

W. CARY EDWARDS SCHOOL OF NURSING AND HEALTH PROFESSIONS

# PRECEPTOR

## NURSE PRECEPTOR ORIENTATION MANUAL

2025/2026



**TESU** THOMAS  
EDISON  
STATE  
UNIVERSITY

BUILDING *Careers* | ADVANCING *Professions* | EMPOWERING *Lives*

Notes:

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## W. Cary Edwards School of Nursing and Health Professions at Thomas Edison State University



**Thank you** for agreeing to precept a Thomas Edison State University Graduate Nursing student. We are grateful for your involvement and commitment to nursing education. Our program's success is due to dedicated educators and practitioners like you. The students that are being precepted in the field by you, the experts, are licensed as RNs in the state of New Jersey or a compact state. Your expertise is providing advancement of their basic nursing skills and knowledge and assisting them to progress in their career ladder. Your help is invaluable and very much appreciated. Thank you..

Sincerely,

Ruth Wittmann-Price, PhD, RN, CNS, CNE, CNEcl, CHSE, ANEF, FAAN  
Dean, W. Cary Edwards School of Nursing and Health Professions

## Accreditation

The baccalaureate degree program in nursing, master's degree program in nursing, and doctor of nursing practice program at Thomas Edison State University are accredited by the Commission on Collegiate Nursing Education. The post-graduate APRN certificate program at Thomas Edison State University is pursuing initial accreditation by the Commission on Collegiate Nursing Education ([ccneaccreditation.org](http://ccneaccreditation.org)). Applying for accreditation does not guarantee that accreditation will be granted.

### > COMMISSION ON COLLEGIATE NURSING EDUCATION (CCNE)

655 K Street NW, Suite 750  
Washington, DC 20001  
202-887-6791

[www.ccneaccreditation.org](http://www.ccneaccreditation.org)



# Overview

Founded in 1972, Thomas Edison State University (TESU) has been a pioneer in serving working adults for over 50 years. As one of New Jersey's senior public institutions of higher education, TESU provides diverse, high-quality, and flexible learning opportunities. The university remains a leader in adult education, offering associate through doctoral degrees, with a strong focus on undergraduate students.

TESU's mission is clear: "Thomas Edison State University provides distinctive undergraduate and graduate education for self-directed adults through flexible, high-quality collegiate learning and assessment opportunities." While its mission has remained constant, TESU has evolved to meet changing market demands, technological advancements, and student needs. As universities increasingly compete for adult learners, the line between traditional and non-traditional students has blurred. TESU remains committed to offering tailored educational experiences for adult and self-directed students.

The Bachelor of Science in Nursing (BSN) program was established in 1983 to offer New Jersey's registered nurses an alternative to traditional campus-based programs. Accredited since 1990, it transitioned to an independent online format in 2001 and became the School of Nursing in 2003. The Master of Science in Nursing (MSN) program launched in 2006, expanding in 2011 to include Nurse Educator, Nursing Administration, and Nursing Informatics tracks. In 2010, the school was renamed in honor of W. Cary Edwards, a key supporter of TESU's nursing program. The Post-MSN Doctor of Nursing Practice (DNP) program followed in 2014. The School of Nursing was expanded to include the Health Professions in July of 2022. In 2024, the Psychiatric Mental Health Nurse Practitioner (PMHNP) track was added to the MSN, with the Family Nurse Practitioner (FNP) track and Post-master's Certificate (PMC) program as the school's most recent additions.

TESU employs a unique, collaborative approach to education. Courses are developed by teams of subject matter experts, instructional designers, assessment developers, and multimedia specialists. In the School of Nursing and Health Professions (SONHP), this process is overseen by program directors, the Dean, and the Curriculum Committee. Once courses are launched and students enroll, Course Mentors guide and evaluate student progress each term, facilitating learning through various modalities and assessments. In the nurse practitioner tracks, a majority of subject matter experts and course mentors hold terminal nursing degrees, national certification in their specialties, and maintain clinical practice.

## TESU MSN and PMC Programs

The MSN program has five tracks; Nurse Educator, Nursing Administrative, Nursing Informatics, Family Nurse Practitioner (FNP), and Psychiatric Mental Health Nurse Practitioner (PMHNP). The MSN PMHNP track also has a PMC option. Curricula development, implementation, and revision are based on professional nursing standards and guidelines. Student learning outcomes reflect the American Association of Colleges of Nursing (AACN) *Essentials: Core competencies for professional nursing education* (AACN, 2021), American Nurses Association *Code of ethics for nurses with interpretive statements* (2025), National Organization of Nurse Practitioner Faculties (NONPF) *Nurse Practitioner Role Core Competencies* (2022). The FNP and PMHNP courses were developed to reflect the *Population Focused Nurse Practitioner Competencies* which includes *Family/Across the Lifespan* (NONPF, 2013).

## Mission, Goals, and Outcomes

### TESU MISSION

Thomas Edison State University provides distinctive undergraduate and graduate education for self-directed adults through flexible, high-quality collegiate learning and assessment opportunities.

### W. CARY EDWARDS SCHOOL OF NURSING AND HEALTH PROFESSIONS MISSION

The W. Cary Edwards School of Nursing and Health Professions accepts and upholds the mission of the University in providing distinctive undergraduate and graduate education for self-directed adults through flexible, high-quality collegiate learning and assessment opportunities...In this learning environment, the student, as an adult learner, interacts and collaborates with mentors, educators and peers to create and enhance a dialogue within a community of learners. Through this innovative approach to programming, the W. Cary Edwards School of Nursing and Health Professions actively shapes the nursing profession by preparing nurses who are intellectually curious, clinically competent and technologically prepared to assume leadership positions at the forefront of healthcare transformation.

### W. CARY EDWARDS SCHOOL OF NURSING AND HEALTH PROFESSIONS GOALS

- Prepare graduates to assume leadership roles in a diverse society and a change healthcare environment.
- Provide non-traditional nursing education that meets the needs of adult learners.
- Provide a foundation for advanced study and lifelong learning.

The student learning outcomes (SLO) flow from the program learning outcomes and incorporate the AACN Essentials (2021). The nurse practitioner tracks follow the NONPF NP Core Competencies (2022).

## National Nursing Standards Aligned with Student Learning Outcomes

AACN ESSENTIALS (2021)	NONPF NP CORE COMPETENCIES (2022)	TESU MSN STUDENT LEARNING OUTCOMES
<b>Domain #1</b> Knowledge for Nursing Practice	<b>NP Domain:</b> Knowledge of Practice	Utilize interprofessional knowledge in the advanced nursing care of diverse patients, families, and communities to enact clinical judgment and innovation in nursing practice.
<b>Domain #2</b> Person-Centered Care	<b>NP Domain:</b> Person-Centered Care	Demonstrate person-centered care, advanced nursing care for diverse patients, families, and communities to promote positive health outcomes.
<b>Domain #3</b> Population Health	<b>NP Domain:</b> Population Health	Construct collaborative advanced nursing care in diverse communities for health promotion and disease management to improve population outcomes.
<b>Domain #4</b> Scholarship for the Nursing Discipline	<b>NP Domain:</b> Practice Scholarship and Translational Science	Appraise evidence-based advanced nursing care to diverse patients, families, and communities to improve and transform health care.
<b>Domain #5</b> Quality and Safety	<b>NP Domain:</b> Quality and Safety	Employ advanced nursing care to diverse patients, families, and communities that ensures quality and safety.
<b>Domain #6</b> Interprofessional Partnerships	<b>NP Domain:</b> Interprofessional Collaboration in Practice	Collaborate with interprofessional team members and stakeholders in the provision of advanced nursing care for diverse individuals, families, and communities to optimize outcomes.
<b>Domains #7</b> Systems-Based Practice	<b>NP Domain:</b> Health Systems	Lead in the provision of advanced nursing care and transitions of care for diverse individuals, families, and communities to provide equitable outcomes.
<b>Domain #8 Informatics and Healthcare Technologies</b>	<b>NP Domain:</b> Technology and Information Literacy	Use informatics and healthcare technologies in accordance with best practices that demonstrate professional, regulatory, and ethical standards in providing nursing care for diverse individuals, families, and communities.
<b>Domain #9</b> Professionalism	<b>NP Domain:</b> Professional Acumen	Integrate professionalism in advanced nursing care of diverse individuals, families, and communities.
<b>Domain #10</b> Personal, Professional, and Leadership Development	<b>NP Domain:</b> Personal and Professional Leadership	Choose personal and professional developmental activities that foster well-being and contribute to a culture of lifelong learning and leadership.



As nurse practitioners that practice across the lifespan, the MSN-FNP program follows the TESU MSN student learning outcomes. The other four tracks in the master's program and the post-master's certificate program also follow these outcomes, in addition to outcomes relevant to the specialty areas..

