



Nursing &
Health Sciences

GRADUATE PROGRAM

Master of Nursing

Nurse Practitioner Program
Preceptorship Handbook

Overview Master of Nursing Advanced Nurse Practitioner Handbook

Handbook Purpose

The purpose of the UNB Faculty of Nursing and Health Sciences Master of Nursing (MN) Nurse Practitioner Program Handbook is to provide guidance to faculty, staff, students, and preceptors who are engaged in either organizing, teaching, or completing clinical practicum courses.

Handbook Requirements

To support student success all students, faculty, and Nurse Practitioner preceptors are expected to review the MN Program Handbook.

Handbook Questions

This document is reviewed and revised annually. If you have questions or feedback about this document, please direct them to the Graduate Program Office.

Program Support Resources

If you have questions about clinical practicum coordination or organization, please contact a member of our Clinical Strategy Team using the information provided below. You can also contact the Associate Dean of Research and Graduate Studies or the Graduate Program Administrative Assistant.

Clinical Course Support Resources

If you have questions specific to the course you are completing either as a student or preceptor, please contact your assigned course professor/professor of record.

Clinical Strategy Team

Clinical Strategist

Moncton, NB

Ashley Bulley

Email: ashley.bulley@unb.ca

Clinical Outreach & Engagement Coordinator

Moncton, NB

Erika Everill

Email: erika.everill@unb.ca

Master of Nursing Program Office

Associate Dean of Research & Graduate Studies

Fredericton, NB

Phone: 1 (506) 458-7637

Sue O'Donnell

Email: sue.o@unb.ca

Graduate Program Administrative Assistant

Fredericton, NB

Phone: 1 (506) 458-7650

Email: fnhsggrad@unb.ca

UNB Faculty of Nursing and Health Sciences Vision, Mission & Values

Our Vision

Putting New Brunswick first, acting locally and globally to advance nursing and nursing knowledge through excellence in teaching, research, clinical practice, leadership and innovation to make nursing education accessible.

Our Mission

Educate and prepare nurses to lead in evolving health care systems grounded in the principles of primary health care, equity and relational practice, supported by scholarship, innovation, evidence and research.

Our Values

The articulation of values for UNB's Faculty of Nursing and Health Sciences are designed to provide clear expectations of how we will proceed in our daily work.

Excellence. We are committed to delivering high quality nursing education at the undergraduate and graduate levels through the adherence to standards and the use of relevant, innovative teaching methods responsive to learners' needs.

Caring. We will demonstrate dignity, compassion, respect and fairness at all levels in our internal and external interactions and advance substantive knowledge of caring science as a core nursing value.

Collaboration. We will grow and sustain our relationships with relevant stakeholders in order to create mutually beneficial outcomes and common goals for the university, our colleagues and our community.

Integrity. Honesty, transparency, fairness and reliability will be evident in all our proceedings.

Accountability. The structures and processes we have in place will improve our capacity to evaluate and measure relevant indicators and the effectiveness of our program delivery.

Responsiveness. Our undergraduate and graduate programs will be proactive and demonstrate flexibility in anticipating and responding to changing trends in healthcare delivery.

UNB Faculty of Nursing and Health Sciences Master of Nursing Nurse Practitioner Program Overview

Program Objective

The objective of the MN Nurse Practitioner program is to prepare Advanced Practice Nurses who will function as Nurse Practitioners providing generalist care to individuals and families of all ages, across the lifespan. The Nurse Practitioner program builds on students registered nursing knowledge, skills, abilities, and judgments. Graduates of the program receive a Master of Nursing degree and are eligible to become registered as generalist Nurse Practitioners after completing the Canadian Nurse Practitioner Exam: Family/All Ages (CNPE: F/AA).

Program Delivery

The Nurse Practitioner program involves synchronous online and in-person learning. Students complete the program full-time over 20-months.

Program Curriculum

The MN Program curriculum is guided by both an abilities-based framework that includes five core abilities and related outcomes: (1) Research, Critical Thinking, and Inquiry, (2) Communication, (3) Professionalism, (4) Evidence-Informed Decision-making, and (5) Leadership and the [NANB Entry Level Competencies for Nurse Practitioners \(2024\)](#).

The program includes 11 courses (43 credit hours) that focus on theory and clinical learning. See program courses and sequencing, as well as detail about course areas of focus below.

Program Courses & Sequencing

Year	Fall Semester Course # & Name	Winter Semester Course # & Name	Summer Semester Course # & Name
1 FT	NURS 6018 (3 CH) Nursing Leadership Ethics & Health Policy	NURS 6224 (4 CH) PHC Management Adult I Theory & Clinical Practicum 100 hours	NURS 6363 (3 CH) Evidence-Informed Nursing Research & Practice
	NURS 6222 (4 CH) Advanced Health Assessment Theory & Clinical Practicum 100 hours		NURS 6204 (3 CH) Roles and Issues
	NURS 6203 (3 CH) Advanced Pathophysiology	NURS 6202 (3 CH) Adv. Pharmacotherapeutics	NURS 6215 (4 CH) PHC Management Pediatrics Theory & Clinical Practicum 100 hours
2 FT	NURS 6013 (3 CH) Theoretical Foundations of Nursing	NURS 6219 (9 CH) Final Clinical Practicum 300 hours	Practice as graduate Nurse Practitioner & write CNPE
	NURS 6228 (4 CH) PHC Management Adult II Theory & Clinical Practicum 100 hours		

Clinical Practicum Course Overview

Students complete 700 hours across five clinical practicums: four practicums at 100 hours each, and one final 300-hour practicum. Clinical practicum courses use a preceptorship model (one-on-one student-preceptor pairings) that involves collaboration among the UNB faculty member (referred to as the Professor of Record), student, and preceptor. The Professor of Record for all clinical practicum courses is a Nurse Practitioner faculty member or contract academic employee, who has active practice registration, and is assigned to lead and oversee the theory and related clinical practicum associated with a given course. The preceptor is a Nurse Practitioner or Physician who works primarily in community health centers, emergency rooms, family practice, and, in some instances, long-term care or other specialty areas (e.g., pediatrics, sexual health, mental health and substance use, etc.). Clinical components of courses have integrated formative and summative laboratory and other learning components, including Objective Structured Clinical Examinations (OSCEs). In-person laboratory practice is associated with some clinical practicum courses and related travel to the UNB Fredericton and/or Moncton campus is required. Please note that while laboratory learning is a required component of most clinical courses, these hours do not contribute to the required clinical hours for the program. At times, students complete complementary/ supplementary experiences that are intended to support achievement of programs outcomes. Need for such experiences is defined by the Professor of Record who works with the Clinical Strategist to identify potential partner agencies and the Clinical Outreach and Engagement Coordinator (COEC) to coordinate experiences. Depending on the nature of the experience, hours associated with complementary/supplementary activities may or may not count toward clinical hours.

