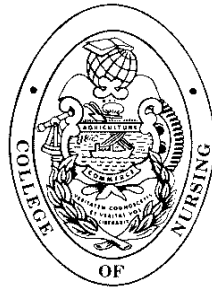


THE UNIVERSITY of  
**TENNESSEE** **UT**  
HEALTH SCIENCE CENTER  
COLLEGE OF NURSING



**DOCTOR OF NURSING PRACTICE PROGRAM**

**STUDENT/PRECEPTOR GUIDE FOR  
PEDIATRIC NURSE PRACTITIONER  
CLINICAL COURSES**

**2016-2017**

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TO: Pediatric Nurse Practitioner (PNP) Students, Preceptors, and Clinical Faculty

FROM: Stephanie Nikbakht DNP, PPCNP-BC  
Assistant Professor, Pediatric Concentration Coordinator

The University of Tennessee Health Science Center College of Nursing (UTHSC CON) Preceptor Guide contains documents establishing the Student-Preceptor-College relationship for a specified period of time. This relationship provides students with an opportunity to practice their newly acquired skills under the guidance of expert professionals. Every student is responsible for working with the clinical faculty to create the best clinical experience by negotiating the agreement matching the course requirements. The student must initiate the agreement through discussion with the preceptor and consultation with the Course Coordinator/Clinical Faculty.

The Student-Preceptor-Faculty Agreement must be signed **BEFORE** clinical experiences can start. Generally, the student should plan to complete clinical course requirements concurrently with the associated didactic course. Concurrently means that students should not plan to complete all of their clinical hours in a block of time either at the beginning or end of the term. Rather, the clinical hours should be distributed equally throughout the term so content covered in the didactic course is practiced concurrently in the laboratory setting. Students should not wait until the middle or end of the semester to begin their clinical hours unless they have received approval to do so from their instructors. Students must discuss alternative arrangements with their clinical faculty if they cannot start their clinical course at the beginning of the term.

The UTHSC CON Preceptor Guide is constantly under review. The content contained in this version should be used for students enrolled in any graduate clinical course during the time period covered by the Guide.

**PNP Faculty**

Stephanie Nikbakht, DNP, PPCNP-BC

Assistant Professor, Pediatric Concentration Coordinator

Office Phone number ..... (901)448-6098

Email address: ..... snikbakh@uthsc.edu

Marion Donohoe, DNP, APRN, CPNP-PC

Assistant Professor

Office Phone number..... (901)448-1123

Email address:.....mdonohoe@uthsc.edu

## **General Expectations for DNP Students**

Note: The information below is a summary of the responsibilities of the student. The DNP Handbook is the official reference for students regarding clinical requirements and contains additional important information.

The student is responsible for working with the clinical faculty or course coordinator to negotiate an agreement with a qualified clinical site and preceptor. Prior to clinical placement, the responsible faculty will determine appropriateness of clinical site and preceptor. The clinical site should provide students with opportunities allowing students to demonstrate satisfactory completion of course objectives and progression in their development as nurses with advanced educational preparation. Successful performance is achieved through the student-preceptor-clinical faculty relationship in which each member of this educational team contributes to the student's learning experience. Students must be actively involved in arranging, maintaining, and terminating the preceptor-student relationship over a course term.

## **Student Responsibilities for Clinical Laboratory Experiences**

### **Select Preceptor and Clinical Site**

DNP courses are offered in a structure promoting development of specialized knowledge and skill sets starting with the application of basic principles and skills and moving to the application of complex principles and skills in the delivery of healthcare. Preceptors are selected on the basis of their qualifications to support student achievement of course objectives and are assigned by or in consultation with course faculty.

1. Review course outcomes.

It is the responsibility of the student to provide the preceptor with any student-specific clinical objectives identified for the clinical practicum. The student should also provide the preceptor a copy of the course objectives, evaluation criteria and Preceptor Agreement.

2. Verify appropriateness of clinical site with Clinical Faculty.

Each student should complete required documents essential to establishing the formal preceptor, student, UTHSC CON relationship and submit to these documents to the clinical faculty. The clinical faculty must approve the preceptor arrangement before students begin their clinical hours. The clinical faculty in conjunction with the DNP Director has final authority over the appropriateness of a clinical site and preceptor arrangement.

3. Review preceptor qualifications, including verification of preceptor credentials.

The preceptor must be approved **prior** to the student beginning the clinical rotation. A copy of a recent CV/resume and license/certification information is required for the preceptor to be approved by the DNP Director. The student should submit the preceptor information to the Clinical Faculty member using the Required Contract/Preceptor Information Form. The student can obtain the required items for approval or provide the UTHSC CON with preceptor contact information to reach out for the required information.

4. Ensure there is a valid contract between The University of Tennessee Health Science Center and the clinical site.

All clinical sites must have a duly executed contract with the University of Tennessee Health Science Center prior to starting clinical experiences at the site. Students are responsible for providing contact information on the Required Contract/ Preceptor Information Form for the college to facilitate the contracting process. Ideally, this information should be submitted to the Clinical Faculty member and The DNP Clinical Coordinator a minimum of three months in advance of the expected clinical start date.

- 5 Interview or meet with Preceptor, as indicated.

Some preceptors require interviews for the student seeking a placement. Students should use this opportunity to demonstrate their commitment to their coursework, knowledge of the patient-provider relationship and ethical responsibilities (confidentiality), and willingness to adapt their schedule to the preceptor's practice.

The purpose of the interview is to:

- a. Provide the preceptor with an understanding of the level, ability, and personality of the student.
- b. Enable the preceptor to assess if the student would be a "good fit" for the clinical site and the population it serves. Students can put their best foot forward by being prepared with a CV or portfolio describing their professional accomplishments.

### **Clinical Student-Preceptor Agreement**

Preceptor agreements specify a relationship between the student and preceptor for a specific time period. In addition to the specified time period, student, preceptor, and faculty need to agree on the activities and outcomes of the clinical learning experience. The preceptor agreement must be signed by the clinical faculty, student, and preceptor. This agreement is to be uploaded in Medatrax prior to beginning the clinical rotation. A copy of this form can be found in the related Blackboard Course.

### **Scheduling of Clinical Hours**

*Clinical practicum hours are to be scheduled at the convenience and availability of the preceptor.* Students are not to ask preceptors to conform to a schedule that meets their personal and employment needs. The student's personal and work schedules are expected to accommodate participation in the required number of clinical hours prescribed by the clinical course. Students and preceptors need to agree on the days and times the student will be in the clinical agency prior to beginning the practicum experience. *Unless otherwise stated in the syllabus, students are expected to begin the clinical laboratory experience when the course starts to insure adequate time to complete assignments.*

### **Plan for Clinical Course Completion**

Once students have discussed scheduling with the preceptor, they are to complete a plan for clinical course completion. This will outline expected start and end dates of the rotation, days of the week the student will be in clinical, and any other important information. This document is to be uploaded in Medatrax prior to beginning the clinical rotation.

### **Professional Dress and Behavior**

1. Students are representatives of UTHSC College of Nursing and must present themselves as ambassadors of this program and nursing professionals. They are expected to be respectful to preceptors, faculty, staff, patients, and their families.
2. Students should be professionally dressed and wear an ID badge that identifies them as a UTHSC College of Nursing graduate student. Short lab coats, with the UTHSC patch on left upper arm, are to be worn at all times in the clinical area unless the preceptor feels this is a deterrent to care. The appropriate use of uniforms or lab coats should be determined through the preceptor/student interview. Students are expected to conform to the dress of the clinical site and OSHA standards for clinical attire where the coursework is completed.
3. Students should individually express their appreciation to their preceptors for their dedication, mentoring, and teaching at the end of the clinical experience.

### **Preparation for Clinical Rotation**

The clinical rotation extends the learning environment of the classroom to integrate theoretical concepts with clinical practice. Students should prepare for the clinical practicum by reviewing learning objectives and by reading course texts and professional journals, and using other audiovisual and electronic learning aids.

The preceptor may recommend materials and topics for review prior to the first clinical day. The student should review the common clinical problems relevant to the clinical site population. Follow-up reading of current reference material following the clinical day provides the student with the opportunity to increase the breadth of scientific and clinical knowledge from that gained in the clinical arena.

Guidelines for preparation include:

1. Students are expected to have full knowledge of entrance requirements for clinical, including credentials, dress, location, timing, etc., before scheduling the first clinical day at the clinical agency.
2. Students are responsible for their own health-related and other professional requirements, such as immunizations and current CPR certification, to fulfill the clinical requirements on the first day. In accordance with UTHSC College of Nursing and agency policies, students without health clearance should not enter the clinical setting.
3. Documentation of Criminal Background checks completion should be in CON files. If a clinical site requests a copy of the complete background check, the student will be required to provide this information to the site.
4. On the first clinical day, discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and communication with other disciplines. Students should clarify the preferred method to notify the preceptor in the event of a late arrival or absence.
5. Learn something about the preceptor, when possible, in order to acknowledge the preceptor's background and broaden the student's educational experience.



