

ORIENTATION MANUAL FOR CLINICAL FACULTY



CONTENTS

I.	Introduction	2
II.	Essential Information	2
A.	School of Nursing contacts and resources.....	2
B.	Who/where to go with questions.....	3
C.	Typhon.....	3
D.	Evaluation of student learning and performance.....	3
E.	Definition of direct and indirect clinical supervision for APRN students.....	4
F.	APRN documentation and billing.....	4
III.	Laws and Regulations Related to Teaching.....	4
A.	Virginia Board of Nursing Regulations.....	4
B.	The Family Educational Rights and Privacy Act (FERPA).....	6
IV.	Preparation for Clinical Teaching and Precepting.....	6
A.	Orientation for Clinical Faculty.....	6
	Additional online resources for APRN programs.....	7
V.	Roles.....	8
A.	Prelicensure (BSN and CNL-Direct Entry)	8
1.	Clinical Courses with Clinical Groups	8
2.	Clinical Courses in a Precepted Model	10
B.	Postlicensure (Advanced Practice)	13
VI.	Mission, Purpose, Objectives.....	17

This orientation manual is available on the Faculty Development webpage:

<https://community.nursing.virginia.edu/faculty-staff/faculty-development/>

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I. INTRODUCTION

Welcome to clinical teaching in the UVA School of Nursing! Your contributions in providing clinical guidance and supervision for students are invaluable to our mission of creating top-notch new nurses for the profession! We wish to provide you with ample information, resources, and support as you initiate and then continue to develop your skills as a clinical educator.

- **Clinical faculty** includes individuals who contract with the School of Nursing to teach and supervise student learning activities in clinical settings. Clinical faculty include experienced clinicians as well as PhD or DNP students. Clinical faculty oversee the clinical activities for assigned clinical groups of students, and work closely with the assigned course professor.
- **Preceptors** are clinicians who provide direct teaching and supervision for one (sometimes two) students in the clinical area. Preceptors provide invaluable guidance and mentoring to students over an extended period of time, and work closely with the assigned clinical faculty to ensure appropriate student progress and achievement.

While this manual provides important guidance, all preceptors and clinical faculty are encouraged to make use of a wide array of resources to support your clinical teaching efforts and development. Please note that this manual is intended for clinical faculty. The orientation documents for preceptors can be accessed online here: <https://www.nursing.virginia.edu/academics/preceptors/>

II. ESSENTIAL INFORMATION

A. SCHOOL OF NURSING CONTACTS AND RESOURCES

BSN:

- BSN Program Director: Tomeka Dowling, DNP, MS, RN; tcd6e@virginia.edu
- Academic Clinical Coordinators:
 - Acute Care: Elizabeth Taliaferro-Jones, MSN, RN; 924-0105; ewt3e@virginia.edu
 - Community Care: Sharon Veith, MSN, RN; 924-9601; stv7e@virginia.edu
- BSN Program Manager: Lynn Coyner, 243-3956, coyner@virginia.edu

CNL:

- CNL Program Coordinator: Sarah Craig, PhD, RN, CCNS, CCRN-K, CHSE; sjw5y@virginia.edu
- Academic Clinical Coordinator: Christian Simmers, MSN, APRN, FNP-BC; 243-3958; crw7b@virginia.edu
- CNL Program Manager: Jessie Thacker, (434) 243-3960, jt2pj@virginia.edu

Advanced Practice MSN & DNP:

- Advanced Practice Program Director for the MSN: Clareen Wiencek, RN, PhD, CNP, ACHPN; 982-2890; caw2pa@virginia.edu
- DNP Program Director: Malinda Whitlow, DNP, FNP-BC, RN; 924-0216; mlw7b@virginia.edu
- Advanced Practice Program Manager: Devan Cooper, ded6v@virginia.edu
- Adult-Gerontology Acute Care NP (AGACNP) Coordinator: Jill Howie Esquivel, RN, PhD, ACNP-BC; jhe9f@virginia.edu
 - AGACNP Academic Clinical Coordinator: Mary Deivert, DNP, APRN, ACNP-BC; 243-1955; mmd3s@virginia.edu
- Adult-Gerontology Acute Care CNS Coordinator: Beth Quatrara, DNP, RN, CMSRN, ACNS-BC; 243-1957; bad3e@virginia.edu
- FNP Coordinator: Linda Eastham, PhD, APRN, FNP-BC; lae3g@virginia.edu;

