

COLLEGE OF NURSING



DOCTOR OF NURSING PRACTICE PROGRAM STUDENT/PRECEPTOR/FACULTY MANUAL

FOR

PEDIATRIC ACUTE CARE NURSE PRACTITIONER

2021-2022

Table of Contents

2021-2022	
Purpose of the Manual	3
DNP Program Staff	4
Student Responsibilities for Clinical Experiences	5
Scheduling of Clinical Experiences	
Professional Dress and Behavior	7
Preparation for Clinical Experiences	7
Attendance in Assigned Clinical Experiences	8
Use of ProjectConcert to Track Experiences	8
Expectations of Preceptor and Volunteer Faculty	8
Important Aspects of the Student and Preceptor Relationship	8
Preceptors Can Expect Students To:	9
Preceptors Can Expect Faculty To:	9
Throughout the course, faculty will:	10
Legal Agreement Requirements	10
Site Approval	11
Appendix	12
College of Nursing Forms for PACNP Concentration	
Student Evaluation of Clinical Site and Preceptor	
Faculty Evaluation of Clinical Site and Preceptor	
Student-Preceptor-Faculty Agreement	
Confirmation of Student-Preceptor-Faculty Faculty Agreement to Clinical	Preceptorship17
PANP Student Evaluation	10
Tool	

Goals of the PACNP Concentration of the DNP Program

Welcome to the Pediatric Acute Care Nurse Practitioner (PACNP) Concentration of the Doctor of Nursing Practice (DNP) Program. This is one of eight different advanced practice concentrations preparing students for careers at the highest level of clinical practice. The College of Nursing admitted its first nurse practitioner students in the summer of 1973. The MSN PNP program began in the early 1980s. In 1999, the College started the clinical doctoral program and transitioned the advanced practice Master's programs to the DNP shortly thereafter. The PACNP/DNP program began in 2017.

The Pediatric Acute Care Nurse Practitioner is prepared to independently diagnose and treat newborns through late adolescence (0-21 years of age), provide comprehensive health assessment, developmentally appropriate health promotion activities, family counseling, and management of acute and chronic illness with particular emphasis on the seriously ill, hospitalized child.

Graduates are eligible to take national certification examinations for Pediatric Acute Care Nurse Practitioners. Graduates are expected to contribute to delivering quality health care through their implementation of evidence-based care and their ability to foster independence in an individual's health management.

Purpose of the Manual

The purpose of this manual is to acquaint students, preceptors, and faculty with some of the elements that are a part of the clinical education of PACNP /DNP students. The processes of selecting, approving, administering, and evaluating the wide variety of clinical learning experiences are discussed. Hopefully, this document will provide guidance.

Education is a dynamic undertaking, and several changes take place over the school year. Please contact the faculty with any questions.

Current PACNP Faculty

Michelle Rickard, DNP, CPNP-AC Assistant Professor, Pediatric Acute Care Concentration Coordinator Office phone number
DNP Program Administration
Susan Jacob, PhD, RN Executive Associate Dean of Academic Affairs Office phone number
Bobby Bellflower, DNSc, NNP-BC, FAANP
Professor and Director, DNP Program Office phone number
Cell phone number
E-mail address
DNP Program Staff
Trimika Bowdre, PhD, MPH
DNP Program Coordinator
Office phone number
E-mail address tbowre@uthsc.edu
Rachel George, BSN, RN, FCN, IBCLC
Clinical Coordinator DNP Program
Office phone number(901) 448-2810
E-mail addressrgeorge13@uthsc.edu

Expectations for DNP Students

The general expectations for students in the College of Nursing are contained in the UTHSC Bulletin and *CenterScope* located at http://catalog.uthsc.edu/. This document focuses on specific issues for the clinical aspects of the DNP/PACNP Concentration.

PACNP students work with several faculty, staff, and preceptors as a part of their clinical education. Several official documents must be executed before beginning any clinic assignment. You will need to know which documents must be completed, by whom and when.

With the clinical coordinator's assistance, your faculty will identify and assign your clinical site and preceptor. All clinical sites and preceptors are required to be approved and proper documents executed between them and the university before you beginning to see patients at the site.