## **Attendance**

Performance of clinical hours at the negotiated times and days with the preceptor is required. Careful attention to attend clinical on the days which the preceptor can accommodate the student is important. Students are responsible to monitor the number of hours completed via Medatrax, and complete the required number of hours for the term. The student is responsible for adjusting his/her personal and employment commitments to complete the required number of clinical hours. If the student is not able to complete the required clinical hours for the term, s/he cannot expect the preceptor to continue the precepting relationship. Extension of the clinical period with the preceptor cannot be assumed but is granted only by agreement with the preceptor and UTHSC College of Nursing faculty. Exceptions related to unexpected illness of the student/family and or preceptor should be discussed with course faculty and the parties involved.

When the student cannot attend clinical on a scheduled clinical day, the student must immediately notify the preceptor and clinical faculty. The student should obtain a telephone number by the first day of clinical experiences and discuss the procedure of notifying the preceptor and faculty for unexpected absences. Failure to notify the preceptor as negotiated, prior to the beginning of the scheduled clinical day, is unacceptable and may place the student and clinical placement in jeopardy. The student should notify the course faculty as per the course guidelines. The student should then present the faculty with a plan to complete the necessary clinical time.

Failure to notify the preceptor and clinical faculty of an absence from clinical is treated as a “no call/no show” and is a violation of professional behavior. This situation may result in dismissal from the program.

## **Position Description: Clinical Faculty for DNP**

### **Qualifications**

1. Hold a current, valid license to practice as a registered nurse in the State of Tennessee or reside in any party state and hold a current, valid registered nurse license in that state;
2. Hold a minimum of a master's degree in nursing or the equivalent thereof, as determined by the Board of Nursing;
3. Possess qualifications through academic preparation/certification/licensure, as appropriate, to teach the subject assigned and meet the standards for faculty appointment by the governing institution;
4. Verify clinical practice experience at the advanced practice nursing level of at least two years. If a faculty member has less than two years advanced practice nursing experience, the faculty member must be responsible to a qualified faculty member; and
5. Maintain clinical practice within the advanced role and specialty;
6. Maintain an appropriate current unencumbered license when required for role;
7. Maintain an appropriate national certification.

## **Job Description**

Supports preceptors in guiding students in the application of knowledge to practice, facilitating student autonomy in a specific role for nurses with advanced preparation, and promoting self-confidence leading to clinical or administrative competency. Ensures students have access to learning experiences and resources essential to meet expected learning outcomes. Represents the educational and professional values of UTHSC College of Nursing to students and preceptors. Assumes overall responsibility for monitoring and evaluating the clinical learning experience.

## **Role Responsibilities**

At the onset of the clinical rotation:

1. Verify appropriateness of clinical site and contractual agreements;
2. Orient new preceptors to the preceptor role and UTHSC CON educational expectations
3. Review preceptor responsibilities with continuing preceptors related to course and level of student;
4. Prepare student for clinical experience through an orientation to policies and procedures, prerequisites for clinical rotation and faculty specific communication requirements;
5. Validate student qualifications (clinical requirements) for clinical practice, as well as prerequisite coursework.
6. Inform students in writing the goals and requirements of each course, the nature of the course content and the methods of evaluation to be employed.
7. Understand the legal liability of the preceptor role.

## **Throughout Course:**

1. Mentor and act as a role model for graduate students;
2. Work with the student and preceptor to identify and discuss methods for the learner's needs meet the course objectives;
3. Use appropriate teaching methods to help the student negotiate the clinical experiences to meet personal learning objectives and gain confidence to develop newly learned skills in a controlled environment;
4. Monitor use of accepted guidelines and standards of care;
5. Support student in his/her refinement of interpersonal skills promoting effective communication with patients and colleagues;
6. Alert student to focus on problematic areas early in the practicum with preceptor, thereby providing each student an opportunity to refine interpersonal skills by the time the clinical practicum is completed;
7. Communicate with preceptor regularly to monitor student's progress in course;
8. Evaluate whether the learner's objectives have been achieved through direct observation and preceptor feedback;
9. Provide the learner with feedback;
10. Demonstrate attitudes and qualities consistent with the ethics of the health professions, including:
  - Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
  - Respect for the student's faculty, curriculum, and program
11. Implement academic and professional standards set forth in the UTHSC CON Student Handbook;

12. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation;

### **Position Description: Clinical Preceptor**

#### **Qualifications**

1. Expertise in clinical practice derived from practical and theoretical preparation with a minimum of one year's experience in the role.
2. Administrative or management expertise derived from practical and theoretical preparation for individuals in administrative positions.
3. Authorization to practice as an advanced practice nurse in the state or currently licensed as a health care professional or otherwise qualified to provide supervision and teaching in clinical settings appropriate for advanced nursing practice.
4. Appropriate current unencumbered license, when required for role.
5. State approval or recognition to practice in a specialty area.
6. Professional certification, if appropriate.
7. Preferably an earned graduate degree or its equivalent in a specialty area of practice.

#### **Job Description**

Guides students in the application of knowledge to practice, facilitates student autonomy in a specific role for nurses with advanced preparation, and promotes self-confidence that leads to advanced clinical competency.

#### **Role Responsibilities**

1. Mentors and acts as a role model for graduate students
2. Directs overall goals and objectives for the practicum experience based on student outcome objectives provided by the student, and/or UTHSC College of Nursing faculty.
3. Identifies and discusses the learner's needs to meet the course objectives;
4. Assesses the nature of particular clinical encounters to enable the student to meet his/her learning objectives at varying levels of the specialty curriculum.
5. Utilizes appropriate teaching methods to help the student meet his/her learning objectives and allows each student to practice newly learned skills to build confidence in his/her abilities
6. Directs use of accepted guidelines and standards of care.
7. Demonstrates and supports the critical analysis of guidelines/standards of care and determines how they should be implemented or adapted to unique clinical situations.
8. Supports student in his/her refinement of interpersonal skills promoting effective communication with patients and colleagues.
9. Alerts students to focus on problematic areas early in the practicum, thereby providing each student an opportunity to refine clinical and interpersonal skills by the time the clinical practicum is completed.
10. Evaluates whether the learner's objectives have been achieved.
11. Provides the learner with feedback.
12. Demonstrates attitudes and qualities consistent with the ethics of the health professions, including

- Leadership skills in the area of peer review, quality assurance, and community involvement while promoting the health of population groups; and
  - Respect for the student's faculty, curriculum, and program.
13. Communicates the ability to cope with multiple variables in the clinical setting while carrying out all patient and colleague interactions.

### **Conditions of Student-Preceptor- UTHSC CON Educational Partnership**

#### Preceptor Activities

1. Implement academic and professional standards set forth in the UTHSC College of Nursing Student Handbook (CenterScope). Available at [www.uthsc.edu/centerscope](http://www.uthsc.edu/centerscope)
2. Immediately report to the clinical faculty any student behaviors threatening the safety of the patient or placing the clinical site at risk.
3. Monitor and report student performance, according to course criteria.
4. Notify clinical faculty when student is at risk for failing or when minimally acceptable performance is demonstrated consistently by student.
5. Supervise students in the clinical setting. If the preceptor is managing a caseload of patients, the ratio of students to preceptors should not exceed one student per preceptor during a clinical experience. If the preceptor is not managing patients, the ratio cannot exceed two students per preceptor during a clinical experience.
6. Communicate with the office staff or institutional departments about the scheduling of patients, the availability of exam room space, and specific procedures to enhance learning with a minimal disruption of the office routine, while allowing students to provide clinical care to patients.
7. Communicate with the administrators of departments who will provide resources or administrative experiences to students involved in leadership roles.
8. Provide students with formative and summative evaluations using the appropriate UTHSC CON Clinical Performance Evaluation.
9. Understand the legal liability of the preceptor role.

#### Preceptors Can Expect Students To

1. Meet with preceptor to clarify course objectives and focus of clinical activities.
2. Assist preceptor to complete required documents associated with preceptor role.
3. Verify preceptor's credentials indicating preceptor is eligible for teaching role.
4. Generate a clinical schedule with the preceptor consistent with the preceptor's availability/schedule.
5. Negotiate a procedure for contacting the preceptor in case of absence, prior to the beginning of clinical experiences.
6. Notify preceptors at the beginning of the clinical day if they will be absent for a scheduled clinical day, due to illness or emergency
7. Negotiate a policy with the preceptor for making up time missed and any clinical absences.
8. Dress appropriately and behave in a professional manner at all times in keeping with the standards set forth by Occupational Safety and Health Administration (OSHA).
9. Adhere to clinical site dress code when specified.