- FNP Academic Clinical Coordinator: Christian Simmers, MSN, APRN, FNP-BC; 243-3958; crw7b@virginia.edu
- NNP Coordinator: Barbara Reyna, PhD, RN, NNP-BC; bar4s@virginia.edu
 - NNP Academic Clinical Coordinator: Susan Almarode, MSN, RN, NNP-BC; sda7y@virginia.edu
- PNP-AC Coordinator: Tracy Kelly, DNP, RN, CPNP-PC/AC; tpk2bf@virginia.edu
- PNP-PC Coordinator: Amy Boitnott, DNP, RN, FNP-BC, CPNP-PC; 982-1094; ald4p@virginia.edu
- PMHNP Coordinator: Olivia Reichenbacker, DNP, RN, PMHNP-BC; 924-0128; old9b@virginia.edu

Assistant Department Chairs:

- Gina DeGennaro, DNP, CNS, RN, AOCN, CNL; 924-0116; RMD3E@hscmail.mcc.virginia.edu
- Anita Thompson Heisterman, MSN, APRN, PMHCNS-BC, PMHNP-BC; 924-0136; aat8a@virginia.edu

Human Resources: Sue Loving, 924-8792, srl@virginia.edu

Employee Compliance and Clinical Site Contracts: Devonian Love, devonian@virginia.edu

Facilities: Becky Bowers, 924-0133, rdb7w@virginia.edu

B. WHO/WHERE TO GO WITH QUESTIONS

- Questions about the course syllabus, clinical objectives or placements: course faculty, academic clinical coordinators
- Questions about the program or curriculum: program coordinator/director
- Clinical compliance, Typhon access and use, EPIC training (UVA Health System only), preceptor resources, general questions and support: program manager
- Program level questions, general support: program director
- Course/practicum syllabus: access to the syllabus for the course is provided by the lead course faculty member

C. TYPHON

- Clinical faculty are expected to use Typhon, the platform by which students log their clinical/practicum activities and, depending on the course, submitting assignments, logs, journals, or other work
- Contact the academic program manager for access to Typhon
- www.typhongroup.net/virginia

D. EVALUATION OF STUDENT LEARNING AND PERFORMANCE

All programs

- In accordance with CCNE *Standards of Accreditation*: "Individual student performance is evaluated by the faculty and reflects achievement of expected student outcomes. Evaluation policies and procedures for individual student performance are defined and consistently applied... In instances where preceptors facilitate students' clinical learning experiences, faculty may seek input from preceptors regarding student performance, but ultimately faculty are responsible for evaluation of individual student outcomes. The requirement for evaluation of student clinical performance by qualified faculty applies to all students in all programs. Faculty evaluation of student clinical performance may be accomplished through a variety of mechanisms." (criterion III-G).

Postlicensure programs/tracks (APRN)

- 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. Clinical observation may be accomplished by direct or indirect methods (student-faculty conferences, simulations, videotaped sessions). NONPF criterion VI.A.5.
- According to NACNS (2011), CNS student evaluation is the responsibility of the CNS program faculty with input from the preceptor (criterion 2-5).
- The timing and format of the midterm and final evaluation of the student expected from the preceptor may vary by specialty; please verify the process with the lead course faculty member.

E. DEFINITION OF DIRECT AND INDIRECT CLINICAL SUPERVISION FOR APRN STUDENTS

- 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) (NONPF criterion IV.B.1)
- 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 (NONPF criterion IV.B.1; 2016).
- 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.
- 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 1:6.
- In the AG-ACCNS program, these same definitions are adhered to in addition to the NACNS criteria.

F. 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.
- The SON's interpretation of the current CMS guidelines is that CMS does not allow a practicing APRN to bill for patient services using a graduate student note.
- For optimal learning of the advanced practice role, we strongly recommend that the graduate student write patient notes and H&Ps in the electronic health record of the clinical site.

