



THE UNIVERSITY OF
TENNESSEE
HEALTH SCIENCE CENTER.

COLLEGE OF NURSING



**DOCTOR OF NURSING PRACTICE & POST-GRADUATE
APRN CERTIFICATE PROGRAMS**

STUDENT/PRECEPTOR/FACULTY MANUAL

FOR

PEDIATRIC ACUTE CARE NURSE PRACTITIONER

2024-2025

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Goals of the PACNP Concentration

Welcome to the Pediatric Acute Care Nurse Practitioner (PACNP) Concentration. 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 AND Post-Graduate APRN Certificate programs 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 and certificate completers 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 students. The processes of selecting, approving, administering, and evaluating the wide variety of clinical learning experiences are discussed. This document is meant to provide guidance.

Education is a dynamic undertaking, and several changes occur 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..... (901) 448-2680

Cell phone number..... (901) 488-4891

Email address..... mrickar2@uthsc.edu

Andrea Sebastian, DNP, CPNP-PC

Assistant Professor

Office phone number..... (901) 448-1110

Cell phone number..... (901) 586-7220

Email address..... ajone181@uthsc.edu

DNP Program Administration

Charleen McNeill, PhD, RN

Executive Associate Dean of Academic Affairs

Office phone number..... (901) 448-4833

Email address..... cmcneil8@uthsc.edu

Bobby Bellflower, DNSc, NNP-BC, FAANP

Professor and Director, DNP Program

Office phone number..... (901) 448-4153

Cell phone number.....(901) 921-7621

E-mail address bbellflo@uthsc.edu

DNP Program Staff

Trimika Bowdre, PhD, MPH

DNP Program Coordinator

Office phone number (901) 448-6099

E-mail address..... tbowre@uthsc.edu

Rachel George, BSN, RN, FCN, IBCLC

Clinical Coordinator DNP Program

Office phone number..... (901) 448-2810

E-mail address..... rgeorge13@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.

Clinical Placement Process

For most students, the faculty will assign you to a clinical site and preceptor. For students out of the mid-south area, the faculty may ask for your help in identifying an appropriate clinical site and preceptor in your area.

1. Clinical site and preceptor identified by faculty.
2. Faculty check ProjectConcert to ensure we have a current contract. If it is not in ProjectConcert, the faculty will ask the Clinical Placement Coordinator to check for a current contract.
3. Faculty contacts the preceptor to discuss if they can take a student for the specific semester.
4. If you have a specific request for a clinical site and preceptor, we are happy to consider it.
 - a. You must send in the CV, license, and certification of the preceptor to the Faculty and the Clinical Placement Coordinator.
 - b. The Clinical Placement Coordinator will check for a current contract.
 - c. If there is no current contract with the facility, it may take 6 to 12 months to establish one.
5. If we have a current contract and the preceptor agrees, the faculty will notify the Clinical Placement Coordinator, who will start the onboarding process for each student (We have a written process for notifying the Clinical Placement Coordinator).
 - a. Every clinical site has a different onboarding process.
 - b. Methodist and Regional One (inpatient and outpatient) require that you complete an onboarding process through TCPS (Total Clinical Placement System). TCPS consists of specific onboarding documents, documentation of immunizations, BLS, PALS, ACLS, NRP, etc., and processes specific to each clinical site. Each site has

- multiple and different requirements. The student must complete their specific requirements, and the Clinical Placement Coordinator will complete the remainder.
- c. Other clinical sites use different systems or their in-house onboarding system. Each one is different.
 - d. While this is a lot of work for students and the Clinical Placement Coordinator, there is no other way.
6. When all requirements are met, and the clinical site approves your placement, they will notify the Clinical Placement Coordinator via an automated system. This process may take from 1-6 weeks (sometimes longer).
- a. The Clinical Placement Coordinator will notify the student and faculty that all requirements are complete and that they must have an email from the faculty stating they can start clinical rotations.
 - b. **Students must have two emails to start the clinical rotation:**
 - i. **An email from the Clinical Placement Coordinator stating that they are cleared from the clinical site and the college**
 - ii. **An email from the Faculty stating that the student may start clinical.**
 - iii. If a student does not have both emails, they are not cleared for clinical and **may be out of compliance with our clinical site contracts.**
7. Once in the clinical site, please notify the Clinical Placement Coordinator, faculty, or the Program Director if there are problems, such as your badge not working.
- a. **Please do not call or email the facility clinical placement coordinator.**
 - b. **If you do not hear back within 48 hours from your initial email to the UTHSC Clinical Placement Coordinator, faculty, or Program Director, please email or call/text again with the problem.**
 - c. We will contact the facility and work with them to resolve the issue.
 - d. Please remember that many of our community partners have 100s of students to place (some have 1000s) and that you will have to wait your turn.
 - e. Demonstrating patience and professionalism is an important part of your education.

