

# RESOURCE GUIDE FOR ADVANCED PRACTICE NURSING STUDENT PRECEPTORS



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This Resource Guide is available on the Preceptor webpage:  
<https://www.nursing.virginia.edu/academics/preceptors/>  
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## I. OVERVIEW AND WELCOME

Welcome to the department of graduate nursing at the UVA School of Nursing! As stated in our mission and vision statement, we are a community of nurses, scholars, and clinicians committed to preparing the next generation of advanced practice nurses. These nurses will need to lead change and transform the care of individuals and families, populations, and systems. We thank you for your critical role as a preceptor in accomplishing this mission.

*Mission: Improving lives through nursing*

*Vision: Transforming health through exceptional care, science, learning, and influence*

*Values: The UVA School of Nursing is a learning community rooted in compassion and respect, and in lockstep with UVA Health and its ASPIRE values, which include Accountability, Stewardship, Professionalism, Integrity, Respect, and Equity. As a community of students, faculty, and staff, we value:*

- **Trust:** We are a community of trust and integrity
- **Equity:** We stand firmly for equity, inclusion, and diversity and against racism and social injustices of any kind
- **Excellence:** We pursue excellence in nursing practice and in teaching and learning, and believe learning is life-long
- **Collaboration:** We value problem-solving across programs and roles and collectively thrive when the environment is healthy, respectful, and caring
- **Knowledge:** We are committed to advancing science and developing evidence-based solutions that improve health, health equity, and healthcare

The goal of this Resource Guide is to provide an overview of precepting [advanced practice registered nurses](#) (APRN) students. Our preceptors may be practicing APRNs, such as nurse practitioners and clinical nurse specialists, or other healthcare professionals with specialized knowledge of a particular patient population. This Guide contains essential information for the preceptor of a UVA graduate student, whether new to precepting or experienced, that is needed to be successful and to find joy and mutual learning in the experience.

The Guide has four sections and an appendix. Section I is the overview and welcome to our community. Section II, Essential Information, is a quick reference guide, much like the protocols or bundles used in clinical practice. Section III, Responsibilities, outlines the responsibilities of the faculty, APRN preceptor, and the graduate student. Section IV, Regulations, Resources and Websites, provides a succinct summary of regulatory guidelines that impact the precepting of graduate nursing students who are preparing for the APRN role. Finally, the School of Nursing's organizational structure, and the MSN & DNP terminal program objectives can be found in the Appendix.

The UVA school of nursing graduate faculty are committed to the success of each student and to all preceptors. This Guide is just one of the elements of success, so please contact key faculty or staff (Section II) if additional support or information is needed.

## II. ESSENTIAL INFORMATION

### SCHOOL OF NURSING CONTACTS AND RESOURCES

- **Specialty Leads:** The specialty lead is a 12-month faculty member who has expert knowledge in their APRN certification population. They serve as crucial function of relaying

information from students, preceptors, clinical organizations and clinical faculty as well as outcomes to the Program Lead to inform future programmatic planning. Please don't hesitate to reach out if you have any questions or concerns. We are happy to connect.

- **Acute Care Nurse Practitioner Specialty Lead:** Jeanel Little, DNP, APRN, AG-ACNP-BC, [jgp2n@virginia.edu](mailto:jgp2n@virginia.edu)
- **Acute Care CNS Specialty Lead:** Sarah Craig, PhD, RN, CCNS, CCRN-K, CHSE, CNE, [sjw5y@virginia.edu](mailto:sjw5y@virginia.edu)
- **FNP Specialty Lead:** Christian Simmers, DNP, APRN, FNP-BC, [crw7b@virginia.edu](mailto:crw7b@virginia.edu)
- **NNP Specialty Lead Specialty Lead:** Barbara Reyna, PhD, APRN, NNP-BC,
- **PNP-AC Specialty Lead:**
- **PNP-PC Specialty Lead:** Amy Boitnott, DNP, APRN, FNP, PNP,
- **PMHNP Specialty Lead (Interim):** Melissa Gomes, PhD, APRN, PMHNP-BC, FNAP, FAAN, [mg3uq@virginia.edu](mailto:mg3uq@virginia.edu)
- **Associate Dean for Graduate Nursing Programs:** Shelly Smith, PhD, DNP, APRN-BC, FAAN, FNAP, [srp5k@virginia.edu](mailto:srp5k@virginia.edu)
- **Graduate Program Lead:** Beth Quatrara, DNP, APRN, CMSRN, ACNS-BC, [bad3e@virginia.edu](mailto:bad3e@virginia.edu)
- **Director of Degree Program Administration:** Lynn Corbett, [lc6be@virginia.edu](mailto:lc6be@virginia.edu)
- **APRN and PhD Academic Programs Manager:** Devan Cooper, [ded6v@virginia.edu](mailto:ded6v@virginia.edu)
- **Senior Academic Degree Programs Assistant:** Jackie Oswalt, [jlo2n@virginia.edu](mailto:jlo2n@virginia.edu)
- **Senior Contracts and Employee Compliance Coordinator:** Devon Love, [devonia@virginia.edu](mailto:devonia@virginia.edu)

