

Neonatal Nurse Practitioner Program Clinical Preceptorship I & II Guidelines

General Course Guidelines

The clinical preceptorship is designed to provide the Advanced Practice Neonatal Nurse Practitioner student with a concentrated and supervised opportunity to apply knowledge and skills learned from the neonatal courses, nursing role, theory, and research to the management of high risk neonates. Emphasis is placed on the evaluation of neonates presenting with complex problems and their families and the development of comprehensive management plans. Emphasis will be placed on application of current research in the development of strategies to meet the needs of high-risk neonates and families.

Students will complete a minimum of 600 preceptorship clinical hours, the 600 direct-patient care hours meets the minimum clinical requirements as defined by the National Certification Corporation and as recommended by the National Association of Neonatal Nurses. It is anticipated that students will enter the preceptorship with varied backgrounds and clinical experiences and students will progress through the clinical preceptorship at different rates. Some students may require hours beyond the 600 hours minimum to successfully meet the expected clinical objectives for this program. The final decision to extend the preceptorship hours will be made by the University Site Faculty, Site Administrators and the NNP Program Coordinator. This decision will be made in consultation with the clinical preceptors and the student.

Students are encouraged to begin planning for their clinical preceptorship as early as possible, even before admission to the Program. It is essential that this planning process be underway during the Neonatal courses: NNI and NNII. Since University and Clinical Site contracts may take several months to finalize, this process should begin well before the actual preceptorship hours start. Students are encouraged to evaluate their career goals during this time as well. Many NNP students have successfully negotiated employment contracts while completing their preceptorship at the site they plan to work after graduation.

Instructions for Choosing Clinical Preceptorship Site

In collaboration with the student, the University NNP faculty will determine the placements for the Clinical Preceptorship. The University NNP faculty will approve all clinical preceptorship experiences. In choosing a preceptorship site, consideration will be given to the level of acuity and patient mix in the NICU. Ideally the NICU will treat neonates ranging from the extremely low birth weight to the full-term neonate and neonates requiring surgical procedures. The NICU should provide exposure to delivery room resuscitation and management as well as the most up to date technological support including high frequency ventilation. Specific requirements are summarized in the sections below.

Preceptorship Site Requirements

- The clinical preceptorship will be carried out in a Level III/VI NICU facility that provides the student with the opportunity to manage a caseload of acutely ill newborns/infants including, but not limited to, the following:
- Requiring initial resuscitation and stabilization in the delivery room setting
- Weighing less than 1000 grams
- Requiring mechanical ventilation
- Presenting with problems associated with prematurity
- Requiring diagnostic evaluation, stabilization, and management for a variety of medical & surgical conditions
- Provide the student with opportunity to attend and participate in rounds & other educational activities.
- Direct, on-site approval and consultation must be available from the NNP preceptor and/or neonatologist at ALL times.
- Ideally the preceptorship site will also have a medical library or reference area for the student to use to access current perinatal and neonatal periodical and texts.
- NNP students may complete their preceptorship hours in one or two (limit of two) different Level III/VI NICU facilities. In selecting more than one clinical preceptorship site, consideration should be given to continuity of medical and NNP supervision so that student learning needs are met, and comprehensive student evaluations can be carried out.

Approval of the preceptorship site is the responsibility of the University NNP faculty.

Qualifications and Responsibilities of the Clinical Preceptors

Preceptors for the 600 clock hours in the NICU must be master's-prepared nationally certified NNPs or physicians board-certified (or seeking board certification) in their specialty. NNP preceptors must have a minimum of 1 year full-time equivalent experience in the NNP role and have a minimum of 1-year full-time equivalent employment at the clinical site. These requirements ensure that the preceptor at a given site has both the clinical expertise and the familiarity with the site necessary to provide supervision of the NNP students. The preceptor-to-student ratio should be such that individual learning is optimized. Therefore, the preceptor-to-student ratio should not exceed 1:2.

Although these individuals will be responsible for the overall quality of the student's preceptorship, other NNPs and Neonatologists may be involved in daily clinical supervision and may contribute to evaluations throughout the clinical preceptorship period. Physicians in training (interns, residents, & fellows), staff nurses, and other nurse practitioners (Pediatric Nurse Practitioners or Family Nurse Practitioners, etc.) are inappropriate preceptors for the NICU 600 clinical hours. The University NNP faculty and clinical preceptor(s) will be responsible for:

- Organizing and monitoring the clinical preceptorship.
- Reviewing the student's progress.