We are grateful to our community partners for readily providing opportunities for UTHSC students to gain clinical experiences and expertise. Without our relationships and contracts with the community partners, you would not have access to world-class experiences!

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.
 - 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 and ProjectConcert.

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 requirement

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.
- You must input your clinical schedule into the scheduling module.

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.

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 the student 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 to make up time missed, if needed.
- Dress appropriately for the site and always behave professionally.

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 performance.

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

Expectations of Faculty

Before the beginning of a clinical assignment, faculty will:

- Verify the 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

Student: _____ Preceptor _____
 Name of Course _____ Date of Evaluation _____
 Clinical Site _____ Year/Term _____

Directions: Mark the rating that best represents the evaluation of the site and preceptor.

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

| INVOLVEMENT/RECEPTIVITY/COMPETENCE | 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 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 | 5 |
| 16. Clinical experiences correlate with course outcomes | | | | | |
| 17. Students have adequate (census/acuity) learning experiences | | | | | |
| 18. Students have adequate role models/preceptors | | | | | |
| 19. Staff are receptive to students | | | | | |

COMMENTS: _____

Recommend for continued use? YES NO _____

Student Signature



**Pediatric Acute Care Nurse Practitioner
Faculty Evaluation of Clinical Site and Preceptor**

Student: _____ Preceptor _____
 Name of Course _____ Date of Evaluation _____
 Clinical Site _____ Year/Term _____

Directions: Mark the rating that best represents the evaluation of the site and preceptor.
 1 – never 2 – rarely 3 – sometimes 4 – usually 5 – always

| INVOLVEMENT/RECEPTIVITY/COMPETENCE | 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 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 | 5 |
| 16. Clinical experiences correlate with course outcomes | | | | | |
| 17. Students have adequate (census/acuity) learning experiences | | | | | |
| 18. Students have adequate role models/preceptors | | | | | |
| 19. Staff are receptive to students | | | | | |

COMMENTS: _____

Recommend for continued use? YES NO _____

Faculty Signature



UNIVERSITY OF TENNESSEE HEALTH SCIENCE CENTER
COLLEGE OF NURSING
Student-Preceptor-Faculty Agreement

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 _____ to _____.

The student, _____, will be under the supervision of _____, acting as preceptor.
(Preceptor Name)

Professor _____, of the College of Nursing, serves as the liaison with your facility for the above course(s).

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 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 _____



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 evaluate the PANP student on each competency according to the following key:

1 - almost never 2 - rarely 3- sometimes 4 - often 5 - almost always

| Domain 1: Patient Care- Designs, delivers, manages, and evaluates comprehensive patient care. ¹ | | | | | |
|---|---|---|---|---|---|
| 1. Initiates and performs the comprehensive and/or problem focused health history which includes a detailed review of systems for a child with acute, complex, critical and/or chronic conditions ^{1,3,4} (Circle condition level) | 1 | 2 | 3 | 4 | 5 |
| | n/a, insufficient experience for evaluation | | | | |
| 2. Evaluates health risks relevant to individual patients and families, including but not limited to pharmacologic and nonpharmacologic therapies, exposures, genetics, nutrition, and technology dependence ^{2,4} (Circle risks evaluated) | 1 | 2 | 3 | 4 | 5 |
| | n/a, insufficient experience for evaluation | | | | |
| 3. Uses advanced assessment skills to perform a complete systems-focused examination that includes physical, behavioral, mental health, and developmental assessments, distinguishing between normal and abnormal findings ^{1,2, 3,4} | 1 | 2 | 3 | 4 | 5 |
| | n/a, insufficient experience for evaluation | | | | |
| 4. Include age and situation-specific screening to identify emergent and life-threatening conditions in patients with acute, complex, critical, and chronic conditions ^{2,4} | 1 | 2 | 3 | 4 | 5 |
| | n/a, insufficient experience for evaluation | | | | |
| 5. Develops differential diagnosis based on evaluation of patient data, diagnostic, and laboratory/diagnostic | | | | | |