All clinical practicum activities are documented using an online software program called Typhon, www.Typhongroup.net.

Addition clinical practicum course details are as follows:

Year 1, Term 1 - NURS 6222 (4CH) Advanced Health Assessment Theory & Practicum (100 hrs)

Focus: Application of core Nurse Practitioner competencies: advanced health assessment, health promotion, disease prevention, professional roles and responsibilities.

Potential Clinical Areas: Community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care.

Complementary Placements: May include medical laboratory services.

Year 1, Term 2 - NURS 6224 (4CH) Primary Health Care Management Adult I Theory & Clinical Practicum (100 hrs)

Focus: Health and needs of young and middle-aged adult clients, providing an opportunity to apply knowledge, skills, and judgment in the Nurse Practitioner role.

Potential Clinical Areas: Community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care.

Complementary Placements: May include obstetrics, well-woman clinics, or sexual health centers.

Year 1, Term 2 - Health Care Management Pediatrics Theory & Practicum (100 hrs)

Focus: Managing the health needs of pediatric clients and providing opportunities to apply knowledge, skills, and judgment in the Nurse Practitioner role.

Potential Clinical Areas: community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care.

Complementary Placements: could include pediatric specialty practices or clinics.

Year 2, Term 1 - NURS 6228 (4CH) Primary Health Care Management Adult II Theory & Clinical Practicum (100 hrs)

Focus: Managing the health needs of older adult clients and providing opportunities to apply knowledge, skills, and judgment in the Nurse Practitioner role.

Potential Clinical Areas: Community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care.

Complementary Placements: May include gerontology or long-term care specialty practices or clinics.

Year 2, Term 2 - NURS 6219 (9CH) Final Clinical Practicum (300 hrs)

Focus: This concentrated clinical practicum provides an opportunity to synthesize the Nurse Practitioner's specialized knowledge, skills, and judgment.

Potential Clinical Areas: Community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care.

Meeting Clinical Practicum Requirements

Students are responsible for meeting all UNB and agency related clinical requirements. UNB specific clinical requirements will be communicated to students upon acceptance to the program (e.g., immunizations, criminal record check, proof of RN registration with NANB). Prior to entering the clinical environment, the Clinical Strategy Team will confirm that UNB and agency specific clinical requirements have been completed and appropriate documentation has been logged via Verified by Synergy Gateway®. Verified by Synergy Gateway is a secure, third-party online platform that reviews and verifies the completion of clinical requirements for educational programs.

Securing Clinical Practicum Placements

The UNB Clinical Strategist works to establish and manage relationships with partner agencies and preceptor mentors to support Nurse Practitioner student learning needs. The Clinical Outreach and Engagement Coordinator coordinates clinical practicums by collaborating with the Clinical Strategist, Professor of Record, health authority/agency, preceptor, and student. Because securing placements, required affiliation agreements, and necessary IT and other access can take six to eight weeks or longer, clinical placement planning begins well before the commencement of each semester.

Communicating Clinical Practicum Placement Information

Once placements are secured, the: (1) Clinical Outreach and Engagement Coordinator sends a pairing email to the Professor of Record, student, and preceptor that includes general course information and an electronic copy of the Master of Nursing Nurse Practitioner Preceptorship Handbook; (2) the Graduate Program office sends a mail-out to all preceptors that includes general course information and thank you letter, UNB Preceptor pin, teaching practice poster (Appendix A), and MN Nurse Practitioner Preceptorship Handbook; (3) the Professor of Record sends an email to all preceptors to share course specific information including the course start/end dates and course syllabus, establish their preferred method for communicating (e.g., email, phone) and meeting (e.g., phone, online video, in-person), and request a meeting to orient the preceptor with their role, course objectives, and evaluation components; and (4) the student sends an email to the preceptor to introduce themselves and arrange a time to meet to discuss previous clinical background, personal learning goals, and teaching-learning approaches to support learning.

Information from the Clinical Strategy Team and Graduate Program Office is sent immediately after pairings are established. Information from the Professor of Record is sent closer to the beginning of the term (e.g., September, January, or May). The student will contact the preceptor as soon as possible after pairings are made.

Securing Required Student Access

Once placements are secured and confirmed with preceptors, the Clinical Outreach and Engagement Coordinator will work to facilitate access to critical resources such as the building or other important space entry, electronic medical and documentation records, and so on. For students completing clinical practicums with the provincial health authority, such access is facilitated via request by the Clinical Outreach and Engagement Coordinator via the clinical placement portal. For placements outside of the provincial health authority, in partnership with the partner agency, the Clinical Outreach and Engagement Coordinator will provide guidance on securing access.

Completing Required Clinical Practicum Hours

Throughout the duration of the program, theory courses are scheduled in a way that permits opportunity for students to be in clinical up to three days per week. For 100-hour clinical courses, students should plan to be in the clinical environment at least two days a week. For the 300-hour final clinical practicum, students should plan to be in the clinical environment four to five days a week. The student must work with the preceptor to establish a schedule to complete required hours and enter the anticipated schedule in Typhon. This must be completed before the start date of the course. Careful attention to scheduling clinical days based on preceptor availability is essential. It should also be noted that because attendance at all theory courses/classes is required, clinical practicum hours cannot be scheduled at a time when students should be in class. Clinical practicum attendance is also of critical importance, and students are responsible for obtaining contact information for their assigned Professor of Record and preceptor and identifying a process for notifying them of any absences. If students cannot attend clinical on a scheduled day, they must notify the Professor of Record and preceptor immediately and determine a plan for completing lost

clinical hours. Such professional behaviour and accountability are expected, and failure to notify the Professor of Record and preceptor may impact student evaluation and progress. Any changes in the clinical practicum schedule must be updated in Typhon. This is essential for the Professor of Record who assesses whether students have a feasible plan to complete hours and for the Clinical Outreach and Engagement Coordinator who is responsible for releasing midway and final evaluations.

The clinical practicum components of NURS 6224 Primary Health Care Management Adult I, NURS 6226 Primary Health Care Management Pediatrics, and NURS 6228 Primary Health Care Management Adult II address care for clients across the lifespan. In these courses, students are expected to complete 50%, or 50 hours, with clients in the age demographic associated with the course focus. It is sometimes necessary to complete more than 100 hours to obtain 50 hours of practice with the age demographic associated with the course. In a given clinical practicum exceeds 100 hours, time spent caring for clients who do not fit the age demographic associated with the course will be carried forward to NURS 6219 Final Practicum (e.g., a total of 120 hours are completed to achieve the 50 hour threshold for older adults [50 hours older adult/70 hours other age demographic]; 20 hours are carried forward or credited toward NURS 6219).

