

ORIENTATION MANUAL FOR CLINICAL FACULTY



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This orientation manual is available on the Faculty Development webpage:

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

Updated 7/2023

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: Sara Hallowell, DNP, RN, CPNP, CNL; sch4v@virginia.edu
- Academic Clinical Coordinator:
 - Acute Care: Elizabeth Taliaferro-Jones, MSN, RN; 924-0105; ewt3e@virginia.edu
 - Community: Susan Goins-Eplee, MSN, RN, CNL, HEC-C; (434) 924-1018; sg5m@virginia.edu
- BSN Program Manager: Lynn Corbett, 243-3956, coyner@virginia.edu

CNL:

- CNL Co-Directors: Ha Do Byon, PhD, MS, MPH, RN, hb7ze@virginia.edu; and Richard Ridge, PhD, RN, MBA, NEA-BC, rr2m@virginia.edu
- Academic Clinical Coordinator (Acute Care): Elizabeth Taliaferro-Jones, MSN, RN; 924-0105; ewt3e@virginia.edu
- CNL Program Manager: Whitney Pippin, 243-0840, wmp5w@virginia.edu

Advanced Practice MSN & DNP:

- Advanced Practice Program Director for the MSN: Shelly Smith, PhD, DNP, APRN-BC, FAAN, FNAP
- DNP Program Director: Beth Quatrara, DNP, RN, CMSRN, ACNS-BC; 243-1957; bad3e@virginia.edu
- Advanced Practice Program Manager: Devan Cooper, ded6v@virginia.edu
- Adult-Gerontology Acute Care NP (AGACNP) Coordinator: *to be announced*
 - AGACNP Academic Clinical Coordinator: Beth Hundt, PhD, APRN, NP-C, ACNS-BC; (434) 924-0130; eah8yc@virginia.edu

- Adult-Gerontology Acute Care CNS Coordinator: Beth Quatrara, DNP, RN, CMSRN, ACNS-BC; 243-1957; bad3e@virginia.edu
- FNP Coordinator: Terri Yost, PhD, RN, FNP-BC; (434) 924 0100; tly6f@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
- 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: Julie Roebuck, DNP, RN, PMHNP-BC; 924-9539; jah3t@virginia.edu

Assistant Department Chairs:

- Gina DeGennaro, DNP, CNS, RN, AOCN, CNL; 924-0116; RMD3E@hscmail.mcc.virginia.edu
- Barbara Reyna, PhD, RN, NNP-BC; (434) 924-5627; bar4s@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: contact course faculty or academic clinical coordinators
- Questions about the program or curriculum: contact program coordinator/director
- Clinical compliance, Typhon access and use, EPIC training (UVA Health System only), preceptor resources, general questions and support: contact program manager
- Program level questions, general support: contact 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 where students log their clinical/practicum activities and, depending on the course, submit 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." (key element III-I).

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. 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 VI.G.
- According to NACNS (2011), CNS student evaluation is the responsibility of the CNS program faculty with input from the preceptor (criterion 2-5).
- Clinical faculty are responsible to submit midterm and final evaluations of each student's clinical performance in Typhon with preceptor input.
- 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. 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.
- 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 1:8.
- In the AG-ACCNS program, these same definitions are adhered to in addition to the NACNS criteria.

E. 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 new CMS guidelines is that CMS does now 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 accessed through the Virginia Board of Nursing website at:

<https://www.dhp.virginia.gov/Boards/Nursing/PractitionerResources/>

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 onsite 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 2022 *Standards for Quality Nurse Practitioner Education*, 6th edition: <https://www.nonpf.org/page/NTFStandards>
- 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* in the SON Faculty/Staff Handbook (section #1.02.1). Please review in detail the roles and responsibilities beginning on page 9 of the *Guidelines* available here: <https://handbook.nursing.virginia.edu/1/02/1/>

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:

- Provide evidence-based nursing care consistent with American Nurses Association foundation documents (The Nursing Scope and Standards of Practice and The Code of Ethics for Nurses with Interpretive Statements) and to incorporate professional values;
- Partner with interprofessional teams and/or others to promote health and reduce health risks for individuals, families, communities, and diverse populations;
- Advocate for the evolving role of nursing within the context of historical and contemporary issues as they impact the health status of individuals, families, communities, and diverse populations in national and/or global healthcare systems;
- Use effective health information technology and research findings to deliver and/or evaluate the safety and quality of person-centered care across the continuum of health care systems; and
- Accept personal and professional responsibility/accountability demonstrated through professional leadership, self-care, and participation in activities for professional well-being, growth and development; and
- Coordinate resources to provide holistic, culturally sensitive, and equitable care to diverse populations.

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.

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)