| | | | | | |
|---|---|----------------------------------|---|---|---|
| <p>results with understanding of new or exacerbation of complex acute, critical, and chronic conditions^{2,3,4}</p> <p>experience for evaluation</p> | 1 | 2 | 3 | 4 | 5 |
| | | n/a, insufficient | | | |
| 6. Selects and interprets diagnostic tests and procedures ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| evaluation | | n/a, insufficient experience for | | | |
| 7. Establishes appropriate priorities of care ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| for evaluation | | n/a, insufficient experience | | | |
| 8. Develops and presents an individualized, comprehensive, multidisciplinary database including history, diagnostic tests, and physical, behavioral, and developmental assessments that incorporate cultural and ethnic variation. ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| for evaluation | | n/a, insufficient experience | | | |
| 9. Plans, implements, and evaluates principles of pediatric pharmacological and non-pharmacologic therapies, taking into consideration pharmacodynamic, pharmacokinetic, and pharmacogenomic factors ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| for evaluation | | n/a, insufficient experience | | | |
| 10. Appropriately orders and performs interventions to monitor, manage, and restore the medically fragile, child who presents with complex acute, critical, and chronic illness and injury ^{2,4} | 1 | 2 | 3 | 4 | 5 |
| evaluation | | n/a, insufficient experience for | | | |
| 11. Provides ongoing monitoring of children with single or multi-system organ dysfunction, recognizing indications for and complications related to interventions ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| for evaluation | | n/a, insufficient experience | | | |
| 12. Evaluates outcomes of interventions using accepted outcome criteria and revises plans according to patient outcomes ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| evaluation | | n/a, insufficient experience for | | | |
| 13. Establish a plan for ongoing care, seeking and integrating the perspectives of interprofessional team members in the development while revising as necessary ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |

| | | | | | |
|---|----------------------------------|---|---|---|---|
| evaluation | n/a, insufficient experience for | | | | |
| 14. Collaborate and consult with the interprofessional team to meet patient care needs ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| for evaluation | n/a, insufficient experience | | | | |
| 15. Refer to subspecialists, other healthcare disciplines, or different levels of care while coordinating care for pediatric patients and their families ^{2,3,4} | 1 | 2 | 3 | 4 | 5 |
| experience for evaluation | n/a, insufficient | | | | |
| 16. Facilitates transitions across the continuum of care within and outside the healthcare setting and across all levels of care including admission, transfer, and discharge ^{1,2,3,4} | 1 | 2 | 3 | 4 | 5 |
| evaluation | n/a, insufficient experience for | | | | |
| 17. Performs routine diagnostic and therapeutic procedures considered essential for PANP practice according to national, professional, and facility guidelines and protocols ^{2,4} | 1 | 2 | 3 | 4 | 5 |
| evaluation | n/a, insufficient experience for | | | | |
| 18. Provide accurate information when educating patient and family regarding specific diagnosis, treatment options, and ongoing plan of care ⁴ | 1 | 2 | 3 | 4 | 5 |
| evaluation | n/a, insufficient experience for | | | | |
| 19. Educate the patient and family regarding benefits of and potential adverse reactions to interventions and treatments ^{2,4} | 1 | 2 | 3 | 4 | 5 |
| evaluation | n/a, insufficient experience for | | | | |
| 20. Counsel the patient and family regarding the benefits of adhering to recommended treatments and risks of non-adherence while discussing the threshold for seeking follow-up care ^{2,4} | 1 | 2 | 3 | 4 | 5 |
| evaluation | n/a, insufficient experience for | | | | |
| Domain 2: Knowledge of Practice- Synthesizes established and evolving scientific knowledge from diverse sources and contributes to the generation, translation and dissemination of health care knowledge and practices.¹ | | | | | |