## MSN Specialty Track Student Learning Outcomes

<b>NURSE EDUCATOR</b>	<b>NURSING INFORMATICS</b>	<b>NURSING ADMINISTRATION</b>	<b>PMHNP</b>
Utilize interprofessional knowledge in the teaching-learning of nursing care for diverse nurses, individuals, families, and communities to enact clinical judgment and innovation in nursing practice.	Utilize interprofessional knowledge in nursing informatics to care for diverse nurses, individuals, families, and communities to enact clinical judgment and innovation in nursing practice	Utilize interprofessional knowledge in nursing administration for diverse nurses, individuals, families, and communities to enact clinical judgment and innovation in nursing practice.	Utilize interprofessional knowledge in the advanced nursing care of diverse patients, families, and communities with psychiatric and mental health needs to enact clinical judgment and innovation in nursing practice.
Demonstrate person-centered teaching-learning practices for diverse nurses, individuals, families, and communities to promote positive learning outcomes.	Demonstrate person-centered nursing informatics for diverse nurses, individuals, families, and communities to promote positive informatics utilization.	Demonstrate person-centered nursing administration for diverse nurses, individuals, families, and communities to promote positive administrative and management decisions.	Demonstrate person-centered, advanced nursing care for diverse patients, families, and communities with psychiatric and mental health needs to promote positive health outcomes.
Construct collaborative teaching-learning practices for diverse communities for health promotion and disease management to improve population outcomes.	Construct collaborative innovative nursing informatics for diverse communities for health promotion and disease management to improve population outcomes.	Construct collaborative transformative nursing administration for diverse communities for health promotion and disease management to improve population outcomes.	Construct advanced nursing care to diverse communities with psychiatric and mental health needs to improve population outcomes.
Appraise evidence-based teaching-learning practices for diverse nurses, individuals, families, and a to improve and transform health care.	Appraise evidence-based nursing informatics for diverse nurses, individuals, families, and communities to improve and transform health care.	Appraise evidence-based nursing administrative practices for diverse nurses, individuals, families, and communities to improve and transform health care.	Appraise evidence-based advanced nursing care to diverse patients, families, and communities with psychiatric and mental health needs to improve and transform health care.
Employ teaching-learning practices for diverse nurses, individuals, families, and communities that promotes quality and safety.	Employ nursing informatics for diverse nurses, individuals, families, and communities that promotes quality and safety.	Employ nursing administrative practices for diverse nurses, individuals, families, and communities that promotes quality and safety.	Employ advanced nursing care to diverse patients, families, and communities with psychiatric and mental health needs that ensures quality and safety.

*Continued on next page*

## MSN Specialty Track Student Learning Outcomes (continued)

NURSE EDUCATOR	NURSING INFORMATICS	NURSING ADMINISTRATION	PMHNP
Collaborate with interprofessional team members and stakeholders in the provision of teaching-learning practices for diverse nurses, individuals, families, and communities to optimize outcomes.	Collaborate with interprofessional team members and stakeholders in the provision of nursing informatics for diverse nurses, individuals, families, and communities to optimize outcomes.	Collaborate with interprofessional team members and stakeholders in the provision of nursing leadership for diverse nurses, individuals, families, and communities to optimize outcomes.	Collaborate in providing advanced nursing care to diverse patients, families, and communities with psychiatric and mental health needs to optimize outcomes.
Lead in the provision of teaching-learning practices for diverse nurses, individuals, families, and communities to provide positive learning outcomes.	Lead in the provision of nursing informatics for diverse nurses, individuals, families, and communities to provide positive learning outcomes.	Lead in the provision of nursing management for diverse nurses, individuals, families, and communities to provide positive learning outcomes.	Lead advanced nursing care to diverse patients, families, and communities with psychiatric and mental health needs to provide equitable outcomes.
Use informatics and healthcare technologies in accordance with best practices that demonstrate professional, regulatory, and ethical standards in providing teaching-learning for diverse individuals, families, and communities.	Use informatics and healthcare technologies in accordance with best practices that demonstrate professional, regulatory, and ethical standards for diverse nurses, individuals, families, and communities to provide positive learning outcomes.	Use informatics and healthcare technologies in accordance with best practices that demonstrate professional, regulatory, and ethical standards in providing nursing management for diverse individuals, families, and communities, technology in nursing administration to demonstrate improvement in the delivery of care.	Use technology in advanced nursing care to psychiatric and mental health diverse patients, families, and communities to improve the delivery of care.
Integrate professionalism in teaching-learning practices for diverse nurses, individuals, families, and communities.	Integrate professionalism in nursing informatics for diverse nurses, individuals, families, and communities.	Integrate professionalism in nursing administration for diverse nurses, individuals, families, and communities.	Integrate professionalism in advanced nursing care of diverse patients, families, and communities with psychiatric and mental health needs to reflect nursing's characteristics and values.
Choose personal and professional developmental teaching-learning activities that foster well-being and contribute to a culture of lifelong learning and leadership.	Choose personal and professional developmental informatics activities that foster well-being and contribute to a culture of lifelong learning and leadership.	Choose personal and professional developmental leadership activities that foster well-being and contribute to a culture of lifelong learning and leadership.	Participate in professional and personal activities while providing advanced nursing care for diverse patients, families, and communities with psychiatric and mental health needs to support life-long learning.



# Degree Requirements

## MSN and PMC Program Requirements

Below is a summary of the MSN and Post-master's Certification (PMC) program degree requirements and required clinical hours. Please see appendix 1 for a plan of study for each program. Course descriptions can be found in the TESU Graduate Catalog: <https://tesu.smartcatalogiq.com/current/graduate-catalog>

MSN TRACKS	REQUIRED CREDIT HOURS	REQUIRED CLINICAL HOURS
<b>Nurse Educator</b>	<b>30</b>	<b>100</b> (25 are direct patient care hours)
<b>Nurse Administration</b>	<b>30</b>	<b>100</b>
<b>Nurse Informatics</b>	<b>30</b>	<b>100</b>
<b>Family Nurse Practitioner</b>	<b>44</b>	<b>750</b>
<b>Psychiatric Mental Health Nurse Practitioner</b>	<b>46</b>	<b>750</b>
<b>PMC track</b>		
<b>Psychiatric Mental Health Nurse Practitioner</b>	<b>31</b>	<b>750</b>

The MSN and PMC courses are on an eight (8)-week schedule academic terms as is all of TESU graduate programs. TESU's Academic Year (AY) begins with the fiscal year in July. Courses will be offered in succession every eight (8) weeks (July, September, November, January, March, and May). Programs are designed for nurses with a Bachelor of Science in Nursing degree who want the convenience and flexibility an online program can offer.

TESU is committed to providing an accessible and engaging online learning environment that fosters the assimilation of complex competencies by using virtual simulation experiences and skills verification. Each new course and course revision involves a collaborative effort between a subject matter expert, instructional designer, assessment developer, and multimedia specialist to optimize teaching and learning strategies and ensure rigorous evaluation. A school-based Curriculum Committee oversees both undergraduate and graduate curricula for currency, quality, and relevance to professional standards and the adult learner. This committee comprises administrators in the SONHP and community stakeholders with strong backgrounds in their nursing fields and academia.

### Preceptor and Facility Qualifications

The criteria for preceptor and facility eligibility are determined by several factors, including national accreditation and regulatory standards. The qualifications of preceptors are a blend of formal education, clinical experience, licensure, certification, and a commitment to mentoring nurses as they transition to a new role. Facilities provide a system to promote preceptor-student relationships

and experiences that prepare student nurses for their new role competencies.

In addition to the qualification below, preceptors are asked to complete an orientation to the learning objectives, competencies, and evaluation methods for the students they are precepting. The preceptors are also encouraged to provide feedback on TESU's nursing programs and mentors through formal and informal evaluations. This preceptor manual provides the orientation to the role, but any further questions can be answered by the Program Director.

### Nurse Educator, Nurse Administrator, & Nurse Informatics

#### PRECEPTOR CRITERIA

- Master's prepared in nursing or approved graduate degree.
- Willingness to work with a student.
- A minimum of two (2) years' experience in the selected specialty preferred.
- Certification in area of specialty preferred.
- Prior experience precepting a graduate level student preferred.
- Please note that the preceptor may identify and assign other individuals to provide specific learning activities for the student. These individuals do not have to meet the qualifications of the primary preceptor.

#### FACILITY

- Accredited and licensed hospitals, long-term care, and departments of health.
- Students cannot be employed in the unit or department.

### Family Nurse Practitioner

#### PRECEPTOR CRITERIA

- Option #1 – Nurse practitioner - Graduate degree in nursing, board certified as a NP, licensed as a nurse practitioner with prescriptive authority.
- Option #2 Licensed Physician (MD or DO) or certified nurse midwife.
- Hold a position at the practice site where they can provide access to direct patient care opportunities in which the student is involved in experiences that influence patient outcomes.
- Students cannot be close relatives or friends of the preceptor.