As per NANB requirements, only direct patient (in-person, phone, or online/virtual) contact hours are counted toward the 700 required clinical practicum hours. This includes time spent with patients, onsite collection of relevant data, collaboration with health care professionals, and documentation related to patient care, on average. This means, for example, that in an 8-hour day, you may only be documenting 5 to 6 hours of direct patient contact. When opportunities arise, attending professional development or other learning opportunities linked to the clinical practicum placement is encouraged; these hours are not considered clinical practicum hours, however. Students should always consult with the Professor of Record if they are unsure whether clinical experiences and encounters are considered direct contact hours.

Documenting Evidence of Clinical Practicum Hours

To be eligible to write the Canadian Nurse Practitioner Exam and register as a graduate Nurse Practitioner with the NANB, the UNB Faculty of Nursing and Health Sciences must provide the NANB with confirmation that each Nurse Practitioner student has completed all required courses, including all required clinical practicum hours. For this reason, to ensure that the UNB Faculty of Nursing and Health Sciences has robust evidence of clinical practicum hours, it is essential that each student accurately document clinical schedules and log all clinical practicum hours in Typhon.

Establishing Successful Clinical Practicums

Nurses and nurse practitioner students continually improve their competence by reflecting on their practice, setting learning goals, and participating in learning activities. Each student has different interests, needs, skill levels and backgrounds, as each preceptor has talents, philosophies, and clinical expertise and interests. Bringing these traits and circumstances together and designing a valuable experience for the preceptor and student requires developing a learning plan. The Nurse Practitioner Student Clinical Practicum Learning Plan (Appendix B) is a tool used to facilitate collective reflection

between the student and preceptor around strengths, challenges, and preferred strategies for learning and should be discussed at the initial meeting between the student and preceptor.

Learning plans are developed after students engage in an intentional process of self-assessment of theoretical knowledge and preparation. Reflection on practice is a process of critically thinking about developing professional practice. Developing a clinical learning plan provides opportunities for reflection on areas of strength, opportunities for further development, and identification of successful learning strategies to maintain momentum as students move forward in the Nurse Practitioner program.

Take the opportunity to review this learning plan with your preceptor early in your placement or during clinical orientation. This format can focus on developing talking points that will guide the discussion.

During the initial meeting, preceptors should outline any special considerations or information to support the students in preparing to practice at their clinical practicum site. This should include expectations regarding dress code, documentation practice, a brief description of practice routines, and a general sense of the client population. This will give the student a sense of how to prepare for this clinical practice. To promote optimal teaching and learning opportunities and experiences for students, all preceptors must communicate with and notify their immediate manager of the student placement. With the manager's support, the preceptor is responsible for ensuring students access necessary clinical site resources (e.g., electronic medical records). This access should be secured before the practicum start date to avoid delays that may inhibit student learning.

Orienting the Student to the Clinical Practicum Site

Preceptors or clinical team members are responsible for giving the student an initial orientation to the clinical site. Preceptors are asked to use the Nurse Practitioner Clinical Practicum Student Orientation Checklist for Preceptors as a guide (Appendix C), while also considering typical approaches to orientation at your clinical site that include important site policies and procedures and occupational health and safety regulations.

Supervising Students

The preceptor is responsible for directly overseeing and being present in the clinical site when the Nurse Practitioner student completes clinical practicum hours. The preceptor will role model student learning skills and professional/ethical behaviours. Over time, as students progress within a given clinical practicum and in the program in general, as appropriate, they should be supported to practice more autonomously and independently and to take up work with more complex clients. For example, as students progress in the course, they should move from observing to conducting visits with clients independently. Determining which clients can be seen independently must involve a collaborative process between the preceptor and student and consideration of the student's knowledge, abilities, and developing level of competence. It is important to note that in all clinical courses (including the final practicum), the preceptor is responsible for each client; the student and

preceptor must always review each client's case and management plan before dismissing the client. The preceptor will include the student in the healthcare team and encourage interprofessional collaboration between the student and other team members.

The preceptor should encourage learning through direct questioning and providing time for reflection on suggestions or recommendations. The preceptor will guide counsel and promote active learning within the clinical environment. Based on the experiences each clinical day/week, it is suggested that the preceptor-student set goals for the upcoming client experiences. The preceptor will communicate updates regarding the student's performance and progress related to course outcomes and requirements and verify student hours.

Evaluating Students

When completing clinical practicum hours, students are continually evaluated by the preceptor, who communicates information about both strengths and opportunities for development. Written evaluations centered around course outcomes and related ELCs are completed by the preceptor at the midway and endpoint of clinical practicums. Evaluations are completed electronically, and links to the assessment (which is housed in Typhon) are sent to the preceptor by the Clinical Outreach and Engagement Coordinator. The Professor of Record will meet together with the student and preceptor at midway and final, and more often as required, to discuss progress. Clinical practicum courses are graded as a credit or non-credit. The Nurse Practitioner program uses several methods to assess student progress in clinical practicum courses, including the preceptor's assessment of student performance.

As a part of the clinical record and to facilitate assessment, students' complete clinical logs that include detailed daily entries to document evidence of and allow for evaluation of clinical practice hours. For preceptor review, the student must share clinical logs with the preceptor and Professor of Record at midway and final points of the clinical practicum experience. Submission at midway helps to ensure the student is on track to meet clinical practice hours. The preceptor, Professor of Record, and student must sign these logs, which are placed in the student's files as evidence of hours completed.

Providing feedback can be challenging. Ongoing verbal feedback throughout the clinical day and check-ins after client encounters to review experiences supports student learning and the development of clinical and diagnostic reasoning, critical thinking, and so on. These routine, informal check-ins are a way of offering formative feedback and can be offered either during or directly following a clinical day. Formative feedback refers to "any task or activity which creates feedback (or feed-forward) for students about their learning" (Irons, 2008). The goal of formative assessment is to monitor learning and permit opportunity for students identify areas of strength and opportunities for improvement. Thus, formative assessments benefit both students and preceptors benefit by outlining teaching opportunities and learning needs that support development and achievement of course outcomes. Preceptors and students should seek out opportunities to review specific encounters or experiences, and we ask that preceptors make time at the end of each day to debrief with student

to discuss strengths and areas for improvement. Preceptors should be prepared to probe understanding and offer honest and respectful feedback. Where there are opportunities for development, students and preceptors must establishing strategies to support learning. Although formal written evaluation is important, ongoing informal or formative feedback about progress is critical to student success.

When a student is experiencing challenges demonstrating and meeting the outcomes associated with the clinical practicum, the preceptor should communicate with the student and Professor of Record as soon as possible and should not wait to share this information at an evaluation point. In this case, a meeting outside of clinical is recommended. This meeting will provide opportunity to: (a) discuss similar and differing perspectives; and (b) come to a mutual understanding of the student's clinical performance. It is helpful to preface remarks by saying, *"Let me offer you some feedback."* This helps to clarify that you have a dialogue to address student learning. As needed, the Professor of Record and preceptor will work to develop a remediation plan to support student learning.

