



NURSE PRACTITIONER PRECEPTORSHIP HANDBOOK

FACULTY OF NURSING

MASTER OF NURSING

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SPRING, 2023

UNB

University of New Brunswick Faculty of Nursing Master of Nursing Nurse Practitioner Preceptorship Handbook

Welcome to the Nurse Practitioner (NP) Program at the University of New Brunswick (UNB). We are pleased you agreed to support NP students' growth, development, and learning. We are thankful for the time, energy, and commitment to our program and students. Preceptors are critical to supporting and educating future NPs.

We recognize that NPs make significant contributions to healthcare delivery based on primary healthcare principles. The Nurses Association of New Brunswick (NANB) has promoted the utilization of NPs in emergency rooms, community health centers, family practice settings, and long-term care.

The NP program includes a total of 5 clinical practicum courses. The NP students complete 700 hours across the five practicums: 4 practicums of 100 each and the final practicum of 300. Students gain experiences in different clinical areas with clients in various life stages; placement selection is crucial for the students to gain these experiences. These preceptorship experiences are designed to enable NP students to experience real-life experiences working with a knowledgeable and skilled Nurse Practitioner. Ideally, this experience will allow exploring what NP practice involves and apply a "hands-on" approach to learning which will facilitate the theory-to-practice application of knowledge. By working with a preceptor, the NP student will gain insight into the rewards of NP practice and observe how a competent clinician functions as a member of an interdisciplinary team.

This Master of Nursing (MN) NP Preceptorship Guide is designed to support preceptors, students, and faculty and ensure successful preceptorship experiences and completion of MN NP clinical practicum courses. Preceptors, students, and MN program faculty must review and become familiar with this MN NP Preceptorship Guide and the resources available to support these partnerships. This guide provides a general overview of the program curriculum, the roles and responsibilities of students, faculty, and preceptors, relevant policies, guidelines, and supporting resources.

If you have questions about preceptorship experiences, please get in touch with the faculty member/professor of record (POR) assigned to the clinical course. Please note that the POR will contact you at the beginning of the clinical to introduce themselves. Additionally, they will meet with you and the student at midway and final to be present for the evaluations. Please get in touch with the POR if you have any concerns with the clinical placement, student performance etc. We encourage open communication to help optimize your experience as a preceptor; the POR is an excellent resource available to you and the student. If you have more general questions, please get in touch with the Associate Dean, Research and Graduate Studies, or the Graduate Program Assistant using the information below.

Thank you for your engagement in our program.

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This is a living document that is continually edited and updated. It can be changed at any point (containing active hyperlinks) as program requirements change after being finalized, making this document more accessible, effective, and efficient.

This document is designed to assist Clinical Preceptors in promoting safe, competent, and professional practice while guiding students to achieve course outcomes consistently. Applicable to all clinical courses the Faculty of Nursing Graduate Studies delivers, these guidelines are reviewed and revised annually.

PREFACE

“From a humanbecoming perspective, teaching-learning is a never-ending journey of giving-receiving in coming to know” (Parse, 2004, 2021)

Preceptorship is a significant decision and commitment for a nurse practitioner or family physician. It is an opportunity to *pay it forward* by supporting the development of more nurse practitioners to care for the citizens of New Brunswick. Nurses and nurse practitioners must “support our peers in developing competencies or safe, ethical and effective practice” (CNA, 2004, 2017). Precepting provides opportunities to increase the presence of NP professionals and build a supportive NP network. As the Latin proverb “*docendo discimus*” identifies, it is by teaching we learn, providing opportunities for continued growth.

This guide provides an overview of the UNB nurse practitioner preceptorship program. The goal of this preceptorship resource is to provide role clarity for all involved in the process as well as specific roles and expectations that support the successful integration of theory to practice (Luimes, 2021). These academic-workplace partnerships “can effectively reduce healthcare costs, improve patient outcomes, and improve quality and safety in patient care” (Sharpnack et al., 2014, p. 255).