#### FACILITY

- Examples are primary care, specialty practices, urgent care, retail health, home care, and long-term care.
- Hospital sites may be appropriate but patient encounters must fall within the scope of practice of an FNP as defined by the State Board of Nursing and the facility.

## Psychiatric Mental Health Nurse Practitioner

### PRECEPTOR CRITERIA

- Option #1 – Nurse practitioner - Graduate degree in nursing, board certified as a NP, licensed as a nurse practitioner with prescriptive authority.
- Option #2 Licensed Physician (MD or DO), Psychologists (PsyDs) and licensed therapists (LACs, LPCs, and LCSWs) may contribute to students' learning in psychotherapy and group therapy settings.
- Functions as a Psychiatric or Mental Health Provider of care in a setting where students are provided access to direct patient care opportunities and are involved in experiences that influence patient outcomes.
- Students cannot be close relatives or friends of the preceptor.

### FACILITY

- Inpatient, residential, or outpatient psychiatric facilities.
- Substance abuse treatment facilities or agencies.
- Outpatient partial program or outpatient private practice settings.
- Crisis management facilities.
- Correctional medical facilities.
- Hospital sites may be appropriate but patient encounters must fall within the scope of practice of a PMHNP as defined by the State Board of Nursing.
- Telemedicine or Telehealth sessions which must fall within the parameters of PMHNP scope of practice defined by the State Board of Nursing of the Preceptor and Student's physical location.

## Benefits of Precepting an NP Student

Preceptors play a vital role in the graduate nursing program. The clinical preceptorship offers students the chance to apply the knowledge gained in the didactic portion of the program to patient care management or educational settings. By practicing in a clinical environment, students engage in direct patient care while learning their new roles as nurse practitioners. Preceptors, who are actively practicing in clinical settings, are well-qualified to support the development of students in advanced practice roles. In addition to your contribution to shaping the next generation of nurse practitioners in your area of expertise, there are several additional benefits to precepting an NP student.

1. **Professional Development** – Enhances teaching, leadership, and mentoring skills.
2. **Fulfill requirements for certification** – All preceptors receive certificates verifying preceptor hours that can be used for promotion and renewal of specialty certifications.

3. **Recruitment Potential** – Identifies potential future employees and colleagues.
4. **Recognition and Networking** – Enhances professional reputation and expands professional connections in your field.
5. **Intellectual Stimulation** – Encourages critical thinking and keeps preceptors up to date with clinical knowledge and engages preceptors in current evidence-based practices and new clinical guidelines.
6. **Personal Fulfillment** – Provides a rewarding experience of mentoring and fostering student growth.

## Preceptor Legal Liability

As always, the preceptor is responsible for patient care, billing determinations, and the delegation of duties to the support staff at the practicum site. Regulations and reimbursement guidelines require preceptors to validate findings from physical examinations, review laboratory tests, and confirm differential diagnoses and management plans with NP students for all the patients they encounter. If a student documents in the patient record, the preceptor must review, correct, and co-sign these records. Finally, the preceptor is responsible for assigning patients to the NP students for diagnostic reasoning activities. Students should not perform any patient assessments or execute care plans unless they have been specifically assigned to do so by the preceptor. There are several strategies discussed in the Adult Learning and Evaluation of Student Progress sections of this manual that preceptors can consider when assigning patients. Please do not hesitate to contact the Clinical Oversight Mentor or NP Program Director if you have any questions or concerns about student assignments.

### FERPA Regulations

FERPA, or the Family Educational Rights and Privacy Act, is a critical regulation that ensures the privacy of student education records. FERPA is especially relevant in healthcare settings, particularly in teaching environments where NP students are present. Here are some key points regarding FERPA and its implications in practice:

1. **UNDERSTANDING STUDENT RECORDS:** FERPA protects the privacy of student education records, including grades, transcripts, and personal information. As a preceptor, it's crucial to ensure that any education records of NP students are kept confidential and only shared with authorized individuals.
2. **PARENTAL RIGHTS:** Under FERPA, parents have certain rights regarding their children's education records until the student turns 18 or attends a school beyond the high school level. If preceptors deal with students who are minors, they must be sensitive to these rights and the necessity of maintaining confidentiality.
3. **LIMITATIONS ON DISCLOSURE:** Preceptors should be aware that they cannot share personally identifiable information about a student without the student's consent, except in specific scenarios outlined by FERPA and other related laws, such as emergencies or threats to health and safety.

**4. BEST PRACTICES FOR COMPLIANCE:** To comply with FERPA, practices should establish clear policies on handling student records, instruct staff on FERPA requirements, and ensure that all discussions about students' performance or personal information occur in private settings, away from unauthorized individuals. It is suggested that all student records are kept in a password protected portal or device.

**5. REPORTING INCIDENTS:** If a breach of FERPA occurs, please contact the Clinical Oversight Mentor or the NP Program Director for advice.

Here are some examples of protected student records and strategies you can use to protect this information.

**GRADES AND TRANSCRIPTS:** Records of student grades, academic performance, and transcripts are protected.

- Communicate with students about academic performance away from unauthorized individuals
- Do not discuss the students' grades with staff, patients, or other unauthorized individuals.
- Keep all information on a password protected device or portal. If it is necessary to print information, maintain these documents in a locked cabinet.

**ENROLLED COURSES:** Information about courses that a student is enrolled in, including schedules and course assignments, is protected.

- Keep all information with identifying student information and enrolled courses on a password protected device or portal. If you decide to print information, maintain these documents in a locked cabinet.

**DISCIPLINARY RECORDS:** Any records related to a student's disciplinary actions, including warnings, suspensions, or expulsions.

- Keep all information with identifying student information and disciplinary records on a password protected device or portal. If it is necessary to print information, maintain this data in a locked cabinet.
- Do not discuss the students' disciplinary actions with unauthorized individuals.

**HEALTH RECORDS AND CLINICAL CLEARANCE:** Certain health-related information maintained by an educational institution, such as vaccination records or health assessments, may be protected under FERPA.

- If the collection of health records and clinical clearance information is necessary for clinical activities (such as documenting vaccinations), the requesting agency within your organization should obtain this information directly from the student.
- The university cannot provide the organization with the student's criminal background check. The student will be instructed to share this information directly with the requesting agency in the organization if it is requested. Preceptors should not accept this documentation from a student.

- Keep all information with identifying student information and health information on a password protected device or portal. Do not print this information unless necessary.

**PERSONAL INFORMATION:** This includes names, addresses, phone numbers, Social Security numbers, and other identifying information.

*During a health emergency and if the student is incapacitated, you CAN share necessary personal information such as the student's name and emergency contact information with emergency medical providers.*

- Keep all student personal information on a password protected device or portal.
- If the collection of personal information is required for clinical activities (such as access to the EMR), the requesting agency in the organization should collect this information directly from the student.
- Do not share the student's personal information with unauthorized individuals.

**SPECIAL EDUCATION RECORDS:** For students with disabilities, records related to their special education status, IEPs (Individualized Education Programs), and related services are protected.

- The Program Director will notify the preceptor and site manager of any approved student ADA accommodation(s). If the clinical agency is not able to provide the approved accommodations at the practice site, please email [nursing@tesu.edu](mailto:nursing@tesu.edu) as soon as possible.
- Keep any documentation of disability accommodations on a password protected device or portal.
- Do not discuss the students' disability accommodations with unauthorized individuals.

**ATTENDANCE RECORDS:** Documentation of student attendance, including absences and tardiness.

- Keep any documentation or discussions of student attendance and schedules on a password protected device or portal.
- Do not discuss the students' attendance records or practicum schedules with unauthorized individuals.
- **NP Preceptors** - Use the password protected *Typhon NPST* clinical database to review and approve all time logs and student schedules.

**ASSESSMENTS AND EVALUATIONS:** Any records of standardized test scores or evaluations related to a student's academic performance.

- Keep any documentation or discussions of student evaluations on a password protected device or portal.
- **NP Preceptors** - Use the password protected *Typhon NPST* clinical database to review and complete student evaluations.

In summary, Preceptors are strongly encouraged to use a private, password-protected email and phone for all communications pertaining to students.

Most NP student records can be maintained on the password protected, *Typhon NP Students Tracking System (NPST)* clinical database. NP student preceptors will receive a link to activate the Preceptor access to *Typhon NPST*, which is specific to TESU NP students. Please keep the login information safe and away from others. In the *Typhon NPST* database, NP student preceptors have permission to view your student's case logs, time logs, schedules, and evaluations. They will receive notifications to log in to *Typhon NPST* to complete student evaluations and verify time logs. However, they will not have permission to view the student's personal information through *Typhon NPST*. This information will be shared via your preferred email listed in the student welcome letter sent by TESU staff prior to the start of the term. Students are encouraged to share any additional contact information, such as emergency contacts, with their preceptor and practicum site.