As noted, preceptors also complete and document formal written feedback at the midway and final points of the clinical practicum experience. This is a form of summative assessment which refers to "any assessment activity which results in a mark or grade which is subsequently used as a judgment on student performance" (Irons, 2008). Summative assessment is aimed at evaluating student learning at the end of a defined instructional period by comparing the Nurse Practitioner student performance to pre-defined benchmarks such as course abilities and outcomes. Midway and final evaluations must involve collaboration and review with the student, preceptor and Professor of Record.

Midway Evaluation. At midway (at our around 50 hours / except 150 hours final practicum) you will assess each entry level competency included on the evaluation form and identify whether students are demonstrating unsafe practice, needs development, or are progressing well. Any unsafe practice must be immediately discussed with the student and UNB course instructor; preceptors should not wait to raise this at midway or final meetings. Students often have many needs development and progressing well. When it is identified that a student needs development, examples of areas needing development and a plan for what actions students must take to develop toward progressing should be established and documented in the comments section. Feedback on areas of strength related to areas where students are progressing well should also be discussed so that students can build on strengths; examples should also be documented in the comments section.

Midway Evaluation (50 hours / 150 hours for final practicum)	
Unsafe Practice	Unprepared and unsafe
Needs Development	Have not yet had opportunity to address competency; has had experience but is underprepared or not prepared
Progressing Well	May need more experience or practice with the competency, however, is prepared; progressing as expected

Final Evaluation. At final (at our around 100 hours / except 300 hours for final) you will assess each entry level competency included on the evaluation form and identify whether students have met competencies or not. All students must receive met on all entry level competencies to pass the clinical component of the course.

Final Evaluation (100 hours / 300 hours for final practicum)	
Unmet	Has had experience continues to be underprepared or not prepared and has not demonstrated evidence of developing competency
Met	Has had experience, is prepared, and has demonstrated evidence of developing competency

If preceptors have questions about the evaluation criteria, completing their assessment, or student performance, they should contact the Professor of Record as soon as possible.

Nurse Practitioner Preceptorship Evaluation

Preceptorship is an integral part of the clinical learning process, but the preceptorship process is vulnerable to challenges. This learning occurs in a complex social context where the preceptor provides care in a relatively unstructured environment, responds to the client's needs as they present, and monitors the clients, students and other healthcare providers' responses (Chan, 2003). It is essential to identify the facilitators and challenges to clinical learning. Clinical preceptors are difficult to recruit and retain. It is essential to provide feedback to these individuals regarding the environment they teach in and the Nurse Practitioner student's perceptions of the clinical learning environment and their teaching-learning experience. A supportive clinical environment is of paramount importance in the teaching-learning process (Chan, 2003).

Nurse Practitioner Preceptorship Program Evaluation

The UNB Faculty of Nursing and Health Sciences welcomes feedback regarding any aspect of clinical practicum experiences. Students and preceptors are invited to complete formal evaluation surveys sent via email or provide informal feedback to the Professor of Record or Associate Dean of Research & Graduate Studies via email, phone, or in person. Although the online surveys are anonymous, we value your feedback and encourage you to participate so that we can better understand how to enhance and develop our MN Nurse Practitioner Program curriculum and processes. NANB also seeks evaluation feedback from students and preceptors to understand perceptions of student readiness to practice. These surveys are administered at the end of the program (end of Year 2) via an anonymous online survey that will take about 5 minutes to complete. The NANB surveys will be administered to all students and preceptors who worked with students in their final clinical practicum. Additional considerations for supporting students in meeting curriculum requirements are outlined in the roles and responsibilities for UNB Faculty of Nursing and Health Sciences, preceptors, and students' section below.

Summary: Roles and Responsibilities of the UNB Faculty of Nursing and Health Sciences, Preceptors, and Students

Successful coordination of nurse practitioner preceptorship requires coordinating efforts by various professionals and stakeholders to ensure appropriate and quality education experiences. These professionals include clinical preceptors, course faculty, facility staff, employers and Nurse Practitioner students. To promote successful clinical learning experiences, the essential responsibilities of the Faculty of Nursing, employer, preceptor, and student are outlined.

Faculty of Nursing Responsibilities

The Nurse Practitioner program focuses on educating Nurse Practitioner students to address the needs of individuals and families across the lifespan in all areas of the province of New Brunswick. To promote and support the success of clinical practicum experiences, the Faculty of Nursing and Health Sciences will:

- Offer coursework and lab experiences, that establish a foundation of clinical practice
- Support the development of students' clinical and diagnostic reasoning skills
- Coordinate clinical practicums with clinical practice partners (e.g., provincial health authority)
- Initiate affiliation agreement contracts for new clinical practicum sites as needed
- Provide liability coverage for the student while working with the preceptor
- Provide transparent processes for communication and action between the Professor of Record, preceptor, and student regarding potential challenges or safety incidents that may arise (Appendix D)
- Appoint a UNB Professor of Record who is a licensed Nurse Practitioner to lead and oversee all clinical practicum courses
- Ensure the Professor of Record is available to support and consult with the student and preceptor to promote clinical learning and discuss the student's progress according to course milestones
- Seek out and consider formal and informal feedback from students, preceptors, and stakeholders

Preceptor Responsibilities

Preceptors must be aware of the student's scope of knowledge, abilities, and learning goals associated with the clinical practicum. This is established at initial meeting with the Professor of Record and student and is especially critical due to the relatively short duration of clinical practicum experiences (either 100 or 300 hours). By understanding student learning needs, the preceptor will be well positioned to seek out learning opportunities via client encounters, collaboration with members of the allied health team, focus on lab and diagnostics, and so on, that meet student needs within the timeframe associated with the course. Thus, in the context of clinical practicums, the preceptor will:

- Collaborate with the student to identify learning needs (See Appendix B: Nurse Practitioner Student Learning Plan; Appendix B).

- Establish a clinic schedule and redefine the structure of the clinic's appointment hours to allow time and space for teaching.
- Provide a practicum setting where students can see clients and gain practice experience.
- Communicate with and notify their immediate manager of the student placement to ensure students have access to important clinical site resources (e.g., electronic medical records).
- Promote and ensure student and client safety.
- Provide an initial orientation to the clinical site.
- Serve as a role model to students and provide opportunities to apply new skills and knowledge learned in the classroom.
- Support, share various tools and references, provide direction, encourage, and provide feedback to students as they deal with difficult and complex client situations.
- Engage in the continuous informal assessment of each student's clinical skills and critical reasoning and provide ongoing feedback to assist the student in increasing skills, competence, and expertise.
- Contact Professor of Record as soon as possible when clinical learning, safety, or other challenges arise.
- Engage in formal student assessment by completing and submitting a clinical evaluation form at the midway (50 or 150 hours) and end (100 or 300 hours) point of the clinical practicum; this evaluation should be done in collaboration with the student and Professor of Record.
- Engage in regular monitoring of and signing the student's clinical activity log based on understanding what is considered "clinical practice hours." It is recommended that this occurs weekly.
- Appreciate that the UNB Faculty of Nursing and Health Sciences welcomes feedback regarding any aspect of clinical practicum experiences.