10. Wear student identification badges, not work employee badges.

Preceptors Can Expect Clinical Faculty To:

1. Provide course description, clinical outcomes, and the number of clinical hours required for the term of the clinical practicum.
2. Clarify UTHSC CON rules regarding preceptors and preceptor-student arrangements.
3. Provide information about a DNP specialty program.
4. Provide information about the best times and manner to reach the faculty member and phone numbers and e-mail addresses for key faculty members.
5. Consult on student or partnership problems affecting student progression in clinical coursework.
6. Collaborate on creating appropriate clinical experiences preparing students for success as entry-level nurses in advanced practice roles.
7. Guide preceptor in the student evaluation process.
8. Provide feedback on their performance as preceptors.
9. Formally recognize the preceptors' role in the education partnership through a variety of mechanisms.

Faculty will be readily available to Clinical Preceptors and students during clinical learning experiences. The faculty member has the overall responsibility for monitoring and evaluating the learning experience.

## **Preceptor Responsibilities: Detailed Description**

### **Volunteer Faculty**

The University of Tennessee recognizes the valuable contributions of those persons giving freely of their time and talents for the benefit of the University without compensation. These persons are "VOLUNTEERS" in every sense of the word. The State legislature in the enactment of the Tennessee Claims Commission Act of 1984 recognized the need the protection of volunteers from legal actions while performing their service on behalf of the University. As such, the volunteers who are registered with the University receive the same civil immunity from liability, as does an employee of the University under the Act. Volunteers under the Claims Commission Act are not covered for Worker's Compensation.

The term "volunteer faculty" means those persons who are not employees of the University who provide service to the University in an approved program that are listed and reported to the Division of Claims Administration, State of Tennessee.

To become a **Volunteer Faculty**, the preceptor must submit the required information including CV, license, 2 letters of recommendation from a peer or colleague, and permit a background check. This is no longer a requirement; however, preceptors who are interested in becoming Volunteer Faculty may contact Ms. Cayla Kelley, DNP Clinical Coordinator at ckelle12@uthsc.edu or 901.448.2810 for further information. After becoming a Volunteer Faculty member academic rank (non-tenure) commensurate with University guidelines will be assigned. In addition the following benefits are available to Volunteer Faculty:

- 1) Discounted Membership to the UTHSC Fitness Center
- 2) Access to the UTHSC Library, including online journals (e.g. Up-to-Date)
- 3) Free evening and weekend UTHSC campus parking; and
- 4) Discounted fees at the UTHSC Dental Clinic.

### **Mentor and Role Model for Students**

Mentoring and role modeling are important in the socialization process of students. Observing the preceptor's interactions with other professionals, staff, and patients will enable the student to assume more readily the new role.

The Core competencies are reflected in the 7 domains identified by NONPF:

- Management of patient health/ illness status
- The nurse-patient relationship
- The teaching-coaching function
- Professional role
- Managing and negotiating health care delivery systems
- Monitoring and ensuring the quality of health care practices
- Cultural competence

In facilitating the student's learning experience, the preceptor organizes clinical learning within a time-constrained environment. The preceptor communicates with the office staff about the

scheduling of patients, the availability of exam room space, and specific procedures (e.g. suturing) that would enhance learning with a minimal disruption of the office routine.

The one-to-one relationship with the preceptor provides the student with the opportunity to develop competence in diagnostic reasoning/clinical decision-making, advanced practice nursing skills/procedures, as well as self-confidence in implementing the role. Immediate timely and constructive feedback, whenever possible, enhances this learning process.

### **Teach**

Preceptors are responsible for helping students to refine skills related to patient care within the context of a caring relationship. In all areas of teaching, the preceptor is reminded of the importance of letting the student practice newly learned skills and build confidence in his/her abilities. Preceptors can gain confidence in the student's abilities through observation, listening to case presentations, and reviewing their documentation as well as listening to feedback provided by patients and other clinical personnel. Student self-confidence is enhanced by preceptor feedback clarifying and reinforcing how the student is meeting learning goals and objectives.

### **Honing Assessment Skills**

Assessment includes cognitive and psychomotor components. The student needs to abstract and apply the sciences while using the psychomotor physical assessment skills in learning clinical decision making. The preceptor is an invaluable resource for evaluating the student's progress towards achieving greater expertise in problem-solving and clinical decision making.

The preceptor's initial role often involves assessing the student's level of knowledge of the underlying basis for assessment. As the student progresses from novice towards proficiency in assessing patients, identifying a diagnosis, and formulating a management plan, the preceptor evaluates a) the student's psychomotor skills, b) data collected from the history and physical, c) interpretation of data, and d) the proposed management plan.

Guiding students in gathering reliable assessment data involves observing the student while eliciting a history and performing a physical exam, followed by validating the assessment. The student presents findings to the preceptor, who evaluates the student's interpretation of the assessment data. Incorrect information is corrected by discussion and re-examining the patient as appropriate. Providing positive feedback reinforces students' skills and confidence in successful clinical learning. Students need time to practice their skills and test out their abilities to gain confidence. Obtaining a patient's permission is always requested prior to a student beginning the encounter. The patient should be assured that the preceptor will also see them following the student's interview and exam.

Students should identify their individual learning needs in the area of assessment and welcome the preceptor's critique and/or validation of their skill levels. A plan for remediation should be anticipated for situations in which the student needs practice and proficiency in either technique or interpretation of patient assessment data. Often refining an incorrect psychomotor skill/technique can be achieved with a clinical demonstration by the preceptor at the time of the patient encounter. Comparison of assessment data with findings from previously encountered

patients can often reinforce or clarify the interpretation of the assessment. Interpretation of laboratory data is an assessment skill requiring the student to abstract from the sciences and identify links to the patient's history, presenting complaint, and physical exam.

The following are examples of effective teaching strategies for the preceptor:

- Demonstrate correct methods to the student with a return demonstration by the student.
- Validate or clarify interpretation of assessment data.
- Refer the student to resources such as physical assessment texts or video tapes for the purpose of reviewing and clarifying the physical assessment content in which the student is weak.
- Set aside time at the end of each clinical session to review the student's overall performance. Offer direction for future learning, adding a progressive dimension to the teaching/learning experience.
- Perform additional self-assessments and critiques through tape recordings of standardized patient history taking with student colleagues.
- Practice in the college skills lab with or without faculty supervision.

As students progress and gain confidence, they become more comfortable with the preceptor's critique and seek direction to achieve higher levels of proficiency in assessment. Students need to be apprised of the expectation for evidence of progressive learning and mastery of content and psychomotor skills, recognizing they are learners. They should anticipate progressing along the continuum from novice to proficient. Student resistance to accepting preceptor correction and failure to demonstrate progressive learning should be reflected in the formative and summative evaluation of the student's performance and communicated to the student's faculty member in a timely manner.

### **Integration & application of the sciences**

All stages of the patient care encounter require that the student be able to integrate and apply knowledge from the nursing, social, and health related sciences to the assessment and management plan. Development of a nurse-patient relationship draws on the strengths of the student's communication, interpersonal skills, and experience as a professional nurse.

Application of the nursing and social sciences is important in establishing and promoting the nurse-patient relationship. An example is the student's understanding of cultural differences and their impact on establishing a nurse-patient relationship. Using examples of nursing, scientific, and social theories and exemplars of related research is an important aspect of teaching students about evidenced based practice.

The student is to draw on applied scientific knowledge and interpersonal skills to effectively elicit and interpret subjective and objective data obtained through the history, physical, and diagnostics. Interpretation of data, formulation of a diagnosis, and development of a plan of care provide opportunities for students to integrate patient encounters and apply scientific knowledge. The corresponding learning objective focuses on the student's ability to analyze the data obtained and provide a rationale for the differential diagnosis and management plan. A strategy to stimulate critical thinking is to have the student present the patient case to the preceptor and



provide scientific or theory-based rationale for problem solving. In addition, at the end of the clinical day, the student should research and reflect on patient related topics encountered that day. Time should be taken to record encounters in a clinical log and review them as necessary with faculty and other students in seminar. This strategy will enable students to gain confidence in and reinforce their knowledge base.

Preceptors who have knowledge about the structure and content of the curriculum, as well as the student's level of development within the program, are better able to anticipate learning experiences that draw on the course content and application of course content. It is an expectation the student be responsible for the application of course-based knowledge. Preceptors are encouraged to ask students to explain the physiological theory behind disease processes and management when encountering patients with specific clinical problems, e.g. Diabetes Type II, COPD, etc.

### **Clinical Decision Making**

The clinical decision making process reflects student ability to use critical thinking skills. Critical thinking is defined as the intellectually disciplined process of conceptualizing, analyzing, synthesizing, evaluating and applying information gathered from, or generated by, observation, experience, reflection, reasoning or communication. The student should come to know and understand the process of clinical decision making used by the expert preceptor as a method of learning clinical reasoning.