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| <p>21. Identifies potential areas for nursing research, quality improvement, or evidence-based practice^{2,3,4}</p> | <p>1 2 3 4</p> <p>5</p> <p>n/a, insufficient experience for evaluation</p> |
| <p>22. Applies current scientific knowledge to initiate change and improve care for pediatric patients and their families²</p> | <p>1 2 3 4</p> <p>5</p> <p>n/a, insufficient experience for evaluation</p> |
| <p>Domain 3: Practice-Based Learning & Improvement- Demonstrates the ability to investigate and evaluate one’s care of patients, to appraise and assimilate emerging scientific evidence, and to continuously improve patient care based on constant self-evaluation and life-long learning.¹</p> | |
| <p>23. Demonstrates accountability for quality of health care and patient safety for the patient through the systematic review of patient records, protocols, treatment plans, and outcomes to determine their effectiveness in meeting established standards of care^{2,3,4}</p> | <p>1 2 3 4</p> <p>5</p> <p>n/a, insufficient experience for evaluation</p> |
| <p>24. Advocates for health care access and parity for children and families^{3,4}</p> | <p>1 2 3 4</p> <p>5</p> <p>n/a, insufficient experience for evaluation</p> |
| <p>25. Participates in self- and peer-evaluation to improve the quality of care provided to children and families⁴</p> | <p>1 2 3 4</p> <p>5</p> <p>n/a, insufficient experience for evaluation</p> |
| <p>Domain 4: Interpersonal and Communication Skills- Demonstrates interpersonal and communication skills that result in the effective exchange of information and collaboration with patients, the public, and health professionals; and promote therapeutic relationships with patients across a broad range of cultural and socioeconomic backgrounds¹</p> | |
| <p>26. Documents complete and concise communication with family members regarding the child’s health care status and needs^{3,4}</p> | <p>1 2 3 4</p> <p>5</p> |

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| evaluation | n/a, insufficient experience for |
| 27. Recognizes and respects the effects of psychosocial, cultural, and spiritual variables that may affect health care ^{2,3} | 1 2 3 4 5 n/a, insufficient experience |
| for evaluation | |
| 28. Assesses the educational needs of the family including coping skills and resources and develops an appropriate plan of care. ³ | 1 2 3 4 5 n/a, insufficient experience for |
| evaluation | |
| 29. Provides anticipatory guidance to patients and families regarding age related development, physical and social needs, and strategies for health development and maintenance. ³ | 1 2 3 4 5 n/a, insufficient experience for |
| evaluation | |
| Domain 5: Professionalism- Demonstrates a commitment to carrying out professional responsibilities and an adherence to ethical principles.¹ | |
| 31. Incorporates professional and legal standards of care into practice including creation and evaluation of pediatric nurse practitioner protocols ^{3,4} | 1 2 3 4 5 n/a, insufficient experience |
| for evaluation | |
| 32. Participates in the ethical decision-making process in collaboration with families and other health care professionals ^{3,4} | 1 2 3 4 5 n/a, insufficient experience for |
| evaluation | |
| Domain 6: Systems-Based Practice- Demonstrates organizational and systems leadership to improve healthcare outcomes.¹ | |
| 33. Participates in the systematic review of patient records, protocols, current guidelines, treatment plans, and outcomes to determine the effectiveness in meeting established standards of care ³ | 1 2 3 4 5 n/a, insufficient experience |
| for evaluation | |
| 34. Participates as a member of an interdisciplinary team in the continuous quality improvement process for the care of infants and families ^{2,4} | 1 2 3 4 5 |

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|---|----------------------------------|---|---|---|---|--|
| for evaluation | n/a, insufficient experience | | | | | |
| Domain 7: Interprofessional Collaboration- Demonstrates the ability to engage in an interprofessional team in a manner that optimizes safe, effective patient- and population-centered care.¹ | | | | | | |
| 35. Establishes a collaborative relationship with family and other health care colleagues ^{3,4} | 1 | 2 | 3 | 4 | 5 | |
| evaluation | n/a, insufficient experience for | | | | | |
| Domain 8: Personal and Professional Development- Demonstrates the qualities required to sustain lifelong personal and professional growth¹ | | | | | | |
| 36. Operationalizes the role of the pediatric acute care nurse practitioner to the family, other healthcare professionals, and the community ^{3,4} | 1 | 2 | 3 | 4 | 5 | |
| evaluation | n/a, insufficient experience for | | | | | |
| 38. Participates in self-evaluation, professional organizations, and/or continuing education activities to improve care provided to infants and families. ^{2,4} | 1 | 2 | 3 | 4 | 5 | |
| evaluation | n/a, insufficient experience for | | | | | |

Comments:

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-competete.pdf>
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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. [CPNP-AC Exam Content Outline June 2019.pdf \(pncb.org\)](https://www.pncb.org/CPNP-AC_Exam_Content_Outline_June_2019.pdf)

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