***Just as Preceptors are not permitted to view student personal information in Typhon NPST, students are not permitted to view preceptor information. Preceptors are encouraged to remove any personal information from your CV/resume prior to providing it to the student or TESU.***

## Typhon NPST

*Typhon NPST* is secure, cloud-based platform offers real-time monitoring of student progress, streamlining data management for NP students, Mentors, Preceptors, and Program Directors across the NP Programs. Pages on the platform have been customized by the TESU NP Program Directors to track student progress and aggregate data to ensure that students meet the program outcomes and national standards for NP certification and licensure. A brief description of these pages and video tutorials are provided below. Program documents such as course syllabi, the student's practicum guide and this preceptor manual can be found on the login page.

## Student Case Logs

The Clinical Oversight Mentor reviews and approves all student case logs. This review includes feedback and questions to promote critical thinking. Preceptors may review case logs for their students, but this is not required. To view case logs, use the Case Log Highlights feature; for a detailed view, use the Case Log Details (individual) feature. Contact the student and/or the Clinical Oversight Mentor with any questions or concerns.

## Student Time Logs

Students must record the date, start time, and end time for all practicum hours, specifying the preceptor. Attendance at conferences and educational presentations are not recorded since these hours do not count toward the practicum requirement. Clinical Oversight Mentors continuously monitor time logs to ensure students meet their hour requirements. Preceptors are asked to verify the accuracy of student time logs during midterm and final evaluations. Please approve or reject the student's entered dates and times.

## Scheduling System

Students must enter their predetermined practicum schedule and update it regularly to reflect any changes. Clinical Oversight Mentors continuously monitor this schedule to ensure students meet their hour requirements. The SONHP staff will use this schedule for emergency communication with students. Preceptors have the option to view the student's schedule for accuracy.

## Evaluation and Survey Instrument (EASI)

Preceptors receive email and Preceptor Portal notifications when student evaluations are due. The Clinical Oversight Mentor sends evaluations at midterm and near the end of the term. Preceptors may complete the evaluation with or after discussing it with the student. Students and Clinical Oversight Mentors must review and comment on completed evaluations. EASI is also used to collect survey data for program assessment purposes.

## Adult Learning

Understanding the unique learning style and needs of an adult learner can help preceptors and mentors create a clinical learning environment that fosters student knowledge, skill, and role development. Knowles (1970) is often credited with establishing the science of adult learning, or "andragogy." The main principles of Knowles's adult learning theory identify adult learners as:

- > autonomous and self-directed
- > having accumulated a foundation of life experiences and knowledge
- > goal-oriented
- > relevancy-oriented
- > practical
- > needing to be shown respect

Clinical oversight mentors are expected to integrate their expertise with evidence-based insights on adult learning theory and share key aspects with preceptors. Recognizing the impact of student experiences on clinical education, along with factors such as learning preparedness, orientation, and motivation will prepare preceptors to effectively personalize and enhance clinical experiences for adult learners. Table 5 discusses adult learning spheres and preceptor strategies to engage with students.

## Adult Learning Sphere Explanation

ADULT LEARNING SPHERE	EXPLANATION	PRECEPTING STRATEGIES
<b>MOTIVATION</b>	Motivation to learn is established by the learner themselves (not from the preceptor or TESU mentors).	<ul style="list-style-type: none"> <li>&gt; Encourage students to establish self-learning goals for the practicum experience and intentionally pivot teaching methods toward these goals.</li> <li>&gt; Identify and teach to “key learning moments” that arise throughout the clinical day.</li> </ul>
<b>LEARNING ORIENTATION</b>	Adults are more engaged in learning when knowledge is problem-oriented, and they can understand how the knowledge applies to their day-to-day activities.	<ul style="list-style-type: none"> <li>&gt; Engage students in analyses of specific experiences, identifying relationships between clinical experiences and specific concepts, and discussing patient care at the level of concepts. Concepts may include pathophysiology, theory, or evidence-based practice.</li> </ul>
<b>PERSONAL EXPERIENCE</b>	Students’ personal experiences (including emotional reactions to these experiences) are the basis for new knowledge.	<ul style="list-style-type: none"> <li>&gt; Before beginning clinical rotations, students should communicate their past nursing experiences to preceptors. Preceptors should assess students’ level of knowledge and intentionally build upon these experiences.</li> <li>&gt; Promote student reflection-in-action; use staffing time after each patient encounter to help students reflect on progress and need for continued development and practice.</li> <li>&gt; Promote student reflection-on-action at midway and final points in the experience.</li> <li>&gt; Encourage collaborative discussion that guides students to understand critical relationships between prior knowledge and new clinical experiences, as well as in self-evaluation and self-critique.</li> <li>&gt; Encourage students to reflect upon clinical experiences (including judgment and clinical decision-making).</li> <li>&gt; Discuss questions arising because of reflection. Students should be encouraged to read literature, discuss with colleagues, or attend meetings to address reflection questions.</li> </ul>
<b>SELF-DIRECTION</b>	Adult learners are self-directed and will pursue learning opportunities based upon self-perceived needs and desires.	<ul style="list-style-type: none"> <li>&gt; Encourage students to self-identify strengths and weaknesses throughout practicum rotation.</li> <li>&gt; Encourage students to establish self-learning goals for the clinical experience and intentionally gear clinical teaching to these goals.</li> <li>&gt; Throughout the practicum experience, periodically direct students to self-monitor the status of identified learning goals. Encourage students to identify additional patient experiences, resources, etc. that might further advance their goals.</li> </ul>

Cruess, 2006; Daset al., 2008; Gaiser, 2010; Hovenga & Bricknell, 2004; Jennings, 2007; Knowles, 1970



## Precepting NP Students in a Busy Practice

When it comes to precepting in a busy practice, students recognize that both your time and the time you are mentoring are valuable. Here are some suggestions that can help make the process smoother and more effective, especially in a busy practice where every minute counts:

- In addition to the completion of your organization's orientation, provide the student with an orientation to YOU and the way you practice.
  - What is your patient flow in the office?
  - Which staff members perform roles related to patient care?
  - What is said and what is left unsaid in front of patients and staff?
  - Where do you prefer to discuss patient care questions or have the student present a case?
  - Where do you go in the office to take a break or catch up on work? Can the student approach you during a break?
  - What is the best method, days, and times for the student to contact you outside of the practice? Is there a time you wish not to be disturbed?
- Before the student's start date, direct them to the practice guidelines, tools, checklists, and documentation templates commonly used in your practice. Expect the student to utilize the practice guidelines.
- Assist your administrator to provide students with access to electronic medical records in direct patient care rotations. It will save you time in the long run if the student can review the medical records for the patient's case prior to beginning their assessment and after your documentation is complete.
- Consider activities at the beginning of the day that promote the student's progress toward their learning goals. Expect students to seek out clinical opportunities during their practicums and to ask you for any available opportunities.
- Differentiate between patient experiences that promote attainment of learning goals and those that are desirable but not essential, depending on time constraints.
- Select appropriate patients for the student. You will be informed in advance of the student's program level, learning objectives, and evaluation standards. The student should also provide their resume or a summary of their nursing background; use this information to guide your patient selections.
- Instruct the student in advance to jot down their questions throughout the day, which you can address collectively during lunch or at the end of the day. Encourage them to use available resources to find answers, while assuring them that you will discuss their questions during breaks, as expert insights often clarify the evidence.
- As your student becomes more skilled, you can conduct mid-visit reviews or wave scheduling which allows the student to enter an assigned patient's room to perform

the initial assessments while you complete another patient visit. The student can present the salient points of the case, then you can take the lead

Finally, please know that the student and university representatives realize that **patient care is the priority**. Be realistic about what you can teach in a single day, keeping feedback concise and focused when needed. Don't feel guilty; the student is there to learn from your strategies for time management and resilience as well.

## Evaluation of Student Progress

### *Nurse Educator, Administrator, and Informatics Tracks*

In the context of NUR-7510: Advanced Practice Practicum and NUR-7511 Advanced Practice Elective Practicum, the Preceptor plays a crucial role in guiding the student through the complexities of their practicum project (see Appendix B for the Practicum Project Overview). As an experienced practitioner, the Preceptor acts as a mentor and collaborator, helping the student navigate the practical application of theoretical knowledge in a real-world healthcare setting. The Preceptor's role encompasses mentorship, resource identification, stakeholder engagement, implementation support, and evaluation. Feedback and evaluation of the student's progress are continuous and support the student in the completion of their practicum project and their professional development in their new advanced nursing role.