As an expert clinical practitioner, the preceptor has mastered a variety of heuristics or rules that contribute to the process of clinical decision making. Teaching the student how to use heuristics is an important process in developing clinical proficiency. Students should be asked to:

- Reflect and describe the process of identifying a specific diagnosis or differential, select laboratory tests, prescribe medications or recommend a follow-up schedule.
- Use accepted guidelines and standards of care.
- Critically analyze the guideline/standard of care and determine how it should be implemented or adapted to the individual patient scenario.
- Reflect on previous client encounters and compare and contrast components of the assessment. The student should be able to respond cogently to the following questions:
  1. How might this case be similar or different?
  2. What epidemiological principles or clinical research are known that might guide cost-effective or evidence-based care? Use clinical scenarios to elicit the integration of the sciences with the patient data. For example,
    - a. Would or would it not be appropriate to prescribe penicillin to a patient with exudative tonsillitis and swollen anterior cervical glands?
    - b. How does the presence of pharyngeal GABH in the past medical history influence your decision?
    - c. How might the presence of streptococcal pharyngitis in other family members influence your decision?
    - d. Should only penicillin-based antibiotics be used to treat positive throat cultures?
    - e. How accurate or reliable are rapid strep tests? What does a negative rapid strep test mean?

Similar teaching strategies can be applied to patients with other clinical problems and symptoms, e.g. hypertension, urinary tract symptoms, chest pain, and symptoms of confusion in the elders, to name a few. The process of teaching clinical decision making guides the student in learning heuristics the preceptor may use in clinical practice. In essence, teaching clinical reasoning teaches students the process of learning to apply knowledge in practice.

### **Mastery of Documentation**

Preceptors can serve as excellent role models for students as they learn to master documentation. Accurate and complete documentation of pertinent information is essential to provide quality health care, while fulfilling legal and reimbursement requirements.

The clinical practicum provides students with the opportunity to master documentation of real-life patients in their health records. In “learning by doing,” the preceptor mentors the student in refining the patient’s history, exam; decision making; and level of service provided. The preceptor should review the history and physical prior to the student’s entry on the patient’s health record. Most preceptors request the student write the note on a separate piece a paper for the review. This strategy is effective in enabling the student to revise the note prior to entering it in the patient health record. When the preceptor has determined the student’s documentation has progressed to a level requiring little or no correction, the student is usually permitted to enter directly into the health record. Preceptors must sign all students’ notes whether hand-written, dictated, or electronic.

The mastery of documentation includes:

- Clear written communication. Communication is the use of words and behaviors to construct, send, and interpret messages. Early in the curriculum faculty have opportunities to teach students the legal tenets for accurate documentation. Assessing student documentation should be an ongoing process, taking place throughout the student's program of study.
- Familiarity with acceptable formats for documenting encounters, detailing the comprehensive history and physical, chronic illness, and episodic complaint.
- Use of only accepted medical abbreviations and anatomical terms, and descriptors. Prior to beginning the first clinical practicum the student should have a sound knowledge of both the normal and variations of normal physical assessment findings and their appropriate descriptors.
- The recording of only pertinent findings (both negatives and positives) from the history and physical exam is expected.
- Reading the notes of the preceptor and other health care providers. The patient’s health record will provide exemplars of both good and poor documentation and is an excellent resource early in the student’s clinical experience. As students review the notes documented in the chart, they soon learn the elements for inclusion and the procedure for organizing documentation.
- Note-taking while in the room with the patient. The notes can then be organized into a rough draft including all of the components of the patient’s comprehensive, chronic care, or episodic illness history and physical. The preceptor can rapidly review the student's documentation and make recommendations for refinement or organization.

- Identification of subjective and objective data. Early in the process of learning to document data in the history and physical, (H&P), students often make errors in documenting subjective and objective data. A typical example will occur when the student documents the characteristics of a surgical scar in the physical exam, then notes the patient's comment regarding the etiology of the scar. In this example, clarification must be made that the etiology (surgery) of the scar is subjective data and should be recorded in the history. Faculty should frequently review samples of students' documentation of histories and physicals. Feedback provides a valuable tool in enabling the student to master the documentation process.
- Avoidance of check-off lists for documentation. Students need to learn the process of documentation reflecting accurate use of acceptable descriptors and serving as a legal record of what occurred in the encounter with the patient.
- Identification of agency preferences for documentation. Preceptors' preferences for documentation may vary from standard formats and may be dependent upon the practice setting. Documenting preferences should be communicated to the student early in the clinical orientation and time allowed for students to learn and adapt to agency format.

If a student demonstrates a weakness in his/her documentation and does not demonstrate progress, it is important to communicate concerns to a faculty member during the clinical rotation site visit (or prior to this visit if cause for alarm). Communication of student deficits can be addressed collaboratively by the preceptor, the student, and the faculty member in a positive manner.

Specific to each agency will be the method and forms used for documentation. Agencies will identify the data required for different levels of care and third party reimbursement. The preceptor is an invaluable asset in enabling the student to learn the process of integrating data required for reimbursement in their development of patient care records. The preceptor reviews the student's documentation for accuracy and completeness, and cosigns the note as a validation of agreement with the student documentation.

The documentation required for fulfillment of reimbursement criteria for different levels of care is covered in the NP curriculum. Students who lack this knowledge should be directed to resources in the clinical arena that will provide the substantive content to assist the student in learning this content area.

### **Honing Interpersonal Skills**

Interpersonal skills involve the use of verbal and nonverbal communication in a timely and sensitive manner, with attention to another person's needs, anxiety level, and concerns.

Situations arise within the clinical area providing students with opportunities to hone their interpersonal skills:

- Student dialogue with patients concerning the reason for the visit, formulating a plan of care, and teaching patients and family members about necessary care;
- When collaborating with colleagues in the clinical setting;
- Preceptor observation and feedback;
- Self-reflection and documentation of encounters in a log or diary;
- Feedback from patients and colleagues;

- Inappropriate interpersonal communications should be brought to the attention of the student as soon as possible after their occurrence.

Mature students will soon recognize the importance of fine tuning their interpersonal skills to become successful practitioners. Inappropriate interpersonal communications should be brought to the attention of the student as soon as possible after their occurrence.

Basic interpersonal skills students should demonstrate include

- Eliciting historical data by using open-ended questions and allowing the patient time to answer a question before proceeding to the next question.
- Eliciting a history in an unhurried manner before beginning an exam.
- Soliciting the patient's opinions, concerns about their condition, and how they would like to participate in their plan of care.
- Verifying with the patient your understanding of their complaint, treatment plan, or opinion by rephrasing their description, and seeing validation, clarification, or elaboration, as needed.
- Showing empathy: genuine interest, concern or warmth for the patient's situation, condition, or personal/social problems.
- Providing the patient with medically necessary information in a sensitive manner with attention to the impact the information may have on the patient's lifestyle, financial resources, or self-care ability.
- Providing culturally congruent care while being sensitive to the patient's ethnicity, traditions, and beliefs.

Negative interpersonal skills that merit student reflection and refinement

- Failing to introduce oneself or your colleague.
- Proceeding in a hurried manner.
- Failing to communicate an understanding of the patient's past medical history.
- Failing to ask the patient's permission to have another provider come in the room.
- Showing disagreement with patients, colleagues or showing lack of understanding or being critical of another's culture, sexual preferences, social habits, or lifestyle.
- Asking closed-ended questions about medical conditions, treatments, and lifestyle without attention to the patient's understanding or opinion.
- Failing to speak clearly or in simple language understood by the patient or dependent care provider.
- Lack of sensitivity to patient confidentiality and privacy issues.
- Failing to demonstrate patience and understanding towards a patient's culture, age, or other life circumstances.
- Failure to wash hands prior to the physical exam.
- Discussing confidential information about the patient with others who are not involved in caring for the patient.

It is important that students be notified of any weakness in interpersonal skills early in the clinical practicum. By alerting students to focus on problematic areas early in the practicum, preceptors give students the opportunity to reduce and refine their interpersonal skills by the time the clinical practicum is completed. Students who do not improve their interpersonal skills, despite preceptor recommendations, should be referred to their faculty for counseling and suggested learning methods. Faculty may provide the student with resources such as reading assignments, review of videos that demonstrate the use of interpersonal skills, or role-playing techniques with colleagues to increase awareness of effective techniques in interpersonal communication.

### **Patient Education**

Students are expected to:

- Integrate patient education in all aspects of care. Patient education is an important domain of NP practice and should focus on health promoting behaviors, disease prevention, as well as issues surrounding health maintenance and episodic self-care.
- Demonstrate the ability to perform a learning needs assessment and construct a teaching plan appropriate to the learning needs of the patient and/or family members.
- Take into consideration timing and level of patient education, identifying “teachable moments” as opportunities for patient and family learning.
- Determine the patient’s or family members’ ability to understand both verbal and written instructions in English and their own language.
- Document the patient education plan in the record and reinforce it with subsequent providers, whenever possible.
- Discuss the educational plan with the preceptor
- Be aware of resources the agency has for educating patients such as a nutritionist, diabetic educator, or health educator. Students should collaborate, as appropriate, with other members of the health care team. Members of the interdisciplinary/interprofessional health care team can provide resources and links in the community to best meet the patient’s cultural and age related characteristics for learning.

Most students find this aspect of care enjoyable. It also provides an opportunity for the preceptor to reinforce their skills in patient education and emphasize its importance in the role of providing direct care to patients as a NP.