Student Responsibilities for Clinical Experiences

1. Review clinical course outcomes.

You are responsible for knowing what you are to be learning and how your learning progresses in the course.

2. Meet with the preceptor, if indicated.

Some preceptors prefer to interview you before agreeing to work with you. If you are asked to interview, you should use the interview to your advantage.

- a. Provide the preceptor with an understanding of your level, ability, and personality.
- b. Enable the preceptor to assess if you will be a "good fit" for the clinical site and the population it serves. You can put your best foot forward by being prepared with a curriculum vitae (CV) or résumé.

Scheduling of Clinical Experiences

- Clinical practicum experiences are scheduled at the convenience and availability of the preceptor.
 - Please don't expect preceptors to conform to a schedule that meets your employment needs.
 - You and the preceptor need to agree on the days and times you will be in the clinical agency before beginning.
 - O Unless otherwise stated in the syllabus, you are expected to begin the clinical experience when the course starts and complete when the course ends.
- Enter the start and end dates, along with the days of the week for the entire time you will be at the clinical site, in ProjectConcert (the approved online program for tracking

clinical experiences).

• Schedule a mid-term and final clinical evaluation with the preceptor.

Professional Dress and Behavior

- As a representative of UTHSC College of Nursing, you must present yourself professionally.
 - Be respectful of preceptors, faculty, staff, patients, and their families.
 - Dress professionally and wear your UTHSC Student ID.
 - A short lab coat with the UTHSC patch on the left upper arm is appropriate unless the preceptor requests otherwise.
 - You should follow the dress and OSHA standards for the clinical attire of your clinical site.
 - Express your appreciation to your preceptor(s) for their assistance. They are volunteers supporting your education goals.

Preparation for Clinical Experiences

- Verify appropriate attire, location, time, and necessary credentials before the first clinical day at the clinical agency.
- Discuss questions about computer access, the procedure for preceptor cosigning documents, eating and parking arrangements, and communication with other disciplines.
- Please clarify the preceptor's preferred method of notification in the event of late arrival or absence.
- Learn something about the preceptor to acknowledge the preceptor's background and broaden your educational experience.

CPR and PALS Certification: Students are responsible for maintaining current CPR and PALS certification.

- Should the certification expire when the student is in the program, students have the professional responsibility to recertify to remain current.
- Clinical experiences are not permitted unless CPR certification is current.
- The dates of coverage for certification are to be entered into Verified Credentials.

Criminal Background Check: All students undergo a required criminal background check before beginning the program and annually. Any changes are required to be reported immediately by students as a condition of remaining in the program.

Drug Screening: Students undergo a required urine drug screen before beginning the program and annually. Also, drug screens may be required for cause, random screenings, or clinical agency requirements.

Immunizations: The University requires that students complete a list of immunizations as well as TB skin testing before engaging in any patient care. These data are maintained by University Health Services in Verified Credentials. You will receive communication about immunizations and how to track them. Some clinical agencies may have additional requirements for immunizations, but students will be informed of requirements.

Attendance in Assigned Clinical Experiences

- Attendance at the negotiated times and days with the preceptor is required.
- Unapproved absences for assigned clinical experiences are a violation of professional behavior and may result in disciplinary action.
 - Immediately notify the preceptor and faculty if you are not able to attend a scheduled day.
 - You will need to present a plan to make up missed experiences and have this
 approved by the faculty and preceptor.

Notify faculty immediately if you find you are running into problems attaining the required number of clinical hours.

Use of ProjectConcert to Track Experiences

The PACNP concentration uses the ProjectConcert system to record and maintain student and clinical data. Each student has a specific account assigned to them.

- Clinical encounters must be documented in ProjectConcert.
- Students upload and maintain current RN licensure, CPR, and PALS certifications.
- Students may also upload required clinical forms or complete other clinical assignments.
- Faculty review ProjectConcert to assure students are on track with various experiences and progress toward completing the clinical experience on time.
- Approved preceptors and clinical sites are maintained in ProjectConcert.