Preceptorship allows the NP student to experience the pressures of day-to-day relationships with clients, other professionals, the referral system, local, provincial, and national rules and regulations and the realities of a productivity-driven practice in a safe, supportive, and realistic learning environment (Barker et al., 2010; & Burns et al., 2006). The goals of these experiences are to provide an opportunity to observe, learn and practice in real-world situations, applying theory to practice. NP students are exposed to the general systems of operations and the philosophies unique to the specific primary care practice; they will become aware of the organizational culture and learn to manage their time. They will continue to develop their oral, written (e.g. referrals) and technical communication skills and develop an understanding of leadership and ethical qualities related to professional growth, trying out a professional style, clarifying goals and interests in choosing their future practice opportunities his handbook, preceptorship refers to a formal one-to-one relationship (of predetermined length) between an experienced nurse [practitioner] and a nurse practitioner (NP) student designed to support the development of knowledge, skills, and abilities of a nurse practitioner as well as being socialized into this new domain of practice. This relationship is designed to assist the preceptee in applying theory to practice in transitioning to their new role as an NP. The preceptor acts as a clinical teacher, role model, and colleague. In this role, they orient the preceptee to the clinical environment, discuss learning needs, learning styles, strengths, and growth opportunities, and set learning goals for the experience. Based on the learning goals, the preceptor-preceptee identifies clients, care responsibilities and strategies to guide and provide safe client care and planning. Finally, the preceptor and preceptee evaluate learning outcomes based on the specific course outcomes.

The various aspects of the preceptee-preceptor relationship that will be highlighted in this handbook include roles and responsibilities, giving feedback, prioritizing care, learning opportunities, time management and scheduling, evaluation, communication, teamwork, patient-centred care, ensuring a culture of safety, evidence-based practice, critical thinking and clinical judgment, and clinical resources.

Karen Ursel, RN, MHSA, PhD
Teaching Professor / Clinical Strategist

OVERVIEW OF THE UNB MASTER OF NURSING DEGREE

The MN Program in the Faculty of Nursing (FON) promotes leadership, innovation, and excellence in nursing through teaching, research, community service, and advanced nursing practice locally, nationally, and internationally. The MN program aims to prepare nurses for advanced practice in clinical, educational, administrative, and research roles. The MN program ensures that students acquire thorough, integrated nursing research, theory, and practice knowledge. Currently, we offer two program streams: (1) Thesis/Report Stream (MN) and (2) NP (Primary Health Care; MN ANP). This guide focuses on the NP Stream.

UNB FON Mission, Vision & Values

Vision

Advancing nursing and nursing knowledge through excellence in teaching, research, clinical practice, leadership and innovation

Mission

We are educating and preparing nurses for an evolving healthcare system grounded in the principles of primary healthcare, social justice and caring supported by evidence and research.

Values

The articulation of values for UNB's Faculty of Nursing provides clear expectations of how faculty will proceed in their daily work. Demonstrating these values will mean the entire team will be engaged in meeting students' needs. These values are a key component of this plan.

Excellence: We are committed to delivering high-quality nursing education at the undergraduate and graduate levels through 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.

Nurse Practitioner Stream Curriculum

The objective of the UNB NP Program is to prepare Advanced Practice Nurses who will function as NPs in caring for individuals across the lifespan according to principles of Primary Health Care. The NP program builds on students' current nursing knowledge, skills, abilities, and judgments. Graduates of the program receive an MN NP degree and are eligible to become registered as a Primary Health Care Nurse Practitioner after completing the Canadian Nurse Practitioner Exam: Family/All Ages (CNPE: F/AA).

The NP stream involves synchronous online and in-person learning; students complete the program full-time over two years. The program includes 43 credit hours: 6 theory courses and five clinical practicum courses. Students complete 700 hours across the five clinical practicums: 4 practicums at 100 hours each and one final 300-hour practicum. Clinical practicum courses use a preceptorship model that involves collaboration among the FON Professor of Record (POR), preceptor, and student. The POR for all clinical practicum courses is a licensed NP assigned to lead and oversee the course. The preceptor is an NP or physician who works primarily in community health centers, emergency rooms, family practice, and, in some instances, long-term care or specialty areas (e.g., pediatrics).