- Conducting clinical evaluation sessions with the student in collaboration with other Neonatologists and NNPs involved in daily student supervision (see below).
 - Identifying student learning needs and make suggestions for continuing education/study in conjunction with additional clinical preceptors.
 - Developing the student's clinical schedule (see "Scheduling of Student NNP Clinical Hours" below).
 - Encouraging student attendance at educational sessions provided by the institution.
 - Communicating with the additional clinical preceptors regarding student performance.
- NNP students will be supervised by a board-certified Neonatologist and/or a NCC Certified Neonatal Nurse Practitioner (ideally both in collaboration) at all times during the clinical preceptorship. The NNP or Neonatologist preceptor will be **immediately** available in-house at all times while the student has clinical responsibilities. The degree of direct "In Unit" supervision will change as the student gains expertise and the supervising Neonatologist or NNP becomes more comfortable with the student's decision making and skill level.
 - The clinical preceptor will provide the NNP student with the NNP job description and any standardized procedures or patient management protocols guiding NNP practice and required by state law.
 - The clinical preceptor will meet with the student prior to the clinical preceptorship to discuss clinical objectives, schedules & general guidelines. The preceptor should inform the student of any institutional orientation requirements. These should be completed prior to the beginning of the clinical experience.
 - The clinical preceptor will refer the student to any standardized procedures and management protocols applicable to unit management.
 - The clinical preceptor will assure that preceptor-to-student ratio be such that individual student learning is optimized. The number of students supervised by a preceptor is dependent upon a variety of factors including preceptor responsibility for a patient load.
- Other specific responsibilities of the clinical preceptors will include:
 - Completion of an evaluation approximately every 150 hours of clinical time (a total of 4 throughout the Preceptorship courses I & II). The neonatologists and NNPs who have been working with the NNP student most consistently for that time period should complete these evaluations. These evaluations will be completed electronically by the preceptor. The evaluation link will be emailed to the preceptor by the UMKC NNP faculty.
 - Identify areas of strength and weakness and develop strategies with the student to address these areas.
 - Meet with students regularly to discuss specific learning needs & objectives. These discussions should focus on patient management & documentation, successful completion of procedures, comprehension of

pathophysiology & management, interaction with staff and family, and role transition. Plans should be made for future learning experiences to meet the student's evolving learning needs. This information must be communicated to the NNP faculty in a timely manner throughout the clinical preceptorship.

- Develop the NNP student clinical schedule and make patient assignments. Patient assignments should increase as the preceptorship continues so that the student is exposed to a variety of problems/management situations and so that on completion of the program, the student is able to manage a full team of patients. It is expected that the NNP student will be capable of managing at least 6-10 mixed acuity patients upon completion of the entire clinical preceptorship.
- Directly supervise the NNP student when they are developing the plan of care and when they are performing procedures or diagnostic tests. Direct supervision will continue until the preceptor and student deems direct supervision is no longer necessary.
- Permit the student to perform all the required management activities for assigned patients under appropriate supervision. These include, but are not limited to:
 - Participating in resuscitation & stabilization of neonates in the delivery room.
 - Admitting neonates to the unit, obtaining appropriate history, performing necessary physical examinations, developing differential diagnosis, and proposing management plans
 - Providing continued management of infants in collaboration with preceptor and revising management as indicated.
 - Ordering & performing diagnostic tests and procedures as dictated by status of the patient (student will not perform circumcisions).
 - Responding to emergency situations in order to stabilize Infants (however student will not do transports outside of the hospital)
 - Documenting the status, plan of care and response to therapy in the medical record
 - Evaluating the need for & appropriately requesting consultation
 - Developing an understanding of the infant's immediate & future health care needs & providing appropriate support to staff & parents.
 - Developing discharge plans & facilitating primary care after discharge
 - Encouraging staff development by participation in educational programs.
 - Addressing case-management issues such as continuity of care, length of stay, quality, efficiency, & cost effectiveness.
- Conduct daily patient management rounds with the NNP student, review and cosign written orders, and review/edit progress notes written on all patients on a daily basis. It is advisable that the preceptor reviews and co-signs all medication and IV orders prior to placing the order. It is advised that the primary preceptor prior to beginning the clinical preceptorship should establish a plan for the review of all orders and progress notes with student.

- The student should round with a Neonatologist on all of his/her assigned patients on a daily basis. During patient rounds the student is expected to present and discuss all body systems and plans for management. Ideally, students will participate in patient rounds on other patients as well to enhance their learning experience. During patient rounds, and at other times throughout the day, the clinical preceptors should “quiz” the student on the physiologic, pathophysiologic and pharmacologic principles for treatment. The student should demonstrate progress in his/her understanding of the physiology/pathophysiology and pharmacology as the preceptorship progresses. The student should also demonstrate knowledge of current literature with assistance and direction from the clinical preceptors.
- Contact the program director & or appropriate faculty member in a timely manner with concerns or questions regarding the preceptor’s ability to fulfill responsibilities or if there are problems with respect to the student’s performance.