**GUIDANCE AND MENTORSHIP** – The Preceptor facilitates the student's understanding of clinical practice relevant to their advanced practice role. Feedback is continuous during discussions of the student's progress, areas for improvement, and challenges faced in the execution of the practicum project.

**PROJECT DEVELOPMENT** – The Preceptor assists the student in identifying a relevant project topic, ensuring it aligns with the specific needs of their target audience in the clinical setting and the organizational goals.

**SETTING GOALS** – Together with the student and Course Mentor, the Preceptor establishes measurable goals and a timeline for the project.

**RESOURCE IDENTIFICATION** – The Preceptor guides the student in identifying necessary human, organizational, and financial resources available in the clinical setting to implement the project.

**IMPLEMENTATION SUPPORT** – The Preceptor offers practical insights and strategies during the implementation phase of the project. Preceptors also monitor the project's progress and adherence to the timeline, providing insights for adaptations to keep the project on track.

**EVALUATION OF PROJECT GOALS** – The Preceptor discusses the results of the project with the student to evaluate the project's impact on the target audience. Constructive feedback is offered to foster professional growth.



## Nurse Practitioner Students

Students are expected to develop independence in clinical decision-making and diagnostic reasoning. This process begins in foundational courses before they start their practicum experiences. Rigorous academic standards, such as exam proctoring, video skill evaluations, and minimum course grade requirements, are in place to ensure students enter practicum with the necessary competencies to begin expanding their scope of practice as nurse practitioners. Their experiences in these courses play a role in shaping their progression in the NP role.

A common question asked by NP preceptors and students is, **“How many patients should my student see during a practicum day?”** The answer is that there is no specific requirement based on professional standards. Several factors are considered when determining whether the number of patients seen on a practicum day is appropriate.

- Past nursing experiences (years and types of experiences).
- Number of terms/hours in NP practicum .
- Level of patient complexity.
- Student participation.
- Type of practicum setting.

It is important to note that students self-report the complexity of their patients and their role in each case in their *Typhon NPST* case logs. To ensure consistency, they are provided with the same operational definitions of complexity as you are.

As a reminder, while preceptors have access to review their students' case logs, the Clinical Oversight Mentor is responsible for overseeing this task. These logs will be used during the student's midterm and final evaluations. Although not required, reviewing your student's *Typhon NPST* case logs and their self-reported participation in each case can provide valuable insight, especially if you have concerns that your student is either overly confident or insecure.

**STUDENT PARTICIPATION** – A student's transition to the expanded scope of practice in their NP role begins with developing independence. With each new clinical rotation, it is expected that students may start with observational or less-than-shared approaches as you build trust with them and they learn the system processes at your site. Observational experiences are also appropriate in rare circumstances for patients who are unwilling to have a student participate in their visit or for particularly sensitive cases. There is an expectation that students will progressively build independence throughout each rotation as they advance in their coursework and gain more exposure to patient cases in your practicum setting.

The categories below define levels of student participation. Students use these definitions to report each case in their *Typhon NPST* logs.

- **Observation** – Review patient records for relevant visit data, observe the preceptor throughout a patient encounter (including history, physical exam, diagnosis, treatment plan, and documentation), and discuss the encounter with the preceptor.

- **Less than Shared (≤25%)** – Obtain history and review patient records with minimal guidance; require support for the physical exam, diagnosis, treatment plan/management, and documentation.
- **Shared (50%)** – Obtain history and perform the physical exam while reviewing patient records with minimal guidance; require support for diagnosis, treatment plan/management, and documentation.
- **Primary (>50%)** – Obtain history and perform the physical exam while reviewing patient records with minimal guidance; accurately determine diagnoses with minimal guidance; require support for treatment plan/management and documentation.

**TYPE OF DECISION MAKING** – Along with assessing the student's role and participation in patient care, it is important to consider the complexity of the patient case the student is managing. Similar to the principles used in patient coding and billing, students are expected to determine the level of patient complexity for each encounter using the definitions below.

### Straightforward

- Problems: Minimal, self-limiting, or minor (e.g., common cold, simple rash).
- Data Review: Limited to reviewing a single test or document (e.g., reviewing past visit notes).
- Decision-Making: Minimal; no significant risks or complications.
- Management: Simple interventions, patient education, or over-the-counter medications.

### Low Complexity

- Problems: One or more stable chronic conditions (e.g., controlled hypertension, type 2 diabetes with stable A1c) or an acute, uncomplicated illness (e.g., urinary tract infection, sinusitis).
- Data Review: Requires ordering/reviewing tests, reviewing outside records, or gathering history from multiple sources.
- Decision-Making: Low risk; treatment decisions involve prescription medications or minor procedures.
- Management: Straightforward medication management or preventive care.

### Moderate Complexity

- Problems: Multiple chronic conditions with exacerbation, progression, or side effects (e.g., COPD flare, worsening diabetes with new complications) or an acute illness with systemic symptoms (e.g., pneumonia, pyelonephritis).
- Data Review: Requires extensive review of records, ordering/interpreting multiple tests, or coordinating with specialists.
- Decision-Making: Moderate risk; requires consideration of multiple treatment options, prescription drug management, or escalation of care.
- Management: Requires close follow-up, lifestyle counseling, and possibly specialist referrals.

### High Complexity

- Problems: Severe exacerbation of chronic disease (e.g., acute CHF exacerbation, DKA in diabetes) or acute/life-threatening illness (e.g., sepsis, stroke symptoms).
- Data Review: Requires comprehensive data gathering, multiple tests/imaging, and multidisciplinary coordination.
- Decision-Making: High risk; requires significant evaluation of risks vs. benefits, hospitalization, or emergency intervention.
- Management: Intensive treatment, referral to higher-level care, or complex medication adjustments.

Remember, you are not alone in evaluating student progress. The Clinical Oversight Mentor will review the student's case logs in Typhon NPST and collaborate with you and the course instructor to monitor the student's progress. Formal evaluation periods occur during the term, typically at midterm and the end of the term. If you have concerns that the student is not seeing enough patients or is not progressing as expected, please contact the student and/or the Clinical Oversight Mentor at any time to discuss your concerns.

To monitor the student's progress, here is a guideline on expectations for patient complexity, type of decision making, and number of patients per hour.

## National Nursing Standards Aligned with Student Learning Outcomes

COURSE PROGRESSION	TIMING IN THE TERM	PATIENTS PER HOUR	COMPLEXITY BASED ON DIAGNOSES (CHRONIC/ACUTE)	STUDENT PARTICIPATION
<b>NUR-7071</b> Adult Primary Care I	MIDTERM	1-3	1-2	Less than shared – Shared
<b>NUR-7072</b> Adult Primary Care II	FINAL	2-4	1-3	75% shared with 25% Primary
<b>NUR-7073</b> Geriatric Primary Care	MIDTERM	1-3	2-6	Even distribution of Less than shared to Shared
	FINAL	2-3	4-10	75% of Less than shared and Shared – 25% of Primary
<b>NUR-7074</b> Adolescent and Early Adult Primary Care	MIDTERM	2-3	1-3	Even distribution of Shared and Primary
<b>NUR-7075</b> Pediatric Primary Care	FINAL	3-4	2-4	Even distribution of Shared and Primary
<b>NUR-7076</b> FNP Role Transition	MIDTERM	50% of expected patient cases/hour based on site	Dependent on practicum site	At least 50% of Primary*
	FINAL	75% of expected patient cases/hour based on site	Dependent on practicum site	75% of Primary*

\*The student selects their NUR-7076 practicum site. Experience in the practice area and familiarity with patient demographics as an NP student should be considered when determining student progress.

# Psychiatric Mental Health Nurse Practitioner Student Progression Guidelines

**Given the varied settings and complexities of Psychiatric and Mental Health Care delivery, please see the narrative below regarding progression guidelines:**

The PMHNP students must perform clinical practice which is identical to the role of the Preceptor. Examples of clinical practice elements include initial psychiatric evaluations, psychiatric follow ups related to medication management or treatment progress, History and Physical Exams (only if applicable to the Provider role within a particular facility), psychotherapeutic or supportive therapy and interdisciplinary team collaboration. It is, however, expected that the initial clinical start will include extended, less than shared experiences (“shadowing”), most especially given the safety complexities within some specialty areas of practice. With respect to psychotherapy, the nature and potential fragility of sessions during the PMHNP student’s presence may require the Preceptor’s judgement for modifications on the level of student involvement and is at their discretion based on individual patient needs and safety. One important caveat in such case should be that the student is guided by the Preceptor in processing the case complexities to enhance the learning experience prior to the end of the clinical day.