The MN Program curriculum is guided by an abilities-based framework that includes five core outcomes: (1) Research, Critical Thinking, and Inquiry, (2) Communication, (3) Professionalism, (4) Evidence-Informed Decision-making, and (5) Leadership. The NANB Entry-Level Competencies for Nurse Practitioners (2016) have been mapped to the program's abilities and outcomes to ensure that, upon completing the program, students are prepared to practice as entry-level NPs.

Clinical Practicum Overview

Students gain experiences in different clinical areas with clients in various life stages; placement selection is crucial for the student to gain these experiences. NP-prepared faculty are assigned to supervise NP clinical practicum courses. Students are paired with a primary health care NP or physician using a preceptorship model. The Clinical Outreach and Engagement Coordinator (COEC) coordinates all clinical practicums and selects appropriate experiences and preceptors for each clinical course in collaboration with the POR, health authority/agency, and student. Clinical placement planning begins well before the commencement of each semester, as securing placements and ensuring required agreements and conditions for placement are completed can take six to eight weeks or longer.

All clinical courses except for the Final Clinical Practicum have integrated formative and summative laboratory components, including the **Objective Structured Clinical Examination (OSCE)**. In-person laboratory practice is associated with some clinical practicum courses and related travel to UNB's Fredericton 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 this program.

NURSE PRACTITIONER PROGRAM COURSE SEQUENCING

Year	Fall (Sept. – Dec.) Course # & Course Name	Winter (Jan. – April) Course # & Course Name	Summer (May – July) Course # & Course Name
1	NURS 6018 (3CH) Nursing Leadership, Ethics & Health Policy	NURS 6202 (3CH) Advanced Pharmacotherapeutics	NURS 6363 (3CH) Research & Evidence-Informed Nursing Practice
	NURS 6203 (3CH) Advanced Pathophysiology	NURS 6224 (4CH) Primary Health Care Management Adult I Theory & Clinical Practicum (100 hrs) <i>Focus:</i> Health and needs of young and middle-aged adult clients, providing an opportunity to apply knowledge, skills, and judgment in the NP role. <i>Clinical Areas:</i> Community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care. <i>Complementary Placements:</i> May include medical laboratory services.	NURS 6204 (3CH) Roles and Issues
2	NURS 6222 (4CH) Advanced Health Assessment Theory & Practicum (100 hrs) <i>Focus:</i> application of core NP competencies: advanced health assessment, health promotion, disease prevention, professional roles & responsibilities. <i>Clinical Areas:</i> Community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care. <i>Complementary placements:</i> may include medical laboratory services.	NURS 6219 (9CH) Final Clinical Practicum (300 hrs) <i>Focus:</i> This concentrated clinical practicum provides an opportunity to synthesize the NP's specialized knowledge, skills, and judgment. <i>Clinical Areas:</i> community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care.	NURS 6226 (4CH) Primary Health Care Management Pediatrics Theory & Practicum (100 hrs) <i>Focus:</i> managing the health needs of pediatric clients and providing opportunities to apply knowledge, skills, and judgment in the NP role. <i>Clinical Areas:</i> community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care. <i>Complementary Placements:</i> could include pediatric specialty practices or clinics.
	NURS 6013 (3CH) Theoretical Foundations of Nursing	NURS 6228 (4CH) Primary Health Care Management Adult II Theory & Clinical Practicum (100 hrs) <i>Focus:</i> managing the health needs of older adult clients and providing opportunities to apply knowledge, skills, and judgment in the NP role. <i>Clinical Areas:</i> Community health clinics, private family practice, correctional services, Indigenous health centers, and urgent/emergent care. <i>Complementary Placements:</i> could include gerontology or long-term care specialty practices or clinics.	A total of 11 courses include 700 clinical practicum hours

Revised 2023

Complementary Experiences / Activities

Complementary/supplementary experiences are activities organized by COEC according to the curricular needs and course outcomes. These activities are usually designed to reinforce theoretical content or extend and strengthen understanding of the whole topic/experience. Complementary activities provide some of the most engaging and meaningful learning experiences.

COMPLETION OF CLINICAL HOURS

The UNB Faculty of Nursing must provide NANB with confirmation that each NP student has completed the program, including 700 required hours of clinical practice, to be eligible to write the Canadian Nurse Practitioner Exam or register with NANB. For this reason, it is essential that each student accurately log and submit all practice hours for each clinical practicum.

