# Table of Contents

- Goals of the PPCNP Concentration ................................................................. 3
- Current PPCNP Faculty ......................................................................................... 4
- Expectations of Students ....................................................................................... 5
- Professional dress and Behavior ........................................................................ 6
- Attendance in Assigned Clinical Experiences ....................................................... 8
- Essential Aspects of the Student and Preceptor Relationship ......................... 8
- Preceptors Can Expect Students To: ................................................................... 8
- Preceptors Can Expect Faculty To: ...................................................................... 9
- Throughout the course, faculty will: ................................................................... 9
- Legal Agreement Requirements ......................................................................... 110
- Site Approval ........................................................................................................ 111

## Appendix

- Student-Preceptor-Faculty Agreement ............................................................... 12
- Confirmation of Student -Preceptor-Faculty Agreement .................................... 155
- Faculty Evaluation of Clinical Site and Preceptor ............................................ 166
- Student Evaluation of Clinical Site and Preceptor ............................................ 177
- PNP 811 Pediatric Primary Care Health Promotion – Preceptor Evaluation of Student ................................................................. 18
- PNP 804 Advanced Primary Care Pediatrics I Practicum-Preceptor Evaluation of Student ................................................................. 21
- NSG 926 Practicum Synthesis: PPCNP– Preceptor Evaluation of Student ......... 21
- PNP 806 Advanced Primary Care Pediatrics II Practicum-Preceptor Evaluation of Student ................................................................. 27
- PNP 809 Advanced Pediatric Primary Care Nursing .............................................. 30
Goals of the PPCNP Concentration of the DNP Program

Welcome to the Pediatric Primary Care Nurse Practitioner (PPCNP) 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.

This program prepares PPCNPs graduates 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 commonly encountered acute and chronic illness.

Graduates are eligible to take national certification examinations for Pediatric Primary 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 children and their parent's management of health.

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 PPCNP/DNP students. The processes of selecting, approving, administering, and evaluating the wide variety of clinical learning experiences are. Hopefully, this document will provide guidance.

Education is a dynamic undertaking, and there are several changes that take place over the school year. Please contact the faculty for any questions you have.
Current PPCNP Faculty

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Expectations for DNP Students

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

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

With the assistance of the Clinical Coordinator, 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 begin 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.
  o Please don't expect preceptors to conform to a schedule that meets your employment needs.
  o 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 it 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

- Complete and submit the Student-Preceptor-Faculty Agreement form, including signatures from all parties. After submission of the document students must receive official approval via email from the Concentration Coordinator before beginning any clinical hours.

*Students assigned to clinical rotations within the Developmental Pediatrics unit (LEND program, Dr. Toni Whitaker, Sarah Carter, PNP, etc.) should instead use the “Student-Preceptor-Faculty Document” found at this link: https://liveutk-my.sharepoint.com/:w:/g/personal/shumph13_uthsc_edu/EUrvxMQYmfhOkkidx75fxpcBVtlUnylwo41TOf-7RxHepQ?e=DZ4Z78

- 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 Certification: Students are responsible for maintaining current CPR certification.

- Should the certification expire during the time 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 extensive communication about immunizations and how to track them. Clinical agencies may have other requirements for vaccination, but students will be informed of those 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 PPCNP 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 and CPR certification.
- Students may also upload required clinical forms or complete other clinical assignments.
- Faculty review ProjectConcert to ensure students are on track with various experiences and progress toward completing the clinical experiences 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 opportunities 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 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 PPCNP 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 PPCNP Concentration

1. Student Preceptor Faculty Agreement
2. Clinical Performance Assessment Form
3. Faculty Evaluation of Clinical Site and Preceptor Form
4. Student Evaluation of Clinical Site and Preceptor Form
5. PNP 811 Pediatric Primary Care Health Promotion – Preceptor Evaluation of Student
6. PPCNP 804 Advanced Primary Care Pediatrics I Practicum– Preceptor Evaluation of Student
7. NSG 926 PPCNP Synthesis Practicum - Evaluation of Student Form
8. PNP 806 Advanced Primary Care Pediatrics Practicum II - Preceptor Evaluation of Student
9. PNP 809 Advanced Pediatric Primary Care 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 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/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 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 # ___________________________________________________________________
Pediatric Primary 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

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**COMMENTS:** _______________________________________________________________________

**Recommend for continued use?**    YES          NO  
________________________________________
Faculty Signature

The University of Tennessee  
Health Science Center  
College of Nursing
Pediatric Primary Care Nurse Practitioner

Student Evaluation of Clinical Site and Preceptor

Student: _____________________________     Preceptor ___________________________
Name of Course ______________________      Date of Evaluation _____________________
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COMMENTS: _______________________________________________________________________

Recommend for continued use?   YES   NO     ________________________________

Student Signature
University of Tennessee Health Science Center  
College of Nursing  
DNP Pediatric Primary Care Nurse Practitioner  
PNP 811 Pediatric Primary Care Health Promotion – Preceptor Evaluation of Student

Student: _________________________ Preceptor: _________________________
Date of Evaluation: ________________ Type: Self: _____ Preceptor: _____

**Directions:** Mark the rating that best represents the student's performance by the completion of this clinical course.