Student Responsibilities

The student is responsible for reflecting and taking ownership of their learning needs and abilities and engaging in honest and thoughtful discussion about this with the preceptor and Professor of Record.

The student will:

- Contact and work with the preceptor before the clinical practicum to plan and establish a schedule that will permit the opportunity to meet the required course hours. Document the planned schedule in Typhon
- Complete theory courses to ensure readiness to engage in clinical practicum
- Complete all assigned and preparatory clinical learning activities to promote readiness to provide safe, ethical, and competent care when working with clients in clinical practicum
- Complete the Nurse Practitioner Learning Plan to guide the conversation of learning objectives for the experience and to identify individual learning needs
- Engage in an orientation to the clinical site
- Become familiar with and follow UNB and clinical organization policies as a foundation for providing safe, ethical, and competent care when working with clients in clinical practicum
- Keep the preceptor informed of learning activities and consult regarding all client cases.
- Communicate openly with the preceptor concerning clinical strengths and opportunities.

- Seek opportunities to expand the clinical knowledge base
- Continue to develop the ability to function in the advanced nursing role of a nurse practitioner
- Understand that the UNB Faculty of Nursing welcomes feedback regarding any aspect of clinical practicum experiences

Nurse Practitioner Program Preceptor Recognition

Being a preceptor takes time, energy, and commitment. The UNB Faculty of Nursing and Health Sciences Nurse Practitioner would not exist without the involvement of willing and motivated preceptors who are interested in contributing to the advancement of the Nurse Practitioner profession via education and mentoring. This takes a tremendous dedication and effort that does not go unnoticed. To this end, the UNB Faculty of Nursing and Health Sciences is highly invested in recognizing and celebrating the work of Nurse Practitioner preceptors. This is accomplished in a number of ways including:

Preceptor Pin

New preceptors are provided with a UNB Faculty of Nursing and Health Sciences Preceptor pin at the outset of the clinical course they are precepting, which they are welcome to wear when supporting students in the clinical environment.

Certificate of Appreciation

UNB Faculty of Nursing and Health Sciences sends preceptors a Certificate of Appreciation at the end of the clinical course for the critical contributions made to the education of MN Nurse Practitioner students in the clinical setting.

Preceptor of the Year Award

Starting in the fall of 2021, the UNB Faculty of Nursing recognize a graduate (Nurse Practitioner or MD) and undergraduate (RN) preceptor to receive UNB's Preceptor of the Year award for outstanding student support and mentorship. Nominations will be solicited electronically from current and recently graduated students, staff/faculty, and colleagues in the health services field. Nominations are accepted continuously; the submission deadline for consideration is January 31st, yearly. This award will be adjudicated by the Faculty of Nursing and Health Sciences Awards Committee yearly.

Clinical Educator of the Month

Starting in the fall of 2021, the UNB Faculty of Nursing and Health Sciences will recognize a Clinical Educator (graduate or undergraduate preceptor or clinical instructor) at UNB's Clinical Educator of the Month. Nominations will be solicited electronically from current and recently graduated students, staff/faculty, and colleagues in the health services field. Nominations are accepted on an ongoing basis. UNB Faculty of Nursing and Health Sciences leadership team will adjudicate this recognition. Recipients will receive acknowledgment on the UNB Faculty of Nursing and Health Sciences website.

Opportunities for Graduate Teaching Associate Appointments

Your clinical expertise is valued. The UNB Faculty of Nursing and Health Sciences recognizes clinical practicum teaching contributions by inviting preceptors to apply for membership in our Graduate Academic Unit as Graduate Teaching Associates. Membership in the Graduate Academic Unit permits opportunity to be more involved in Master of Nursing program activities such as serving on committees or teaching a course as a stipend instructor. This is not required however, and you can obtain and hold status as a Graduate Teaching Associate without taking on any of these additional commitments. If you are interested in applying for Graduate Teaching Associate membership, please contact the Graduate Program Office. To apply, applicants must complete and submit an application (~ 10 minutes will be needed to complete) and submit a current CV.

Relevant Clinical Practicum Guidelines

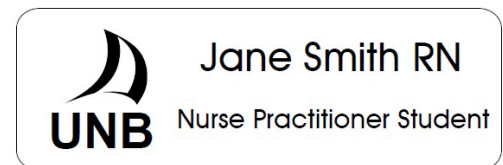
Travel

Due to the availability of preceptors, all students will be expected to travel outside their geographic area for some clinical experiences. Students are responsible for costs associated with travel and accommodation for program activities.

Identification

Students must wear an approved UNB school ID (see diagram below). This ID is to be visible during clinical. Name tags can be ordered from the UNB bookstore.

If unfamiliar with best practices for psychomotor skills learned within the clinical course, the student is encouraged to review resources related to said skill(s).



Confidentiality

All students in this program are Registered Nurses and must adhere to the CNA's Code of Ethics for Registered Nurses and NANB's Nursing Standards, including maintaining client privacy and confidentiality. MN Nurse Practitioner students are obligated not to disclose or use confidential client information during and after the conclusion of assignments and activities according to clinical learning in this program. This issue is further addressed in the UNB calendar under Student Conduct.

Liabilities

Because Nurse Practitioner students must be registered in the province as nurses before entering the Nurse Practitioner program, they have the same protection as all other registered nurses in the province through the Canadian Nurses Protective Society (CNPS). In addition to this liability insurance, the University of New Brunswick covers all students with liability insurance for \$5,000,000.00. A copy of the UNB Insurance Certificate can be requested from the UNB Faculty of Nursing and Health Sciences by contacting the program administrator at fnhsgrad@unb.ca.

Affiliation Agreements

UNB requires preceptors to have a legal affiliation agreement before a student begins their preceptorship. As a part of our initial screening of clinical sites, we determine whether affiliation agreements are in place. If preceptors or their office fall under one of the Health Networks (Horizon or Vitalité), an affiliation agreement is already in place. UNB has agreements with clinics and fee-for service physicians who have previously worked with students. If we require an affiliation agreement, the UNB COEC will contact preceptors/clinical sites to complete this process.

Practicum Requirements

Before beginning a clinical practicum, it is the responsibility of the student to meet the requirements of the Health Authority or agency where the practicum will take place. Attaining and maintaining the currency of these documents is the student's responsibility.