Once the placement is approved and the student is provided with preceptor contact information, the student must plan and establish a schedule to meet the required hours associated with the course with the preceptor. The NP **student enters the anticipated schedule** into www.Typhongroup.net before the start date of the course. The student updates the schedule with any changes that occur and confirms the clinical hours to the COEC at the end of the course.

It is recommended that for 100 hr. clinical courses, the student plans to be in the clinical environment two days a week, generally Thursdays and Fridays, based on other scheduled classes, to ensure course requirements can be met. For the 300 hr. final clinical practicum, it is recommended that the student plan is in the clinical environment four to five days a week for the duration of the course. Students will typically require more clinical days than anticipated to achieve the number of hours needed for each course:

- a) It is sometimes necessary to complete more than 100 hours to achieve 50 hours of practice in courses with a focused age demographic¹; and
- b) only patient contact hours are counted toward the 700 required practice hours. This includes time spent with patients, on-site collection of relevant data, collaboration with health care professionals, and documentation related to patient care; on average, students can document 5 hours of patient contact time in an 8-hour day.

As NP students' skills and abilities progress in the program, **contact time with each client** will decrease. For example, during the first clinical practicum of NURS 6222 Advanced Health Assessment Theory & Practicum, students might spend 60 minutes doing a thorough health assessment during a routine patient visit. As knowledge, skills, and abilities develop and evolve throughout the program, and students' progress to the capstone placement, NURS 6219 Final Clinical Practicum, most will spend 30 to 40 minutes completing this same assessment which would include time for collaboration and documentation of the visit. The preceptor, student, and POR assess what constitutes a 'reasonable' amount of time per patient visit during a rotation. When opportunities arise, attending professional development, including continuing medical education (CME) events, is encouraged; however, these hours cannot be counted as clinical practicum practice hours. Meeting with pharmaceutical representatives does not count as clinical practicum practice hours. Students should always consult with the POR if they are unsure whether clinical experiences and encounters are considered direct contact hours.

Careful attention to scheduling clinical days when the preceptor can accommodate the student is essential. The student is responsible for monitoring the number of hours completed and planning on completing the required number of hours for the term. Extension of the clinical period with the preceptor cannot be assumed and requires additional approvals. Exceptions related to unexpected illness of the student/family or preceptor should be discussed with the POR as soon as possible.

If students cannot attend clinical on the scheduled day, they must notify the preceptor and POR immediately. The student should obtain a telephone number and discuss the procedure of informing the preceptor and POR of unexpected absences. Failure to notify the preceptor as negotiated before the beginning of the scheduled clinical day may jeopardize the student and clinical placement. The student should inform the POR as per course guidelines. The student should then present the POR with a plan to complete the lost clinical time.

¹ Hours logged during clinical practicums with focused demographics that do not fit the demographic associated with the course, and that are over the 100 required hours for the course, will be carried forward to the Final Clinical Practicum.

SUPPORTING STUDENTS IN THE CLINICAL ENVIRONMENT

Orienting the Preceptor to the Clinical Course

Once preceptors are secured, the POR confirms the start date and time with the preceptor / clinical site. The POR establishes the preceptor's preferred method of communication and sends an electronic course orientation package to preceptors. This package includes the welcome letter, course syllabus with course objectives, clinical hours requirement, the evaluation process, clinical logs, and the NP Preceptorship Handbook. The POR will arrange a meeting with the preceptor to answer any questions related to the specific course and discuss course requirements and clinical experience expectations. At this time will confirm the student's credentials and that clinical requirements for the site have been completed (e.g., immunizations, criminal record check, etc.) With the manager's assistance, the preceptor is responsible for outlining any special considerations supporting student learning, ensuring the students have access to important clinical resources (e.g., electronic health records), and space to avoid any delays or barriers to practice and learning.