Expectations of Preceptor and Volunteer Faculty

- Mentor and serve as a role model for the student.
- Guide the student to meet the course outcomes.
- Identify appropriate clinical encounters for the student.
- Direct the use of accepted clinical guidelines and standards of care.
- Tailor guidelines/standards to unique clinical situations.
- Assist the student in the refinement of interpersonal skills with patients and colleagues.
- Alert students and faculty of problems early to provide an opportunity for improvement.
- Evaluate the achievement of the learning outcomes.
- Provide the student with feedback.
- Demonstrate high ethical standards.
- Demonstrate respect for the student's faculty, curriculum, and program.
- Demonstrate the ability to manage multiple variables while dealing with patient and colleague interactions

Essential Aspects of the Student and Preceptor Relationship

• Immediately report to the faculty any student behaviors threatening the patient's

- safety or risk to the clinical site.
- Monitor and report student performance, including at risk of not meeting standards.
- Supervise students in the clinical setting.
- Communicate with the appropriate staff about the scheduling of patients, the availability of exam room space, and specific procedures to enhance learning with minimal disruption of the office routine.
- Provide student evaluations using the appropriate Clinical Performance Evaluation forms.
- Understand the legal liability of the preceptor role.

Preceptors Can Expect Students To:

- Meet with the preceptor to clarify course objectives and focus on clinical activities.
- Assist preceptor in completing required documents associated with the preceptor role.
- Create an acceptable schedule with the preceptor.
- Contact the preceptor in case of any absence before the absence.
- Negotiate with the preceptor for making up time missed, if needed.
- Dress appropriately for the site and behave professionally at all times.

Preceptors Can Expect Faculty To:

- Provide course description, clinical outcomes, and the amount of time required.
- Provide information about the PANP program.
- Provide methods to contact a faculty member.
- Act on any problems affecting student progression in clinical coursework
- Guide preceptor in the student evaluation process.
- Provide feedback to preceptors on their perform

Preceptors who wish to be Appointed Volunteer Faculty

Preceptor/Volunteer Faculty

The College of Nursing appoints all preceptors as a preceptor or volunteer faculty before accepting any students. This appointment provides recognition of the responsibilities of the preceptor and offers legal protections as well. All approved preceptors are listed in ProjectConcert.

The University of Tennessee recognizes the valuable contributions of people who freely give their time and talents for the benefit of the University without compensation. In the enactment of the Tennessee Claims Commission Act of 1984, the Tennessee legislature recognized the need to protect volunteers from legal actions while performing their service on behalf of the University. Volunteers who are registered with the University enjoy civil immunity from liability under the Act. Volunteers are not covered for Worker's Compensation. We encourage preceptors to consider becoming a Volunteer Faculty in the College of Nursing.

The following information is required to be submitted and approved as Volunteer Faculty:

Curriculum vitae or résumé

- Copy of current license
- Two letters of recommendation from individuals who can speak about your professional qualifications
- Permit a background check

Preceptors who wish to be recommended as volunteer faculty should notify a faculty member who will facilitate this process. Volunteer faculty are eligible for:

- Discounted Membership to the UTHSC Fitness Center
- Access to the UTHSC Library, including online journals, books, and databases (e.g., Up-to-Date)
- Free evening and weekend UTHSC campus parking; and
- Discounted fees at the UTHSC Dental Clinics.

Expectations of Faculty

Before the beginning of a clinical assignment, faculty will:

- Verify appropriateness of clinical site and contractual agreements.
- Orient new preceptors to the preceptor role and College of Nursing educational expectations.
- Review preceptor responsibilities with continuing preceptors related to course and level of the student.
- Prepare students for clinical experience, including faculty-specific communication requirements.
- Validate student qualifications for clinical practice.
- Understand the legal liability of the preceptor role.

Throughout the course, faculty will:

- Have first-hand knowledge of the clinical site through either an in-person or a virtual site visit.
- Work with the student and preceptor to ensure the learning outcomes are being met.
- Monitor the use of clinical guidelines and standards of care.
- Support students in the refinement of effective communication.
- Encourage the student to focus on problem areas early to provide an opportunity to refine skills by the time practicum is completed.
- Communicate with the preceptor regularly to monitor student's progress in the course.
- Evaluate students through direct observation and preceptor feedback using proper forms.