Clinical Requirements for all the MN ANP will be accessed and submitted by students directly and electronically via Verified by Synergy Gateway®. Verified by Synergy Gateway is a secure, third-party online platform that reviews and verifies the completion of clinical requirements for educational programs. Students will receive an email from the COEC responsible for their program and year when access to the platform becomes available. We strongly suggest that students begin completing clinical requirements well in advance of the deadline as additional time may be needed to address anything outstanding following the ERV review. Additionally, it may take 24-48 hours to provide the results of the ERV review to UNB for approval. Students must consider these factors when choosing when to upload and book their ERV appointment. Students should ALWAYS retain all original copies of their records. Below is a list of MN ANP program clinical requirements:

- Childhood immunizations: Diphtheria, Pertussis, Tetanus, Polio, Measles, Mumps, Rubella, Varicella
- TDaP Booster within the last five years
- Two documented measles, mumps, and rubella (MMR) doses, regardless of age. If there is no documentation of MMR, two doses are required, with the second dose received 4-6 weeks after the first dose.
- Hepatitis B immunization and titer status. This is a series of three injections; the second injection is given one month after the first, and the third injection six to twelve months after the first. A titer is required four to six weeks after the third injection.
- Documentation of a 2-step Mantoux test. This test is a mandatory test for Tuberculosis. It consists of an initial examination, a reading, a second test, and a final reading. The second Mantoux test should be 7 to 21 days after the first. Readings must be completed within 48-72 hours after administering each Mantoux test.
- COVID-19 Vaccinations as determined by the healthcare provider and UNB.
- Current CPR Health Care Provider Certification (CPR-HCP) with Automated External
- Defibrillator (AED), to be completed annually during the summer months, with specific dates to be provided by the COEC.

- Criminal Record Check (CRC), including Vulnerable Sector Check to be completed annually during the summer months, with specific dates to be provided by the COEC. The Criminal Record Check is current for one calendar year from the date obtained.

Additional requirements may be required for some clinical placements (i.e., enhanced security screening measures for placements with correctional services Canada). The COEC will contact students directly if additional requirements are needed for specific placements.

Preventing and Addressing Health and Safety Issues

Nurse Practitioner students participate in clinical experiences at a variety of clinical institutions. Students are responsible for becoming familiar with relevant policies and procedures, including Health and Safety regulations, for the facility to which they are assigned. Professor of Record and preceptors are also responsible for supporting students in understanding relevant university and clinical organization policies and guidelines to promote safety and address incidents when they arise. Students may experience incidents that harm or threaten their safety in the clinical or academic setting. Additionally, student actions in the clinical setting may impact or have the potential to impact client safety. Examples of safety incidents could include slipping on a wet floor, falling in the parking lot, being the target of or perpetrating harassment or violence, medication errors, or needlestick injuries. Incidents can also be near misses.

Should an accident/incident/near miss occur while participating in clinical experiences, students are responsible to:

- Immediately notify the preceptor and seek out and consult relevant policies and guidelines to inform action.
- Adhere to any policies/procedures the clinical institution has in place and complete and submit any relevant accident/injury report forms.
- Notify the Professor of Record (immediately or within 24 hours).
- Report the accident/injury to UNB by completing the UNB Accident/Incident Report Form <https://es.unb.ca/apps/accident-report/>
- Report all accidents/incidents within **24 hours**.

Students should print and retain copies of all forms completed. Upon submission, the UNB Accident/Incident Report Form will be distributed to the appropriate areas of responsibility at the University. If there is any doubt as to whether the incident should be reported, it is always best to err on the side of caution and complete the UNB Accident/Incident Report Form.

Students seeking additional assistance or guidance related to an incident that occurred in the context of their clinical placement are encouraged to speak with the Professor of Record, who can guide the student in examining and debriefing around the incident using the UNB Faculty of Nursing and Health Sciences MN Program Client/Student Safety Incident Report Form (Appendix D).

Students must acquaint themselves with the Health and Safety regulations governing UNB's employees, faculty, staff, students, and visitors. Information about UNB Environmental Health and Safety can be accessed at <https://www.unb.ca/fredericton/environmental-safety/index.html>. UNB also has a Human Rights and Positive Environment Office, <https://www.unb.ca/humanrights/>, with dedicated human resources and policies linked to both. Should students require support in managing the consequences of safety or another challenge, all full-time UNB students have access to a range of Student Services, free of charge, such as Counselling Services, <https://www.unb.ca/fredericton/studentservices/health-wellness/counselling/>, and Student Health, <https://www.unb.ca/fredericton/studentservices/health-wellness/health-centre/index.html>

References

- Barker, E. R., & Pittman O. (2010). Becoming a super preceptor: A practical guide to preceptorship in today's clinical climate. *Journal of the American Academy of Nurse Practitioners*, 22(3), 144–149. <https://doi.org/10.1111/j.1745-7599.2009.00487.x>
- Berkstresser, K. (2016). The use of online discussions for the post-clinical conference. *Nurse Education in Practice*, 16(1), 27–32. <http://doi.org/10.1016/j.nepr.2015.06.007>
- Burns, C., Beauchesne, M., Ryan-Krause, P., & Sawin, K. (2006). Mastering the preceptor role: Challenges of clinical teaching. *Journal of Pediatric Healthcare*, 20(3), 172–183. <https://doi.org/10.1016/j.pedhc.2005.10.012>
- Canadian Nurses Association. (2004) Achieving excellence in professional practice: A guide to preceptorship and mentoring. Ottawa: Author. www.cna-aiic.ca
- Canadian Nurses Association. (2017). CNA Code of Ethics for Registered Nurses. Ottawa: Author.
- Chan, D. S. K. (2003). Validation of the clinical learning environment inventory. *Western Journal of Nursing Research*, 25(5), 519–532. <https://doi.org/10.1177/0193945903253161>
- Irons, A. (2008). *Enhancing learning through formative assessment and feedback*. Routledge.
- Luimes, J. (2021). Supporting preceptors of distance nurse practitioner students. *Teaching and learning in nursing*. 16(10), 149–155. <https://doi.org/10.1016/j.teln.2020.10.005>
- Mansutti, I., Saiani, L., Grasseti, L., & Palese, A. (2017). Instruments evaluating the quality of the clinical learning environment in nursing education: A systematic review of psychometric properties. *International Journal of Nursing Studies*, 68, 60–72. <https://doi.org/10.1016/j.ijnurstu.2017.01.001>
- McQueen, K. A., Poole, K., Raynak, A., & McQueen, A. (2018). Preceptorship in a nurse practitioner program: The student perspective. *Nurse Educator*, 43(6), 302–306. <https://doi.org/10.1097/NNE.0000000000000498>
- Pitts, C., Padden, D., Knestricks, J., & Bigley, M. B. (2019). A checklist for faculty and preceptor to enhance the nurse practitioner student clinical experience. *Journal of the American Association of Nurse Practitioners*, 31(10), 591–597. <https://doi.org/10.1097/JXX.0000000000000310>
- Sharpnack, P. A., Moon, H. M., & Waite, P. (2014). Closing the practice gap. *Journal for Nurses in Professional Development*, 30(5), 254–260. <https://doi.org/10.1097/NND.0000000000000095>
- Vezeau, T. M. (2016). In defense of clinical conferences in clinical nursing education. *Nurse Education in Practice*, 16(1), 269–273. <https://doi.org/10.1016/j.nepr.2015.10.006>
- Wink, D. M. (1995). The effective clinical conference. *Nursing Outlook*, 43(1), 29–32. [https://doi.org/10.1016/s0029-6554\(95\)80041-7](https://doi.org/10.1016/s0029-6554(95)80041-7)
- Yehle, K. S., & Royal, P. A. (2010). Changing the post-clinical conference: New time, new place, new methods equal success. *Nursing Education Perspectives*, 31(4), 256–258.