III. LAWS AND REGULATIONS RELATED TO TEACHING

A. VIRGINIA BOARD OF NURSING REGULATIONS

The Virginia Board of Nursing regulates both nursing practice and nursing education. As you begin your clinical teaching activities it is imperative to understand the regulations associated with clinical teaching

and clinical learning. A snapshot of the nursing specific regulations can be reviewed below. The full regulations can be access through the Virginia Board of Nursing website at:
<http://www.dhp.virginia.gov/Boards/Nursing/>

Virginia Board of Nursing: Related Regulations – A Snapshot

18VAC90-27-110. Clinical practice of students.

A. In accordance with § 54.1-3001 of the Code of Virginia, ***a nursing student, while enrolled in an approved nursing program, may perform tasks that would constitute the practice of nursing. The student shall be responsible and accountable for the safe performance of those direct client care tasks to which he has been assigned.***

B. Faculty shall be responsible for ensuring that students perform only skills or services in direct client care for which they have received instruction and have been found proficient by the instructor. Skills checklists shall be maintained for each student.

C. Faculty members or preceptors providing on-site supervision in the clinical care of clients shall be responsible and accountable for the assignment of clients and tasks based on their assessment and evaluation of the student's clinical knowledge and skills. Supervisors shall also monitor clinical performance and intervene if necessary for the safety and protection of the clients.

D. Clinical preceptors may be used to augment the faculty and enhance the clinical learning experience. Faculty shall be responsible for the designation of a preceptor for each student and shall communicate such assignment with the preceptor. ***A preceptor may not further delegate the duties of the preceptorship.***

E. Preceptors shall provide to the nursing education program evidence of competence to supervise student clinical experience for quality and safety in each specialty area where they supervise students. ***The clinical preceptor shall be licensed as a nurse at or above the level for which the student is preparing.***

F. Supervision of students.

1. When faculty are supervising direct client care by students, the ratio of students to faculty shall not exceed 10 students to one faculty member. The faculty member shall be on site in the clinical setting solely to supervise students.
2. When preceptors are utilized for specified learning experiences in clinical settings, the faculty member may supervise up to 15 students. ***In utilizing preceptors to supervise students in the clinical setting, the ratio shall not exceed two students to one preceptor at any given time.*** During the period in which students are in the clinical setting with a preceptor, the faculty member shall be available for communication and consultation with the preceptor.

G. Prior to beginning any preceptorship, the following shall be required:

1. Written objectives, methodology, and evaluation procedures for a specified period of time to include the dates of each experience;
2. An orientation program for faculty, preceptors, and students;
3. A skills checklist detailing the performance of skills for which the student has had faculty-supervised clinical and didactic preparation; and

4. The overall coordination by faculty who assume ultimate responsibility for implementation, periodic monitoring, and evaluation.

B. 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>.

IV. PREPARATION FOR CLINICAL TEACHING AND PRECEPTING

The Curriculum

Understanding the overall program of study for the student is essential to effectively guiding the student through the assigned course. The program of study can be accessed on the School's [website](#). The clinical courses provide the student with an opportunity to demonstrate developing competency in applying nursing knowledge and skills to clinical practice environments.

A. ORIENTATION FOR CLINICAL FACULTY

Once the contract for service as a clinical faculty member is completed, there are required orientation activities at four levels that must be completed: 1) the University requirements, 2) the School of Nursing requirements, 3) the specific academic program(s) orientation, and most importantly, 4) the specific assigned course(s) requirements. The assistant department chair serves as the primary contact person and resource for ensuring that all orientation needs are met at the University, School of Nursing, and academic programs levels, and the course professor(s) works with you to ensure complete orientation to the assigned course(s).

1. UVA Orientation Requirements

The University of Virginia is built around a community of trust and respect. All members of the community are responsible for upholding these values. New clinical faculty are required to review and complete any online modules required by the University.

2. School of Nursing Orientation Requirements

There are many resources for new clinical faculty as they begin teaching on a single course, part-time, or full-time basis. Many School of Nursing personnel are available to assist new faculty as they get settled.

- Department: the assistant department chair serves as the coordinator of your overall orientation to the University and School of Nursing.
- SON Faculty/Staff Handbook (available on the School of Nursing [intranet](#)). As faculty in the School of Nursing, you are required to become familiar with the policies and procedures associated with being an employee.