Legal Agreement Requirements

Several documents are required to be executed by the University of Tennessee before the beginning of any student clinical experience. Some of these are rather complex and can take

from weeks to months to complete.

Site Approval

Each clinical site must have a current and valid contract between the clinical organization and the University of Tennessee. This agreement specifies the responsibilities of each organization and provides legal protections for both. All currently approved sites are listed in ProjectConcert, but some may be difficult to find as the organization's name may have changed since the initial approval. The Clinical Coordinator can assist in identifying approved sites.

Appendix

College of Nursing Forms for PACNP Concentration

The College of Nursing uses several different forms as a part of the program.

- 1. Student Evaluation of the Clinical Site and Preceptor
- 2. Faculty Evaluation of the Clinical site and Preceptor
- 3. Student Preceptor Faculty Agreement
- 4. PANP Student Evaluation Tool



Pediatric Acute Care Nurse Practitioner

Student Evaluation of Clinical Site and Preceptor Preceptor

Student: Preceptor						
Name of Course Date of Evalua	tion					
Clinical Site Year/Ter	m					
Directions: Mark the rating that best represents the evaluation	of the sit	e and pre	ceptor.			
1 - never $2 - rarely$ $3 - sometimes$	4-usually 5-a			5 – always		
INVOLVEMENT/RECEPTIVITY/COMPETENCE	1	2	3	4	5	
 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 situations						
6. Relates didactic knowledge to clinical practice						
TEACHING PRACTICES	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 CLINICAL SITE	1	2	3	4		
16. Clinical experiences correlate with course outcomes	1	2	3	4	5	
17. Students have adequate (census/acuity) learning						
experiences						
18. Students have adequate role models/preceptors						
19. Staff are receptive to students			$\overline{}$			
17. Starr are receptive to students						
COMMENTS:						
Recommend for continued use? YES NO						
Accommend for continued use: 1 ES NO	Stuc	lent Signa	 iture			



Pediatric Acute Care Nurse Practitioner

Faculty Evaluation of Clinical Site and Preceptor

Student:	Preceptor					
	Date of Evalu	atio	n			
Clinical Site	Year/Te	erm .				
Directions: Mark the rating that best represents	the evaluation	of t	he site a	and pre	ceptor.	
1 - never $2 - rarely$ $3 - some$	times	4 –	usually		5 - al	ways
INVOLVEMENT/RECEPTIVITY/COMPETE		1	2	3	4	5
 Respects student as an important individual in healthcare team. 	the					
2. Assists students when problem arises						
3. Allows adequate time to accomplish a task						
4. Involves student in formulating plan and decision	n making					
5. Remains calm, poised in clinical situations						
6. Relates didactic knowledge to clinical practice						
TEACHING PRACTICES		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 the own impressions.	an giving					
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 response during clinical rotation.	sibility					
15. Student evaluations are objective and shared with students in a positive, confidential manner	h					
CLINICAL SITE		1	2	3	4	5
16. Clinical experiences correlate with course our	tcomes					
17. Students have adequate (census/acuity) learning experiences	;					
18. Students have adequate role models/precepto	rs					
19. Staff are receptive to students						
COMMENTS: Recommend for continued use? YES NO				<u>'</u>		
		Faci	ıltv Signa	ature		



UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER COLLEGE OF NURSING

Student-Preceptor-Faculty Agreement

Course #	Semester/Year:
	tudents of the College of Nursing, University of) to participate in a student preceptorship in your
(Clinical Site Name)	Conditions of this program are as follows:
The Affiliation period will be	to
The student,	, will be under the supervision of
(Preceptor Name)	, acting as preceptor.
Professoryour facility for the above course(s).	_, of the College of Nursing, serves as the liaison with

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, including assignment of course grade.
- 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 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/administrator's 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.
- 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 Age	ncy	
(Print)	(Sign)	(Date)
College of Nursing Clir	·	
(Print)	(Sign)	(Date)
Site Name:		
Site Address:		
City, State, Zip		
Location Phone		



UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER

COLLEGE OF NURSING

PEDIATRIC ACUTE CARE NURSE PRACTITIONER PROGRAM

PANP STUDENT EVALUATION TOOL

Student name:							
Course number/name:							
Clinical Site:							
Preceptor:		Term/Year:					
DIRECTIONS: Please evalu	ate the PANP stud	dent on each compet	ency a	ccording	to the fol	llowing k	ey:
1 - almost never	2 - rarely	3- sometimes	4	- often	5 - ส	ılmost al	ways
Domain 1: Patient Care	- Designs, deliver	rs, manages, and ev	aluate	s compre	ehensive	patient	
care. 1							
 Initiates and performs the detailed review of syst 				and/or cl			
(Circle condition lev	rel)]	. 2	3	4	5
evaluation				n/a, insuf	fficient ex	xperience	for
2. Evaluates health risks repharmacologic and nonphadependence ^{2,4}		*		_			
(Circle risks evaluated)							
_				1	2	3	4
5				- /a : a	ec ai and a		. f
evaluation				II/a, IIISu	fficient e	experienc	e for
3. Uses advanced assessm includes physical, behadistinguishing between	avioral, mental he	alth, and developme				that	
			1	2	3	4	5
				n/a, inst	ufficient (experienc	ce
for evaluation							
4. Include age and situation conditions in patients with the conditions in patients with the conditions are conditions.							
-	-		1	2		3 4	5
				n/a, insu	fficient e	xperienc	e for
evaluation							
5. Develops differential di	agnosis based on	evaluation of patient	data,	diagnosti	c, and		
laboratory/diagnostic							

results with understanding of new or exacerbation of complex acconditions ^{2,3,4}	cut	e, critica	al, and	chroni	.C	
Conditions **	1	2	4	3	4	5
	1	_	n/a, ins	-	-	3
experience for evaluation			11/ a, 1116	ullici	<i>/</i> 11t	
6. Selects and interprets diagnostic tests and procedures ^{2,3,4}						
or solects and interprets diagnostic tests and procedures	1	2		3	4	5
		n/a, ins	ufficie	nt exp	erienc	e for
evaluation		,		1		
7. Establishes appropriate priorities of care ^{2,34}						
	1	2		3	4	5
		n/a, in:	sufficie	ent exp	erien	ce
for evaluation				_		
8. Develops and presents an individualized, comprehensive, multidi history,	sci	plinary	databa	se incl	uding	
diagnostic tests, and physical, behavioral, and developmental asse cultural and ethnic	SSI	nents th	at inco	rporate	е	
variation. ^{2,3,4}						
1		2	3		4	5
		n/a, in	sufficie	ent exp	erien	ce
for evaluation						
9. Plans, implements, and evaluates principles of pediatric pharmacole therapies, taking into consideration pharmacodynamic, pharmacoki factors ^{2,3,4}						c
		1	2	3		4
5						
		n/a, in	sufficie	ent exp	erien	ce
for evaluation						
10. Appropriately orders and performs interventions to monitor, mana fragile, child who presents with complex acute, critical, and chronic					ically	
1	1	2	3	4		5
		n/a, ins	ufficie	nt exp	erienc	e for
evaluation						
11. Provides ongoing monitoring of children with single or multi-syst recognizing indications for and complications related to interventio	em ns	organ (2,3,4	dysfund	ction,		
	1	2	3	4		5
for evaluation		n/a, in	sufficie	ent exp	erien	ce
12. Evaluates outcomes of interventions using accepted outcome crite	eria	a and rev	vises n	lans ac	cordi	ng to
patient outcomes _{2,3,4}	0110	a una re	vises p	iuns uc	zorar.	ng to
Outo Onio (12,0,+	1	2	3	_	1 5	5
		n/a, inst	_		_	
evaluation		11150		onpe	110110	- 101
13. Establish a plan for ongoing care, seeking and integrating the pers	pe	ctives of	finterp	rofess	ional	
team members in the development while revising as necessary ^{2,3,4}	_		r			