At this time, the POR will provide the contact number/information for the clinical faculty responsible for the student and plan for communication with the preceptor and student. The POR will meet with preceptors and preceptees at the midway and final point of the clinical practicum; these meetings generally take place via phone or video. The POR can meet more often as required and make clinical site visits if needed to support student progress. Please do not hesitate to contact the POR at any time. The POR may offer face-to-face or online opportunities to address adult teaching/learning strategies and increase effectiveness as a preceptor.

The POR assumes primary responsibility for assessing the student's clinical skills, knowledge and competencies throughout the practicum and assessing for appropriate progression related to the course and program outcomes. The POR supports students in connecting theory obtained in the academic setting with their practice in the clinical setting.

The POR reviews the student's clinical performance with the preceptor at various intervals and may discuss evaluations with the student providing constructive feedback on strengths and opportunities and an improvement plan. The POR supports plans for remediation based on evaluations as necessary.

Once the practicum is complete, the POR will confirm hours and review final evaluations. The POR should give the preceptor a thank you letter or token of appreciation. Provide the preceptor with documentation of preceptorship experience and feedback about preceptorship performance based on the student's evaluation. (Adapted from Pitts et al., 2019)

Preparing to Welcome a Student to the Clinical Site

Once placements are secured, preceptors can expect to be contacted by the student they will be working with. This connection provides an opportunity to discuss personal learning goals and share teaching-learning styles, previous clinical background, and understanding of course outcomes to be attained. The student and preceptor will work together to plan and establish a schedule that will permit the opportunity to meet the required course hours; once confirmed, the student will enter the schedule into Typhon. Students will also share a *Teaching Practice Poster* with their information to be displayed in the practice setting for their placement (Appendix A).

Nurses and nurse practitioner students continually improve their competence by reflecting on their practice, setting learning goals, and participating in learning activities. Each preceptee 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 preceptee requires developing a learning plan.

The NP Clinical Learning Plan is the tool used to facilitate collective reflection between the preceptee and preceptor around strengths, challenges, and preferred strategies for learning at the outset of each practicum.

Learning plans are developed after 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 NP 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. (Appendix B).

At this time, 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, which 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 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 NP 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 the NP Student

All NP Program clinical practicum courses use a preceptorship model that involves one student being paired with and directly supervised by an NP or physician preceptor in collaboration with a UNB POR. The preceptor is responsible for directly overseeing and being present in the clinical site when the NP 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 preceptee in the healthcare team and encourage interprofessional collaboration between the student and other team members.

The preceptor may 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-preceptee 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.

The preceptor will review and complete evaluations outlined in the course syllabus and discuss feedback outlining strengths and opportunities for further development or improvement with the student. The preceptor may engage faculty in developing remediation plans if necessary.

ROLES AND RESPONSIBILITIES OF THE FON, 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 NP students. To promote successful clinical learning experiences, the essential responsibilities of the FON, employer, preceptor, and student are outlined.

Responsibilities of the FON

The NP program focuses on educating NP students to address the primary care needs of vulnerable populations in rural and remote areas of New Brunswick. As a result, NP students are scattered across the province, requiring faculty to provide supportive guidance over distance (via FaceTime, Zoom, MS Teams and other web platforms). While many preceptors are interested in preceptor education, time and distance are often barriers to participation. To this end, the Faculty of Nursing is developing a self-paced Preceptorship Support Portal.

The FON will:

- Offer coursework and lab experiences, which are the 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 POR, preceptor, and student regarding potential challenges or safety incidents that may arise.
- Appoint a UNB POR who is a licensed NP to lead and oversee all clinical practicum courses.
- Ensure the POR is available to support and consult with the student and preceptor to promote clinical learning and discuss the student's progress at set milestones and as needed. Contact may be via email, over the phone, or in person.
- Ensure the student and preceptor have the materials and resources to meet course requirements.
- Seek out and consider formal and informal feedback from students, preceptors, and stakeholders.

Responsibilities of the Employer / Clinical Administration Team

Preceptors are often torn between fulfilling their professional obligation to precept NP students. This can be a 'hard sell' to the preceptor if productivity is perceived as being hampered or the time needed for teaching is not recognized. Identified barriers to precepting success include: focus on productivity, practice (time and space) not designed to include students, the structure of the visit, client expectations for care, unsure of the teaching role, short duration of the precepting experience, preceptor fatigue associated with frequency of experiences.