### **Navigation of the Organizational System**

Students need to learn how to navigate the health care system to fully function in their role. They can be guided through the organizational system during initial contacts with the interagency referral process and with processes related to managed care, home care, securing durable medical goods, and prescriptions.

As students progress through their NP program, they should demonstrate providing comprehensive care, including interdisciplinary/interprofessional collaboration with other health care professionals. An agency policy and procedure manual should be available for students to consult as a resource to clarify issues with policy and legal implications. For example, a request for permission to drive is a common occurrence, and many agencies have liability issues with an impact on both the practitioner and patient. A student sees Mr. Smith, for example, who presents

to clinic two months post coronary artery bypass surgery with the request that the NP sign a form indicating he can resume driving and is medically cleared to drive. This is a common scenario. Students should know how to maneuver the organizational structure to problem solve in a manner congruent with the agency/institution's policy and meet the patient's needs within these policies.

Students should be encouraged to be advocates for patients in all matters related to providing comprehensive care. Students' self confidence in decision making can be enhanced by providing feedback on their ability to successfully achieve patient care goals and objectives through skillful negotiation of the health care system. Positive preceptor feedback also reinforces the student's development of NP role behaviors fostering quality health care practices, especially those likely to be implemented in future practice situations. A reference guide for commonly used community resources should be available to the student. Students demonstrate creativity in practice when they initiate referrals and team conferences and seek financial and social supports for patients/families which may not be readily available from the patient's primary source of care.

### **Integrating the role of the NP as a member of the interdisciplinary/interprofessional health care team**

This skill is perhaps the most challenging for the preceptor to teach. Students can learn these skills by observing the preceptor in practice or through post conference discussion of difficult situations encountered during the clinical day.

Other methods include:

- Demonstrate collaborative management with other health care providers. This is an important method of teaching the student how to respect the knowledge and expertise of other disciplines/professions, and thereby earning respect for the NP's unique contribution to the health care team.
- Collaborate in the management of patients by providing role functions particular to the role of the NP
- Initiate team conferences to include all members of the health care team discussing and developing a plan of care for a patient and/or family. Team discussion include questions of domestic violence, failed office appointments, end of life decisions, or patients' complex co-morbid illnesses and difficult social situations.
- Encourage students to present difficult and challenging cases to physicians or other NPs who are specialists in a particular area. Examples may include the cardiologist, oncologist, endocrinology NP, and/or certified nurse midwife.
- Facilitate the NP visibility as a member of the interdisciplinary/interprofessional team by portraying the image of the preceptor as a skilled clinical expert and valuable collaborative partner.
- Encourage students to take ownership for their diagnosis(es) and plans of care and be accountable to follow through with learning the results of laboratory tests, x-rays, and patient referrals/follow-ups.
- Encourage students to be creative and contribute to the smooth operation of the clinical setting. Students may contribute ideas to enhance the efficiency of operations. Their contributions support the visibility of their role and enhance their self-confidence as

valuable contributors to the health care team. Students may choose to develop teaching materials or present teaching conferences to patients and/or their families to complement available resources in the clinical setting.

### **Communication with the Faculty**

Preceptor and faculty member communication is encouraged and appreciated. Preceptors will be provided the best methods and times to reach the faculty member. Faculty phone numbers and e-mail addresses will be provided for easy access. Time will be scheduled during faculty site visits to allow time for the preceptor and faculty to discuss any concerns related to the student's performance or questions about the program or the role of the preceptor. Any preceptor/student conflicts with potential for an adverse effect on the clinical experience should be brought to faculty attention and discussed with the preceptor as soon as possible. Faculty will make an effort to maintain open lines of communication with the preceptor throughout the clinical experience.

### **Collaborate with Faculty on Problem/Conflict Management**

Preceptors should collaborate with faculty when a conflict or problem related to the student is identified. Procedure for the management of a problem/conflict. Any problems related to the faculty role in the preceptorship experience should also be discussed between the faculty member and the preceptor. If the faculty and preceptor are unable to resolve their differences, a clear mechanism for further pursuit of the resolution should be referred to the DNP Program Director and be made clear in the preceptorship agreement or other appropriate document.

### **Understand the Legal Liability while Precepting Students**

Preceptors are liable for the care provided to their patients during a preceptorship arrangement. Patients should be informed that the preceptor would remain the primary care provider, be responsible for decisions related to patient care, and will continue to provide follow-up care.

Legal and reimbursement guidelines require that preceptors validate findings on physical examination, review laboratory tests, and confirm differential diagnosis (es) and management plans with students prior to the discharge of the patient. Review by the preceptor must be documented in the record indicating the preceptor has examined the patient, is in agreement with the findings and plan as written by the student, and is responsible for care. It is customary the preceptor co-signs all records in which the student has provided documentation. Third party payers, government, and insurance companies cannot reimburse for care provided by the student.

### **Liability Insurance**

Preceptors assume the same liability for their patients as other practitioners in clinical practice and have the added liability of closely supervising the student.

### **Evaluation of Students**

Preceptors should meet with the student formally at the beginning of the clinical practicum to review the evaluation guidelines so that the expectations and responsibilities of both the preceptor and the student are congruent. The preceptor should provide both formative and summative evaluation. The summative student clinical evaluation form provided by the UTHSC

CON should also be reviewed with the student at this time. Meeting with the student at the beginning of the clinical practicum also enables the student and preceptor to discuss the course and the student's clinical objectives. A student–preceptor–faculty agreement can be developed in which the student and preceptor discuss learning experiences to facilitate the student's successful achievement of the clinical and course objectives.

Two types of evaluation are formative and summative evaluations:

**Formative evaluation** is an assessment by the preceptor in the form of feedback to the student regarding their performance during the clinical practicum. Ongoing feedback provides the student with the opportunity to enhance their performance during the course of the clinical practicum. Role performance areas in which the student has achieved competence should be discussed with the student, as well as those areas identified as weak, and needing improvement. Specific recommendations from the preceptor on strategies for improving clinical performance will be helpful to the student and can be documented in anecdotal notes for the final evaluation.

**Summative evaluation** is the assessment of the student's performance at the end of the clinical practicum. The summative evaluation describes the student's performance, development, and improvement at the conclusion of the clinical practicum. The summative evaluation of performance is based on the criteria indicated on the clinical evaluation tool provided by the NP program faculty. Although students often are not able to meet the performance competencies immediately, they should be able to demonstrate progression of skills and competencies. The written narrative is an extremely important part of the evaluation. Comments are valuable in assessing the student's knowledge, skill level, and immersion in the course. Clarity of comments and specific examples of situations illustrating the comments written on the evaluation form are important to learning. Written comments are particularly valuable if the student needs remediation in a specific competency area, if the student is for any reason reviewed by the Progressions Committee, or if faculty members are asked for a recommendation of the student's clinical ability. The evaluation should be reviewed with the student on the last day of the clinical practicum, and returned to the faculty by the deadline and method indicated. The student's self-evaluation also is important to incorporate during the preceptor/student evaluation discussions.

Summative and formative evaluations provide the preceptor with the tools to identify and discuss deficiencies which may warrant clinical failure. It is strongly recommended to inform faculty of clinical performance deficiencies and/or problems at the time they occur. In this way, faculty can assist both preceptor and student in optimizing the educational process.

Preceptors should document anecdotal notes useful to develop the mid-semester and/or end of semester evaluation. Student strengths, as well as weaknesses, should be documented. In the event a student's behavior is unprofessional, or the student places the patient in danger (e.g. including medical errors), an anecdotal note should document the event and the course faculty must be contacted at the time the concern is identified. The course faculty should then meet with the clinical preceptor and student and take further action as appropriate.

Faculty from the nursing program will provide preceptors with the appropriate evaluation tools before the start of the semester. The evaluation tools should be reviewed and clarified, and examples should be used to demonstrate different levels of student's abilities as reflected in their



written evaluation. The preceptor should seek clarification about the evaluation process with the faculty member.

### **Outstanding Undergraduate and Graduate Preceptor Awards**

Each year the College of Nursing acknowledges preceptors who make outstanding contributions to the clinical education of students. Preceptors are nominated by faculty and supported by individual students who have been taught by the outstanding clinical preceptor. The Award which consists of a plaque and \$100.00 is presented at the Awards Luncheon during Alumni Day activities.

### **Preceptor Resources**

DNP Clinical Faculty will glad to assist preceptors with obtaining the resources listed below.

American Nurses' Credentialing Center. (2008). *Renewal of certification criteria*. Retrieved September 1, 2015, from <http://www.nursecredentialing.org/Certification/CertificationRenewal/RenewalofCertification.aspx>

Barker, E. (2006). Mentoring—A complex relationship. *Journal of the American Academy of Nurse Practitioners*, 18, 56–61.

Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the preceptor role: Challenge of clinical teaching. *Journal of Pediatric Health Care*, 20, 172–183.