	1		2		
	1	, 2	3	4	5
1		n/a, insi	ufficient	experie	nce for
evaluation			1 23	4	
14. Collaborate and consult with the interprofessional team to meet	pati	ent care	needs ^{2,3}	,4	
			_		_
	1	2	3	4	5
		n/a, ins	ufficien	t experie	ence
for evaluation					
15. Refer to subspecialists, other healthcare disciplines, or different	leve	els of care	e while	coordinat	ting
care for pediatric patients and their families ^{2,3,4}					
pediatric patients and their rainines	1	2	3	4	5
	1	_	/a, insuf	•	3
experience for evaluation		11/	a, msur	Helent	
16. Facilitates transitions across the continuum of care within and o	ntei	da tha ha	altheara	satting	and
across all levels of care including admission, transfer, and discharge			anneare	scuing a	uiu
across an levels of care merading admission, transfer, and discharge	1	2	3	4	5
	1	_	_	experie	_
evaluation		11/a, 11150	arriciciii	Схрене	101
17. Performs routine diagnostic and therapeutic procedures conside	red	essential	for PAN	JP practi	ce
according to	100	ossoniai	101 1111	vi praeu	
national, professional, and facility guidelines and protocols ^{2,4}					
	1	2	3	4	5
		n/a, insu	ufficient	experie	nce for
evaluation					
18. Provide accurate information when educating patient and family	reg	arding sp	ecific d	iagnosis,	ı
treatment options, and ongoing plan of care 4					_
		1.2	3	4 .	5
1		n/a, ınsı	utticient	experie	nce for
evaluation	.1	1	4: 4	_	
19. Educate the patient and family regarding benefits of and potential interventions and	ai ac	iverse rea	ictions t	0	
treatments ^{2,4}					
	1	2	3	4	5
			_	experie	
evaluation					
20. Counsel the patient and family regarding the benefits of adherin	g to	recomm	ended ti	reatments	s and
risks of					
non-adherence while discussing the threshold for seeking follows:	ow-	up care 2,			
	_	1	2	3	4
	5				
		n/a, insu	ufficient	experie	nce for
evaluation					,
Domain 2: Knowledge of Practice-Synthesizes established and					
from diverse sources and contributes to the generation, transl	atio	n and di	ssemin	ation of	nealth
care knowledge and practices. ¹					

21. Identifies potential areas for nursing research, quality in practice ^{2,3,4}	nprovemen	t, or evid	lence-ba	sed	
•	5	1	2	3	4
	_	n/a, insu	fficient	experie	nce for
evaluation		,		1	
22. Applies current scientific knowledge to initiate change and their families ²	and improv	e care fo	r pediat	ric patie	ents
		1	2	3	4
	5				
		n/a, insu	fficient	experie	nce for
evaluation Domain 3: Practice-Based Learning & Improvement- D	lom on street	og the ab	:1:4 4-0	invocti	
and evaluate one's care of patients, to appraise and assi and to continuously improve patient care based on cons learning. ¹	milate eme stant self-ev	erging sc valuation	ientific and li	evidend fe-long	ce,
23.Demonstrates accountability for quality of health care an	nd patient s	afety for	the pati	ent thro	ugh
the systematic	. 1 4	. 4			
review of patient records, protocols, treatment plans, an effectiveness in	id outcomes	s to deter	mme un	eir	
meeting established standards of care ^{2,3,4}					
č		1	2	3	4
	5				
		n/a, insu	fficient	experie	nce for
evaluation	and famili	- 3.4			
24. Advocates for health care access and parity for children	i and ianini	es ⁻ ,	2	3	4
	5	1	2	3	7
		n/a, insu	ıfficient	experie	ence
for evaluation					
25. Participates in self- and peer-evaluation to improve the families ⁴	quality of c	are prov	ided to	children	and
		1	2	3	4
	5	, .	221		
evaluation		n/a, insu	fficient	experie	nce for
Domain 4: Interpersonal and Communication Skills- Do		_			
communication skills that result in the effective exchangements with patients, the public, and health professionals; and patients across a broad range of cultural and socioecond	promote th	erapeut	ic relati		
26.Documents complete and concise communication with f				ne child	's
health care status and needs. 3,4				_, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
		1	2	3	4
	5				

