completing the remaining clinical hours, and the expected date of completion of clinical hours.

The request will be reviewed by the clinical faculty and clinical course coordinator. The student will be notified by email as to the outcome of the request.

- If a student's clinical hours will not be completed by the official end-of-rotation date and the student's request for an extension has been approved (as indicate above), the student must formally apply for an incomplete and submit a written plan to the clinical faculty and clinical course coordinator indicating how and when the remaining hours will be completed. The written plan must be documented on the *Agreement for Incomplete Work: Clinical hour extension form* (available on the Lienhard School of Nursing Graduate Community in Classes). **The student's preceptor and the director of graduate clinical placements must approve this plan in order for the incomplete to be considered by the clinical faculty and the clinical course coordinator.** The clinical course coordinator, in conjunction with the clinical faculty, will consider the student's request for an incomplete for the course. If the request is approved, a deadline for completing the required course requirements/clinical hours will be established on the *Agreement for Incomplete Work* and the student may not further extend clinical hours beyond the deadline set on the *Agreement for Incomplete Work*. A grade of "I" will be entered for the course. Once outstanding course requirements have been successfully completed as outlined on the *Agreement for Incomplete Work* the "I" will be changed to a "P" for the clinical course. Failure to complete the required clinical hours within the time period approved on the *Agreement for Incomplete Work* will result in a failure for the clinical course. An incomplete will automatically change to a failure six (6) weeks from the end of the semester (refer to *LSN Graduate Student Handbook* and University Policy on Incomplete Grades).
- No clinical hours will count past the rotation completion date unless prior approval was received from the clinical course coordinator, clinical faculty, director of graduate clinical placements, and the preceptor and an *Agreement for Incomplete Work: Clinical hour extension form* has been submitted and approved.

PART 2: OVERSIGHT FOR NURSE PRACTITIONER SIMULATED CLINICAL SCENARIOS

Simulation assessments will be performed based on the student's program of study.

- FNP students will complete two simulation assessments with standardized patients.
 - Level I will take place after the completion of 110 clinical hours.
 - Level II will take place after the completion of a Level II clinical course.
- AGACNP students will complete three simulation assessments with standardized patients.
 - Level I will take place in their first clinical semester (NURS 662A).
 - Level II will take place in each of their second and third clinical semesters (NURS 664A and NURS 668A).
- PMHNP students will complete three simulation assessments with standardized patients.
 - Level I with a focus on diagnosing will take place in their first clinical semester near or shortly after the completion of 100 clinical hours.
 - Level II with a focus on psychotherapeutic intervention will take place in their second and third clinical semester near or shortly after the completion of 280 clinical hours.
 - Level III with a focus on treatment will take place in their third clinical semester near or shortly after their completion of 465 clinical hours.

Roles and Responsibilities

Graduate Faculty Simulation Coordinator and Office of Academic Affairs Staff Associate Assigned to Simulation

- The graduate faculty simulation coordinator, in collaboration with the Center of Excellence in Healthcare Simulation manager and staff and the program director, develops the standardized patient scenarios for simulation.
- The Center of Excellence in Healthcare Simulation manager and/or staff, in coordination with the staff associate, schedules the standardized patients for simulation.
- Scheduled appointment times will be emailed to each student by the staff associate and/or the graduate faculty simulation coordinator.
- The staff associate and/or the graduate faculty simulation coordinator will coordinate with the Center of Excellence in Healthcare Simulation manager for the locations and equipment necessary to conduct the simulation assessments.
- The graduate faculty simulation coordinator will assign students to a simulation faculty for evaluation and debriefing.
- The graduate faculty simulation coordinator will ensure that all simulation faculty complete assessments within 1 week of the simulation assessment.
- The graduate faculty simulation coordinator and/or the staff associate will notify the LSN Department of Graduate Studies chairperson and the program director of the number of simulations completed by each simulation faculty at each testing time.
- At the completion of the simulation assessment, the graduate faculty simulation coordinator will notify the clinical course coordinator of the students that have successfully and unsuccessfully completed the simulation assessment.

Simulation Faculty

- Simulation faculty are required to attend simulation training sessions, training updates, and clinical faculty development meetings and conference calls regarding the evaluation of nurse practitioner student simulation assessments.

Simulation assessment

- Simulation faculty will review prior clinical goals before evaluating the student's simulation assessment and use these as a guide for providing objective feedback.
- Simulation faculty are responsible for the evaluation of the student's simulation assessment based on the appropriate population focus and competency level.
 - Simulation faculty will review the student's simulation video(s) in SimCapture.
 - Simulation faculty will review the student's simulation SOAP/progress note(s) submitted to Exxat.
 - Simulation faculty will evaluate the assessment (video-captured exam and SOAP/progress note) using the rubric established for the experience.
 - Simulation faculty will notify the graduate faculty simulation coordinator and the clinical course coordinator immediately for any student scoring less than 83% on the simulation assessment.
- Simulation faculty will schedule a virtual follow-up debriefing session with the student **within 1 week** of the simulation assessment.
- During the debriefing session, Simulation faculty will discuss the student's self-assessment of their performance, provide faculty feedback, and assist the student in formulating an action plan for continued improvement.
- Simulation faculty will review the student's completed self-assessment/action plan in Exxat and check this off as complete.

Clinical Faculty

- Clinical faculty will review their students' simulation self-assessments and action plans in Exxat and incorporate this feedback into their clinical evaluation and future goals for the student.

Clinical Course Coordinator

- The clinical course coordinator will confirm with the graduate faculty simulation coordinator the students that have successfully or unsuccessfully completed the simulation assessment. Students must achieve a score of 83% or better on the simulation assessment to receive a pass in the clinical course.

Nurse Practitioner Student

- Students will attend the simulation assessment as scheduled by the graduate faculty simulation coordinator.
 - If an emergency situation should arise and the student is unable to attend the simulation assessment or if the student misses the scheduled simulation, the student must contact the graduate faculty simulation coordinator and program director who will determine when the student can be rescheduled for the simulation assessment based on the availability of the lab and clinical faculty.
 - The student will pay a rescheduling fee in the event the student misses a scheduled simulation. The fee is paid to the Office of Student Assistance.
- The simulation assessment is a timed evaluation that is conducted with the use of standardized patients (SPs) and is video-captured for viewing by the student and the clinical faculty. The process is as follows:

1. Pre-briefing
 - a. Possible patient scenario(s) will be provided to the student. Scenarios are based on clinical practicum population and level of competence.
 - b. For FNP Students:
 - i. Level I scenarios include performing an accurate history and physical assessment as well as the inclusion of three differential diagnoses and a plan of care for the SP.
 - ii. Level II scenarios expand further on the history, physical assessment, diagnostic results, differential diagnoses, and plan of care for the SP.
 - c. For AGACNP Students:
 - i. Level I scenarios include performing an accurate history and physical assessment as well as the inclusion of three differential diagnoses and a plan of care for the SP.
 - ii. Level II scenarios expand further on the history, physical assessment, diagnostic results, differential diagnoses, and plan of care for the SP.
 - d. For PMHNP Students
 - i. Level I scenarios focus on diagnosis.
 - ii. Level II scenarios focus on psychotherapeutic interventions.
 - iii. Level III scenarios focus on treatment.
2. Simulation
 - a. Simulations are video-captured.
 - b. The student is expected to ask appropriate interview questions related to the chief complaint as well as evaluate relevant data.
 - c. The student is expected to perform a competent examination to determine an assessment for the individual patient and/or family.
 - d. The student is expected to provide a diagnosis to the SP as well as discuss the plan of care with the SP.
3. Documentation
 - a. FNP and AGACNP students will write up the SP interaction in a SOAP note format. PMHNP students will write up the SP interaction in a progress note format.
 - b. The SOAP/Progress note will be submitted to Exxat within **2 hours** of the completion of the simulation.
 - c. Points will be deducted for late submissions.
4. Debriefing
 - a. The student will receive direct feedback from the SP regarding their experience.
 - b. Student self-reflection:
 - i. The student will review their video-captured simulation.
 - ii. The student will self-grade the simulation using the established rubric.
 - iii. While viewing, the student will reflect on their strengths and weaknesses and critique their own performance with consideration of:
 - What went well?
 - What would I like to have done better?
 - What do I need to improve?
 - Additional goals and action items for future clinical hours.
 - **One sentence is not a reflection. Students are expected to view their simulation experience, critique their own performance with an objective view, and thoroughly journal their reflection and future goals (approximately 2 pages).**

- iv. The student will **thoroughly** complete the “Simulation Self-Assessment and Action Plan” form. This document is then posted to Exxat and shared with the student’s assigned clinical faculty.
- c. Faculty Debriefing
 - i. The student and the simulation faculty will schedule an appointment for post assessment debriefing within **1 week** of completion of the simulation assessment. **It is the student’s responsibility to coordinate the simulation debriefing session between the student and the clinical faculty. Ideally, this appointment should be established prior to the student engaging in the simulation assessment. Students who do not establish and maintain effective communication with the clinical faculty to schedule the simulation debriefing session are at risk for not progressing in the program.**
 - ii. During the debriefing session, students are expected to be well prepared to discuss their performance with the simulation faculty and review their self-assessment and plan for improvement.
 - iii. The simulation faculty and the student will formulate an action plan with goals for continued improvement and a plan for future learning objectives. This document is then posted to Exxat and shared with the student’s assigned clinical faculty.
 - iv. NP students will review the action plan with their clinical faculty and preceptor at the start of each clinical rotation and update the action plan in Exxat as needed.

Unsuccessful Simulation & Remediation

Students must achieve a score of 83% or better on the simulation assessment to receive a pass in the clinical course.

- FNP
 - FNP students who are unsuccessful on their Level I or Level II simulation experience will remediate in the Center for Excellence in Healthcare Simulation. Scheduling is based on the availability of graduate faculty.
 - FNP students who are unsuccessful on their Level I simulation experience may continue with their clinical rotation hours and must repeat the simulation within 2 weeks.
 - FNP students who are unsuccessful in their Level II simulation experience will not be permitted to continue their clinical rotation hours, must remediate in the Center for Excellence in Healthcare Simulation, and must repeat the simulation within 2 weeks.
- AGACNP
 - AGACNP students who are unsuccessful on their Level I or Level II simulation experience will remediate in the Center for Excellence in Healthcare Simulation. Scheduling is based on the availability of graduate faculty.
 - AGACNP students who are unsuccessful on their Level I (NURS 662A) or first Level II (NURS 664A) simulation experience may continue with their clinical rotation hours and must repeat the simulation within 2 weeks.
 - AGACNP students who are unsuccessful in their second Level II (NURS 668A) simulation experience will not be permitted to continue their clinical rotation hours, must remediate in the Center for Excellence in Healthcare Simulation, and must repeat the simulation within 2 weeks.

- PMHNP
 - PMHNP students who are unsuccessful on their Level I, Level II, or Level III simulation experience will remediate in the Center for Excellence in Healthcare Simulation. Scheduling is based on the availability of graduate faculty.
 - PMHNP students who are unsuccessful on their Level I or Level II simulation experience may continue with their clinical rotation hours and must repeat the simulation within 2 weeks.
 - PMHNP students who are unsuccessful in their Level III simulation experience will not be permitted to continue their clinical rotation hours, must remediate in the Center for Excellence in Healthcare Simulation, and must repeat the simulation within 2 weeks.
- Unsuccessful second attempts on the Level I, Level II, or Level III simulation experience are considered clinical failures.
 - NP students are not permitted to return to the clinical setting for that clinical course and will receive a failing grade for that clinical course.
 - Any clinical hours associated with the failed clinical course are not included in the cumulative clinical hours for the program.
 - If the student has not previously failed another graduate nursing course, the student is permitted to repeat the failed clinical course.
 - Prior to re-enrollment in the failed clinical course, the student must remediate in the Center for Excellence in Healthcare Simulation. Scheduling is based on the availability of graduate faculty.
 - Level simulation assessment will be repeated.

Additional Simulation Assessment

Clinical faculty may refer students for additional simulation assessments at any time based on their overall evaluation of the student.

Program Director

In collaboration with the clinical course coordinator:

- Oversee the hiring of the clinical faculty.
- Oversee the development of the standardized patient scenarios in collaboration with the graduate faculty simulation coordinator.
- Oversee the training of the clinical faculty.

CLINICAL EVALUATION OF NURSE PRACTITIONER STUDENTS APPENDICES

- A. Evaluation
 - 1. Student Evaluation of the Clinical Faculty
 - 2. Student Evaluation of the Clinical Site
 - 3. Student Evaluation of the Preceptor
- B. FNP Clinical Guides
 - 1. Pediatrics
 - 2. Adult
 - 3. Women's Health/Prenatal Assessment
 - 4. Men's Health
- C. AGACNP Clinical Guide
- D. PMHNP Clinical Guide
- E. Family Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student
- F. Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student
- G. Psychiatric-Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student
- H. Family Nurse Practitioner Student Self-Evaluation Tool
- I. Adult-Gerontology Acute Care Nurse Practitioner Student Self-Evaluation Tool
- J. Psychiatric-Mental Health Nurse Practitioner Student Self-Evaluation Tool
- K. Nurse Practitioner Student Clinical Hours Logs
- L. End-of-Rotation Reflection
- M. Simulation Self-Assessment and Action Plan

Appendix A. Evaluations

1. Student Evaluation of the Clinical Faculty

Evaluation questions are completed via On-line Survey.