The employer will work to identify preceptors and settings conducive to supporting the teaching-learning activities of the preceptor- preceptee collaborative partnership.

Responsibilities of the Preceptor

The preceptor must be aware of the preceptee's scope of knowledge and skills and the learning goals for the specific practicum. Because of the short duration (100 hrs or 300 hrs) of preceptorship partnerships, which are determined by the clinical hour requirements, it is essential to quickly identify the student's learning needs and select client encounters that meet those needs and fit within the available time constraints.

The preceptor will:

- Collaborate with the student to identify learning needs (See Appendix B: NP Student Learning Plan).
- 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 POR 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 POR.
- 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 FON welcomes feedback regarding any aspect of clinical practicum experiences.

Responsibilities of the Preceptee

The preceptee is responsible for knowing and adhering to their capabilities and competencies. The preceptee must communicate capabilities or lack thereof to the preceptor.

The student/preceptee 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; submit the planned schedule to the COEC before the start of the course and enter it into typhon.org.
- Complete pre-and co-requisite 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 FON welcomes feedback regarding any aspect of clinical practicum experiences.

PRECEPTOR RECOGNITION

Being a preceptor takes time, energy, and commitment. We appreciate your desire to engage with students, course instructors, and the university community, which takes tremendous dedication and effort. Preceptors may benefit from reduced scheduling considering teaching responsibilities, continuing education hours, access to educational resources and further development opportunities.

Preceptor Pin

New preceptors are provided with a UNB FON 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 FON sends preceptors a Certificate of Appreciation at the end of the clinical course for the critical contributions made to the education of MN NP students in the clinical setting.

Preceptor of the Year Award

Starting in the fall of 2021, the UNB FON will recognize a graduate (NP 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 FON Awards Committee yearly.

Clinical Educator of the Month

Starting in the fall of 2021, the UNB FON 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 FON's leadership team will adjudicate this recognition. Recipients will receive acknowledgment on the UNB FON website.

Opportunities for Honorary Research Associate Appointments

Your clinical expertise is valued! Suppose you would like to contribute to the education of future NPs by serving on MN committees, teaching courses, or supporting student research or project work by serving as a co-supervisor for Master of Nursing theses or reports. In that case, you can join the UNB Faculty of Nursing Graduate Academic Unit by applying for Honorary Research Associate Membership.

To apply, send a completed application form

https://www.unb.ca/gradstudies/assets/documents/hra_policy_application.pdf and a current CV to dionne.oliver@unb.ca

UNB FON POLICIES RELEVANT TO CLINICAL PRACTICUM

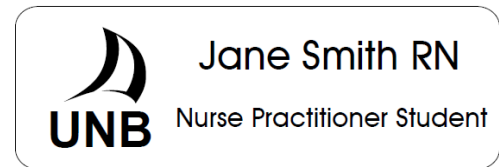
Travel

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 preceptee 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 NP 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 NP students must be registered in the province as nurses before entering the NP 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 FON by contacting the program administrator at mnprogram@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. Students must demonstrate evidence of current health and safety requirements before starting all clinical placements. All of the following requirements must be met:

Documentation of immunization status on the MN NP Student Immunization Record:

- **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.

All students are to have the MN NP Student Immunization Record completed and signed by a healthcare professional, indicating their present immunization status. This document is available through the COEC.

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. Students must apply for a Criminal Record Check in their area of permanent residence. Students with a criminal conviction (i.e., a positive result on the CRC) will be asked to disclose the reason for this result to the Associate Dean, Research and Graduate Studies. Students' written permission to share this information with clinical agencies to comply with agency requirements will be 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

NP 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. PORs 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 needle-stick 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 POR (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 POR, who can guide the student in examining and debriefing around the incident using the UNB Faculty of Nursing MN Program Client/Student Safety Incident Report Form (Appendix E).

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>

EVALUATION

Completing Clinical Evaluations

Clinical practicum courses are graded as a credit or non-credit. The NP program uses several methods to assess student progress in clinical practicum courses, including the preceptor's assessment of student performance.