- **Clinical orientation requirements:** Clinical faculty new to the UVA system must complete required screenings, trainings, immunizations, and infection control training. Clinical faculty who are already affiliated with UVA must maintain a current status with these requirements.
- There will be additional requirements that will be setting specific. For example, if the clinical faculty is assigned to teach on a unit at a different health care facility such as Martha Jefferson Hospital, requirements for that organization must also be met.
- UVA Medical Center Orientation: Contact your assistant department chair for more information.
- On-unit clinical orientation: Contact the unit manager to arrange a minimum of 3 days of orientation to nursing care delivery in the assigned unit.

3. Academic Program Orientation Requirements

In addition to the general orientation activities that must be completed, clinical faculty must also be knowledgeable about the academic program(s) in which they are teaching, as well as complete introductory training related to clinical teaching.

- Meet with the program director and/or coordinator for the program in which you are assigned to teach.
- Attend the faculty orientation meeting prior to the start of the first semester.
- Visit the School of Nursing webpage for faculty development opportunities and resources: <https://community.nursing.virginia.edu/faculty-staff/faculty-development/>
- If your students will be with a preceptor, visit the School of Nursing webpage for preceptors to view the preceptor orientation/informational resources: <https://www.nursing.virginia.edu/academics/preceptors/>

4. Course and Clinical Orientation Requirements

One of the most important aspects of clinical faculty orientation is understanding the objectives, content, and required activities associated with the assigned course. The course professor and academic clinical coordinator are the best resources for gaining this information.

The following activities should be completed well before the beginning of the semester:

- Meet with the course professor and course faculty to orient to the following:
 - Course syllabus, which includes the objectives, content, required learning activities, and student evaluation methods.
 - Processes for documenting student performance and progress. The course professor is the primary resource for any unexpected or unsatisfactory student behaviors.
- Set up and learn to use the clinical section of Collab site (Collab is UVA's electronic course management system). This system will provide the student roster and email contact information.
- Obtain the academic schedule for the semester and develop the associated student clinical schedule, including the student orientation plan.
- Attend and participate in the course faculty meetings as scheduled by the course professor.

ADDITIONAL ONLINE RESOURCES FOR APRN PROGRAMS

- 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
- NONPF 2016 Criteria for Evaluation of Nurse Practitioner Programs, 5th ed. <https://www.nonpf.org/page/15>

- NONPF Nurse practitioner core competencies content (2017): <https://www.nonpf.org/page/14>

V. ROLES

All faculty members (course professors, clinical faculty, and graduate teaching assistants) are expected to adhere to the *Guidelines for Course and Clinical Faculty*, available in the SON [Faculty/Staff Handbook](#) (section #1.02.1).

The following roles information is described **separately** for prelicensure (BSN and CNL) and postlicensure (advanced practice) students.

A. PRELICENSURE (BSN AND CNL-DIRECT ENTRY)

1. CLINICAL COURSES WITH CLINICAL GROUPS

PROGRAM COORDINATOR/DIRECTOR

- Provides leadership to assure quality related to curriculum management and assessment, recruitment and retention of students, faculty support and compliance with academic regulatory standards
- Along with the course professor, provides basic clinical faculty orientation to the program, mission, and goals.
- Problem-solving clinical site or student issues along with Academic Clinical Coordinators and Course Professors
- Facilitates clinical faculty participation in events/retreats.

ASSISTANT DEPT. CHAIR

Provides clinical faculty orientation and support (along with course professor and clinical coordinators).

ACADEMIC CLINICAL COORDINATORS

- Recruits and evaluates clinical sites
- Recruits qualified preceptors for student experiences.
- Verifies an agreement is in place for the site and relevant student type; if not, requests one. If requesting an agreement, ensure key contacts and preliminary information needed for contractual agreements and regulatory standards met.
- Reviews the agreement and discusses with the student(s) and SON staff as needed to assure compliance.
- Orients the unit/agency leadership to the specifics of the clinical experience including the course/clinical objectives, background, and skills of the assigned students, expected roles of clinical faculty, staff, and preceptors. This orientation should take place well in advance of the first clinical day. Provides the unit with a copy of the course syllabus and uses any agency-specific forms of communication as mandated by the specific agency (ex., UVA Health System requires a specific form/information).
- Act as a liaison to the course professor, clinical faculty, and site/unit as needed with regard to preparing for student clinical experiences.
- Along with clinical faculty, serves as a resource and general support for the site/unit during the student rotation through the practice area.