<table>
<thead>
<tr>
<th>Conducts a comprehensive and systematic assessment of health and illness under mentored guidance.</th>
<th>Rarely= 1</th>
<th>Sometimes= 2</th>
<th>Often= 3</th>
<th>Always= 4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaborates with preceptor to use patient and clinical data to formulate common healthcare diagnosis(es) in a patient with only 1-2 presenting problems. Obtains a complete patient history.</td>
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<tr>
<td>Conducts a thorough chart review, including PMH, laboratory and other diagnostic data. Demonstrates the ability to reflect on one's own learning and perform an accurate analysis of strengths and weaknesses of knowledge and skills. Demonstrates interpersonal and communication skills that facilitate an effective exchange of information Demonstrates the willingness to discuss sensitive issues with patients and/or preceptor. Professional appearance and demeanor. Demonstrate integrity and respect for others. Engages team members using effective communication skills to develop a plan of care for a patient. Actively solicits the patient's perspective to enable shared decision making in the development of a plan of care. Identifies one's own responses to stressful situations and seeks help when necessary Articulates the need for continuous improvement processes in professional practice. Exhibits a level of that instills confidence in others.</td>
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</tbody>
</table>

**TOTAL**

A = 56 - 46  B = 45 - 35  C = 34 – 25
General Comments:

- Are there aspects of this student's performance that suggest a need for special attention?

- What has the student done particularly well?

Preceptor

Date the evaluation was discussed with student: _____________________________

Preceptor Name (Printed)  Preceptor Name (Signature)

Student

I have read this report:   Yes   No

Comments on evaluation:

_________________________________________________________________________________________________

_________________________________________________________________________________________________

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Student Name (Printed)  Student Name (Signature)  Date
Faculty Comments:

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_________________________________________________________________________________________________
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_________________________________________________________________________________________________

_________________________________________         ______________________________________

Faculty Name (Printed)     Faculty Name (Signature)

Date

CW 5/2021
Student: ___________________________  Preceptor: ___________________________
Date of Evaluation: ________________  Type:  Self: _____  Preceptor: _____

**Directions:** Mark the rating that best represents the student's performance by the completion of this clinical course.

<table>
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<tr>
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<tr>
<td>Identifies evidence-based, patient-centered plan of care for common health problems for an individual patient.</td>
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<tr>
<td>Provides education to patients and/or families regarding their health condition and potential health risks.</td>
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<tr>
<td>Displays intellectual curiosity by actively seeking out knowledge and asking questions.</td>
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<tr>
<td>Demonstrates the ability to reflect on one's own learning and perform an accurate analysis of strengths and weaknesses of knowledge and skills.</td>
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<tr>
<td>Demonstrates interpersonal and communication skills that facilitate an effective exchange of information</td>
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<tr>
<td>Demonstrates the willingness to discuss sensitive issues with patients and/or preceptor.</td>
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<tr>
<td>Professional appearance and demeanor.</td>
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<tr>
<td>Demonstrate integrity and respect for others.</td>
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<tr>
<td>Engages team members using effective communication skills to develop a plan of care for a patient.</td>
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<tr>
<td>Actively solicits the patient's perspective to enable shared decision making in the development of a plan of care.</td>
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</tr>
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</table>
Identifies one’s own responses to stressful situations and seeks help when necessary
Articulates the need for continuous improvement processes in professional practice.
Exhibits a level of intelligence that instills confidence in others.

| A = 56 - 46 | B = 45 - 35 | C = 34 – 25 |

**General Comments:**
- Are there aspects of this student's performance that suggest a need for special attention?
- What has the student done particularly well?

**Preceptor**
Date the evaluation was discussed with student: _____________________________

<table>
<thead>
<tr>
<th>Preceptor Name (Printed)</th>
<th>Preceptor Name (Signature)</th>
<th>Date</th>
</tr>
</thead>
</table>

**Student**
I have read this report: Yes No

Comments on evaluation:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
________________________________________________.