1. Acts as a role model for student.
2. Connects theory/evidence to practice.
3. Is readily available for professional direction.
4. Offers constructive criticism of student's performance.
5. Offers positive reinforcement.
6. Promotes student's need for independence and self-sufficiency.
7. Promotes clinical learning through site visit(s) and other interactions.
8. Demonstrates current clinical knowledge and expertise.
9. Promotes a supportive environment for learning.
10. Selects experiences suitable for meeting course objectives.
11. Provides for privacy and confidentiality when discussing student/teacher encounters or recommending changes in behavior.
12. Adjusts clinical experiences when necessary to meet individual learning needs.
13. Discusses content in clinical conferences, which facilitate learning.
14. Would you recommend this clinical faculty member?

2. Student Evaluation of the Clinical Site

Evaluation questions are completed via On-line Survey.

1. Clinical assignments were relevant and facilitated clinical learning.
2. The clinical experience provided the opportunity to practice.
3. The clinical agency had the appropriate patient population.
4. The clinical agency had the appropriate resources (for example: library, computer with internet connection, and equipment).
5. The clinical staff were supportive of my experience in the clinical agency.
6. The clinical site was appropriate for meeting course objectives and student evaluation criteria for a Level I/II/III Clinical.

3. Student Evaluation of the Preceptor

Evaluation questions are completed via On-line Survey.

1. Acts as a role model for students
2. Relates theory/evidence to practice
3. Is readily available for clinical direction.
4. Offers constructive criticism of the student's performance.
5. Offers positive reinforcement.
6. Promotes the student's need for independence and self-sufficiency.
7. Uses clinical conferences to promote clinical learning.
8. Demonstrates current clinical knowledge and expertise.
9. Promotes a supportive environment for learning.
10. Selects experiences suitable for meeting course objectives.
11. Provides for privacy and confidentiality when discussing student/preceptor encounters or recommending changes in behavior.
12. Adjusts clinical experiences when necessary to meet individual learning needs.
13. Would you recommend this preceptor in the future?

Appendix B. FNP Clinical Guides

1. FNP Clinical Guide: Pediatrics

Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

FAMILY NURSE PRACTITIONER CLINICAL GUIDE: PEDIATRICS

Client age ranges:

0-3 months: _____
3-6 months: _____
6 mo.-1 year: _____
1-2 years: _____
3-5 years: _____
6-8 years: _____
9-12 years: _____
13-18 years: _____

Diagnoses:

URI: _____
Otitis Media: _____
Asthma: _____
Dermatitis: _____
Croup: _____
Bronchitis: _____
Pneumonia: _____
Minor Trauma: _____
Musculoskeletal (problems): _____
Allergy: _____
Sinusitis: _____
Well Child Visit: _____
Other: _____

2. FNP Clinical Guide: Adult

Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

FAMILY NURSE PRACTITIONER CLINICAL GUIDE: ADULT

Client age ranges:

13-34 years: _____
35-49 years: _____
50-64 years: _____
65-74 years: _____
75-84 years: _____
≥ 85 years: _____

Diagnoses:

Hypertension: _____
Diabetes: _____
Hyperlipidemia: _____
Arthritis: _____
URI: _____
Asthma/COPD: _____
UTI: _____
GI Symptoms: _____
Dermatitis: _____
Headache: _____
Back Pain: _____
Well Adult Visit: _____
Other: _____

3. FNP Clinical Guide: Women's Health/Prenatal

Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

FAMILY NURSE PRACTITIONER CLINICAL GUIDE: WOMEN'S HEALTH/PRENATAL

Client age ranges:

18-34 years: _____
35-39 years: _____
50-64 years: _____
65-74 years: _____
≥ 75 years: _____

Health Maintenance:

Pap Smear: _____
Cervical Culture: _____
Safe Sex: _____
Family Planning: _____
HRT: _____
Other: _____

Diagnoses:

Vaginitis: _____
UTI: _____
STD: _____
Vaginal Bleeding: _____
Pelvic Pain: _____
Amenorrhea: _____
Osteoporosis: _____
Sexual Dysfunction: _____
Pregnancy Diagnosis: _____
1st Prenatal Visit: _____
Return Prenatal Visit: _____
Postpartum Visit: _____
Other: _____

4. FNP Clinical Guide: Men's Health

Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

FAMILY NURSE PRACTITIONER CLINICAL GUIDE: MEN'S HEALTH

Client age ranges

13-34 years: _____
35-49 years: _____
50-64 years: _____
65-74 years: _____
75-84 years: _____
≥ 85 years: _____

Diagnoses:

BPH: _____
STD: _____
UTI: _____
Prostatitis: _____
Osteoporosis: _____
Sexual Dysfunction: _____
Other: _____

Health Maintenance:

Prostate Exam: _____
Testicular Exam: _____
Safe Sex: _____
Family Planning: _____
Other: _____

Appendix C. AGACNP Clinical Guide

Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER CLINICAL GUIDE

Client age ranges:

13-34 years: _____
35-49 years: _____
50-64 years: _____
65-74 years: _____
75-84 years: _____
≥ 85 years: _____

Collaborating Service:

Cardiology	Interventional radiology
Critical care	Neurology
Emergency medicine	Neurosurgery
Oncology	Radiology
Pain management	Renal/Nephrology
Palliative care	Surgery
Pulmonary	Other

Conditions:

Acute abdominal pain	Asthma	Diabetic ketoacidosis	Sepsis
Acute alcohol intoxication	ARDS	Drug overdose	Shock
Acute/chronic liver failure	Chest pain	GI bleeding	Stroke
Acute/chronic renal failure	Congestive heart failure	Hyperglycemia	Other
Acute myocardial infarction	Deep vein thrombosis	Pancreatitis	
		Pulmonary embolism	

Procedures:

Arterial puncture	Conscious sedation	Lumbar puncture	Thoracentesis
Central line insertion	Hypothermia protocol	Paracentesis	TPN initiation
Chest tube insertion	Intubation	Post-operative assessment	Other
		Pre-operative assessment	

Diagnostics:

CT Scan	Echocardiogram	Electrolyte abnormalities	MRI/MRA
		Hematologic abnormalities	Other

Appendix D. PMHNP Clinical Guide

Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER CLINICAL GUIDE

Client age ranges:

Children _____
 Adolescents _____
 Adults _____
 Elderly _____

Conditions:

Neurodevelopmental Disorders	Obsessive-Compulsive and Related Disorders	Feeding and Eating Disorders	Substance Use and Addictive Disorders
Schizophrenia Spectrum and other	Trauma-or Stressor-Related Disorder	Sleep-Wake Disorders	Specify:
Bipolar and Related Disorders	Dissociative Disorders	Sexual Dysfunctions	Personality Disorders
Depressive Disorders	Somatic and Related Disorders	Gender Dysphoria	Neurocognitive Disorders
Anxiety Disorders	Chronic Fatigue Syndrome/Fibromyalgia	Disruptive, Impulse control and conduct	

Procedures:

Interprofessional consultation	Records review	Complete mental status exam	Medication adjustment
Therapy/counseling	Medication review	Patient education	Lab review

Diagnostics:

		CAGE	HAM-I
PHQ-9	BDI	BAI	HAM-D

Appendix E. Family Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student

Pace University
College of Health Professions
Lienhard School of Nursing
Department of Graduate Studies

FAMILY NURSE PRACTITIONER STUDENT EVALUATION TOOL
FACULTY EVALUATION OF STUDENT
FNP STUDENT CLINICAL EVALUATION FOR PRECEPTED HOURS

STUDENT NAME:

COURSE:

CLINICAL FACULTY:

PRECEPTOR:

CLINICAL SITE:

CLINICAL PRACTICE FOCUS AT CLINICAL SITE:

ADULT/GERO LEVEL I

ADULT/GERO LEVEL II

PEDIATRICS LEVEL I

PEDIATRICS LEVEL II

WOMEN'S HEALTH

NUMBER OF CLINICAL HOURS COMPLETED AT TIME OF EVALUATION:

EVALUATION COMPLETED BY: **FACULTY**

FNP students are evaluated at Level 1 for the following:

- Adult/gero I (110 hours)
- Women's Health including prenatal assessment (110 hours)
- Pediatrics I (110 hours)

Level I Competency: of the 20 evaluation criteria behaviors, by completion of the semesters 110 clinical hours students must have a minimum of 15 behaviors rated at a "3" or better.

FNP students are evaluated at Level 2 for the following:

- Adult/gero II (110 hours)
- Pediatrics II (110 hours)

Level II Competency: of the 20 evaluation behaviors, by completion of the final 110 clinical hours in this specialty population students may not have any "1" or "2" ratings and must have a minimum of 15 behaviors at "4" or better.

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SELF-EVALUATION BY STUDENT					
MID COURSE EVAL	COMPLETION OF HOURS				
EVALUATION CRITERIA	STUDENT BEHAVIOR				
	100% Directed	75% Directed	50% Assisted	75% Self- Directed	100% Self- Directed
1. Reviews available health records to gather pertinent patient information.	1	2	3	4	5
2. Demonstrates skillful, age appropriate interviewing to collect a relevant health history.	1	2	3	4	5
3. Completes an appropriate physical exam demonstrating appropriate assessment techniques throughout the exam.	1	2	3	4	5
4. Selects appropriate diagnostic tests to gather further information.	1	2	3	4	5
5. Identifies specific health promotion/maintenance needs of patients and families.	1	2	3	4	5
6. Correlates pathophysiology with patient's signs and symptoms, and laboratory data.	1	2	3	4	5
7. Describes etiology, developmental considerations, pathogenesis and clinical manifestations of specific disease processes.	1	2	3	4	5
8. Demonstrates knowledge of pathophysiology of acute and chronic diseases commonly encountered in the practice setting.	1	2	3	4	5
9. Performs technical skills specific to practice setting.	1	2	3	4	5
10. Evaluates all available data to identify and prioritize differential diagnoses across the lifespan.	1	2	3	4	5
11. Develops a plan of care with the patient that reflects the patient's educational needs, lifestyle, culture, and family and community resources.	1	2	3	4	5
12. Encourages patient and family involvement and participation in the plan of care.	1	2	3	4	5
13. Assesses educational needs and teaches patients and families accordingly.	1	2	3	4	5

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14. Assesses and manages most common acute illnesses, including demonstration of knowledge of pharmacologic interventions as appropriate, for patients across the lifespan according to legal parameters and current standards of care.	1	2	3	4	5
15. Assesses and manages stable chronic conditions, including demonstration of knowledge of pharmacologic interventions as appropriate, for patients across the lifespan according to legal parameters and current standards of care.	1	2	3	4	5
16. Identifies and manages urgent and/or emergency and/or crisis situations.	1	2	3	4	5
17. Collaborates with health care team members and makes appropriate referrals.	1	2	3	4	5
18. Demonstrates diagnostic reasoning ability in formulating patient assessments.	1	2	3	4	5
19. Evaluates the effectiveness of the plan of care for the patient, as well as the family and implements changes as appropriate.	1	2	3	4	5
20. Records information in a well-organized, legible, concise manner.	1	2	3	4	5

Comments are required if this evaluation reflects any of the following:

- 1's or 2's at any evaluation point
- 3's in Level II

Summary of preceptor's input into the student's evaluation:

Faculty comments:

Clinical Faculty's signature and date completed:

Student's signature and date reviewed:

Appendix F. Adult-Gerontology Acute Care Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student

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ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER STUDENT EVALUATION TOOL

FACULTY EVALUATION OF STUDENT

AGACNP STUDENT CLINICAL EVALUATION FOR PRECEPTED HOURS

STUDENT NAME:

CLINICAL FACULTY:

COURSE:

CLINICAL SITE:

PRECEPTOR:

CLINICAL PRACTICE FOCUS AT CLINICAL SITE (indicate focus):

NUMBER OF CLINICAL HOURS COMPLETED AT TIME OF EVALUATION:

EVALUATION COMPLETED BY: **FACULTY**

AGACNP students are evaluated at Level 1 for their first 180 clinical hours in NURS 662A:

- Level I Competency: of the 20 evaluation criteria behaviors, by completion of 180 clinical hours in NURS 662A students must have a minimum of 15 behaviors rated at a “3” or better.

AGACNP students are evaluated at Level 2 for their 185 clinical hours in NURS 664A and NURS 668A:

- Level II Competency: of the 20 evaluation behaviors, by completion of the 185 clinical hours in NURS 664A and NURS 668A, students may not have any “1” or “2” ratings and must have a minimum of 15 behaviors at “4” or better.