Monitoring Clinical Logs

Students complete clinical logs that include detailed daily entries to document evidence of and allow for evaluation of clinical practice hours. The preceptor should regularly monitor student clinical logs to ensure students meet the required practice hours. For review, the student must submit clinical logs to the POR at each clinical course's midway and endpoints. Submission at midway helps to ensure the student is on track to meet clinical practice hours. The preceptor, POR, and student must sign these logs, which are placed in the student's files as evidence of hours completed.

Formative Assessment

"Any task or activity which creates feedback (or feed-forward) for students about their learning"

(Irons, 2008).

Formative assessments are not factored into the summative assessment; these are for the preceptee- preceptors' benefit. Through the formative assessments, the preceptee can reflect on their practice and determine their progress, what abilities/knowledge they have yet to experience, or whether they are having difficulty in a specific area.



We ask that preceptors make time at the end of each day to debrief with the student by discussing strengths and areas for improvement. This will guide the student in developing their practice, and the preceptor can adjust the types of assignments to assist the preceptee in meeting their learning needs. Early and frequent feedback creates opportunities to develop strategies that support students' learning and ability to meet course outcomes. The preceptee and preceptor can collaborate through these assessments to ensure clinical experiences/client encounters will help support learning needs. In addition to formal written evaluation, this ongoing informal feedback about progress is critical to student success. Opportunities to develop NP practice are limited when concerns are identified late in the clinical rotation.

The goal of formative assessment is to monitor preceptee learning and help the NP students identify their areas of strength and areas needing improvement. Formative assessment provides ongoing feedback, which preceptors can use to improve their teaching and NP students' learning.

Constructive feedback

Feedback must be provided to the NP student promptly. The importance of ongoing verbal feedback throughout the clinical day and check-ins after client encounters to review experiences and provide formative feedback throughout the clinical practicum, is crucial to developing the NP students' learning and critical thinking.

These routine, informal *check-ins* are typically conducted either during or directly following a clinical day; if the preceptor/preceptee has concerns about performance or wants to review a specific event, a meeting outside of clinical is recommended.

This meeting will provide the preceptee and preceptor an opportunity to:

- (a) discuss similar and differing perspectives; and
- (b) come to a mutual understanding of the student's clinical performance:

The POR can aid/support when providing formative assessment. 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.

Summative Assessment

"Any assessment activity which results in a mark or grade which is subsequently used as a judgment on student performance" (Irons, 2008).

The summative assessment aims to evaluate NP student learning at the end of a defined instructional period by comparing the NP student performance to pre-defined benchmarks such as course abilities and outcomes.

Preceptors are responsible for providing written evidence of student performance in the clinical practicum course by completing clinical assessment forms at the midway and end points of each clinical practicum course. These assessments should involve collaboration and review with the NP student and POR. If the preceptors have questions about the evaluation criteria, completing the forms, or student performance, contact the POR as soon as possible.

The midway evaluation is completed and discussed among the preceptor, student, and POR during the midway POR check-in (via phone or video).

The clinical evaluation forms are course specific and include relevant:

- (1) UNB FON curriculum outcomes and
- (2) related NANB NP Entry Level Competencies. Relevant NP Entry Level Competency statements are listed next to UNB curriculum outcomes. (See Appendix E).

To complete the assessment, consider each of the UNB abilities and outcomes and accompanying NANB NP Entry Level Competency statements and evaluate student performance by rating it as either:

- (a) not observed,
- (b) unsafe practice,
- (c) moderate guidance needed,
- (d) very little guidance is needed or
- (e) excellence in practice.

Currently, the POR determines if a supervised visit to support the student or preceptor may be necessary. Plans are developed collaboratively for the student to work on areas requiring development.

The final evaluation is completed and discussed among the preceptor, student, and POR during the last portion of the practicum experience. The preceptor, student, and POR must sign all evaluation forms and clinical logs and submit them to the MN Program Administrative Assistant for the student file by the last date of each clinical placement.

NP 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 NP 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). (See Appendix E).

NP Preceptorship Program Evaluation

- ✓ The UNB FON 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 POR or Associate Dean 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 NP 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 FON, preceptors, and students' section below.