- h. Provide support to new clinical faculty (e.g., how to manage downtime on a unit and working with students).
- i. Sends acknowledgments and requests feedback (successes and areas of improvement) to each unit/agency at the semester.
- j. Evaluates unit/site and preceptor, including reviewing student evaluations of site and preceptor.

COURSE PROFESSORS

Clinical Component

- a. Review the clinical site agreement(s) if the course professor will be on site at any time.
- b. Collaborates with PD/PC and Global Initiatives Co-Director to ensure international learning experiences are coordinated and meet course and program objectives.
- c. 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 ACC for verification that a contract is in place.
- d. Meets periodically, as appropriate, with course teaching team including clinical instructors (e.g. at the beginning and end of the semester).
- e. Identifies, as appropriate, future clinical/lab areas for educational experiences in concert with PD and the Academic Clinical Coordinators.
- f. Provides the unit with a copy of the course syllabus if not provided to the unit by the ACC.

Overall Course Management

- g. Overall responsibility for ensuring that students meet the course objectives.
- h. Prepares the course syllabus (didactic & clinical components), course exams, and other evaluation methods. Submits all semester course materials, including syllabus, to Office of Associate Dean of Academic Programs and/or Department Administrative Support by the requested date.
- i. Responsible for the structure and sequencing of course content and assignments.
- j. Assign final course grades. Ensures all grades, including lab sections, are entered into SIS by the requested date.
- k. Verify an agreement is in place for the site and relevant student type for course-related experiences (not direct clinical hours, e.g., a pediatric observation experience); if not, request one. Serve as a resource as needed for clinical faculty in problem-solving student issues in the clinical setting.
- l. Collaborates with Clinical Simulated Learning Center for scheduling and communicates classroom technology needs to the SON Registrar.
- m. Facilitates designated learning activities/experiences to be completed within designated class time and semester dates.
- n. 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.
- o. Prepares and manages the Collab site with course didactic and clinical components.
- p. Provides course orientation and mentoring of clinical faculty and GTAs, as appropriate, to teaching role, expectations and requirements.
- q. Ensures consistency with pedagogy principles (content and evaluation) among clinical faculty and GTAs affiliated with the course.
- r. Reviews course-level reports from Typhon that students completed the required clinical hours and reviews students' recorded skills/experiences; considers course revisions as needed.

- s. Maintains content expertise and/or practice relevance pertaining to course or clinical instruction.
- t. Reviews course evaluations and considers revisions for course improvement.
- u. Coordinates, as appropriate, the review and revision of course materials for quality improvement.

CLINICAL FACULTY FOR ALL CLINICAL GROUPS (DIRECTLY SUPERVISED AS WELL AS PRECEPTED)

- a. All GTAs and new clinical faculty members are expected to attend designated orientation sessions from the SON and individual programs (BSN, CNL) and complete required orientation activities and modules.
- b. Obtains and reviews the clinical agency contract and knows expectations.
- c. Builds on orientation by the ACC to orient the unit/site to ensure optimal learning experiences while maintaining quality care.
- d. Maintains consistency with course expectations and activities and inform the course professor when course objectives/expectations cannot be facilitated.
- e. Maintains strict patient confidentiality when posting clinical assignments and monitor all student communication (written and verbal) to ensure compliance with HIPAA standards.
- f. Makes clinical assignments using appropriate communication tools (not emails), ensuring that experiences of an appropriate nature and level are provided for students.
- g. Maintains schedule of student placements at all times, accessible to the course professor and BSN/CNL program leadership
- h. Keeps the course professor informed of any concerns that arise.
- i. Performs and documents student evaluations, including conference, using the format provided by the course professor.
- j. Maintains positive public relations with the units/agencies.

Note: refer to the Faculty Position Descriptions in the SON Faculty/Staff Handbook for other responsibilities of the PD, PC, ACC, Assistant Chairs, and other roles.

2. CLINICAL COURSES IN A PRECEPTED MODEL

PROGRAM COORDINATOR/DIRECTOR

- a. Provides leadership to assure quality related to curriculum management and assessment, recruitment and retention of students, faculty support and compliance with academic regulatory standards
- b. Along with the course professor, provides basic clinical faculty orientation to the program, mission, and goals.
- c. Facilitates clinical faculty participation in events/retreats.

ASSISTANT DEPT. CHAIR

Provides clinical faculty orientation and support.