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FACULTY EVALUATION OF STUDENT					
EARLY COURSE EVAL	LATE COURSE EVAL			COMPLETION OF HOURS	
EVALUATION CRITERIA	STUDENT BEHAVIOR				
	100% Directed	75% Directed	50% Assisted	75% Self- Directed	100% Self- Directed
1. Describes etiology, developmental considerations, pathogenesis, and clinical manifestations of specific disease processes.	1	2	3	4	5
2. Reviews available health records.	1	2	3	4	5
3. Obtains a comprehensive or problem-focused health history as appropriate to the setting (AACN Scope & Standard 1.1).	1	2	3	4	5
4. Performs a pertinent, developmentally appropriate, comprehensive or problem-focused physical examination as appropriate to the setting (AACN Scope & Standard 1.2).	1	2	3	4	5
5. Determines appropriate assessment techniques, supporting diagnostic information, and diagnostic procedures (AACN Scope & Standard 1.5).	1	2	3	4	5
6. Assesses for risks to health including but not limited to the following: a. Physiologic: genetics, medication adverse events, immobility, frailty, impaired nutrition, pain, immunocompetence, metabolic imbalance, and iatrogenic effects of therapeutic and diagnostic interventions b. Psychological: delirium, impaired sleep, impaired communication, substance use and abuse, threat to life, self-image, independence, and ability to participate in social engagement, play and recreational activities. c. Family and community environments: impaired safety, inadequate social support and financial resources, lack of access to health information, and altered family dynamics d. Health care system: polypharmacy, complex therapeutic regimens, inadequate access to care, discoordination, and transitions of care (AACN Scope & Standard 1.9).	1	2	3	4	5

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7. Interprets physiologically and technologically derived data to determine the patient's needs (AACN Scope & Standard 1.6).	1	2	3	4	5
8. Formulates the differential and working diagnosis using clinical judgement and diagnostic reasoning and prioritizes differential diagnoses based on the complexity and severity of the patients' needs (AACN Scope & Standard 2.1, 2.5).	1	2	3	4	5
9. Determines the need for transition to a different level of care or care environment on the basis of an assessment of the patient's acuity, frailty, vulnerability, stability, resources, and need for assistance, supervision or monitoring (AACN Scope & Standard 1.12).	1	2	3	4	5
10. Diagnoses rapid deterioration or life threatening instability and initiates interventions to monitor, sustain, restore, and support the patient with a rapidly deteriorating condition (AACN Scope & Standard 2.2 & 5.6).	1	2	3	4	5
11. Collaborates and consults with the interprofessional team as indicated (AACN Scope & Standard 2.6, 5.5, 6.4).	1	2	3	4	5
12. Establishes goals and outcomes that consider the preferences and the current and potential capabilities of the patient, family, and/or caregiver (AACN Scope & Standard 3.5, 3.6).	1	2	3	4	5
13. Formulates an individualized, dynamic plan of care from assessment and diagnoses, in collaboration with the patient, family, caregiver, and interprofessional team, that addresses the patient's identified needs and can be applied across the continuum of services (AACN Scope & Standard 3.1, 4.1, 4.2).	1	2	3	4	5
14. Documents the plan of care, the patient's response and effectiveness of the plan of care, and medical decision-making in the patient's health record using standardized language and recognized terminology (AACN Scope & Standard 4.11, 5.16, 6.8).	1	2	3	4	5
15. Modifies the plan of care on the basis of the patient's response and treatment goals (AACN Scope & Standard 4.4)	1	2	3	4	5

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16. Performs specific diagnostic strategies and technical skills to monitor and sustain physiologic function and to ensure patient safety (AACN Scope & Standard 5.3).	1	2	3	4	5
17. Prescribes diagnostic strategies and therapeutic interventions that incorporate scientific evidence and evidence-based practice to achieve the identified goals and outcomes consistent with the established interprofessional plan of care (AACN Scope & Standard 4.5, 5.1).	1	2	3	4	5
18. Orders and/or performs diagnostic and therapeutic (pharmacologic and nonpharmacologic) interventions on the basis of the patient's condition and the established plan of care (AACN Scope & Standard 4.6, 5.2).	1	2	3	4	5
19. Implements health promotion, health maintenance, health protection, and disease prevention initiatives individualized for the patient (AACN Scope & Standard 4.8, 5.13).	1	2	3	4	5
20. Implements educational interventions appropriate to the needs of the patient (including family and caregiver) with acute, critical, and or complex illness or injury considering cognitive and developmental levels and diversity (AACN Scope & Standard 5.11).	1	2	3	4	5

Comments are required if this evaluation reflects any of the following:

- 1's or 2's at any evaluation point
- 3's in Level II

Summary of preceptor's input into the student's evaluation:

Faculty comments:

Clinical Faculty's signature and date completed:

Student's signature and date reviewed:

Appendix G. Psychiatric-Mental Health Nurse Practitioner Evaluation Tool: Faculty Evaluation of Student

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PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER STUDENT EVALUATION TOOL

FACULTY EVALUATION OF STUDENT

PMHNP STUDENT CLINICAL EVALUATION FOR PRECEPTED HOURS

STUDENT NAME:

CLINICAL FACULTY:

COURSE:

CLINICAL SITE:

PRECEPTOR:

CLINICAL PRACTICE FOCUS AT CLINICAL SITE (indicate focus):

NUMBER OF CLINICAL HOURS COMPLETED AT TIME OF EVALUATION:

EVALUATION COMPLETED BY:

PMHNP students are evaluated at Level I: Diagnosis for their first 180 clinical hours in NURS 630A:

- Level I Competency: of the 18 evaluation criteria behaviors, by completion of 180 clinical hours in NURS 630A students must have a minimum of 14 behaviors rated at a "3" or better.

PMHNP students are evaluated at Level II: Psychotherapeutic interventions for their 185 clinical hours in NURS 631A:

- Level II Competency: of the 18 evaluation behaviors, by completion of the 185 clinical hours in NURS 631A, students may not have any "1" or "2" ratings and must have a minimum of 14 behaviors at "4" or better.

PMHNP students are evaluated at Level III: Treatment for their 185 clinical hours in NURS 695A:

- Level III Competency: of the 18 evaluation behaviors, by completion of the 185 clinical hours in NURS 695A, students may not have any "1" or "2" ratings and must have a minimum of 14 behaviors at "4" or better.

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FACULTY EVALUATION OF STUDENT						
EARLY COURSE EVAL	MID COURSE EVAL			COMPLETION OF HOURS		
EVALUATION CRITERIA	STUDENT BEHAVIOR					
	100% Directed	75% Directed	50% Assisted	75% Self- Directed	100% Self- Directed	N/A
I. History, and Exam Skills, Clinical Reasoning, Presentation, and Documentation						
1. Performs a comprehensive and/or problem focused psychiatric evaluation. <i>AACN – I, IX; NONPF – IP; PSYCH I – 3</i>	1	2	3	4	5	N/A
2. Analyze and interprets assessment findings to develop appropriate differential diagnoses and formulate a diagnosis <i>AACN – III, IV, IX; NONPF – IP; PSYCH I – 20, 25</i>	1	2	3	4	5	N/A
3. Demonstrates knowledge of the pathophysiology of acute and chronic psychiatric mental health conditions commonly seen in psychiatric mental health nurse practitioner practice. <i>AACN – I; NONPF - SF</i>	1	2	3	4	5	N/A
4. Formulates and action plan based on scientific rational, evidence-based standards of care and practice guidelines. <i>AACN – I, IV; NONPF – TIL; PSYCH I - 8</i>	1	2	3	4	5	N/A
5. Orders and performs common screening and diagnostic tests as appropriate. <i>AACN – I, IV, IX; NONPF - IP</i>	1	2	3	4	5	N/A
6. Prescribes medications based on diagnoses, efficacy, safety, and individual client needs. <i>AACN – I, III, IX; NONPF – IP; PSYCH I – 9, 10, 11</i>	1	2	3	4	5	N/A
7. Provides appropriate education regarding drug regimens, drugs side effects, and interactions. <i>AACN – I, III, IX; NONPF – TIL, IP; PSYCH I - 12</i>	1	2	3	4	5	N/A