Expectations of the Student

- Students will complete a **Patient Care Log at every 50 hours** of clinical and a **monthly** Technical Skills Inventory. The student is responsible for obtaining the preceptor’s signature for skills performed throughout the preceptorship. Copies of the Patient Care Log should be submitted to the primary University NNP faculty (**via canvas upload**) **at every 50 hours of clinical**. These logs will be used by the University NNP faculty to review and evaluate the patient mix and acuity, the progression of student assignments and patient volume, as well as the skills performed by the NNP student. The Technical Skills inventory should also be scanned and uploaded to the Canvas site, **monthly**. This inventory will be permanently retained by the faculty as documentation that of the student’s acquired clinical skills.
- Students will prepare and give a **comprehensive in-service** to the nursing staff of Neonatal Special Care Nurseries during Preceptorship. The topic and time will be mutually agreed upon by the student, clinical preceptor, the NICU management staff, and the University NNP faculty. The student is responsible for conducting a detailed review of the subject, developing handouts and audio-visual aids as necessary and developing objectives and evaluation criteria. If available within the institution, the NNP student should obtain CEU's for the nursing staff. Inservice materials should be turned into the University NNP faculty. The primary preceptor at the preceptorship site will complete an evaluation of the presentation.
- Students will attend and participate in educational sessions offered by the preceptorship site on a weekly or monthly basis. These educational activities will be attended in addition to the clinical schedule. These educational sessions will include, but are not limited to, Journal Club/Case Presentations, Ethics Rounds, Morbidity and Mortality Conferences, Grand Rounds or any other Perinatal/Neonatal educational opportunities. The student will document attendance at these sessions. If these activities are not available to the

student during their regularly scheduled clinical hours, it is recommended that the student attend at least one session per month during non-clinical hours & these additional non-clinical hours can be used as part of the additional seminar/continuing education required time for preceptorship. Participation in these educational offerings will be documented separately. These forms should be uploaded to the Canvas course site on the final day of each **month**.

- Students, as part of a group, will submit **one case study** via the Discussion Board on Blackboard during the Preceptorships. The faculty will assign the dates.
- Each student will complete a project to examine their specific **state's requirements for advance nursing practice licensure & collaborative practice/prescriptive authority**. This assignment can be a joint project among students who are within the same state.
- Each student will **submit an unusual case** following the outlined guidelines.
- Each student will submit a paper reviewing how MSN competencies were met during their MSN NNP program.
- Each student is expected to review and comment on APN discussion board topics that are facilitated by UMKC NNP faculty.
- At all times students are expected to communicate directly with the primary preceptors (NNP's and neonatologists), clinical preceptors, and University NNP faculty regarding conflicts, questions or concerns throughout the clinical preceptorship.
- If you do not complete assignments by the specified due date, a zero will be given for that assignment.

Scheduling of Student NNP Preceptorship Hours

- Students will develop their clinical schedule in consultation with the NICU based clinical preceptors and the University NNP faculty.
- Students will complete the minimum of 600 clinical preceptorship hours in blocks of time that provide for continuity of patient care.
- The 600 clinical hours represent "scheduled" patient management hours. Hours worked beyond a designated clinical shift ("overtime") and hours devoted to non-clinical activities are not included in the 600 patient management hours
- To maximize learning and safety, full-time students should focus solely on NNP practice in the NICU full-time. It is recommended, that if absolutely necessary work no more than part-time (approximately 24 or less hours/week) as NICU staff nurse. If one must work more than part-time, then part-time NNP preceptorship (20 hours a week) should be chosen.
- Students will be scheduled for either ~20 hours per week (part time) or ~40 hours per week (full time).
- Students will be assigned to work 2-5 consecutive 8-12 hours shifts per week. Since shift lengths may vary according to the NICU, the total number of hours per week may vary from ~16-40 hours depending on whether the student is

working 8, 10, or 12 hour shifts and whether the student is part-time or full-time clinical hours.

- Students will submit their clinical schedule and hours to the University NNP faculty at the beginning of each month. If these hours change, a revised schedule will be submitted at the end of each month.
- The NNP student should be scheduled on the **day** shift primarily Monday through Friday. Towards the end of the preceptorship, the student may rotate to nights and weekends along with a preceptor to become familiar with differing activities on those shifts.

Logs and Evaluation Tools:

The primary preceptors, clinical preceptors, and students will complete the following logs and evaluations:

- Neonatal Nurse Practitioner Preceptorship Evaluation Forms: These forms will be completed after every 150 hours of clinical: this includes a final evaluation for preceptorship for a total of 4 times throughout the Preceptorships I & II. The neonatologists and/or NNPs who have been working with the NNP student most consistently for that time period should complete these evaluations. These evaluations are done electronically, the evaluation link will be emailed to the preceptor by the UMKC faculty. It is recommended that the preceptor share their evaluation comments/concerns with the student.
- Patient Care Log: The student on a daily basis should complete this form to keep it up to date. A copy of this log will be uploaded at every 50 hours of clinical.
- Technical Skills Inventory: The student will complete this form with the evaluation and co-signatures from preceptors. A copy of this form will be uploaded to Canvas on the final day of each month along with the Patient Care Log.
- Neonatal Nurse Practitioner Program Student Inservice Evaluation Tool: The primary preceptor at the preceptorship site will complete this evaluation tool. The student will then upload the evaluation to Canvas.
- Log of Perinatal/Neonatal Educational Opportunities: The student will complete this form as educational opportunities arise. A copy of this log will be uploaded to Canvas on the final day of each month.
- Student Clinical Site Evaluation: The student will complete this form and upload it to Canvas at the completion of the clinical preceptorship site rotation.
- NNP Student Clinical Preceptor Evaluation: The student will complete this form for the primary preceptor and clinical preceptor(s) at the end of the preceptorship experience and upload it to Canvas.