ACADEMIC CLINICAL COORDINATORS

- a. Recruits qualified preceptors for student experiences.
- b. Verifies an agreement is in place for the site and relevant student type; if not, requests one (or has the student submit a request). If requesting an agreement, ensure key contacts and preliminary information needed for contractual agreements and regulatory standards met.
- c. Reviews the agreement and discusses with the student(s) and SON staff as needed to assure compliance.
- d. Orients the unit/agency leadership to the specifics of the clinical experience including the course/clinical objectives, background, and skills of the assigned students, expected roles of clinical faculty, staff, and preceptors. This orientation should take place well in advance of the first clinical day. Provides the unit with a copy of the course syllabus and uses any agency-specific forms of communication as mandated by the specific agency (ex., UVA Health System requires a specific form/information).
- e. Act as a liaison to the course professor, clinical faculty, and preceptor as needed with regard to preparing for student clinical experiences.
- f. Along with clinical faculty, serves as a resource and general support for the preceptor during the student rotation through the practice area.
- g. Provide support to new clinical faculty (e.g., how to manage downtime on a unit and working with students).
- h. Sends acknowledgments and requests feedback (successes and areas of improvement) to each unit/agency at the semester.
- i. Evaluates unit/site and preceptor, including reviewing student evaluations of site and preceptor.
- j. Facilitates preceptor participation in events/retreats.

COURSE PROFESSORS

Clinical Component

- a. Reviews the clinical site agreement(s) if the course professor will be on site at any time.
- b. Collaborates with PD/PC and Global Initiatives Co-Director to ensure international learning experiences are coordinated and meet course and program objectives.
- c. Reviews any opportunities and requests for alternative clinical experiences for alignment with course objectives and BON clinical hour definitions and gives approval if appropriate. If approved for clinical hours, the course professor refers to the ACC for verification that a contract is in place.
- d. Meets periodically, as appropriate, with course teaching team including clinical instructors.
- e. Identifies, as appropriate, future clinical/lab areas for educational experiences in concert with PD and the Academic Clinical Coordinators.

Overall Course Management

- f. Overall responsibility for ensuring that students meet the course objectives.
- g. Prepares the course syllabus (didactic & clinical components), course exams, and other evaluation methods. Submits all semester course materials, including syllabus, to Office of Associate Dean for Academic Programs and/or Department Administrative Support by the requested date.
- h. Responsible for the structure and sequencing of course content and assignments.
- i. Assigns final course grades. Ensures all grades, including lab sections, are entered into SIS by the requested date.

- j. Verifies an agreement is in place for the site and relevant student type for course-related experiences (not direct clinical hours, e.g., a pediatric observation experience); if not, request one.
- k. Serves as a resource as needed for clinical faculty and preceptors in problem-solving student issues in the clinical setting.
- l. Collaborates with Clinical Simulated Learning Center for scheduling and communicates classroom technology needs to the SON Registrar.
- m. Facilitates designated learning activities/experiences to be completed within designated class time and semester dates.
- n. Collaborates with other course professors, as appropriate, on matters of curriculum, scheduling of classes, all exam schedules except final exams, and clinical/lab placements.
- o. Prepares and manages the Collab site with course didactic and clinical components.
- p. Provides course orientation and mentoring of clinical faculty and GTAs, as appropriate, to teaching role, expectations and requirements.
- q. Ensures consistency with pedagogy principles (content and evaluation) among clinical faculty and GTAs affiliated with the course.
- r. Reviews course level reports from Typhon that students completed the required clinical hours and reviews students' recorded skills/experiences; considers course revisions as needed.
- s. Maintains content expertise and/or practice relevance pertaining to course or clinical instruction.
- t. Reviews course evaluations and considers revisions for course improvement.
- u. Coordinates, as appropriate, the review and revision of course materials for quality improvement.