Otherwise, in traditional mental health care settings, while definable productivity in the number engagement encounters with patients is not finite, the general distribution expectation is for less than shared to gradually shared patient care responsibilities entering and up to the point of Midterm. The comparable daily number of patients for the PMHNP student at the point of Midterm should range from two (2) to three (3) patients per day, based on a 6-8 eight-hour clinical day. From the point of Midterm up to Final, the PMHNP student should demonstrate the competence to transition from shared to an independent patient census within each population. At this juncture, the general number of patient encounters daily should range from three (3) to five (5), based on a 6-8 hour clinical day. Again, variations are to be expected based upon the individual student and the acuity of the setting milieu, if applicable. Students are aware that they are required to log the specifics of hours for the clinical day on a verification form and obtain the Preceptor’s signature at the end of the day. These forms are required to be submitted weekly, by the student, for the Clinical Oversight Mentor’s review and are archived.

## Telemedicine /Telehealth and Precepting

PMHNP students are permitted to complete up to a maximum of 50% of the total amount of required clinical hours via Telemedicine or Telehealth. Clinical hours specific to psychiatric intervention or psychotherapeutic intervention can be completed, remotely, via this virtual delivery to patients. Scope of practice parameters are indicated above. Otherwise, student clinical competency expectations are identical to that of on-site clinical experiences, including all listed above. For complex state to state considerations

or statutes, Preceptors are encouraged and welcomed to contact the PMHNP Program Director for specific questions regarding the facilitation of care via the Telemedicine or Telehealth.

## Preceptor and Student Relationship Closure

As the term comes to an end, so does the relationship as preceptor and NP student. Preceptors will be asked to complete a final student evaluation with the student and Clinical Oversight Mentor. It is suggested that Preceptors discuss future learning goals to guide their continued progress. Finally, Preceptors will complete a final review and verification of the student’s time logs. Beyond the formal end of term tasks, ending the relationship can be delicate and filled with positive or negative emotions. Below are some suggestions to bring this relationship to a smooth closure.

1. Assign the tasks that are outside of your role: Contact the administrator to notify them of the student’s last day at the practice. Students will need to turn in IDs or parking access devices and their access to the EMR should be closed.
2. Schedule a dedicated, brief meeting on the student’s last day to discuss the end of the term. Typically, this meeting is 5-10 minutes.
3. Keep the professional boundaries you established at the beginning of term. Avoid any personal relationships or sediments. Clarify how the student should contact you in the future if you wish to continue a professional relationship.
4. Students may ask for recommendations, a future practicum with you or your facility, or assistance with networking. Consider your answer to these requests in advance of your final meeting.

A. If you are willing, great! Offer these opportunities to the student during the final meeting.

B. If you are not willing, provide a clear and direct response rather than being vague or false. Here is a suggested response:

*I am sorry, I am not able to provide a recommendation and/or a future placement at this time. I encourage you to continue pursuing your goals, and I am confident that you will find the right opportunities to support your education.*

5. Ask the Clinical Oversight Mentor to participate in the final meeting via phone or video chat if you feel as though you may need support. Provide as much advanced notice as possible since our Mentors also practice as NPs.

## Preceptor Vignettes

The National Organization of Nurse Practitioner Faculties (NONPF) is pleased to present these brief video vignettes for preceptors on working with NP students. In these

complimentary vignettes, watch actors play the roles of the NP and preceptor in the following vignettes. Pick up tips on reasonable expectations for the nurse practitioner student role.

**PRECEPTING THE PRIMARY CARE NP STUDENT (5:58)**  
<https://vimeo.com/118248476>

Watch NP faculty actors play the roles of the NP and preceptor in the primary care setting. Pick up tips on reasonable expectations for the student role.

**WORKING WITH THE OVERLY CONFIDENT NP STUDENT (7:21)**  
<https://vimeo.com/118248471>

This vignette offers preceptors strategies on how to recognize and work with the overly confident and confrontational NP student.

**WORKING WITH THE OVERLY SENSITIVE NP STUDENT (9:18)**  
<https://vimeo.com/118248472>

This vignette offers preceptors strategies on how to overcome the challenges of working with the overly sensitive NP student.

**PRECEPTING IN A BUSY CLINIC (12:32)**  
<https://vimeo.com/153056353>

This vignette offers guidance to the preceptor for the student clinical experience when working in a busy clinic

## Delineation of Roles and Responsibilities for all MSN and PMC students

### STUDENT RESPONSIBILITIES

#### 1. PRACTICUM SITE AND PRECEPTOR SELECTION

Select an appropriate practicum site and preceptor, subject to approval by the NP Program Director..

#### 2. LICENSING AND COMPLIANCE

- The student must have an unencumbered RN license in the state where practicum hours will take place. Those completing practicum hours in a remote clinical practice (e.g., telemedicine) must comply with the licensing requirements of the organization.
- Any suspension, revocation, or pending charges against the RN license in any state must be reported to the Graduate Nursing Advisor or NP Program Director within three (3) days.

#### 3. HEALTH AND PROFESSIONAL CLEARANCES

The student must fulfill all university-designated health and professional clearances, including license verifications, criminal background checks, and fingerprinting. Documentation of compliance must be submitted and maintained with university-approved vendors.

#### 4. PRACTICUM HOURS AND SCHEDULING

- NP students will complete all practicum hours in direct patient care settings.
- Practicum hours cannot be completed before the start or after the end of the term.

#### 5. EMPLOYER-BASED PRACTICUM RESTRICTIONS

- Students may complete practicum hours with their employer only if they are unpaid, not placed in their unit or area, and do not have a supervisory relationship with the preceptor.
- Employment privileges such as EMR access cannot be used during practicum hours.
- University clinical clearance requirements must still be met.

#### 6. PROFESSIONAL CONDUCT AND COMPLIANCE

- Students must adhere to practicum site rules, regulations, policies, and procedures, including ethical, corporate compliance, and health and safety policies.
- All required orientation activities at the practicum site must be completed.

#### 7. CONFIDENTIALITY AND HIPAA COMPLIANCE

- Students must maintain confidentiality of patient information in accordance with HIPAA regulations and organization policies.
- The use of patient names or identifying information in assignments or university communications is strictly prohibited.
- University clinical clearance requirements must still be met.

#### 8. PROFESSIONAL APPEARANCE AND IDENTIFICATION

- Students must comply with the practicum site's dress code, ensuring professional standards.
- They must wear proper identification, including a university ID or an ID badge issued by the organization.

#### 9. UNIVERSITY CODE OF CONDUCT

- Students are expected to adhere to the University's Academic and Non-Academic Code of Conduct during all practicum related experiences

### PRECEPTOR RESPONSIBILITIES

#### 1. PRECEPTOR QUALIFICATIONS – NP STUDENTS

- Preceptors must be nurse practitioners or physicians with appropriate credentials and experience.
- Certified nurse midwives may serve as secondary preceptors with the NP Program Director approval. Psychologists (PsyDs) and licensed therapists (LACs, LPCs, and LCSWs) may contribute to students' learning in psychotherapy and group therapy settings.

## 2. PRECEPTOR QUALIFICATIONS – NURSE EDUCATOR, ADMINISTRATOR, AND INFORMATICS STUDENTS

- Preceptors must be at least a master's prepared nurse or other approved graduate degree, have two years of experience in their specialty. Specialty certification and prior experience precepting a graduate student is preferred.

## 3. DOCUMENTATION AND APPROVAL

- Submit a current CV or resume, including license number, for verification.
- Obtain approval from their organization to serve in this role and inform the student of any required orientation or documentation (e.g., EMR or ID badge access).

## 4. SUPERVISORY RESTRICTIONS

- If the practicum is within the student's place of employment, the preceptor must not be in a supervisory role over the student.

## 5. STUDENT ORIENTATION AND SUPERVISION

- Orient students to site policies, clinical operations, communication processes, and safety protocols.
- Preceptors must not allow students to complete practicum hours outside of the designated term dates.
- Be present for and direct all student clinical activities and serve as the primary preceptor, with secondary preceptors requiring School of Nursing approval.

## 6. STUDENT DEVELOPMENT AND EVALUATION

- Guide, counsel, and encourage learning through direct questioning and student reflection.
- Students should be included as part of the healthcare team and encouraged to engage in interprofessional collaboration.
- Provide constructive feedback, discuss clinical tasks, and ensure student learning objectives are met.
- In cases where students are not meeting expectations, preceptors will consult on a remediation plan with the clinical oversight mentor and the student.
- Any serious concerns or incidents involving the student must be reported to the clinical oversight mentor or NP Program Director as soon as possible.

## 7. EVALUATION AND DOCUMENTATION

- Complete and submit student evaluations and verify practicum hours in a timely manner.
- Participate in virtual meetings with the clinical oversight mentor for formative and summative evaluations.
- Comply with FERPA regulations regarding student academic records.