Centers for Medicare and Medicaid Services. (2007). Retrieved March 11, 2008, from cms.hhs.gov: [www.cms.hhs.gov/MLNProducts/downloads/gdelinesteachgresfctshst.pdf](http://www.cms.hhs.gov/MLNProducts/downloads/gdelinesteachgresfctshst.pdf)

Rich, E. (2005). Does RN experience relate to NP clinical skills? *Nurse Practitioner*, 30, 53–56.  
Taylor, S. L. (1998). Focused teaching: Facilitating early clinical experience in an office setting. *Family Medicine*, 30, 547–548.

Yonge, O. F. (2005). Promoting effective preceptorship experiences. *Journal of Wound, Ostomy, and Continence Nursing*, 32, 407–412.

## UTHSC CON FORMS

Students are responsible for insuring all evaluations are completed at the end of a course. The title of each form should assist students to determine who completes which form.

- The *Student-Preceptor-Faculty Agreement* is to be filled out and read by all parties concerned prior to beginning a preceptorship.
- The *Clinical Performance Assessment Form (Preceptor Evaluation Form)* will be **completed by the preceptor** for every DNP student in the specialty courses.
- The *Graduate Student Evaluation of Preceptor and Clinical Site Form* will be **completed by each DNP student** for every preceptor.
- The *Clinical Faculty Evaluation of Preceptor and Clinical Site* will be completed **by the clinical faculty**.
- The *Clinical Faculty Supervision Form* will be completed **by the clinical faculty**.
- *Student Clinical Log - Students* will log clinical activities in the electronic database (Medatrax, Typhon), as specified for the concentration. No patient names are ever recorded.



UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER  
COLLEGE OF NURSING

**Student-Preceptor-Faculty Agreement**

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Course # \_\_\_\_\_ Semester/Year: \_\_\_\_\_

The preceptor agreement permits nursing students of the College of Nursing, University of Tennessee Health Science Center (UTHSC) to participate in a student preceptorship in your facility,

\_\_\_\_\_. Conditions of this program are as follows:  
(Clinical Site Name)

The Affiliation period will be from \_\_\_\_\_ to \_\_\_\_\_.

The student, \_\_\_\_\_, will be under the supervision of

\_\_\_\_\_, acting as preceptor.  
(Preceptor Name)

**Preceptor Responsibilities:**

1. Participate in a preceptor orientation.
2. Function as a role model in the clinical setting.
3. Facilitate learning activities for no more than two students per day.
4. Orient the student(s) to the clinical agency.
5. Collaborate with faculty to review the progress of the student toward meeting clinical learning objectives.
6. Provide feedback to the student regarding clinical performance.
7. Contact the faculty if assistance is needed or if any problem with student performance occurs.
8. Discuss with faculty/student arrangements for appropriate coverage for supervision of the student should the preceptor be absent.
9. Give feedback to the nursing program regarding clinical experience for student and suggestions for program development.

### **Nursing Program/Faculty Responsibilities:**

1. Ensure that preceptors meet qualifications.
2. Ensure that there are current written agreements which delineate the functions and responsibilities of the clinical preceptor and associated agency and nursing program.
3. Ensure that clinical experiences using preceptors occur only after the student has received basic theory and clinical experiences necessary to safely provide care to clients (within course or curriculum).
4. Orient both the student and the preceptor to the clinical experience.
5. Provide the preceptor an orientation to the philosophy, curriculum, course, and clinical objectives of the nursing education program. Discuss student expectations, skills' performance, student guidelines for performance of procedures, and methods of evaluation.
6. Assume overall responsibility for teaching and evaluation of the student.
7. Assure student compliance with standards on immunization, screening, HIPAA compliance, OSHA standards, CPR, criminal background check as needed and current liability insurance coverage.
8. Work cooperatively with the preceptor and the agency to determine student learning needs and appropriate assignments.
9. Make appropriate student assignments with the preceptor.
10. Communicate assignments and other essential information to the preceptors.
11. Meet regularly with the clinical preceptor and the student in order to monitor and evaluate the learning experience.
12. Monitor student's progress through rounds, student clinical seminars, student-faculty-preceptor conferences and review of student clinical assignments.
13. Be readily available, e.g., telephone, pager or e-mail for consultation when students are in the clinical area.
14. Receive feedback from the preceptor regarding student performance.
15. Provide recognition to the preceptor for participation as a preceptor.

### **Agency Responsibilities:**

1. Retain ultimate responsibility for the care of clients.
2. Retain responsibility for preceptor's salary, benefits, and liability.

### **Student Responsibilities:**

1. Verify clinician/administrators eligibility to function as preceptor.
2. Maintain open communications with the preceptor and faculty.
3. Maintain accountability for own learning activities.
4. Prepare for each clinical experience as needed.
5. Be accountable for own nursing actions while in the clinical setting.
6. Arrange for preceptor's supervision when performing procedures.
7. Contact faculty by telephone, pager or e-mail if faculty assistance is necessary.
8. Respect the confidential nature of all information obtained during clinical experience.
9. Wear appropriate professional attire and university name tags when in the clinical site.

***Signatures on following page confirm that the above conditions reflect correctly your understanding of an agreement to this affiliation.***

**Confirmation of Student-Preceptor-Faculty  
Faculty Agreement to Clinical Preceptorship**

**University of Tennessee  
Student**

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)

**Preceptor/Clinical Agency**

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)

**University of Tennessee Health Science Center  
College of Nursing Clinical Faculty**

\_\_\_\_\_  
(Print)

\_\_\_\_\_  
(Sign)

\_\_\_\_\_  
(Date)

**Site Name:** \_\_\_\_\_

**Site Address:** \_\_\_\_\_

**City, State, Zip** \_\_\_\_\_

**Location Phone #** \_\_\_\_\_

**Clinical Performance Assessment Form**

**Student name** \_\_\_\_\_ **Date** \_\_\_\_\_

**Preceptor's name** \_\_\_\_\_

**Clinical site** \_\_\_\_\_

**Hours completed** \_\_\_\_\_ **Course Title and number** \_\_\_\_\_

**Instructions:** Please complete the form by indicating your evaluation of the student's performance of the listed competencies when they were indicated in the care of pediatric patients and families using the scale provided. If the rating is 2 or lower, take a moment to give examples of behaviors that substantiate your evaluation. If a student has performed well by consistently meeting competencies, share details that will be valuable information to the students. Feel free to attach additional documents to the form.

Students must successfully meet all competencies to pass this course. Evaluations of 1 and/or 2 are considered unsatisfactory and should be discussed with Faculty as early in the term as possible.

NA – not applicable or observed in the patient situation 1 - Not Met 2 - Seldom Met 3 - Occasionally Met 4 - Often Met 5 - Consistently Met						
Primary Care Pediatric Nurse Practitioner Clinical Competencies	NA	1	2	3	4	5
Conducts age appropriate <b>comprehensive</b> advanced physical, mental and developmental <b>assessment</b> across pediatric life span.						
Assesses for <b>evidence</b> of physical, emotional or verbal <b>abuse, neglect</b> and the effects of violence on the child and adolescent.						
Analyzes the <b>family system</b> (i.e. family structure, cultural influences etc.) to identify contributing factors that might influence the health of the child/adolescent and/or family						
Assesses patient's, family's or <b>caregiver's knowledge</b> and behavior regarding age-appropriate health indicators and health risks.						
Performs age appropriate comprehensive and problem-focused <b>physical exams</b> .						
Performs a systematic review of normal and abnormal findings resulting in a <b>differential diagnoses</b> encompassing anatomical, physiological, motor, cognitive, developmental, psychological, and social behavior across the pediatric lifespan.						
Identifies <b>nutritional</b> conditions and behavioral feeding issues and implements appropriate educational, dietary or medical treatments/interventions.						

NA – not applicable or observed in the patient situation 1 - Not Met 2 - Seldom Met 3 - Occasionally Met 4 - Often Met 5 - Consistently Met						
Primary Care Pediatric Nurse Practitioner Clinical Competencies	NA	1	2	3	4	5
Interprets age-appropriate, developmental and condition-specific <b>screening and diagnostic studies</b> to diagnosis and manage the well, minor acute, or chronic conditions in the pediatric scope of practice.						
Promotes healthy <b>nutritional and physical activity</b> practices.						
Prescribes <b>medications and other therapeutics</b> within scope of practice based on best evidence of patient’s individual needs						
Provides health maintenance and <b>health promotion services</b> across the pediatric lifespan.						
Activates <b>child protection services</b> , and recommends/incorporates other resources on behalf of children or families at risk.						
Partners with families to <b>coordinate</b> family centered community and <b>health care services</b> as needed for specialty care and family support.						
Incorporates health objectives and recommendations for accommodations, as appropriate, into <b>educational plans (IEP)</b>						
Assists the parent/child in coping with developmental behaviors and facilitates the <b>child’s developmental potential</b> .						
Recognizes and integrates the perspectives of <b>interdisciplinary collaboration</b> in developing and implementing the plan of care.						
Understands the complexity and <b>interaction of nonpharmacologic and pharmacologic</b> therapies required in the care of children.						
<b>Essentials</b>						
Appearance, demeanor, and behavior <b>professional</b> and appropriate for clinical setting						
Punctual and reliable in <b>clinic attendance</b>						
Responds positively to Preceptor and Faculty <b>feedback</b>						
Monitors self for personal growth and <b>seeks feedback</b> and supervision at regular intervals						

Are there aspects of this student’s performance that suggest a need for special attention? If so, please describe. Yes \_\_\_\_\_ No \_\_\_\_\_

What has the student done particularly well?