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APPENDIX A:

UNB FON MN NP Teaching Practice Poster Template

A template of the below poster will be shared with students. Students are asked to fill in the form with data for each term's placement(s). Students are welcome to replace the stock photo with a photo of the student. Students will then share the poster with their preceptor to be placed in a public practice area for clients to view (i.e., waiting room).



THIS PRACTICE IS A TEACHING PRACTICE

You may encounter a student practitioner here.

These registered nurses are training to become nurse practitioners. Allowing learners to be involved in your care assists them with their education and keeps us up to date so we can continue to provide you with the best care possible.

PLEASE WELCOME Jane Doe, Registered Nurse, Nurse Practitioner Student
SUPERVISED BY Sarah Smith, Nurse Practitioner
TERM DATES 5 May - 6 Aug 2021

FOR MORE INFORMATION, PLEASE CONTACT:

E: renee.gordon@unb.ca

T: (506) 856 - 3493



APPENDIX B: Nurse Practitioner Student Learning Plan

Preceptee Name _____ Practicum _____ 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 NP 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:

NP 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 NP 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 exits kits and supplies
- Review procedures for registering clients to see the NP
- 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 Notes/Comments:

APPENDIX D:

UNB FON MN NP 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:

Student Name & Signature: _____

Instructor of Record Name & Signature: _____

This form will be placed in the student's MN Program file as a part of the clinical record. The MN 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:
<https://www.unb.ca/fredericton/environmental-safety/index.html>

APPENDIX E: UNB FON NP 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.

APPENDIX F: NP PRECEPTOR EVALUATION TOOL

UNB NP STUDENT'S EVALUATION OF PRECEPTOR EXPERIENCE

The following statements describe the overall experience I had with my preceptor.	Strongly disagree	Disagree	Agree	Strongly Agree	No Opportunity
1. My preceptor provided me with feedback about my strengths.					
2. My preceptor helped me to integrate the patient's priorities into clinical decision-making.					
3. My preceptor discussed how to problem-solve ethical concerns.					
4. My preceptor encouraged me to use evidence-based practice.					
5. My preceptor gave me feedback about what I needed to improve.					
6. My preceptor encouraged me to self-reflect to improve my practice.					
7. My preceptor helped me to learn from errors or potential errors.					
8. My preceptor allowed me a level of autonomy I felt comfortable.					
9. My preceptor considered my learning style (preference for learning by observing, reading, experiencing or reflecting).					
10. My preceptor encouraged me to ask questions to develop my clinical reasoning skills.					
11. My preceptor guided me in interpreting pertinent data for clinical decision-making.					
12. My preceptor modelled ways to help patients/families become partners in their care.					
13. My preceptor assisted me in using various technologies available in clinical practice for patient care.					
14. My preceptor helped me to establish interprofessional relationships.					
15. My preceptor directed me to clinical policies as appropriate.					
16. My preceptor recognized actions that reflect my accomplishments or contributions.					
17. My preceptor ensured the continuity of my learning experience even when I worked with other preceptors.					
18. My preceptor was available to discuss my role, learning experiences, and development opportunities.					
19. My preceptor helped me with time management.					
20. My preceptor guided me in the consult/referral process to providers or agencies to achieve optimal care outcomes.					
21. My preceptor included me in learning opportunities offered within or external to the health system.					
22. My preceptor displayed interest in serving as a preceptor.					
23. My preceptor explored with me ways to develop wellness and resiliency.					

The following statements describe the overall experience I had with my preceptor.	Strongly disagree	Disagree	Agree	Strongly Agree	No Opportunity
24. My preceptor provided an outlet for emotional support through role transition.					
25. My preceptor encourages me to grow as a leader in healthcare.					
26. Overall, my preceptor supported my growth and development as a learner to meet the program learning objectives of the fellowship.					

The following statement and questions relate to the overall experience in the practice setting:	Strongly Disagree	Disagree	Agree	Strongly Agree	No Opportunity
27. There was a supportive environment for the fellowship experience in the practice setting.					

28. What did you most appreciate about this preceptor or preceptorship?

29. What constructive feedback do you have for this preceptor or preceptorship?

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