## COURSE/PRACTICUM SYLLABUS

- Access to the syllabus for the course or practicum will be provided by the specialty lead/course faculty.

## CLINICAL SUPERVISION AND FACULTY-STUDENT RATIOS

- SON course faculty and preceptors may provide direct or indirect clinical supervision of NP students. The SON adheres to the definitions and criterion, see below, established by the National Organization of Nurse Practitioner Faculties (NONPF) National Task Force (criterion II.C)
- Direct supervision is defined as the NP program faculty member functioning as the on-site clinical preceptor. Indirect clinical faculty supervision encompasses the coordination of the clinical experience, interaction with the preceptor, and formal evaluation of the student. The recommended ratio of indirect NP program clinical faculty to students is 1:8.
- In the AG-ACCNS program, these same definitions are adhered to in addition to the NACNS criteria.

## TYPHON

- APRN preceptors are expected to use Typhon, the platform by which all graduate student activity is logged and tracked, at least weekly and when student assignments require review, feedback and grading.
- Midterm and final practicum evaluations of the student's performance must be submitted in Typhon. The course clinical faculty have primary responsibility to complete this essential component and to elicit feedback from the student's preceptor and/or collaborate with the preceptor to complete this process in Typhon.

- Contact the advanced practice program manager for access to Typhon.

## APRN DOCUMENTATION AND BILLING

- Interpretation of the CMS guidelines that regulate billing and supporting documentation varies across health care systems. We recommend that the preceptor contact the director of advanced practice, the business manager, or the system's credentialing office for the policy regarding the use of graduate student notes as the basis for billing.

## EVALUATION OF GRADUATE STUDENT LEARNING AND PERFORMANCE

- According to NONPF, student evaluation is the responsibility of the NP faculty with input from the preceptor. Direct clinical observation of student performance is essential by the faculty member or the preceptor. Faculty evaluation of student progress may be accomplished by direct or indirect methods (direct student clinical site observations, recorded encounters, simulation, and/or remote observation). NONPF criterion IV.G.
- According to NACNS (2011), CNS student evaluation is the responsibility of the CNS program faculty with input from the preceptor (criterion 2-5).
- Generic forms for midterm and final evaluation of the UVA graduate student can be found in Typhon. For continuous improvement related to clinical learning, end of semester evaluations are based on a 360-degree model as follows:
  - Preceptor evaluation of the student
  - Faculty evaluation of the student
  - Student evaluation of the preceptor
  - Student evaluation of the clinical faculty
  - Student evaluation of the site

## WHO/WHERE TO GO WITH QUESTIONS:

Type of Question	Contact
Course syllabus, clinical outcomes or placements	Specialty Lead
Student performance or issues that arise during clinical	Clinical Faculty
Program or curriculum for the specialty	Specialty Lead
Clinical compliance, Typhon access and use, EPIC training (UVA Health only), preceptor resources, general questions and support	APRN & PhD Programs Manager
Program level questions, general support	Graduate Programs Lead
Preceptor payments & incentives	Senior Academic Degree Programs Assistant
Creating academic practice partnerships or system level issues	Associate Dean of Graduate Programs