Preceptor’s signature \_\_\_\_\_ Date \_\_\_\_\_

I have read this report.

Student signature \_\_\_\_\_

Date \_\_\_\_\_

**Student Evaluation of Clinical Site and Preceptor**

Preceptor's Name: \_\_\_\_\_ Clinical Site: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

1 – almost always    2 – usually    3- sometimes    4 – rarely    5 – almost never

<b>INVOLVEMENT/RECEPTIVITY/COMPETENCE</b>	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situation					
6. Relates didactic knowledge to clinical practice					
<b>TEACHING PRACTICES</b>	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. Demonstrates new procedures					
10. Leads student through decision making rather than giving own impressions.					
11. Encourages questions and discussions regarding alternative management.					
12. Allows appropriate documentation.					
13. Considers student's limits according to level of experience.					
14. Encourages student to assume increasing responsibility during clinical rotation.					
15. Student evaluations are objective and shared with students in a positive, confidential manner					
<b>CLINICAL SITE</b>	1	2	3	4	5
1. Do clinical experiences correlate with course outcomes?					
2. Do students have adequate (census, acuity) learning experiences?					
3. Do students have adequate role models/preceptors?					
4. Are staff receptive to students?					

**OTHER COMMENTS:**

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\_\_\_\_\_  
*Signature of Student*



**Faculty Evaluation of Clinical Site and Preceptor**

Preceptor's Name: \_\_\_\_\_ Clinical Site: \_\_\_\_\_

Faculty's Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

1 – almost always    2 – usually    3- sometimes    4 – rarely    5 – almost never

<b>INVOLVEMENT/RECEPTIVITY/COMPETENCE</b>	1	2	3	4	5
1. Respects student as an important individual in the healthcare team.					
2. Assists students when problem arises					
3. Allows adequate time to accomplish a task					
4. Involves student in formulating plan and decision making					
5. Remains calm, poised in clinical situation					
6. Relates didactic knowledge to clinical practice					
<b>TEACHING PRACTICES</b>	1	2	3	4	5
7. Demonstrates flexibility to improve learning					
8. Assists student in identifying problems					
9. Demonstrates new procedures					
10. Leads student through decision making rather than giving own impressions.					
11. Encourages questions and discussions regarding alternative management.					
12. Allows appropriate documentation.					
13. Considers student's limits according to level of experience.					
14. Encourages student to assume increasing responsibility during clinical rotation.					
15. Student evaluations are objective and shared with students in a positive, confidential manner					
<b>CLINICAL SITE</b>	1	2	3	4	5
1. Do clinical experiences correlate with course outcomes?					
2. Do students have adequate (census, acuity) learning experiences?					
3. Do students have adequate role models/preceptors?					
4. Are staff receptive to students?					

**COMMENTS:** \_\_\_\_\_

**Recommend for continued use?    YES    NO** \_\_\_\_\_

*(Signature of Faculty)*

**Clinical Faculty Supervision Form**

Date of Meeting/Call:

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Type of  
Review:

---

*(i.e. phone call, site visit, on campus, etc.)*

Student's Name:

---

Preceptor's Name:

---

Clinical Site: \_\_\_\_\_ Location: \_\_\_\_\_

Term (i.e. Summer/Fall or Winter/Spring): \_\_\_\_\_ Year: \_\_\_\_\_

Option:

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Clinical Faculty  
Reporting:

---

**Evaluation of Experience (Preceptor, Student, Clinical  
Site):**

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*(Signature)*

*(Date)*

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### Appendix A. Primary Care Pediatric Nurse Practitioner Competencies

The following are entry-level competencies for the primary care pediatric nurse practitioner. These pediatric population-focused competencies expand upon the core competencies set forth for all nurse practitioners. The role of the primary care pediatric nurse practitioner is to provide care to children from birth through young adult with an in-depth knowledge and experience in pediatric primary health care including well child care and prevention/management of common pediatric acute illnesses and chronic conditions. This care is provided to support optimal health of children within the context of their family, community, and environmental setting. Although primary care pediatric nurse practitioners practice primarily in private practices and ambulatory clinics, their scope of practice may also extend into the inpatient setting and is based upon the needs of the patient.

Upon entry into practice, the pediatric nurse practitioner should demonstrate competence in the categories as described. See the “Introduction” for how to use this document and to identify other critical resources to supplement these competencies.

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<b>Scientific Foundation Competencies</b>	<ol style="list-style-type: none"> <li>1. Critically analyzes data and evidence for improving advanced nursing practice.</li> <li>2. Integrates knowledge from the humanities and sciences within the context of nursing science.</li> <li>3. Translates research and other forms of knowledge to improve practice processes and outcomes.</li> <li>4. Develops new practice approaches based on the integration of research, theory,</li> </ol>	<ol style="list-style-type: none"> <li>1. Contributes to knowledge development for improved child and family centered care.</li> <li>2. Participates in child and family focused quality improvement, program evaluation, translation and dissemination of evidence into practice.</li> <li>3. Delivers evidence-based practice for pediatric patients.</li> </ol>	<p>Genetic disorders</p> <p>Genetic risks, human inheritance, molecular genetics, human genome, genetic variation, and pharmacogenetics</p>

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<b>Leadership Competencies</b>	<ol style="list-style-type: none"> <li>1. Assumes complex and advanced leadership roles to initiate and guide change.</li> <li>2. Provides leadership to foster collaboration with multiple stakeholders (e.g. patients, community, integrated health care teams, and policy makers) to improve health care.</li> <li>3. Demonstrates leadership that uses critical and reflective thinking.</li> <li>4. Advocates for improved access, quality and cost effective health care.</li> <li>5. Advances practice through the development and implementation of innovations incorporating principles of change.</li> <li>6. Communicates practice knowledge effectively both orally and in writing.</li> <li>7. Participates in professional organizations and activities that influence practice.</li> </ol>	Advocates for unrestricted access to quality cost effective care within health care agencies for children and families.	Vulnerable children in nontraditional settings such as: <ul style="list-style-type: none"> <li>• Incarcerated youth</li> <li>• Infants and children of incarcerated parents</li> <li>• Children in foster care</li> <li>• Homeless children</li> <li>• Children of migrant workers</li> <li>• International adoptees</li> </ul> Global pediatric health issues
<b>Quality Competencies</b>	<ol style="list-style-type: none"> <li>1. Uses best available evidence to continuously improve quality of clinical practice.</li> <li>2. Evaluates the relationships among access, cost, quality, and safety and their influence on health care.</li> </ol>	Recognizes the importance of collaborating with local, state and national child organizations to foster best practices and child safety.	Child safety policies

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	<ol style="list-style-type: none"> <li>3. Evaluates how organizational structure, care processes, financing, marketing and policy decisions impact the quality of health care.</li> <li>4. Applies skills in peer review to promote a culture of excellence.</li> <li>5. Anticipates variations in practice and is proactive in implementing interventions to ensure quality.</li> </ol>		
<b>Practice Inquiry Competencies</b>	<ol style="list-style-type: none"> <li>1. Provides leadership in the translation of new knowledge into practice.</li> <li>2. Generates knowledge from clinical practice to improve practice and patient outcomes.</li> <li>3. Applies clinical investigative skills to improve health outcomes.</li> <li>4. Leads practice inquiry, individually or in partnership with others.</li> <li>5. Disseminates evidence from inquiry to diverse audiences using multiple modalities.</li> <li>6. Analyze clinical guidelines for individualized application into practice</li> </ol>	<ol style="list-style-type: none"> <li>1. Ensures pediatric assent and consent, and/or parental permission when conducting clinical inquiry.</li> <li>2. Promotes research that is child-centered and contributes to positive change in the health of or the health care delivered to children.</li> </ol>	<p>Quality research for children.</p> <p>Product design and development with pediatric user/consumer in mind.</p> <p>Barriers to quality research in the pediatric population.</p>
<b>Technology and Information Literacy</b>	<ol style="list-style-type: none"> <li>1. Integrates appropriate technologies for knowledge management to improve health care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Promotes development of information systems to assure inclusion of data appropriate to pediatric patients, including</li> </ol>	<p>Tailoring information to the child's developmental and cognitive level.</p>