	n/a,	n/a, insufficient experience for				
evaluation						
27.Recognizes and respects the effects of psychosocial, cultural, and affect health care ^{2,3}	spirit	ual var	iables 1	hat may	7	
affect hearth care		1	2	3	4	
5						
	n/a	, insuff	icient e	experien	ice	
for evaluation						
28. Assesses the educational needs of the family including coping skill	lls an	d resou	rces an	d devel	ops	
an appropriate plan of care. ³		1	2	2	4	
5		1	2	3	4	
3	n/a	incuffi	cient e	xperien	ce for	
evaluation	11/α,	ilisuiti	CICIII C	хрепси	CC 101	
29. Provides anticipatory guidance to patients and families regarding	age r	elated o	develo	oment.		
physical and social needs, and strategies for health development and						
1	l	2	3	4	5	
	n/a,	insuffi	cient e	xperien	ce for	
evaluation						
Domain 5: Professionalism- Demonstrates a commitment to carry responsibilities and an adherence to ethical principles. ¹	ying (out pro	ofessio	nal		
31. Incorporates professional and legal standards of care into practice	inch	uding c	reation	and		
evaluation of pediatric nurse practitioner protocols ^{3,4}		C				
		1 2	3	4	5	
	n/a	, insuff	icient e	experien	ice	
for evaluation						
32. Participates in the ethical decision-making process in collaboration	n wi	th famil	lies and	d other h	nealth	
care professionals ^{3,4}						
professionals		1 2	3	4	5	
	n/a,	insuffi	cient e	xperien		
evaluation	ĺ			1		
Domain 6: Systems-Based Practice- Demonstrates organizational	and	system	s lead	ership t	0	
improve healthcare outcomes. 1						
33. Participates in the systematic review of patient records, protocols, or treatment plans, and outcomes to determine the effectiveness in mee standards of care ³		_				
	1	2	3	4	5	
				experien	_	
for evaluation	-2, 6	,		-r	~ =	
34. Participates as a member of an interdisciplinary team in the continuous	nuous	quality	y impro	ovement	t	
process for the care of infants and families ^{2,4}		= '				
	_	1	2	3	4	
4	5					

n/a, insufficient experience						
l l. :1:4	4					
•	_					
cuve pauc	ziit- ai	ւս բօբւ	11au011-			
	1	2	3	4		
5						
n/a	, insuf	ficient	experien	ce for		
strates the	e quali	ities red	quired to	0		
actitioner t	o the f	amily,	other			
1	2	3	4	5		
n/a	, insuf	ficient	experien	ce for		
			on activi			
-	_	_	4	5		
n/a	, insuf	ficient	experien	ce for		
	5 n/a strates the ctiving patients n/a dor conti	he ability to engetive patient- and 1 5 n/a, insuffectioner to the formula of the distribution of the formula of the formula of the formula of the distribution of the formula of the for	he ability to engage in active patient- and populative patient- and populative patient- and populative patient of the family,	he ability to engage in an ective patient- and population- 1 2 3 5 n/a, insufficient experient extrates the qualities required to extrate the qualities required to extrate the family, other 1 2 3 4 n/a, insufficient experient experient experient extra experient experient extra e		

Student Signature	Date
Preceptor Signature	 Date
Faculty Signature	 Date

References:

- 1. Common Advanced Practice Registered Nurse Doctoral-Level Competencies. Published online October 2017. Accessed June 1, 2020. https://cdn.ymaws.com/www.nonpf.org/resource/resmgr/competencies/common-aprn-doctoral-compete.pdf
- 2. Population-Focused Competencies Task Force: Pediatric Acute Care Nurse Practitioner Competencies. Published 2013. Accessed June 1, 2021. populationfocusnpcomps2013.pdf (ymaws.com)
- 3. UTHSC CON Generic Eval for all Concentrations. Published October 2018.
- 4. Certified Pediatric Nurse Practitioner Acute Care (CPNP-AC) Detailed Exam Content Outline. Published online June 2019. Accessed June 1, 2021. <u>CPNP-AC Exam Content Outline June 2019.pdf (pncb.org)</u>

MNRJune2021