CLINICAL FACULTY FOR ALL CLINICAL GROUPS (DIRECTLY SUPERVISED AS WELL AS PRECEPTED)

- k. All GTAs and new clinical faculty members are expected to attend designated orientation sessions from the SON and individual programs (BSN, CNL) and complete required orientation activities and modules.
- l. Obtains and reviews the clinical agency contract and knows expectations.
- m. Builds on orientation by the ACC to orient the unit/site to ensure optimal learning experiences while maintaining quality care.
- n. Maintains consistency with course expectations and activities and inform the course professor when course objectives/expectations cannot be facilitated.
- o. Maintains strict patient confidentiality when posting clinical assignments and monitor all student communication (written and verbal) to ensure compliance with HIPAA standards.
- p. Makes clinical assignments using appropriate communication tools (not emails), ensuring that experiences of an appropriate nature and level are provided for students.
- q. Maintains schedule of student placements at all times, accessible to the course professor and BSN/CNL program leadership
- r. Keeps the course professor informed of any concerns that arise.
- s. Performs and documents student evaluations, including conference, using the format provided by the course professor.
- t. Maintains positive public relations with the units/agencies.

Additional Clinical Faculty Roles specific to Preceptorships

- a. Serves as a resource to student and preceptor
 - o Is available to preceptor and student by phone or pager during all clinical hours.
 - o Conducts site visits (1-2 visits per student)

- Evaluates the student's clinical competence and performance via direct observation, input from the preceptor, competency assessments, reviewing logs/assignments, and/or simulation.
 - Assumes primary responsibility for problem-solving student issues.
- b. Assesses student performance for clinical component of the course grade
- Provides the preceptor with a copy of the course syllabus and evaluation tools. (provide syllabus upon request?)
 - Assists students in establishing appropriate personal objectives for clinical experience.
 - Reviews all student logs in Typhon.
 - Assesses student's clinical knowledge through discussions in the clinical setting, clinical conferences, and in midterm conference.
 - Assesses any written work by the student, such as plans of care, that reflect cognitive development.
 - Reviews preceptor evaluations of student, and solicits verbal feedback about student performance from the preceptor and his/her colleagues. At a minimum, meets with the preceptor at midterm and final.

PRECEPTOR ROLE

- a. Provides direct clinical supervision and guidance of students (1 to 2 students)
- Orients the student to the clinical setting, patient population, health care team, and key aspects of nursing care delivery in the environment.
 - Meets with the student to discuss their personal learning objectives.
 - Reviews all medications prior to student administration.
 - Directly supervises all clinical skills the first time they are performed, and until preceptor is comfortable that student can perform the skill unsupervised.
 - Fosters critical thinking by questioning students about the rationale for the plan of care.
 - Immerses and engages students in clinical practice experiences, integrating them into the practice setting.
- b. Assists in the assessment of student performance
- Gives verbal feedback to the student at the end of each clinical day, following performance of procedures, and as needed.
 - Notes progress toward meeting established objectives. Completes an evaluation of student performance at midterm and at the end of the semester.
 - Informs clinical faculty of student progress on an ongoing basis and informs clinical faculty about issues and concerns in a timely manner.

B. POSTLICENSURE (ADVANCED PRACTICE)

PROGRAM COORDINATOR

- a. Provides leadership to assure quality related to curriculum management and assessment, recruitment and retention of students, faculty support and compliance with academic regulatory requirements
- b. Confirms and finalizes clinical site placements with the appropriate agencies; verifies an affiliation agreement with the site is place and requests one if not (may delegate this to ACC)

- c. Responsible for knowing and adhering to the terms of the affiliation agreement with the clinical site
- d. Represents the program to students
- e. Coordinates implementation of respective program curriculum
- f. Fulfills the administrative responsibilities for the program
- g. See position description for full scope

ACADEMIC CLINICAL COORDINATOR

- a. Coordinates student clinical placements
- b. Strategizes and develops effective systems/processes to identify new and preferred clinical sites
- c. Verifies an agreement is in place for the site and relevant student type; if not, requests one (or has the student submit a request). If requesting an agreement, ensure key contacts and preliminary information needed for contractual agreements and regulatory standards met.
- d. Reviews the agreement and discusses with the student(s) and SON staff as needed to assure compliance
- e. Coordinates process for ongoing communication between UVA SON and clinical agencies to ensure challenges are addressed in timely manner
- f. Maintains a data base across all programs in collaboration with administration support
- g. Evaluates unit/site and preceptor, including reviewing student evaluations of site and preceptor
- h. Facilitates preceptor participation in events/retreats
- i. See position description for full scope