APPENDIX A

UNB Faculty of Nursing and Health Sciences MN Nurse Practitioner Teaching Practice Poster Template

A teaching practice posted will be mailed out to all preceptors prior to the beginning of term. We ask that preceptors display poster in a common area within their practice space so that clients can view (i.e., waiting room).



THIS PRACTICE IS A TEACHING PRACTICE

**STUDENTS ARE ALWAYS
SUPERVISED DURING OR AFTER
THEIR INTERVIEW WITH YOU**

During your visit, you may encounter a student nurse practitioner. These registered nurses are training to become nurse practitioners. By allowing these nurses to be involved in your care, you are assisting with their education and helping keep us up to date so we can provide you with the best care possible.

1st Year Nurse Practitioner Students
These nurses are present to obtain advanced training in medical history taking, physical examination, or as an observer.

2nd Year Nurse Practitioner Students
These nurses are capable of seeing you and will be involved in treatment, but your primary healthcare provider approves all treatment decisions.

PLEASE WELCOME _____, Registered Nurse, Nurse Practitioner Student

SUPERVISED BY: _____

TERM DATES: _____



IF, for any reason, you wish to be seen by me only, please notify the nurse or administrative assistant before entering the room.

APPENDIX B

Nurse Practitioner Student Clinical Practicum Learning Plan

Student Name: _____ **Course Name:** _____ **Date:** _____

Nurses and nurse practitioner students continually improve their competence by reflecting on their practice, setting learning goals, and participating in learning activities. Learning plans are developed after intentional self-assessment of theoretical knowledge and practice. Developing a clinical learning plan provides opportunities for reflection on areas of strength, opportunities for further development, and identification of successful learning strategies to maintain momentum as students move forward in the Nurse Practitioner program. Take the opportunity to share a copy of your resume or Curriculum Vitae (CV) and this learning plan with your preceptor early in your placement or during clinical orientation. The format below to develop talking points that will guide the discussion.

1. Describe the areas of your practice you want to develop further in simple goals. (Identify your learning needs.)
2. Based on previous learning experiences, what would you consider helpful and necessary for success? (Learning style)
3. Identify strategies you and your preceptor(s) have used in the clinical settings that have supported your learning. (Strategies)

SMART goals are an essential part of developing a new clinical learning plan. SMART goals help you stay focused, engaged, and motivated to continue to develop your knowledge, skills and abilities. This plan will allow you to share successful learning strategies while supporting your learning as you move forward toward a dynamic journey of lifelong learning and critical inquiry. You will need to develop two learning goals in your learning plan.

Simple Goal	SMART Goal (What am I going to learn?)	Learning Activities: Resources & Materials (How will I learn?)	Method of Assessment (Self reflection/Feedback)	Dates: Targeted (T) Completed (C)
				<u>Time defined:</u> (T) Each week will stay focused on my goals – (C) By the end of this clinical term, I will

Reference Material for SMART Goals

Specific	Measurable	Attainable	Relevant	Time-limited
Your goal should be specific. Avoid using vague phrases such as "I want to learn about..." If you are too vague, then how will you know when you reach your goal? Use an action word to describe what you want to achieve. Using an action word makes your goal measurable. Here are examples of action words; identify, develop, plan, design, demonstrate, compare, describe, evaluate, explain, create.	A measurable goal is quantifiable, meaning you can see the results.	An attainable goal can be achieved based on your skill, resources, and area of practice. Make sure your goal is realistic, given the resources that you have. A goal set too high may set you up for failure, whereas a goal set too low will fail to challenge and motivate you.	Ensure your goal(s) relates to your learning and future practice. A relevant goal should apply to your current practicum and is linked to your key learning goals and responsibilities.	Identify a reasonable time frame to complete your learning activities and achieve your goal. A time-limited goal will help motivate you to move toward your goal and evaluate your progress.

SMART Goal Examples

Simple Goal	SMART Goal (What am I going to learn?)	Learning Activities: Resources & Materials (How will I learn?)	Method of Assessment (self reflection/ Feedback)	Dates: Targeted (T) Completed (C)
I want to understand what my patients and their families go through when receiving a tragic or terminal diagnosis.	Within the next month, I will attend a few support group meetings for people with terminal illnesses and a group for grief support.	I will also talk with a bereavement/grief therapist to better understand their perspective and learn how to be supportive and empathic without becoming immersed in the process myself. I need to be able to "let go" of that patient and their family when the time comes.		(T) Each week will stay focused on my goals – continuing to improve my practice. (C) By the end of this practicum, I will become more independent in my client care.
I will return all phone calls and renew all prescriptions at the end of each workday.	I want my patients to feel important and in good hands. I will use the notes section on my phone and keep a to-do list for each patient at the end of each visit. I will never make my patients wait longer than the end of the business day to pick up their prescriptions or return phone calls.	If I feel a phone call from a patient warrants a visit that day, I will have the scheduler squeeze them in to see them. This will allow me to be the best nurse practitioner I can be, and my patients will feel comfortable and confident in my care.		

APPENDIX C

Nurse Practitioner Clinical Practicum Student Orientation Checklist for Preceptors

Purpose

This checklist aims to promote optimal teaching and learning opportunities and experiences for students, preceptors, and Instructors of Record in the context of UNB Nurse Practitioner clinical practicum courses.

Prior to the clinical practicum the preceptor will:

- Notify the manager of the need to secure student access to electronic records (EMR), building or other access required within the clinical site
- Work with the student to determine a clinical practicum schedule that permits an opportunity to complete required clinical practice hours
- Review course materials and prepare any questions for initial meeting with the Professor of Record

At the beginning of the clinical practicum, the Preceptor will:

- Provide an initial tour of the facility
- Review health and safety policy/procedures relevant to the clinical site
- Review emergency procedures and locations of emergency exit kits and supplies
- Review procedures for registering clients to see the Nurse Practitioner
- Review EMR and provide demonstration of features specific to the clinical site
- Review specific procedures related to labs/diagnostic testing
- Review documentation formats that are specific to the individual clinical site/organization
- Introduce the student to members of the allied health team and administrative staff

Additional Comments:

APPENDIX D

UNB Faculty of Nursing and Health Sciences MN Nurse Practitioner Program Client/Student Safety Incident Report Form

Purpose

This form aims to facilitate reporting and processing of a client or student clinical or academic safety incident to ensure the student is appropriately supported in addressing the safety incident using UNB and clinical site/organization guidelines and policies. That appropriate action is taken to ensure client and student safety.