## III. RESPONSIBILITIES

### SPECIALTY LEAD

- Provides leadership to assure quality related to curriculum management and assessment, recruitment and retention of students, supports clinical faculty and compliance with academic regulatory requirements

- b. Confirms and finalizes clinical site placements with the appropriate agencies
- c. Verifies an affiliation agreement with the site is in place and submits a request for an affiliation agreement if one is needed.
- d. Reviews the affiliation agreement and discusses with the student(s) and SON staff as needed to assure compliance.
- e. Responsible for knowing and adhering to the terms of the affiliation agreement with the clinical site
- f. Represents the program to students
- g. Coordinates implementation of respective program curriculum
- h. Fulfills the administrative responsibilities for the program.
- i. Works with Graduate Program Lead, Associate Dean, and other faculty to align course objectives and assignments with AACN *Essentials*.
- j. Serves as the practicum course faculty and performs the responsibilities below as course faculty:
  - a. Designs course such that students can meet the course objectives.
  - b. Prepares the course syllabus.
  - c. Structures and sequences course content and assignments.
  - d. Assigns final course grades. Ensures all grades, including lab sections, are entered into SIS by the requested date.
  - e. Collaborates with Clinical Simulated Learning Center for scheduling as needed and communicates classroom technology needs to the SON Registrar.
  - f. Evaluates opportunities for IPE within context of course objectives.
  - g. Facilitates designated learning activities/experiences to be completed within designated class time and semester dates.
  - h. Collaborates with other course professors as appropriate on matters of curriculum, scheduling of classes and clinicals, all exam schedules except final exams, and clinical/lab placements.
  - i. Prepares and manages the course Canvas site with course didactic and clinical components.
  - j. Provides course orientation and mentoring of clinical faculty and GTAs as appropriate to teaching role, expectations and requirements.
  - k. Ensures consistency with pedagogy principles (content and evaluation) among clinical faculty, guest lecturers, and GTAs affiliated with the course.
  - l. Maintains content expertise and/or practice relevance pertaining to course or clinical instruction.
  - m. Reviews course evaluations and considers revisions for course improvement.
  - n. Coordinates, as appropriate, the review and revision of course materials for quality improvement.

#### **Clinical Component**

- o. Reviews and adheres to the clinical site agreement(s) if the course professor will be on site at any time.
- p. Ensures clinical hours scheduled match clinical hours permitted for the course.
- q. Reviews any opportunities and requests for alternative clinical experiences for alignment with course objectives and BON clinical hour definitions and gives approval if appropriate (e.g., simulation, IPE, other precepted experiences). If approved for clinical hours, the course professor refers to the Specialty Lead for verification that a contract is in place.
- r. Meets periodically, as appropriate, with course teaching team including clinical instructors (e.g., at the beginning and end of the semester).
- s. Serves as a resource as needed for clinical faculty in problem-solving student issues in the clinical setting.

- t. Reviews course-level reports from Typhon that students completed the required clinical hours and reviews students' recorded skills/experiences; considers course revisions as needed.
- u. Identifies, as appropriate, future clinical/lab areas for educational experiences in concert with PL and the SLs.
- v. Course faculty in collaboration with clinical faculty provide orientation to APRN preceptors in the following areas: course objectives, program/track requirements, supervision expectations, and evaluation of students.
- w. Collaborates with PL/SL and Director of Global Initiatives to ensure international learning experiences are coordinated and meet course and program objectives.