## CLINICAL OVERSIGHT MENTOR RESPONSIBILITIES

- 1 Identify the preceptor's preferred method of contact and confirm course documentation within the first week of the term.
- 2 Be available for meetings with the student and preceptor to plan and monitor experiences, set goals, and assess learning.
- 3 Initiate remediation plans in consultation with the preceptor as needed.
- 4 Provide consultation and issue resolution support for the student and preceptor during the practicum.
- 5 Offer substantive feedback on student strengths, weaknesses, and improvement plans.
- 6 Support and advise the preceptor in their role as needed.
- 7 Collaborate with the preceptor and student to determine if course objectives and specialty competencies are met.
- 8 Verify completion of all end-of-semester documentation, including evaluations and time logs.

## THOMAS EDISON STATE UNIVERSITY RESPONSIBILITIES

- 1 Provide preceptors with orientation and training materials on their role.
- 2 Offer virtual orientation on preceptorship, adult teaching strategies, and student mentorship.
- 3 Grant access to the clinical tracking database for practicum hour verification, evaluations, and course materials to preceptors,
- 4 Provide a welcome letter to preceptors and students before the practicum start, confirming student clinical clearance, practicum start and end dates, hour requirements, and listing contact details for:
  - The student
  - The mentor
  - The NP Program Director
  - The Dean of the School of Nursing
- 5 Issue documentation of preceptorship after term completion.



## Attestation form

### Thomas Edison State University

W. CARY EDWARDS SCHOOL OF NURSING AND HEALTH PROFESSIONS

#### MSN AND POST-MASTER'S CERTIFICATE PRECEPTOR ORIENTATION MANUAL ACKNOWLEDGMENT AND AGREEMENT FORM

**Preceptor Name:** \_\_\_\_\_

**Preceptor's Facility:** \_\_\_\_\_

**Precepting a student in which track? (Please Circle)**

**Nurse Educator**

**Nurse Administrator**

**Nurse Informatics**

**FNP**

**PMHNP**

**Student Name (if known):** \_\_\_\_\_

**Term for Practicum Start (if known):** \_\_\_\_\_

I acknowledge that I have received, read, and understand the Preceptor Orientation Manual provided by Thomas Edison State University.

By signing below, I confirm that I have read and understand the Preceptor Orientation Manual, and I agree to abide by the outlined requirements and responsibilities. I understand that I should contact one of the TESU School of Nursing staff if I have any questions or concerns at any time.

**Preceptor signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

Please return to the student or email completed form to [nursing@tesu.edu](mailto:nursing@tesu.edu)





## Appendix A: Graduate Nursing Plans of Study

### MSN - NURSE EDUCATOR PLAN OF STUDY

YEAR 1					
TERM 1	TERM 2	TERM 3	TERM 4	TERM 5	TERM 6
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-5290</b> U.S. Health Policy and Global Health (3 credits)	<b>NUR-5160</b> Advanced Health Assessment (3 credits)	<b>NUR-5310</b> Nursing Informatics Concepts and Issues (3 credits)	<b>NUR-6400</b> Advanced Pathophysiology (3 credits)	<b>NUR-6500</b> Advanced Pharmacology (3 credits)	<b>NUR-5300</b> Evidence-based Nursing Practice (3 credits)
YEAR 2					
TERM 7	TERM 8	TERM 9	TERM 10	TERM 11	TERM 12
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-6300</b> Theoretical Foundations and Instructional Strategies in Nursing Education (3 credits)	<b>NUR-7000</b> Curriculum Theory and Development in Nursing Education (3 credits)	<b>NUR-7100</b> Testing, Assessment, and Evaluation (3 credits)	<b>NUR-7510</b> Advanced Practice Practicum Course (3 credits)		
TOTAL CREDITS – 30			TOTAL CLINICAL HOURS – 100		

### MSN - NURSE ADMINISTRATION PLAN OF STUDY

YEAR 1					
TERM 1	TERM 2	TERM 3	TERM 4	TERM 5	TERM 6
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-5290</b> U.S. Health Policy and Global Health (3 credits)	<b>NUR-5300</b> Evidence-based Nursing Practice (3 credits)	<b>NUR-5310</b> Nursing Informatics Concepts and Issues (3 credits)	<b>NUR-5820</b> Financial Management in Nursing Practice (3 credits)	<b>NUR-6320</b> Nursing Administration Standards and Structures (3 credits)	<b>NUR-7020</b> Nursing Administration Executive Managerial Process (3 credits)
YEAR 2					
TERM 7	TERM 8	TERM 9	TERM 10	TERM 11	TERM 12
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-7120</b> Nursing Administration Resource Acquisition and Management (3 credits)	Graduate Elective (3 credits)	Graduate Elective (3 credits)	<b>NUR-7510</b> Advanced Practice Practicum Course (3 credits)		
TOTAL CREDITS – 30			TOTAL CLINICAL HOURS – 100		

## Appendix A: Graduate Nursing Plans of Study (continued)

### MSN-NURSE INFORMATICS PLAN OF STUDY

YEAR 1					
TERM 1	TERM 2	TERM 3	TERM 4	TERM 5	TERM 6
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-5290</b> U.S. Health Policy and Global Health (3 credits)	<b>NUR-5300</b> Evidence-based Nursing Practice (3 credits)	<b>NUR-5310</b> Nursing Informatics Concepts and Issues (3 credits)	<b>NUR-5820</b> Financial Management in Nursing Practice (3 credits)	<b>NUR-6310</b> Nursing Informatics Concepts and Issues (3 credits)	<b>NUR-7010</b> Nursing Informatics Databases and Knowledge Management (3 credits)
YEAR 2					
TERM 7	TERM 8	TERM 9	TERM 10	TERM 11	TERM 12
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-7110</b> NUR-7110 Nursing Informatics Consumer Informatics and Communication Technology (3 credits)	Graduate Elective (3 credits)	Graduate Elective (3 credits)	<b>NUR-7510</b> Advanced Practice Practicum Course (3 credits)		
TOTAL CREDITS – 30			TOTAL CLINICAL HOURS – 100		

## Appendix A: Graduate Nursing Plans of Study (continued)

## MSN – FNP PLAN OF STUDY

YEAR 1 – (21.5 CREDITS)					
TERM 1	TERM 2	TERM 3	TERM 4	TERM 5	TERM 6
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-5290</b> <b>U.S. Health Policy and Global Health</b> (3 credits)  <b>NUR-5300</b> <b>Evidence-based Nursing Practice</b> (3 credits)  OR  <b>NUR-8050</b> <b>Scholarly Inquiry: A basis for evidence-based practice</b> (3 credits)	<b>NUR-6400</b> <b>Advanced Pathophysiology</b> (3 credits)	<b>NUR-7069</b> <b>Professional Identity Development for Nurse Practitioners</b> (3 credits)	<b>NUR-5160</b> <b>Advanced Health Assessment</b> (3 credits)	<b>NUR-6410</b> <b>Advanced Pharmacology for Prescribers</b> (3 credits)	<b>NUR-7070</b> <b>Primary Care Diagnosis, Management and Health Promotion</b> (3.5 credits - 3 credits didactic, 0.5 credits skills lab)
YEAR 2 – (22.5 CREDITS)					
TERM 7	TERM 8	TERM 9	TERM 10	TERM 11	TERM 12
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-7071</b> <b>Adult Primary Care Part I</b> (3.5 credits - 1.5 credits didactic and 2 credits clinical 125 hours)	<b>NUR-7072</b> <b>Adult Primary Care Part II</b> (3.5 credits- 1.5 credits didactic and 2 credits clinical 125 hours)	<b>NUR-7073</b> <b>Geriatric Primary Care</b> (3.5 credits- 1.5 credits didactic and 2 credits clinical 125 hours)	<b>NUR-7074</b> <b>Adolescent and Early Adult Primary Care</b> (3.5 credits- 1.5 credits didactic and 2 credits clinical 125 hours)	<b>NUR-7075</b> <b>Pediatric Primary Care</b> (3.5 credits- 1.5 credits didactic and 2 credits clinical 125 hours)	<b>NUR-7076</b> <b>FNP Role Transition</b> (2 credits - clinical 125 hours)  <b>NUR-8150</b> <b>Information Systems and Technology Impacting Healthcare Delivery</b> (3 credits)
TOTAL CREDITS – 44			TOTAL CLINICAL HOURS – 750		