Timelines for Reporting

Immediately after or within 24 hours of occurrence, students must report incidents to their preceptor and Instructor of Record. The preceptor, Instructor of Record, and the student will work collaboratively to ensure appropriate guidelines and policies are adhered to and incidents are appropriately reported.

Student Name/Email:

Instructor of Record Name/Email:

Course Name/Number

Incident Date/Time:

An incident is an unplanned event that exposes a student or client to severe or potential risk to that person's health, well-being, or safety.

Description of Incident Type and Characteristics:

(e.g., fall, medication prescription error, harassment, violence)

Detection:

Action or circumstance that resulted in discovery of an incident

Contributing Factors:

Influencing & causal factors contributing to the safety incident affect the chain of events. They may be positive and negative and include, e.g., organizational factors, hazards, and client or student characteristics.

Mitigating Factors:

Extenuating circumstances may be considered in determining any appropriate remedial action (e.g., previous safety record, a full admission of facts).

Client or Student Outcomes:

The impact upon a client or student is wholly or partially attributable to the incident.

Actions were taken to reduce risk and ensure safety:**Follow-up actions (e.g., with the client, client's family, clinical site/organization, UNB Environmental Health and Safety, WorkSafe NB):****Identification of preventable factors and suggestions for preventing future similar incidents:****Additional Notes/Comments:**

This form will be placed in the student's MN Program file as a part of the clinical record. The Graduate Program office will track types of safety incidents; no identifying information will be used for tracking purposes. These data will help us to identify critical areas of curricular focus related to safety.

References & Resources:

See Environmental Health and Safety, Safety Handbook for UNB policies and guidelines:

APPENDIX E

UNB Faculty of Nursing and Health Sciences Nurse Practitioner Program Abilities & Outcomes

1. **Critical Reading and Thinking.** Critical readers look beyond the facts of a text. They consciously apply strategies to uncover meaning and ensure their understanding of how the text portrays the subject matter. Critical thinkers are skeptical thinkers who employ conscious strategies for evaluating information and ideas to guide decisions about what to accept and believe.
 - 1.1. Critically appraises literature by questioning assumptions, considering alternative viewpoints, determining the credibility of the evidence, and discerning the relevance to the discipline of nursing
 - 1.2. Displays epistemic cognition, the capacity to say not only what one knows but also why one knows it
 - 1.3. Constructs arguments that justify one position as superior to other alternatives.
2. **Communication** involves speaking, writing, listening, reading, quantitative literacy (numeracy) and computer literacy. Graduates will be able to use discipline concepts and frameworks to communicate purposefully, sensitively, knowledgeably, and engagingly using various media as appropriate for various audiences.
 - 2.1. Demonstrates professional communication skills appropriate to the context.
 - 2.2. Composes text to present complex issues and reasoned arguments using concrete, concise and scholarly language appropriate to the intended audience.
 - 2.3. Engages in effective communication in various contexts understanding the boundaries of social and professional access with clients, colleagues, administrators, stakeholders, and people over whom they have power.
 - 2.4. Uses appropriate information systems and technology to enhance effective communication.
 - 2.5. Displays literacy with numbers and the capacity to think in quantitative terms.
3. **Professional Sensibility** is conduct that demonstrates an advanced level of understanding and commitment to ethics, diversity, societal responsibility, self-management, knowledge, skill, awareness and caring.
 - 3.1. Uses a variety of competing forms of "knowledge" to construct a philosophy of nursing that provides a lens for developing advanced nursing practice.
 - 3.2. Discerns moral dilemmas and injustices and uses a range of ethical theories to develop the skills, commitment, and comportment necessary to confront ethical dilemmas in health care
 - 3.3. Engages in intentional reflection to extend professional identity consistent with the advanced practice role.
 - 3.4. Recognizes implications of professional power in relationships
 - 3.5. Integrates aspects of cultural awareness, cultural safety, and cultural sensitivity to develop the level of cultural competence expected in advanced nursing practice.
4. **Evidence-Informed Practice** is the thoughtful integration of clinical expertise, individual (person or population) characteristics, situations, and preferences with the best available evidence to make decisions that affect health outcomes. It incorporates critical evaluation of the strength of a wide spectrum of evidence, including, but not limited to, research, clinical guidelines, and expert opinion.
 - 4.1. Differentiates between the ontological, epistemological, and methodological assumptions of different paradigms and their contribution to what is seen to constitute evidence.
 - 4.2. Distinguishes the significant designs in qualitative and quantitative research methods and appraise the appropriateness of the decision-making method.
 - 4.3. Demonstrates the ability to analyze, assess and weigh the evidence in considering the credibility of the conceptual basis for decision-making in nursing.

- 4.4. Develops an understanding of how to use a variety of evidence to inform and modify practice (current research, theoretical knowledge, expert opinion, best practice guidelines and prior experience).
 - 4.5. Understands that to influence the highly political and rapidly changing context of policymaking, practitioners must not only provide credible evidence but also consider the capacity for change
5. **Leadership** is a visionary approach demonstrated in an expanded array of settings through advocacy for quality care, collaboration, articulate communication, mentorship, risk-taking, and role modelling.
- 5.1. Ascertains effective strategies for advocating for change in organizing and delivering health care based on adopting evidence-based practices and innovations in care delivery.
 - 5.2. Determines leadership, team building, negotiation, coalition building, and conflict resolution skills required to develop and extend disciplinary, interdisciplinary and intersectoral partnerships.
 - 5.3. Considers how availability and allocation of fiscal, physical, and human resources influences shaping of healthy public policy.
 - 5.4. Mentors through providing expert guidance, role modeling and coaching.
6. **Practice Excellence** is a nursing practice that draws from an expanded range of responses to individuals, families, communities, and populations.
- 6.1. Integrates an expanded range of theoretical, experiential and research knowledge to understand the priorities and demands in embedded practice situations.
 - 6.2. Develops nuanced awareness of and tolerance for ambiguity and complexity in healthcare
 - 6.3. Analyzes current and potential nursing and healthcare issues considering contextual factors that impact clients, nurses, and organizations.
 - 6.4. Collaborates, consults, and demonstrates leadership to provide expert guidance and/or coaching of others in navigating the health care system.
 - 6.5. Integrates knowledge, skilled know-how, judgment, and ethical comportment in reasoned decision making.
 - 6.6. Develops the capacity to influence health care institutional context so that good practice is possible within organizations.
 - 6.7. Uses a variety of resources and data to engage in the systematic and ongoing evaluation of self and others' practice to ensure relevant and timely modifications.