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8. Integrates appropriate individual and group psychotherapy treatment modalities into management plan. <i>AACN – I, III, IX; NONPF – IP; PSYCH – 4, 11</i>	1	2	3	4	5	N/A
9. Provides appropriate education and counseling utilizing psychodynamic principles, CBT, and evidence-based psychotherapies. <i>AACN – I, II, IV, IX; NONPF – TIL, IP; PSYCH I – 5, 27</i>	1	2	3	4	5	N/A
10. Initiates appropriate consultation and/or referral. <i>AACN – I, III, IV; NONPF – IP; PSYCH 1 – 13, 14, 20</i>	1	2	3	4	5	N/A
11. Schedules follow-up visits to appropriately monitor clients and evaluate recovery, mental illness, behavioral and psychiatric disorder treatment. <i>AACN – I, III, IX; NONPF – IP; PSYCH I- 21</i>	1	2	3	4	5	N/A
12. Recognizes cultural issues and interacts with clients in culturally sensitive ways. <i>AACN – VIII; NONPF – IP; PSYCH I – 23, 24, 25</i>	1	2	3	4	5	N/A
13. Acts ethically to meet the needs of clients <i>AACN – I; NONPF - IP</i>	1	2	3	4	5	N/A
14. Presents client encounter to preceptor in an organized fashion using appropriate terminology that reflects solid grasp of clinical and psychosocial issues. <i>AACN – VII, VIII; NONPF – IP; PSYCH I – 14</i>	1	2	3	4	5	N/A
15. Documentation of client findings is accurate, well organized and comprehensive. Permission to use EHR/EMR: Yes No	1	2	3	4	5	N/A

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AACN – VII; NONPF – SF, TIL; PSYCH I – 34, 35						
II. Professional Attributes						
1. Punctual and dependable. AACN – II; NONPF - IP	1	2	3	4	5	N/A
2. Strong communication skills and professional demeanor. AACN – VII, NONPF – IP; PSYCH I – 27, 29	1	2	3	4	5	N/A
3. Sensitive to clients unstated needs, is a patient advocate. AACN – VIII; NONPF - IP	1	2	3	4	5	N/A

Comments are required if this evaluation reflects any of the following:

- 1's or 2's at any evaluation point
- 3's in Level II

Summary of preceptor's input into the student's evaluation:

Faculty comments:

Clinical Faculty's signature and date completed:

Student's signature and date reviewed:

Appendix H. Family Nurse Practitioner Student Self-Evaluation Tool

Pace University
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FAMILY NURSE PRACTITIONER STUDENT SELF-EVALUATION TOOL

This tool is used by FNP/NP Students for their self-evaluation as part of the clinical-course evaluation.

STUDENT NAME:

COURSE:

CLINICAL FACULTY:

PRECEPTOR:

CLINICAL SITE:

CLINICAL PRACTICE FOCUS AT CLINICAL SITE:

ADULT/GERO LEVEL I

ADULT/GERO LEVEL II

PEDIATRICS LEVEL I

PEDIATRICS LEVEL II

WOMEN'S HEALTH

NUMBER OF CLINICAL HOURS COMPLETED AT TIME OF EVALUATION:

EVALUATION COMPLETED BY: **STUDENT**

FNP students are evaluated at Level 1 for the following:

- Adult/gero I (110 hours)
- Women's Health including prenatal assessment (110 hours)
- Pediatrics I (110 hours)

Level I Competency: of the 20 evaluation criteria behaviors, by completion of the semesters 110 clinical hours students must have a minimum of 15 behaviors rated at a "3" or better.

FNP students are evaluated at Level 2 for the following:

- Adult/gero II (110 hours)
- Pediatrics II (110 hours)

Level II Competency: of the 20 evaluation behaviors, by completion of the final 110 clinical hours in this specialty population students may not have any "1" or "2" ratings and must have a minimum of 15 behaviors at "4" or better.

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SELF-EVALUATION BY STUDENT					
MID COURSE EVAL	COMPLETION OF HOURS				
EVALUATION CRITERIA	STUDENT BEHAVIOR				
	100% Directed	75% Directed	50% Assisted	75% Self- Directed	100% Self- Directed
1. Reviews available health records to gather pertinent patient information.	1	2	3	4	5
2. Demonstrates skillful, age appropriate interviewing to collect a relevant health history.	1	2	3	4	5
3. Completes an appropriate physical exam demonstrating appropriate assessment techniques throughout the exam.	1	2	3	4	5
4. Selects appropriate diagnostic tests to gather further information.	1	2	3	4	5
5. Identifies specific health promotion/maintenance needs of patients and families.	1	2	3	4	5
6. Correlates pathophysiology with patient's signs and symptoms, and laboratory data.	1	2	3	4	5
7. Describes etiology, developmental considerations, pathogenesis and clinical manifestations of specific disease processes.	1	2	3	4	5
8. Demonstrates knowledge of pathophysiology of acute and chronic diseases commonly encountered in the practice setting.	1	2	3	4	5
9. Performs technical skills specific to practice setting.	1	2	3	4	5
10. Evaluates all available data to identify and prioritize differential diagnoses across the lifespan.	1	2	3	4	5
11. Develops a plan of care with the patient that reflects the patient's educational needs, lifestyle, culture, and family and community resources.	1	2	3	4	5
12. Encourages patient and family involvement and participation in the plan of care.	1	2	3	4	5
13. Assesses educational needs and teaches patients and families accordingly.	1	2	3	4	5

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14. Assesses and manages most common acute illnesses, including demonstration of knowledge of pharmacologic interventions as appropriate, for patients across the lifespan according to legal parameters and current standards of care.	1	2	3	4	5
15. Assesses and manages stable chronic conditions, including demonstration of knowledge of pharmacologic interventions as appropriate, for patients across the lifespan according to legal parameters and current standards of care.	1	2	3	4	5
16. Identifies and manages urgent and/or emergency and/or crisis situations.	1	2	3	4	5
17. Collaborates with health care team members and makes appropriate referrals.	1	2	3	4	5
18. Demonstrates diagnostic reasoning ability in formulating patient assessments.	1	2	3	4	5
19. Evaluates the effectiveness of the plan of care for the patient, as well as the family and implements changes as appropriate.	1	2	3	4	5
20. Records information in a well-organized, legible, concise manner.	1	2	3	4	5

Comments are required if this evaluation reflects any of the following:

- 1's or 2's at any evaluation point
- 3's in Level II

Comments:

Goals for remaining hours (for mid-rotation evaluation) or for next course/entering practice (for completion of hours):

1.