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<b>Competencies</b>	<ol style="list-style-type: none"> <li>2. Translates technical and scientific health information appropriate for various users' needs.               <ol style="list-style-type: none"> <li>2.a Assesses the patient's and caregiver's educational needs to provide effective, personalized health care.</li> <li>2.b Coaches the patient and caregiver for positive behavioral change.</li> </ol> </li> <li>3. Demonstrates information literacy skills in complex decision making.</li> <li>4. Contributes to the design of clinical information systems that promote safe, quality and cost effective care.</li> <li>5. Uses technology systems that capture data on variables for the evaluation of nursing care.</li> </ol>	<ol style="list-style-type: none"> <li>developmental and physiologic norms.</li> <li>2. Considers developmental level of child and the family when translating health information to support positive health outcomes.</li> <li>3. Uses pediatric focused simulation based learning to improve practice.</li> </ol>	<p>Design and implementation of the electronic health/medical record for compatibility with health and illness of the child.</p> <p>Information systems to assure inclusion of data appropriate to pediatric clients, including developmental and physiologic norms.</p> <p>Advising and counseling families whose members may have a genetic disorder.</p> <p>Age appropriate concepts and the development of education tools for the pediatric patient and family.</p>
<b>Policy Competencies</b>	<ol style="list-style-type: none"> <li>1. Demonstrates an understanding of the interdependence of policy and practice.</li> <li>2. Advocates for ethical policies that promote access, equity, quality, and cost.</li> <li>3. Analyzes ethical, legal, and social factors influencing policy development.</li> <li>4. Contributes in the development of health policy.</li> <li>5. Analyzes the implications of health</li> </ol>	<ol style="list-style-type: none"> <li>1. Advocates for local, state, and national policies to address the unique needs of children and families.</li> <li>2. Uses relevant policy specific to children to direct appropriate patient care, and to advocate against financial and legislative restrictions that limit access or opportunity.</li> </ol>	<p>Child safety policies</p> <p>Poverty initiatives</p>

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	<p>policy across disciplines.</p> <p>6. Evaluates the impact of globalization on health care policy development.</p>		
<b>Health Delivery System Competencies</b>	<ol style="list-style-type: none"> <li>1. Applies knowledge of organizational practices and complex systems to improve health care delivery.</li> <li>2. Effects health care change using broad based skills including negotiating, consensus-building, and partnering.</li> <li>3. Minimizes risk to patients and providers at the individual and systems level.</li> <li>4. Facilitates the development of health care systems that address the needs of culturally diverse populations, providers, and other stakeholders.</li> <li>5. Evaluates the impact of health care delivery on patients, providers, other stakeholders, and the environment.</li> <li>6. Analyzes organizational structure, functions and resources to improve the delivery of care.</li> <li>7. Collaborates in planning for transitions across the continuum of care.</li> </ol>	<ol style="list-style-type: none"> <li>1. Optimizes outcomes for children and their families by facilitating access to other health care services (e.g. mental health) or to community and educational settings.</li> <li>2. Facilitates parent-child shared management and transition to adult care as developmentally appropriate.</li> <li>3. Applies knowledge of family, child development, healthy work environment standards and organizational theories and systems to support safe, high quality, and cost effective care within health care delivery systems.</li> <li>4. Facilitates transitions across settings including health care, mental health, community and educational services to optimize outcomes.</li> </ol>	<p>Transitions and linkages across health and mental service, community, and educational settings to optimize outcomes</p> <p>Early intervention programs and committee special education.</p> <p>Advocacy for effective models of health care delivery for alternative families.</p> <p>Development of systems of care across health and mental services, social and educational institutions.</p> <p>Integration of mental health into primary care for children.</p> <p>Navigation and promotion of health care access for children and adolescents.</p> <p>Collaboration in planning for transition to adult health care.</p> <p>Collaboration in palliative and end of life care.</p>

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<b>Ethics Competencies</b>	5. Integrates ethical principles in decision making. 6. Evaluates the ethical consequences of decisions. 7. 3. Applies ethically sound solutions to complex issues related to individuals, populations and systems of care.		Knowledge of the unique challenge and process with ethical dilemmas concerning children and families.  Long term outcomes of ethical decisions (chemo).  Principles of legal and ethical decision making.
<b>Independent Practice Competencies</b>	1. Functions as a licensed independent practitioner. 2. Demonstrates the highest level of accountability for professional practice. 3. Practices independently managing previously diagnosed and undiagnosed patients. 3.a Provides the full spectrum of health care services to include health promotion, disease prevention, health protection, anticipatory guidance, counseling, disease management, palliative, and end of life care. 3.b Uses advanced health assessment skills to differentiate between normal, variations of normal and abnormal findings. 3.c Employs screening and diagnostic strategies in the development of diagnoses.	1. Conducts age appropriate comprehensive advanced physical, mental and developmental assessment across pediatric life span. 2. Assesses growth, development and mental/behavioral health status across the pediatric life span. 3. Assesses for evidence of physical, emotional or verbal abuse, neglect and the effects of violence on the child and adolescent. 4. Analyzes the family system (i.e. family structure, cultural influences etc.) to identify contributing factors that might influence the health of the child/adolescent and/or family 5. Assesses patient's, family's or caregiver's knowledge and behavior regarding age-appropriate health indicators and health risks. 6. Performs age appropriate comprehensive and problem-focused physical exams. 7. Performs a systematic review of normal and abnormal findings resulting in a differential diagnoses encompassing anatomical, physiological, motor, cognitive,	Refer to resource list for most up to date guidelines: <ul style="list-style-type: none"> <li>• Bright Futures</li> <li>• AAP well child visits</li> <li>• ACIP Immunization schedule</li> </ul> Pediatric health risks and health indicators  Genetic (3 generational), developmental, behavioral, psychosocial, cognitive screening and family history.  Age-appropriate and condition specific screening tools, tests, laboratory test, and diagnostic procedures .  Age appropriate anticipatory guidance.  Etiology, natural history, developmental considerations, pathogenesis, and clinical manifestations of common disease processes in children.  Principles of health education and counseling for growth and development, health promotion, health status, illnesses, illness management.



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	<p>3.d Prescribes medications within scope of practice.</p> <p>3.e Manages the health/illness status of patients and families over time.</p> <p>4. Provides patient-centered care recognizing cultural diversity and the patient or designee as a full partner in decision-making.</p> <p>4.a Works to establish a relationship with the patient characterized by mutual respect, empathy, and collaboration.</p> <p>4.b Creates a climate of patient-centered care to include confidentiality, privacy, comfort, emotional support, mutual trust, and respect.</p> <p>4.c Incorporates the patient's cultural and spiritual preferences, values, and beliefs into health care.</p> <p>4.d Preserves the patient's control over decision making by negotiating a mutually acceptable plan of care.</p>	<p>developmental, psychological, and social behavior across the pediatric lifespan.</p> <p>8. Identifies nutritional conditions and behavioral feeding issues and implements appropriate educational, dietary or medical treatments/interventions.</p> <p>9. Interprets age-appropriate, developmental and condition-specific screening and diagnostic studies to diagnosis and manage the well, minor acute, or chronic conditions in the pediatric scope of practice.</p> <p>10. Promotes healthy nutritional and physical activity practices.</p> <p>11. Provides health maintenance and health promotion services across the pediatric lifespan.</p> <p>12. Activates child protection services, and recommends/incorporates other resources on behalf of children or families at risk.</p> <p>13. Partners with families to coordinate family centered community and health care services as needed for specialty care and family support.</p> <p>14. Incorporates health objectives and recommendations for accommodations, as appropriate, into educational plans (IEP)</p> <p>15. Assists the parent/child in coping with developmental behaviors and facilitates the child's developmental potential.</p> <p>16. Recognizes and integrates the perspectives of interdisciplinary collaboration in developing and implementing the plan of care.</p>	<p>Anticipatory guidance</p> <p>Breast feeding promotion and management. Nutritional programs, and nutritional intake considering food preferences and avoidance of food sensitivities.</p> <p>Coordination of care with Early Intervention and special education</p> <p>Newborn screening and appropriate follow up.</p> <p>Exposure to and knowledgeable about the following procedures:</p> <ul style="list-style-type: none"> <li>• Fluorescein staining</li> <li>• Removal of foreign body from eye-cotton tip applicator</li> <li>• Ear foreign body and cerumen removal- curette and irrigation method</li> <li>• Nasal foreign body removal</li> <li>• Nasal packing for epistaxis</li> <li>• Tooth evulsion- stabilization</li> <li>• Pulse oximetry</li> <li>• CPR</li> <li>• Nasogastric tube insertion</li> <li>• Urethral catheterization</li> <li>• Removal of vaginal foreign body</li> </ul>

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		17. Understands the complexity and interaction of nonpharmacologic and pharmacologic therapies required in the care of children.	<ul style="list-style-type: none"> <li>• Reduction of radial head subluxation</li> <li>• Spirometry</li> <li>• Nebulizer treatment</li> <li>• Spacers devices</li> <li>• Incheck dial for assessing inhaler technique</li> <li>• Pelvic exams with collection of cultures</li> <li>• Diagnostic testing               <ul style="list-style-type: none"> <li>• Proper strep test</li> <li>• RSV collection of specimen</li> </ul> </li> </ul>