## Appendix A: Graduate Nursing Plans of Study (continued)

### MSN – PMHNP PLAN OF STUDY

YEAR 1 – (25 CREDITS)					
TERM 1	TERM 2	TERM 3	TERM 4	TERM 5	TERM 6
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-5160</b> Advanced Health Assessment (3 credits)  <b>NUR-5200</b> Health Policy (3 credits) OR <b>NUR-8100</b> Health, Healthcare Policy and Politics (3 credits)	<b>NUR-6400</b> Advanced Pathophysiology (3 credits)  <b>NUR-5300</b> Evidence-based Nursing Practice (3 credits) OR <b>NUR-8050</b> Scholarly Inquiry: A basis for evidence-based practice (3 credits)	<b>NUR-6500</b> Advanced Pharmacology (3 credits)	<b>NUR-7610</b> Psychiatric Mental Health Nurse Practitioner Roles and Contemporary Issues (3 credits)	<b>NUR-7600</b> Psychopharmacology and Neuroscience Foundations across the Lifespan (3 credits)	<b>NUR-7620</b> Family System Psychopathology and Psychotherapeutics Across the Lifespan Psychotherapeutics Across the Lifespan (3 credits)
YEAR 2 – (21 CREDITS)					
TERM 7	TERM 8	TERM 9	TERM 10	TERM 11	TERM 12
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-7631</b> Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Child and Adolescent Populations Part I (3.5 credits)	<b>NUR-7641</b> Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Child and Adolescent Populations Part II (3.5 credits)	<b>NUR-7632</b> Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Adults Populations Part I (3.5 credits)	<b>NUR-7642</b> Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Adults Populations Part II (3.5 credits)	<b>NUR-7633</b> Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Geriatric Population Part I (3.5 credits)	<b>NUR-7643</b> Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Geriatric Population Part II (3.5 credits)
TOTAL CREDITS – 46			TOTAL PRACTICUM HOURS – 750		

## Appendix A: Graduate Nursing Plans of Study (continued)

## POST-MASTER'S CERTIFICATE – PMHNP PLAN OF STUDY

## YEAR 1 – (25 CREDITS)

TERM 1	TERM 2	TERM 3	TERM 4	TERM 5	TERM 6
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-5160</b> <b>Advanced Health Assessment*</b> (3 credits)	<b>NUR-6400</b> <b>Advanced Pathophysiology*</b> (3 credits)	<b>NUR-6500</b> <b>Advanced Pharmacology*</b> (3 credits)	<b>NUR-7610</b> <b>Psychiatric Mental Health Nurse Practitioner Roles and Contemporary Issues</b> (3 credits)	<b>NUR-7600</b> <b>Psychopharmacology and Neuroscience Foundations across the Lifespan</b> (3 credits)	<b>NUR-7620</b> <b>Family System Psychopathology and Psychotherapeutics Across the Lifespan Psychotherapeutics Across the Lifespan</b> (3 credits)
<b>NUR-5290</b> <b>US Health Policy and Global Health*</b> (3 credits)	<b>NUR-5300</b> <b>Evidence-based Nursing Practice*</b> (3 credits)				
OR	OR				
<b>NUR-8100</b> <b>Health, Healthcare Policy and Politics*</b> (3 credits)	<b>NUR-8050</b> <b>Scholarly Inquiry: A basis for evidence-based practice*</b> (3 credits)				

## YEAR 2 – (21 CREDITS)

TERM 7	TERM 8	TERM 9	TERM 10	TERM 11	TERM 12
SEPTEMBER	NOVEMBER	JANUARY	MARCH	MAY	JULY
<b>NUR-7631</b> <b>Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Child and Adolescent Populations Part I</b> (3.5 credits)	<b>NUR-7641</b> <b>Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Child and Adolescent Populations Part II</b> (3.5 credits)	<b>NUR-7632</b> <b>Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Adults Populations Part I</b> (3.5 credits)	<b>NUR-7642</b> <b>Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Adults Populations Part II</b> (3.5 credits)	<b>NUR-7633</b> <b>Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Geriatric Population Part I</b> (3.5 credits)	<b>NUR-7643</b> <b>Advanced Assessment, Differential Diagnosis, and Management of Psychiatric Disorders: Geriatric Population Part II</b> (3.5 credits)

\*A gap analysis of prerequisite graduate nursing coursework will be conducted.

TOTAL CREDITS – 46

TOTAL PRACTICUM HOURS – 750

## Appendix B:

# NUR-7510: Advanced Practice Practicum

### PRACTICUM PROJECT OVERVIEW

## Overview

The Practicum Project is scholarly work that provides an opportunity for students to develop a project in collaboration with their preceptor. Emphasis is on application of knowledge that is focused on the clinical specialty track. Development of the project allows the student to demonstrate their achievement of program outcomes.

With the guidance of their preceptor, the student will identify a project topic. Projects should focus on a target audience with specific need(s) that may have been identified through a formal assessment, organizational outcomes, safety rounds, or quality improvement indicators. Other sources of opportunities include new technologies, updates in practice guidelines, emerging clinical evidence, or other changes within the environment.

Upon completion of the project, the organization/preceptor should be able to implement the developed intervention/program.

Consider as an example, practice guidelines that emphasize the positive impact of early mobility on clinical outcomes. The accountabilities related to implementing this practice change will differ based upon one's role as administrator, educator, or informaticist. Examples of potential project topics by role concentration are below.

#### ADMINISTRATION TRACK

1. Create a comprehensive plan for implementing early mobility program.
2. Create policies, procedures, or protocols to support the early mobility program.
3. Develop an audit process to monitor implementation of early mobility program.
4. Design a resource allocation strategy to support early mobility programs.

#### EDUCATION TRACK

1. Design educational experiences that focus on early mobility assessment and clinical reasoning for prelicensure students.
2. Design educational experiences that focus on early mobility assessment and clinical decision-making for staff in clinical practice.
3. Develop an interprofessional educational program that emphasizes the use of assistive mobility devices.
4. Create an educational program to enhance documentation of mobility assessment.

5. Develop an educational program to support the implementation of policies, procedures, or protocols to support the early mobility program.

#### INFORMATICS TRACK

1. Evaluate current documentation system to identify gaps in early mobility documentation.
2. Develop a data analytics tool to track and analyze patient mobility trends.
3. Create an IT solution to integrate mobility assessment tools into the existing EMR.
4. Develop user training materials for new IT implementation related to patient mobility.

#### INFORMATICS TRACK

In Module 2 you will submit the Project Proposal. The purpose of the Project Proposal is for you to describe the project you, your preceptor, and mentor have agreed upon. The student will examine system factors in the practicum setting and consider their influence upon the project plan.

Limit the body of the paper to 7 to 8 pages (1750 to 2200 words). This does not include the title page, references, or appendices. Please adhere to APA style. The following elements should be addressed:

- Introduction to the project
- Description of the organization:
  - Description of the overall organization
  - Description of the specific setting for the project
- Process for determining the need for the project. Items to consider:
  - Relevant organizational goals
  - Standards and regulations
  - Emerging practice evidence
  - Current outcome data
- Key stakeholders. Consider the following:
  - Target audience(s)
  - Recipients of care
  - Staff involved/impacted by the project
  - Interprofessional team members
- Anticipated resources such as:
  - Human resources (e.g., educator time, staff time)
  - Organizational resources (e.g., space, IRB, informatics support, leadership support)
  - Financial resources needed for the project (e.g., budget)



- Facilitators/barriers:
  - Facilitators to project success
  - Potential barriers to project success (e.g., ethical-legal issues, staffing, competing organizational priorities)
  - Strategies to address potential barriers
- Project outcomes:
  - Outcomes that are measurable and relevant
- Anticipated benefits of the project to the organization

### **PRACTICUM PROJECT FINAL PLAN**

In Module 4 you will submit your Practicum Project Final Plan.

The purpose of the Practicum Project Final Plan paper is to examine the process of implementing an intervention to improve outcomes. You will provide a detailed plan to address the gap identified in the Practicum Project Proposal.

Limit the body of the paper to 12 pages (3000 words). This does not include the title page, references, or appendices. Please adhere to APA style. The following elements should be addressed:

- Introduction
- Assessment of need:
  - Describe the process applied to identify the project.
  - Discuss the importance of addressing the identified topic.
    - Include consideration of ethical implications, diversity, equity and inclusion, and social determinants of health.
- Intervention:
  - Provide a brief description of the planned intervention.
  - Critique the available evidence to support the intervention. Provide a minimum of three sources.
- Implementation:
  - Describe the steps required to implement the intervention.
  - Propose a timeline for implementation.
  - Analyze relevant theories to support the implementation process (e.g. change theory, educational theory, leadership theory)
- Monitoring plan:
  - Describe the plan for monitoring the impact of the intervention.
  - Define how success will be measured/identified.
- Implementation materials:
  - Describe how the implementation materials support the implementation of the intervention.
  - Provide materials required for implementation (e.g. draft policy, educational presentation, posters, auditing tools). These will be provided in the appendices.
- Conclusion:
  - Discuss facilitators and barriers encountered.
  - Describe benefits to:
    - The organization.
    - Key stakeholders.
    - Populations/recipients of care.



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