2.

3.

Student's signature and date reviewed:

Appendix I. Adult-Gerontology Acute Care Nurse Practitioner Student Self-Evaluation Tool

Pace University
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ADULT-GERONTOLOGY ACUTE CARE NURSE PRACTITIONER STUDENT SELF-EVALUATION TOOL

This tool is used by AGACNP Students for their self-evaluation as part of the clinical-course evaluation.

STUDENT NAME:

COURSE:

CLINICAL FACULTY:

PRECEPTOR:

CLINICAL SITE:

CLINICAL PRACTICE FOCUS AT CLINICAL SITE (indicate focus):

NUMBER OF CLINICAL HOURS COMPLETED AT TIME OF EVALUATION:

EVALUATION COMPLETED BY: **STUDENT**

AGACNP students are evaluated at Level 1 for their first 180 clinical hours in NURS 662A:

- Level I Competency: of the 20 evaluation criteria behaviors, by completion of 180 clinical hours in NURS 662A students must have a minimum of 15 behaviors rated at a “3” or better.

AGACNP students are evaluated at Level 2 for their 185 clinical hours in NURS 664A and NURS 668A:

- Level II Competency: of the 20 evaluation behaviors, by completion of the 185 clinical hours in NURS 664A and NURS 668A, students may not have any “1” or “2” ratings and must have a minimum of 15 behaviors at “4” or better.

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SELF-EVALUATION BY STUDENT					
EARLY COURSE EVAL	LATE COURSE EVAL			COMPLETION OF HOURS	
EVALUATION CRITERIA	STUDENT BEHAVIOR				
	100% Directed	75% Directed	50% Assisted	75% Self- Directed	100% Self- Directed
1. Describes etiology, developmental considerations, pathogenesis, and clinical manifestations of specific disease processes.	1	2	3	4	5
2. Reviews available health records.	1	2	3	4	5
3. Obtains a comprehensive or problem-focused health history as appropriate to the setting (AACN Scope & Standard 1.1).	1	2	3	4	5
4. Performs a pertinent, developmentally appropriate, comprehensive or problem-focused physical examination as appropriate to the setting (AACN Scope & Standard 1.2).	1	2	3	4	5
5. Determines appropriate assessment techniques, supporting diagnostic information, and diagnostic procedures (AACN Scope & Standard 1.5).	1	2	3	4	5
6. Assesses for risks to health including but not limited to the following: a. Physiologic: genetics, medication adverse events, immobility, frailty, impaired nutrition, pain, immunocompetence, metabolic imbalance, and iatrogenic effects of therapeutic and diagnostic interventions b. Psychological: delirium, impaired sleep, impaired communication, substance use and abuse, threat to life, self-image, independence, and ability to participate in social engagement, play and recreational activities. c. Family and community environments: impaired safety, inadequate social support and financial resources, lack of access to health information, and altered family dynamics d. Health care system: polypharmacy, complex therapeutic regimens, inadequate access to care, discoordination, and transitions of care (AACN Scope & Standard 1.9).	1	2	3	4	5

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7. Interprets physiologically and technologically derived data to determine the patient's needs (AACN Scope & Standard 1.6).	1	2	3	4	5
8. Formulates the differential and working diagnosis using clinical judgement and diagnostic reasoning and prioritizes differential diagnoses based on the complexity and severity of the patients' needs (AACN Scope & Standard 2.1, 2.5).	1	2	3	4	5
9. Determines the need for transition to a different level of care or care environment on the basis of an assessment of the patient's acuity, frailty, vulnerability, stability, resources, and need for assistance, supervision or monitoring (AACN Scope & Standard 1.12).	1	2	3	4	5
10. Diagnoses rapid deterioration or life threatening instability and initiates interventions to monitor, sustain, restore, and support the patient with a rapidly deteriorating condition (AACN Scope & Standard 2.2 & 5.6).	1	2	3	4	5
11. Collaborates and consults with the interprofessional team as indicated (AACN Scope & Standard 2.6, 5.5, 6.4).	1	2	3	4	5
12. Establishes goals and outcomes that consider the preferences and the current and potential capabilities of the patient, family, and/or caregiver (AACN Scope & Standard 3.5, 3.6).	1	2	3	4	5
13. Formulates an individualized, dynamic plan of care from assessment and diagnoses, in collaboration with the patient, family, caregiver, and interprofessional team, that addresses the patient's identified needs and can be applied across the continuum of services (AACN Scope & Standard 3.1, 4.1, 4.2).	1	2	3	4	5
14. Documents the plan of care, the patient's response and effectiveness of the plan of care, and medical decision-making in the patient's health record using standardized language and recognized terminology (AACN Scope & Standard 4.11, 5.16, 6.8).	1	2	3	4	5
15. Modifies the plan of care on the basis of the patient's response and treatment goals (AACN Scope & Standard 4.4)	1	2	3	4	5

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16. Performs specific diagnostic strategies and technical skills to monitor and sustain physiologic function and to ensure patient safety (AACN Scope & Standard 5.3).	1	2	3	4	5
17. Prescribes diagnostic strategies and therapeutic interventions that incorporate scientific evidence and evidence-based practice to achieve the identified goals and outcomes consistent with the established interprofessional plan of care (AACN Scope & Standard 4.5, 5.1).	1	2	3	4	5
18. Orders and/or performs diagnostic and therapeutic (pharmacologic and nonpharmacologic) interventions on the basis of the patient's condition and the established plan of care (AACN Scope & Standard 4.6, 5.2).	1	2	3	4	5
19. Implements health promotion, health maintenance, health protection, and disease prevention initiatives individualized for the patient (AACN Scope & Standard 4.8, 5.13).	1	2	3	4	5
20. Implements educational interventions appropriate to the needs of the patient (including family and caregiver) with acute, critical, and or complex illness or injury considering cognitive and developmental levels and diversity (AACN Scope & Standard 5.11).	1	2	3	4	5

Comments are required if this evaluation reflects any of the following:

- 1's or 2's at any evaluation point
- 3's in Level II

Comments:

Goals for remaining hours (for mid-rotation evaluation) or for next course/entering practice (for completion of hours):

- 1.
- 2.
- 3.