## CLINICAL FACULTY

- a. Faculty members who teach in NP programs must maintain appropriate professional credentialing and clinical practice (NONPF criterion II-C).
- b. May provide direct or indirect clinical supervision of NP students.
- c. Direct supervision is defined as the NP program faculty member functioning as the on-site clinical preceptor. The recommended direct, on-site clinical NP faculty/student ratio is 1:2 if the faculty member is not managing their own patients and 1:1 if the faculty member is managing their own patients.
- d. Indirect supervision has three components: 1) To supplement the clinical preceptor's teaching, 2) to act as a liaison to a community agency, and 3) to evaluate the student's progress.
- e. Indirect clinical faculty supervision encompasses the coordination of the clinical experience, interaction with the preceptor, and formal evaluation of the student. The recommended ratio of indirect NP program clinical faculty to students is 1:8.
- f. For CNS students, the recommended ratio for direct supervision by faculty member or clinical preceptor is 1:1 or 1:2. The recommended ratio for indirect supervision is 1:6 or 1:8 (NACNS criterion 2.0).
- g. Variations in the faculty to student ratio might occur with the use of innovative teaching methods, such as master teacher with clinical groups immersion experiences, and interprofessional team-based clinical experiences, use of technology and curriculum design.
- h. Whether direct or indirect, the APRN program faculty maintains ultimate responsibility for the evaluation of the APRN student and the quality of students' clinical experiences. (NONPF criterion IV.G; NACNS criterion 2-5)
- i. Obtains and reviews the affiliation agreement with the clinical site; responsible for knowing and adhering to the terms of the agreement.
- j. Serves as a resource to the APRN student and preceptor.
- k. Is available to the preceptor and student by phone or email during all clinical hours.**
- l. Reviews and approves all student case logs and time logs in Typhon.
- m. Evaluates the student's clinical performance via direct observation, input from the preceptor, competency assessments, reviewing logs/assignments, and/or simulation.
- n. Assumes primary responsibility for addressing or resolving student issues.
- o. Evaluates preceptor, including reviewing student evaluations of preceptor.
- p. Completes or confirms the completion of students' midterm and final evaluations in Typhon.
- q. Completes Academic Action Plan forms for students, if needed.
- r. Ensures that clinical objectives are met.

## APRN PRECEPTOR ROLE: NURSE PRACTITIONER (NONPF criterion II-C)

- a. The preceptor has authorization by the appropriate state licensing entity to practice in his/her population-focused and/or specialty area.
- b. Over the course of the program, the student has a majority of clinical experiences with preceptors from the same population-focused area of practice.

- c. An interdisciplinary mix of preceptors may be used.
- d. NP preceptors have educational preparation appropriate to her/his area of responsibility and at least one year of clinical experience.
- e. See previous section for preceptor-student ratio.

#### APRN PRECEPTOR ROLE: CLINICAL NURSE SPECIALIST (NACNS criterion 2.0)

- a. Preceptors, who are authorized to practice in the CNS role through educational preparation and/or CNS certification, supervise CNS students in clinical practice experiences through direct or virtual interactions
- b. If CNS preceptors are not available or additional professional expertise is deemed essential, other professionals (masters or doctorally prepared NPs, physicians, or other health professionals with advanced preparation) may precept CNS students for circumscribed experiences

#### APRN STUDENT ROLE

All APRN students are expected to adhere to the policies and guidelines as described in the University *Record* (the academic catalog), the affiliation agreement with the clinical site, as well as the expectations described in the course syllabus. Additional student roles related to precepted clinical activities include:

- Demonstrates professional behavior at all times.
- Establishes individual objectives.
- Uses course objectives as a guide.
- Appropriately identifies own areas of strength and deficits.
- Schedules clinical hours with the assigned clinical faculty or preceptor.
- Contacts preceptor to determine a schedule for completing the required hours for each clinical course.
- Informs clinical faculty of the schedule at the beginning of the preceptorship.
- Informs preceptor and clinical faculty of any emergency changes to the schedule.
- Participates in self-evaluation and evaluation of preceptor and the clinical site regularly.
- Utilizes Typhon for documentation of all patient encounters and time logs.
- APRN student clinical responsibilities at the student's site of employment must be faculty guided and outside of the student's employment expectations/responsibilities.