<table>
<thead>
<tr>
<th>Student Name (Printed)</th>
<th>Student Name (Signature)</th>
<th>Date</th>
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</thead>
</table>
## Faculty

Faculty Comments:

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_____________________________________     ____________________________________   ___________________
Faculty Name (Printed)     Faculty Name (Signature)     Date
Student: ___________________________ Preceptor: ___________________________
Date of Evaluation: ________________ Type: Self: _______ Preceptor: ____________

**Directions:** Mark the rating that best represents the student's performance by the completion of this clinical course.

<table>
<thead>
<tr>
<th>Task</th>
<th>Rarely (1)</th>
<th>Sometimes (2)</th>
<th>Often (3)</th>
<th>Always (4)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Perform a comprehensive, evidence-based assessment.</td>
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<tr>
<td>Use advanced clinical judgment to diagnose.</td>
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<tr>
<td>Synthesize relevant data to develop a patient-centered, evidence-based plan of care.</td>
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<tr>
<td>Manage care across the health continuum including prescribing, ordering, and evaluating therapeutic interventions.</td>
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<tr>
<td>Educate patients, families, and communities to empower themselves to participate in their care and enable shared decision making.</td>
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<tr>
<td>Demonstrate an investigatory, analytic approach to clinical situations.</td>
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<tr>
<td>Apply science-based theories and concepts to guide one's overall practice.</td>
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<tr>
<td>Continuously assess strengths and weaknesses of one's own knowledge and skills and actively seek opportunities for continuous improvement.</td>
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<tr>
<td>Demonstrate interpersonal and communication skills that result in the effective exchange of information and collaboration with patients.</td>
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<tr>
<td>Use effective communication tools and techniques that include a nonjudgmental attitude, respect, and compassion when addressing sensitive issues to promote therapeutic relationships</td>
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<tr>
<td>Use technology for effective exchange of information and collaboration with patients and the health care team.</td>
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</table>
Demonstrate compassion and accountability to patients, society, and the profession.

Demonstrate integrity and respect for others.

Demonstrates personal and professional behaviors, including leadership, trustworthiness, and self-assurance in professional practice.

A = 56 - 46   B = 45 - 35   C = 34 – 25

**General Comments:**

- Are there aspects of this student's performance that suggest a need for special attention?

- What has the student done particularly well?
Preceptor

Date the evaluation was discussed with student: ____________________________

__________________________  ____________________________  ____________
Preceptor Name (Printed)    Preceptor Name (Signature)    Date

Student

I have read this report:  Yes    No

Comments on evaluation:
_________________________________________________________________________________________________
_________________________________________________________________________________________________
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__________________________  ____________________________  ____________
Student Name (Printed)    Student Name (Signature)    Date

Faculty

Faculty Comments:
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__________________________  ____________________________  ____________
Faculty Name (Printed)    Faculty Name (Signature)    Date
# DNP Pediatric Primary Care Nurse Practitioner
**PNP 806 Advanced Primary Care Pediatrics Practicum II – Preceptor**

## Evaluation of Student

**Student:** _____________________________  **Preceptor:** _____________________________

**Date of Evaluation:** ________________  **Type:** Self: _______ Preceptor: ___________

### Directions:
Mark the rating that best represents the student's performance by the completion of this clinical course.

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A = 56 - 46  B = 45 - 35  C = 34 – 25

**General Comments:**

- Are there aspects of this student's performance that suggest a need for special attention?

- What has the student done particularly well?
### Preceptor

Date the evaluation was discussed with student: ___________________________

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<th>Preceptor Name (Printed)</th>
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</thead>
</table>

### Student

I have read this report:   Yes    No

Comments on evaluation:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
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### Faculty

Faculty Comments:

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</thead>
</table>
University of Tennessee Health Science Center
College of Nursing
DNP Pediatric Primary Care Nurse Practitioner
PNP 809 - Evaluation of Student

Student: __________________ Preceptor: __________________
Date of Evaluation: ______________ Type: Self: _______ Preceptor: ____________

Directions: Mark the rating that best represents the student's performance by the completion of this clinical course.

<table>
<thead>
<tr>
<th></th>
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A = 56 - 46   B = 45 - 35   C = 34 – 25

General Comments:

- Are there aspects of this student's performance that suggest a need for special attention?

- What has the student done particularly well?
Preceptor

Date the evaluation was discussed with student: _____________________________

Preceptor Name (Printed) ___________________________ Preceptor Name (Signature) ___________________________ Date ________________

Student

I have read this report: Yes No

Comments on evaluation:

_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________

_________________________________________________________________________________________________

Student Name (Printed) ___________________________ Student Name (Signature) ___________________________ Date ________________

Faculty

Faculty Comments:

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_________________________________________________________________________________________________

Faculty Name (Printed) ___________________________ Faculty Name (Signature) ___________________________ Date ________________

SSH 6.21