COURSE PROFESSOR

- a. Maintains overall responsibility for ensuring that students meet the course objectives.
- b. Maintains responsibility for the structure and sequencing of course content and assignments.
- c. Prepares the course syllabus
- d. Provides course orientation and mentoring of clinical faculty and GTAs, as appropriate, to teaching role, expectations and requirements
- e. 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
- f. Reviews the clinical site agreement(s) if he/she will be on site at any time
- g. Collaborates with PD/PC and Global Initiatives Co-Director to ensure international learning experiences are coordinated and meet course and program objectives
- h. The course professor is responsible for ensuring the student is licensed to practice in the state where the practicum occurs.
- i. Serves as a resource as needed for clinical faculty and preceptors to address or resolve student issues
- j. Assigns final course grades and enters all grades into SIS

CLINICAL FACULTY

- a. Faculty who teach clinical components of NP programs must maintain appropriate professional credentialing (NONPF criterion V.A.2)
- b. May provide direct or indirect clinical supervision of NP students (NONPF criterion IV.B.1)
- 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 1:6.
- 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.B.1; NACNS criterion 2-5)

ADDITIONAL CLINICAL FACULTY ROLES

- a. Obtains and reviews the affiliation agreement with the clinical site; responsible for knowing and adhering to the terms of the affiliation agreement
- b. Serves as a resource to the APRN student and preceptor
- c. Is available to the preceptor and student by phone or email during all clinical hours.**
- d. Evaluates the student's clinical performance via direct observation, input from the preceptor, competency assessments, reviewing logs/assignments, and/or simulation
- e. Assumes primary responsibility for addressing or resolving student issues.
- f. Evaluates preceptor, including reviewing student evaluations of preceptor.
- g. Completes or confirms the completion of students' midterm and final evaluations
- h. Completes Academic Action Plan forms for students, if needed
- i. Ensures that clinical objectives are met

APRN PRECEPTOR ROLE: NURSE PRACTITIONER (NONPF criterion IV.B.3)

- 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
- APRN student clinical responsibilities at the student's site of employment must be faculty guided and outside of the student's employment expectations/responsibilities. (NONPF criterion IV.B.2)

References:

National Task Force. (2016). *Criteria for Evaluation of Nurse Practitioner Programs* (5th ed). National Organization of Nurse Practitioner Faculties. Retrieved from <https://www.nonpf.org/page/15>

National Association of Clinical Nurse Specialists. (2011). *Criteria for the Evaluation of Clinical Nurse Specialist Master's, Practice Doctorate, and Post-Graduate Certificate Educational Programs*. Retrieved from <http://nacns.org/wp-content/uploads/2016/11/CNSEducationCriteria.pdf>

VI. MISSION, PURPOSE, OBJECTIVES

School of Nursing Mission and Vision Statement

The School of Nursing transforms lives by promoting health and the quality of health care. Through 2020 we will cultivate the SON's multicultural community of scholars and researchers; create innovative models of education and practice; foster well-being and collegial spirit in a healthy work environment.

End of Program Terminal Objectives

The **BSN** program prepares graduates to:

- Collaborate with interprofessional teams and/or others to promote health and reduce health risks, to deliver holistic and culturally sensitive care for individuals, families, communities, and populations, and to facilitate patient-centered transitions of care;
- Provide evidence-based nursing care consistent with American Nurses Association foundation documents (Scope of Practice; Code of Ethics; Social Policy Statements) and to incorporate professional values;
- Examine the historical and evolving role of nursing in national and global health care systems and its impact on the health status of individuals, communities, and populations;
- Use effective health information technology and research findings to evaluate the safety and quality of patient-centered care across health care settings, incorporating principles of leadership to affect patient outcomes; and
- Accept personal and professional responsibility/accountability demonstrated through professional leadership, and participation in activities for professional growth and development.

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 process 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 multidisciplinary 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.

The **DNP** program prepares graduates to:

- Integrate nursing science with knowledge from ethics, the biophysical, psychosocial, analytical, and organizational sciences as the basis for the highest level of nursing practice;
- Demonstrate organizational and systems leadership for quality improvement in healthcare systems;
- Apply clinical scholarship and analytical methods to evidence-based practice;
- Use information systems technology and patient care technology to improve and transform health care;
- Demonstrate leadership in health care policy for advocacy in health care;
- Collaborate with interprofessional and intraprofessional teams to improve patient and population health outcomes.