Student's signature and date reviewed:

4

Appendix J. Psychiatric Mental Health Nurse Practitioner Student Self-Evaluation Tool

Pace University
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PSYCHIATRIC MENTAL HEALTH NURSE PRACTITIONER STUDENT EVALUATION TOOL

STUDENT SELF EVALUATION

PMHNP STUDENT CLINICAL SELF- EVALUATION FOR PRECEPTED HOURS

STUDENT NAME:

CLINICAL FACULTY:

COURSE:

CLINICAL SITE:

PRECEPTOR:

CLINICAL PRACTICE FOCUS AT CLINICAL SITE (indicate focus):

NUMBER OF CLINICAL HOURS COMPLETED AT TIME OF EVALUATION:

EVALUATION COMPLETED BY:

PMHNP students are evaluated at Level I: Diagnosis for their first 180 clinical hours in NURS 630A:

- Level I Competency: of the 18 evaluation criteria behaviors, by completion of 180 clinical hours in NURS 630A students must have a minimum of 14 behaviors rated at a “3” or better.

PMHNP students are evaluated at Level II: Psychotherapeutic interventions for their 185 clinical hours in NURS 631A:

- Level II Competency: of the 18 evaluation behaviors, by completion of the 185 clinical hours in NURS 631A, students may not have any “1” or “2” ratings and must have a minimum of 14 behaviors at “4” or better.

PMHNP students are evaluated at Level III: Treatment for their 185 clinical hours in NURS 695A:

- Level III Competency: of the 18 evaluation behaviors, by completion of the 185 clinical hours in NURS 695A, students may not have any “1” or “2” ratings and must have a minimum of 14 behaviors at “4” or better.

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FACULTY EVALUATION OF STUDENT						
EARLY COURSE EVAL	MID COURSE EVAL			COMPLETION OF HOURS		
EVALUATION CRITERIA	STUDENT BEHAVIOR					
	100% Directed	75% Directed	50% Assisted	75% Self- Directed	100% Self- Directed	N/A
I. History, and Exam Skills, Clinical Reasoning, Presentation, and Documentation						
1. Performs a comprehensive and/or problem focused psychiatric evaluation. <i>AACN – I, IX; NONPF – IP; PSYCH I – 3</i>	1	2	3	4	5	N/A
2. Analyze and interprets assessment findings to develop appropriate differential diagnoses and formulate a diagnosis <i>AACN – III, IV, IX; NONPF – IP; PSYCH I – 20, 25</i>	1	2	3	4	5	N/A
3. Demonstrates knowledge of the pathophysiology of acute and chronic psychiatric mental health conditions commonly seen in psychiatric mental health nurse practitioner practice. <i>AACN – I; NONPF - SF</i>	1	2	3	4	5	N/A
4. Formulates and action plan based on scientific rational, evidence-based standards of care and practice guidelines. <i>AACN – I, IV; NONPF – TIL; PSYCH I - 8</i>	1	2	3	4	5	N/A
5. Orders and performs common screening and diagnostic tests as appropriate. <i>AACN – I, IV, IX; NONPF - IP</i>	1	2	3	4	5	N/A
6. Prescribes medications based on diagnoses, efficacy, safety, and individual client needs. <i>AACN – I, III, IX; NONPF – IP; PSYCH I – 9, 10, 11</i>	1	2	3	4	5	N/A
7. Provides appropriate education regarding drug regimens, drugs side effects, and interactions. <i>AACN – I, III, IX; NONPF – TIL, IP; PSYCH I - 12</i>	1	2	3	4	5	N/A

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8. Integrates appropriate individual and group psychotherapy treatment modalities into management plan. <i>AACN – I, III, IX; NONPF – IP; PSYCH – 4, 11</i>	1	2	3	4	5	N/A
9. Provides appropriate education and counseling utilizing psychodynamic principles, CBT, and evidence-based psychotherapies. <i>AACN – I, II, IV, IX; NONPF – TIL, IP; PSYCH I – 5, 27</i>	1	2	3	4	5	N/A
10. Initiates appropriate consultation and/or referral. <i>AACN – I, III, IV; NONPF – IP; PSYCH 1 – 13, 14, 20</i>	1	2	3	4	5	N/A
11. Schedules follow-up visits to appropriately monitor clients and evaluate recovery, mental illness, behavioral and psychiatric disorder treatment. <i>AACN – I, III, IX; NONPF – IP; PSYCH I- 21</i>	1	2	3	4	5	N/A
12. Recognizes cultural issues and interacts with clients in culturally sensitive ways. <i>AACN – VIII; NONPF – IP; PSYCH I – 23, 24, 25</i>	1	2	3	4	5	N/A
13. Acts ethically to meet the needs of clients <i>AACN – I; NONPF - IP</i>	1	2	3	4	5	N/A
14. Presents client encounter to preceptor in an organized fashion using appropriate terminology that reflects solid grasp of clinical and psychosocial issues. <i>AACN – VII, VIII; NONPF – IP; PSYCH I – 14</i>	1	2	3	4	5	N/A
15. Documentation of client findings is accurate, well organized and comprehensive. Permission to use EHR/EMR: Yes No	1	2	3	4	5	N/A

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AACN – VII; NONPF – SF, TIL; PSYCH I – 34, 35						
II. Professional Attributes						
1. Punctual and dependable. AACN – II; NONPF - IP	1	2	3	4	5	N/A
2. Strong communication skills and professional demeanor. AACN – VII, NONPF – IP; PSYCH I – 27, 29	1	2	3	4	5	N/A
3. Sensitive to clients unstated needs, is a patient advocate. AACN – VIII; NONPF - IP	1	2	3	4	5	N/A

Comments are required if this evaluation reflects any of the following:

- 1's or 2's at any evaluation point
- 3's in Level II

Summary of preceptor's input into the student's evaluation:

Faculty comments:

Clinical Faculty's signature and date completed:

Student's signature and date reviewed:

Appendix L. End-of-Rotation Reflection

Reflect on your clinical experience over this past rotation and answer the following reflective questions (2 pages):

- Review your prior self-evaluation(s) and faculty evaluation(s) for the course and the goals you set for yourself. Discuss any areas in your prior evaluation(s) where your clinical faculty or you scored yourself below a three and how you have grown in these areas or improved in other areas over the remaining clinic hours in this course.
- Use exemplars from your clinical experience in this course to demonstrate your growth and independence in critical thinking, judgment, and the advanced practice nurse role.
- What did you value most about this clinical rotation?
- Identify at least one patient care challenge you experienced in this course. How did you overcome this challenge? What did you learn from this challenge?
- Elaborate on your goals from your prior evaluation(s) and expand on your goals or identify additional goals for your next clinical experiences and/or future practice.