#### References:

National Task Force. (2022). *Standards for Quality Nurse Practitioner Education* (6<sup>th</sup> ed). National Organization of Nurse Practitioner Faculties. <https://www.nonpf.org/page/NTFStandards>

National Association of Clinical Nurse Specialists. (2019). Statement on *Clinical Nurse Specialist Education and Practice* Retrieved from [CNS Statement - National Association of Clinical Nurse Specialists \(nacns.org\)](https://www.nacns.org/CNS-Statement)

## IV. REGULATIONS AND WEB RESOURCES

### A. REGULATIONS

- VIRGINIA BOARD OF NURSING

The Virginia Board of Nursing regulates both nursing practice and nursing education. The full regulations can be accessed through the Virginia Board of Nursing website at:

<http://www.dhp.virginia.gov/Boards/Nursing/>

- THE FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)

Just as there are laws governing patient privacy (HIPAA), similar laws exist to protect student privacy. Student records are confidential and protected under the Family Educational Rights and Privacy Act (FERPA). As a general rule, faculty and preceptors should approach student privacy much in the same manner that clinicians approach patient privacy. ***Conversations about student progress and achievement are appropriate among the educational team but should otherwise be treated as confidential. Student papers and faculty documentation and evaluation of student progress (e.g., grades) are treated as confidential.*** School of Nursing resources can be contacted for any questions about student privacy issues. In addition, the University of Virginia FERPA policy is available at <http://uvapolicy.virginia.edu/policy/STU-002>.

- UVA Graduate Record (the University catalog):

<http://records.ureg.virginia.edu/content.php?catoid=57&navoid=4767>

- UVA School of Nursing Guidelines for Course and Clinical Faculty:

<https://handbook.nursing.virginia.edu/1/02/1/>

### B. RESOURCES - WEBSITES

- NONPF's Welcome to Precepting FAQs:

<https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/Docs/PreceptorOrientationFAQs.pdf>

- NONPF's Preceptor Portal: [https://www.nonpf.org/page/PreceptorPortal\\_Main](https://www.nonpf.org/page/PreceptorPortal_Main)

- NONPF 2022 *Standards for Quality Nurse Practitioner Education*, 6<sup>th</sup> edition:

<https://www.nonpf.org/page/NTFStandards>

- NONPF Nurse practitioner core competencies content: <https://www.nonpf.org/page/14>



## V. APPENDICES

### Appendix A: MSN program terminal outcomes

The **MSN** program prepares graduates to:

- Integrate theoretical and research-based knowledge as a generalist leader or in an advanced nursing practice specialty.
- Provide care and comfort to individuals, families and groups experiencing complex health care needs.
- Provide care that reflects sensitivity to differences among culturally and ethnically diverse populations.
- Assume a leadership role in establishing and monitoring standards of practice to improve patient care in collaboration with other nursing experts.
- Use ethical principles to guide decision-making in nursing practice.
- Evaluate clinical practice in relation to professional practice standards and relevant statutes and regulations.
- Apply the research and/or quality improvement processes to improve evidence based clinical practice and contribute to knowledge development.
- Engage in self-directed and purposeful activities in seeking necessary knowledge and skills to enhance career goals.
- Examine economic, political, and social forces affecting nursing care delivery in complex health care systems.
- Promote interprofessional collaboration to ensure quality, cost effective care.
- Contribute to the development of peers, colleagues, and others to improve patient care and foster the growth of professional nursing.
- Act as change agents to create environments that promote effective nursing practice and patient outcomes.

*Graduates of the MSN APRN specialties are further expected to:*

- Demonstrate evidence-based diagnostic reasoning and clinical decision making within the scope of practice.
- Be prepared to function as a licensed practitioner within the role and specialty population focus.

These core characteristics are in accordance with national guidelines for the Clinical Nurse Leader and professional standards of advanced nursing practice specialties.

### Appendix B: DNP program terminal outcomes

The **DNP** program prepares graduates to:

1. Synthesize nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for high quality advanced nursing practice. (Domain I)
2. Evaluate patient and population health outcomes using systematic processes that improve accountability of equitable health care delivery and address health policy across many levels. (Domain II and III)
3. Demonstrate organizational and systems leadership for quality improvement in healthcare systems using scholarly approaches, data-driven processes and policy changes. (Domain III, IV, V and VIII)
4. Develop interprofessional partnerships to apply innovative and evidence-based strategies to optimize outcomes for patients and patient populations across systems (Domain VI, VII and VIII)
5. Integrate moral, legal, and humanistic principles to create a professional nursing and healthcare culture that reflects nursing core values. (Domain IX & X)